

# University of Denver

## Suicide Prevention and Early Intervention Working Group

### Executive Report

**TO:** Elizabeth G. Lobo, Provost and Executive Vice Chancellor  
Stu Halsall, Vice Chancellor for Student Affairs

**FR:** Michael LaFarr, Assistant Vice Chancellor of Health and Well-being

**DATE:** 2 April 2026

**RE:** Summary of Suicide Prevention and Early Intervention Working Group  
Recommendations

#### **EXECUTIVE SUMMARY**

This report summarizes the work of the University of Denver's Working Group on Suicide Prevention and Early Intervention. Building upon the comprehensive 18-month suicide prevention assessment completed through our partnership with the JED Foundation in 2023, this working group has developed a strategic framework of evidence-based recommendations designed to strengthen our institutional capacity to support *student* mental health and prevent suicide.

The working group's efforts represent a significant advancement in our commitment to *student* well-being, translating the JED Foundation's assessment findings into seven actionable initiatives:

1. Deepen institutional understanding through additional data analytics
2. Expand support networks
3. Improve outreach & marketing
4. Enhance Campus Safety resources
5. Leverage institutional leadership
6. Review faculty and staff supports
7. Create representative, ongoing Advisory Group on Suicide Prevention/Mental Health

#### **BACKGROUND AND FOUNDATION**

##### **JED Foundation Partnership (2023)**

In 2023, the University of Denver completed an intensive, eighteen-month evaluation with the JED Foundation through the JED Campus program. This nationwide initiative, which has partnered with over 440 colleges and universities reaching more than 5.6 million students, provided DU with expert support to evaluate and strengthen our mental health, substance misuse, and suicide prevention programs [1][2].

The JED Campus program is built upon the Comprehensive Approach to Mental Health Promotion and Suicide Prevention, an evidence-based framework adapted from the U.S. Air Force's suicide prevention strategy. This approach encompasses seven thematic domains [3]:

1. Foster Life Skills
2. Promote Connectedness and Positive Culture
3. Recognize and Respond to Signs of Distress
4. Reduce Barriers to Help-Seeking
5. Ensure Access to Effective Mental Health Care
6. Establish Systems of Crisis Management
7. Reduce Access to Lethal Means

Research demonstrates that students at schools completing the JED Campus program report they are 25% less likely to attempt suicide, 13% less likely to make a suicide plan, and 10% less likely to experience suicidal ideation [3].

The comprehensive assessment DU completed through this partnership provided a critical baseline evaluation of our systems, policies, and programs, identifying both institutional strengths and opportunities for enhancement. A summary of findings and recommendations are available at

[https://docs.google.com/spreadsheets/d/1alpqa46eywN7vRT8Kb\\_FEBYStzjYmRQUTG79ReopWbY/edit?gid=0#gid=0](https://docs.google.com/spreadsheets/d/1alpqa46eywN7vRT8Kb_FEBYStzjYmRQUTG79ReopWbY/edit?gid=0#gid=0)

### **Working Group on Suicide Prevention and Early Intervention**

While many actions were taken during and in months following the formal JED Foundation assessment, ongoing work remains. In winter 2026, the Working Group on Suicide Prevention and Early Intervention was convened to translate the assessment findings into strategic, actionable recommendations. This interdisciplinary working group included representatives from the Health and Counseling Center, Student Affairs, Campus Safety, Student Outreach and Support, Health Promotion, University Relations, faculty, and academic leadership.

The working group undertook a review of current practices, analyzed institutional data, examined evidence-based best practices, and developed recommendations that align with JED's comprehensive approach while addressing DU's unique campus context and *student* needs specifically.

### **KEY RECOMMENDATIONS AND STRATEGIC INITIATIVES**

We suggest the following 7 actions that could strengthen DU's prevention and early identification/ intervention:

#### **1. Deepen Institutional Understanding through additional Data Analytics**

Leverage our strengths as a learning community by exploring patterns in crisis presentations and connecting these insights to communications and prevention work.

- a. Specifically, the group proposes **conducting regular drill-down analyses of National College Health Assessment (NCHA) and other institutional data** to identify high-risk populations, geographic concentrations of concern, temporal patterns, etc. Anecdotal reports from SOS, for example, reveal significant spikes during weeks 7-8 of academic terms, suggesting targeted intervention timing as one additional, data-driven intervention opportunity.
- b. This includes **examining systemic barriers that may disproportionately impact marginalized student populations**, especially as federal guidance continues to evolve (executive orders and judicial rulings)
- c. **Critical questions** the working group has identified for other, *ongoing* assessment include: Are we reaching students with the highest risk? What screening fatigue or disclosure apprehension might impact data quality? How can we better support students not yet connected to care, who represent the population of greatest concern?
- d. And then, obviously, we must **apply these insights** to adjust prevention (education and resource marketing) and interventions accordingly. This will allow campus efforts to be evidence-based, both from general knowledge (campus experts and industry knowledge) and DU-specific data.

## 2. Expand Support Networks

The campus has strong, formal clinical and non-clinical support for students experiencing stress, distress, and crisis. The most well-known include the Health and Counseling Center (HCC), whose robust clinical services include same-day counseling appointments for students presenting with urgent needs and drop-in hours each weekday, each with integrated screening surveys. While in-person connections are preferable, the HCC Counselor of the Day can call back urgent requests if needed; and contracted mental health providers can be reached by phone outside business hours by calling the main HCC line, and/or be connected via Campus Safety dispatch. The Student Outreach and Support (SOS) office serves as a critical non-clinical bridge for students in distress. SOS is activated through referrals—predominantly from staff and faculty, with growing peer referrals—and provides navigation support for campus and community resources, including assistance with leaves of absence and other options.

Our primary challenge lies in reaching students who have not yet engaged with mental health services—those at greatest risk. The group recommends enhanced outreach strategies and reduced barriers to initial engagement, particularly by expanding the network of campus members trained in early identification, available resources, and referrals. Specifically,

- a. **Require or otherwise incentivize faculty, student-facing staff, and student leaders in paid supportive roles (e.g. various peer Mentors/Coaches) to complete formal suicide prevention / mental health support training**, such as Mental Health First Aid, the [Student Well-being Champion micro-credential](#), or other suicide-specific trainings through Health Promotion. In addition to a wonderful professional development opportunity for the individual, this rapidly expands the scale and scope of those able to identify concerns and offer resources.

The JED strategic recommendation was to aim for 30-50% of entire DU population--students/staff/faculty; these specific DU recommendations are practical, measurable steps in that direction:

- 1) For Fall 2026 and each year thereafter, 100% of student leaders in helping / guidance roles (Peer Mentors, Peer Health Educators, Wellness Coaches, Resident Mentors) will have completed at least a comprehensive suicide prevention training, if not Mental Health First Aid certification.
- 2) By Fall 2027, a minimum of 10% faculty and 10% staff in each department will have completed Mental Health First Aid (MHFA), increasing by 10% each year thereafter, until more than half of all faculty and staff are current with MHFA at any given time.

### 3. Improve Outreach & Marketing

Effective communication about available resources is essential to reducing barriers to help-seeking. Current communication strategies include new student orientation webinars, regular resource fairs throughout the year, open and by-request presentations, online platforms, social media campaigns, and e-newsletters. The back of newer DU ID cards features stress-related resource numbers, with HCC clearly marked as available 24/7.

For all available resources, we should constantly work to raise awareness among students and supporters.

- a. **Better define success metrics** for awareness campaigns—what does effective resource communication look like? Bear in mind that increased reports (eg of struggle and/or help-seeking) is typically a sign of better prevention and increased awareness, not an increase in issues themselves.
- b. **Additional outreach to families and parents** as student supporters, through additional, targeted materials and programming
- c. **Better outreach to faculty/instructors** with information on referring students to campus resources (eg HCC, SOS), as well as making SOS referrals themselves. Recommendation 2a (required training, above) and 3e (syllabus statements, below) are examples; as would additional resource presentations in new faculty training, departmental in-service, and other regular, wide-reaching reminders, especially with weight of senior leadership behind them (Rec #5, below).
- d. **Secure University Relations support** for regular campus campaigns such as Suicide Prevention Awareness Month (September) and Mental Health Awareness Month (May), engaging with Student Affairs communications and clinical staff to increase message saturation throughout the University communities
- e. **Offer, if not require, a well-crafted syllabus statement** for faculty to use, [via OTL](#), as one additional, widely accessible point of awareness-raising.
- f. **Audit and update existing crisis signage on campus** to include the HCC's 24/7 mental health support line. (Signage added to campus balconies and parking garages post-JED report, for example, are inconsistent in wording, and their emphasis on off-campus resources may give the impression that DU support is not available)

#### 4. Enhance Campus Safety resources

Campus Safety officers serve as first responders to campus emergencies but are not sworn officers and therefore cannot initiate mental health holds. They rely on campus and community partners, including on-call counselors, to coordinate mental health crisis responses.

- a. Require patrol officers to complete and maintain MHFA certification, alongside other first response requirements (CPR/BLS, epi pen, etc)
- b. Understanding that Campus Safety officers cannot be crisis counselors, and current clinical staff are not on patrol, follow through on the long-discussed, embedded licensed mental health professional(s) in Campus Safety.

#### 5. Leverage Institutional Leadership

None of the recommendations above will happen, much less yield needed results, without clear, consistent and accountable expectations from the most senior leadership.

- For each of their relevant reporting lines, the Chancellor and Provost will task VCs and VPs with relevant tasks, work to provide needs resources, gather regular reports, hold their areas accountable, and report out on efforts and impact.

6. This Working Group chose to focus on students as our primary population, leaving **review of employee (faculty and staff) support** for a later phase, with additional presence by offices and organizations focusing on these populations (namely HRIC and both Senates). While many of the recommendations here will serve all affiliates, there may be additional communication and support channels more appropriate and effective for non-students.

7. Finally, we recognize that many of these recommendations, and those which will come for faculty/staff, will require some action and coordination to start, if not ongoing manner, to maximize positive impact. Beyond specific tasks here that clearly relate to specific offices, **create a representative Advisory Group on Suicide Prevention/Mental Health** could convene quarterly to review the state of institutional data and actions and make additional recommendations. In addition to regular monitoring, these connections can also allow for enhances coordination and collaboration across units.

#### CONCLUSION

The Provost's Working Group on Suicide Prevention and Early Intervention has delivered a thoughtful, evidence-informed strategic framework that builds meaningfully upon the JED Foundation assessment completed in 2023. The working group's recommendations reflect deep institutional knowledge, commitment to student well-being, and alignment with national best practices in suicide prevention.

Suicide remains a leading cause of death among college-age students, yet it is preventable [3]. The University of Denver has demonstrated exceptional commitment to protecting student emotional health through our JED Campus partnership and the subsequent work of this dedicated working group. Implementation of these recommendations will strengthen our

capacity to foster connectedness, recognize and respond to distress, reduce barriers to care, and ultimately save lives.

The working group's efforts represent collaboration across departments, divisions, and areas of expertise—reflecting the reality that suicide prevention requires a comprehensive, campus-wide approach. We are grateful for the working group members' dedication, expertise, and commitment to our students' well-being.

### **ACKNOWLEDGMENT OF WORKING GROUP MEMBERS**

On behalf of the entire University of Denver community, I extend deep gratitude to the members of the Provost's Working Group on Suicide Prevention and Early Intervention. This group's dedicated service, thoughtful analysis, and collaborative spirit have been instrumental in advancing our institutional capacity to support student mental health and well-being.

The working group members brought diverse expertise, perspectives, and commitment to this critical work:

- Dr. Erin Anderson-Camenzind, faculty, Communication Studies; 4D Director and Faculty Innovation
- Dr. Renee Botta, faculty, Media, Film, & Journalism Studies
- Dr. Eric Chess, faculty, Knoebel Institute for Healthy Aging
- Carmen Custodio, graduate student, International Disaster Psychology
- Dr. Meg Dimsa, Student Affairs
- Dr. Kathryn Fox, faculty, Psychology
- Dr. Stacey Freedenthal, faculty, GSSW
- Dr. Anthony Fulginiti, faculty, GSSW
- Austin Gane, Mental Health & Suicide Prevention Coordinator, HCC
- Maddox James, Undergraduate Student Government
- Dr. Youlee Kim, faculty, Communication Studies
- Jessie McGinty, Director of Health Promotion, HCC
- Geoff Miller, graduate student, Daniels
- James O'Geary, Behavioral Health Consultant, HCC
- Dr. Jacaranda Palmateer, Director of Counseling, HCC
- Stephanie Pothoff, Director, SOS, Student Affairs
- Katie Runkel, Executive Director, Student Success, Daniels
- Dr. Thomas Walker, HCC – Student Affairs

Their willingness to engage deeply with complex issues, examine institutional practices with critical insight, and develop evidence-based recommendations reflects the highest standards of shared governance and student-centered leadership. The University of Denver is fortunate to benefit from their expertise and dedication.

Special recognition is also due to the Health and Counseling Center staff, including the Thrive Health Promotion professionals, Student Outreach and Support team, Campus Safety, and all

campus partners who contributed data, insights, and practical wisdom to inform the working group's deliberations.

We recommend approval to move forward with implementation planning, including identification of priority initiatives, resource allocation, and establishment of accountability.

#### REFERENCES

- [1] The Jed Foundation. (2024). JED Campus Impact Report: A Decade of Improving College Mental Health Systems. <https://jedfoundation.org/jed-campus-impact-report-2024/>
- [2] The Jed Foundation. (2025). JED Campus. <https://jedfoundation.org/our-work/jed-campus/>
- [3] The Jed Foundation. (2025). Our Approach: Comprehensive Mental Health Promotion and Suicide Prevention. <https://jedfoundation.org/our-approach/>
- [4] University of Denver. (n.d.). Suicide Prevention and JED Foundation Partnership. [www.du.edu/public-health/public-health-du/suicide-prevention](http://www.du.edu/public-health/public-health-du/suicide-prevention)