Implementation of a Universal Screening and Referral Program for University Students at Risk of Suicide: A Case Study and Recommendations

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Abstract

Background: University students are at heightened risk of suicide and are reluctant to reach out for support. Traditional risk assessment approaches are unreliable, prompting calls for psychosocial assessments with multivariable algorithms grounded in person-centred approaches. This paper outlines considerations in implementing one such program, identifying potential implementation barriers and offering recommendations for minimising them. Method: We conducted three surveys with university staff and students (total N = 672) to assess acceptability of a preventative screening and referral program. Participants were also asked to identify barriers to implementing such a program within university settings. Results: Staff and students thought universal screening and referral would be acceptable, and important to implement. Identified barriers included privacy, risk and liability, appropriate resourcing, and cultural appropriateness. Conclusion: Universal preventative screening and referral for suicide risk among university students is a feasible, and scalable, means of identifying students at risk and offering support before they reach crisis point. Identifying barriers early, and having strategies to minimise them, can ease the way to successful implementation.

Keywords

Suicide prevention; Screening; University students.

Introduction

Suicide is a global health concern, and the leading cause of death worldwide for young people aged 15 to 29 years (World Health Organization, 2024). Within this population of young people, university students are disproportionately at greater risk of experiencing suicidal thoughts and behaviours than others their age (Mortier et al., 2017a). The World Health Organization (WHO) World Mental Health Surveys International College Student (WMH-ICS) Initiative conducted representative studies across nine countries (N = 14,371). Approximately 17% of surveyed university students in this prospective cohort study (domestic and international) reported suicidal ideation within the last year. Half of these went on to develop a concrete suicide plan, and 22% of those with suicide plans reported attempting suicide (Mortier et al., 2017a). There is a clear clinical need for suicide prevention and early intervention strategies in university settings.

There are, however, several barriers to identifying and providing effective support to those who need it most. Suicidal university students are historically less likely to ask for help, even when they identify a need for it (Bruffaerts et al., 2011). It is difficult to identify students who may be at risk of suicidal thoughts and behaviours. Commonly studied suicide risk factors are unreliable when considered in isolation (e.g., prior suicidal thoughts and behaviours; Franklin et al., 2017) and risk assessment procedures that categorise individuals as low or high risk based on psychiatric history are highly inaccurate (Carter et al., 2017). To address these limitations, recent research supports the

utility of multivariable risk algorithms to identify students most at risk (Hasking et al., 2024; Mortier et al., 2017b).

In this paper, we present a case study of a universal suicide prevention program using such an approach in a university setting and provide recommendations for mitigating some of the barriers to implementation. We hope that providing recommendations for navigating these barriers will facilitate uptake of universal screening programs on university campuses.

COMPAS: Checking on Mental Health: Providing Alternatives to Suicide

We developed a multivariable algorithm that could accurately identify students at elevated risk of reporting suicide plan/s and/or attempt/s 12 months later, using data from seven waves of the WHO WMH-ICS survey (n = 5,454; Hasking, 2023). Once at-risk students were identified, we provided a one-on-one telehealth intervention. The program, entitled Checking on Mental Health: Providing Alternatives to Suicide (COMPAS), consisted of support/safety planning and facilitating referrals to appropriate local services, dependent on identified needs. This support was offered by Masters of Clinical Psychology students, who we trained to provide gold-standard safety planning and support to distressed students. This intervention was effective; at 12-month follow-up, those who received this intervention were 42% less likely to report suicidal behaviours in the past year than those in the control cohort (Hasking et al., 2024). COMPAS offers significant potential as a university-wide screening and referral program that can be scaled to reach a substantial number of students at increased risk of suicide and offer support before they reach crisis point.

As with any suicide prevention initiative, there are significant barriers to implementation. These range from feasibility and acceptability to systemic barriers such as legal and ethical concerns and availability of required resources. This case study aims to provide an overview of how we approached development and implementation of COMPAS to identify and minimise these barriers.

Feasibility and acceptability

Understanding stakeholders' perceptions is a critical component of building effective interventions. Through the process of developing COMPAS, we sought to ascertain whether such an approach would be accepted by the university community. We conducted three surveys of staff and students to evaluate the acceptability and feasibility of a screening-based suicide prevention intervention for students. These three surveys consisted of: (i) a ***scoping survey*** of staff and students (n = 271) regarding acceptability of university-wide screening; (ii) a ***market survey of university students*** (n = 329) regarding the role of universities in supporting student mental health, and perceived helpfulness of screening; and (iii) an Australia-wide ***market survey of university staff*** (n = 316) regarding the role of universities in supporting student mental health, the acceptability of screening for suicide risk, and potential barriers to implementation of such an initiative (see Supplementary material).

Ethical approval was obtained from the Curtin University Human Research Ethics Committee for all surveys (HRE2023-0204, HRE2023-0199, HRE2022-0594, HRE2017-0715). For each survey, potential participants were invited to complete an anonymous online survey via direct email (e.g., university staff), mailing lists (e.g., university market research pool), and/or through snowball recruitment. All participants were provided with an information sheet detailing the purposes of the study, participation requirements, anonymity of responses, and procedures for secure data storage. After providing consent, participants completed the surveys in their own time. No reimbursement was offered for participation.

The surveys comprised a combination of questions with multiple choice, Likert scale, and open text response options delivered via an online survey platform. Across all samples, staff and students

demonstrated a widespread belief that universities could play a critical role in supporting student mental health, and that screening-based interventions may be a useful complement to existing university mental health services. For the scoping survey, we recruited university staff and students (32% undergraduate students, 44% postgraduate students, 28% academic staff, 12% professional staff[1]) to participate in an online survey as part of the university-wide World Mental Health Day messaging (*M* age = 32.29, *SD* = 10.54; 78% female, 22% male, 1% another gender). Ninety-one per cent of respondents indicated in-principle support for widespread screening-based suicide prevention in Australian universities.

For the student market survey, we used a university-run market research pool to invite students to complete the online survey. A total of 329 students participated (*M* age = 27.59, *SD* = 11.74; 72% female, 26% male, 2% non-binary or gender diverse). Of these students, 85% were current students, 9% prospective students, and 7% graduates. Of the sample, 96% thought it was important that universities take steps to support students' mental health, with 61% endorsing that it was extremely important universities do so. Ninety-one per cent reported that a mental health screening intervention would be helpful for students struggling with their mental health, with 34% indicating that the intervention would be extremely helpful.

For the staff market survey, recruitment information was sent to key stakeholders at 34 Australian universities. Leadership and senior staff circulated the participation invitation at 75% of Australian universities. A total of 316 staff participated (*M* age = 42.93, *SD* = 12.14; 70% female, 25% male, 3% non-binary or gender diverse, 2% prefer not to say). Of these, 49% were academic staff, 8% research assistants, 5% mental health professionals, and 3% senior executives. Forty-one per cent had previously responded to students with suicidal thoughts or behaviours. In this study, 98% thought it was important that universities take steps to support students' mental health, with 67% endorsing that it was extremely important universities do so. Fifty-six per cent were not satisfied with their university's current student suicide prevention efforts. Ninety-two per cent reported that a mental health screening intervention would be helpful for students struggling with their mental health, with 33% indicating that the intervention would be extremely helpful.

Open text responses (*n* = 512) were analysed using an inductive content analysis approach (Erlingsson & Brysiewicz, 2017) to identify potential barriers to implementing a universal screening and referral program within tertiary education settings. Analysis focused on the manifest content of the data (i.e., the text's literal meaning). Following familiarisation with the data, meaning units (i.e., key sentences or phrases) were distilled. In the organising phase of analysis, the second author engaged in open coding, labelling the meaning units with codes that addressed both barriers as well as misconceptions that would need to be addressed prior to implementation (e.g., requiring compulsory treatment). Mind mapping assisted in collating and organising codes, with conceptually similar codes arranged into overarching categories. The second author has been involved in the COMPAS program since 2022 and has a research background in self-injurious thoughts and behaviours within educational settings. A constructionist epistemological position was adopted, whereby knowledge is constructed through one's interpretation of the world around them (Crotty, 1998). To facilitate this and manage the authors' assumptions, team debriefings were regularly held. Primary barriers included privacy, risk and liability, the availability of supports and resources, and ability to work with a diverse student body. Additional barriers are listed in Table 1.

[1] Categories were not mutually exclusive.

Table 1

Stakeholders' Perceived Barriers to Successfully Implementing Universal Screening and Referral

	Scoping Survey: University staff and students	Student Market Survey: University students	Staff Market Survey: Australia-wide university staff
Privacy	"As someone who suffers from constant suicidal thoughts, this information scares me a little as it could be misused and hinder the students' future studies, and everyone deserves an education."	"I feel pressure to say I am doing better mentally then I am, as I don't want to raise alarm and have it affect my studies."	"Reassurance would need to be provided that the data would be used for good and not potentially for discrimination - there is stigma associated with mental ill-health and suicidal ideation, that would need careful management."
Iatrogenic risk	"I think that the screening process could potentially trigger the idea to commit [sic] suicide if it [is] not maintained very carefully."	"… singling out high risk people and contacting them and informing them of their high risk could be damaging to the student, or trigger something that otherwise wouldn't have happened."	"The perception that if we make suicide prevention information available to students it might result in an increase in suicidal thoughts/actions."
Legal liability	"I have to wonder … what the ramifications could be to students, staff, and the university. For example, what ownership does the university take in identifying at risk students? And what if those students refuse treatment options? What would the obligation of the university be in trying to protect that student (or potentially other students)."	"… as an organisation and a community, universities have an ethical and moral obligation to ensure the health and well-being of their students … nobody wants to see a headline '[University] student takes fatal overdose due to exam pressure'."	"… if you do the check and it raises concerns, is there then any risk of liability if the check doesn't catch someone at risk, or someone dies by suicide and the University has not been seen to do enough."
Appropriate resourcing	"We refer many students to counselling … but they frequently cannot be seen for a while. I agree we should be screening, but we have a moral obligation to ENSURE resources are then available to the at-risk students."	"Asking someone if they're ok for them to say, 'no I need help' without the follow through to actually provide that help isn't going to do anything but may actually have the opposite effect and reinforce the feelings of helplessness and hopelessness that come with a mental health struggle. When you reach out for help and then are denied time and time again it only makes things worse."	"Access to psychology appointments on campus are extremely limited with long wait times so students will still face barriers accessing long term assistance." "We are going through a 'change process', and there are just so few staff, so many have left, and new people starting, who are still trying to work out what their jobs are, let alone something new on top."
Cultural appropriateness	-	"plans for Esl [English Second Language], cald [Culturally and Linguistically Diverse] and Aboriginal and Torres Strait islander students to ensure culturally sound."	"Students may have particular cultural beliefs that prevent them from participating."

Respect for autonomy	"Only if the survey was non-compulsory. It seems a little invasive to demand students share information about their mental health."	"… it's not for everyone so maybe making it optional."	"I would also be concerned about something like this being mandatory /compulsory as I think that is counterproductive and could push people away from help seeking as they might feel resentful or ashamed by being made to participate."
Honest participation	"… many students who are at risk may not answer the surveys completely honestly."	"Most people would find it hard to be open about their mental health."	"There is no guarantee that students will take the questionnaire. Those that do may lie or downplay their symptoms for a multitude of reasons."
Data-driven approach no substitute for human connection	"People are not algorithms."	"If this is going to work, it has to be very personalised and reputable, not the organisation acting, but what seems like a 1-1 situation."	"Would need considerably more information about what data is used in the algorithm (e.g., is it just demographics, grades, attendance)? I would actually be very uncomfortable if I received a generic system generated invite for a wellness check out of the blue."
Outside of university's scope	"Identifying students at risk of [poor] mental health is not the role of university. Screening students cost [*sic*] money and money is better spent on our education rather than the sanity of the students. ... The students themselves are best to sort out mental health care."	"I think all this stuff coming from a university is creepy … perhaps you have a distorted view of what a university should do. As a student, I want to learn in my subject area."	"It [mental health screening] goes above the duty of care required."
Financial costs	"Funding to university and mental health is general is already limited where are the additional resources coming from??"	-	"Funding - our university is constantly talking about budget cuts, so I doubt they'd implement anything that cost money or staff time."

Addressing identified barriers

The concerns expressed by staff and students we surveyed are valid, but ones that can be addressed in the planning phase. This can include broad communication about the roles that universities play in mental health through policy documents, such as the *Australian Universities Accord Final Report* (Department of Education, 2023), Universities Australia's Suicide Prevention Toolkit for Universities (Universities Australia, 2020), and headspace's University Support Program (headspace, n.d.). Barriers can also be addressed through meticulous attention to record keeping and adherence to the *Australian Privacy Principles* (Australian Government Office of the Australian Information Commissioner, 2014), which must be clearly communicated to staff and students. Education about mental health, stigma reduction, and misconceptions about suicide can also be helpful in reducing barriers expressed by staff and students. Here, we offer some recommendations for how these barriers can be minimised.

Privacy. With suicide being such a sensitive topic, privacy and secure handling of student data are paramount. Students expressed concerns that their responses may be shared with university

administrators and have an adverse impact on their studies and progression through university. We recommend going "above and beyond" to ensure privacy of data. This includes ensuring data collection is secure; storing data on password protected secure servers; and complying with commonwealth, state, and university policies and procedures regarding secure data storage, including legislation regarding storage of health data. Given the potential for data to be hacked, we must work to ensure our systems are as secure as possible. This includes working with university technology services to ensure the latest versions of software (and the latest hardware and software protection) are installed and that, where practical, data are only stored in de-identified formats. Students must be assured that no student data will be provided to a third party without their consent. To ensure this message is communicated effectively, we developed information sheets in various formats, including a short video. We believe this makes the material more engaging and reassures students of the measures taken to protect their privacy.

Another concern expressed was the confidentiality between the clinical trainees and students identified as at risk. There is a possibility that, within the same university, clinical trainees may know the students they are assigned to call. In this case, clinical trainees should refer the undergraduate students to another clinician. At no point is survey data provided to clinical trainees, so they will have no knowledge of the reason the student was flagged. We also recognise that handling referral of people who may be known to clinicians is a standard part of clinical training, and COMPAS provides another avenue for practicing that skill.

Risk and liability. It is a widely held myth that talking about suicide will increase suicide risk. While it is critical to avoid talking about suicide using stigmatising or sensationalising language (Everymind, 2023), there is evidence that asking about suicidal thinking can reduce risk and increase help seeking (for review and meta-analysis, see Dazzi et al., 2014; Polihronis et al., 2022). We can work to educate stakeholders and provide skills in talking about suicide, using existing evidence-based education programs (Rodgers, 2010). Some stakeholders also expressed concern about the university's liability if a student died by suicide. Unfortunately, students are already dying by suicide. The aim of preventative screening and referral programs is to identify students at risk and proactively reach out to offer support *before* the student reaches crisis point, thus reducing this risk. Nonetheless, we would recommend seeking legal advice from the university regarding any reporting requirements and potential liability, in line with local legislation.

Availability of resources. Having identified students at risk of suicidal behaviours, it is important that we can effectively support them. This means having supports and resources that are available and accessible. We recommend maintaining a comprehensive, regularly updated list of resources with a range of support options, including self-help, online resources, peer support groups, and professional support. Clinical trainees should be aware of which hospitals have emergency departments, and average wait times. Similarly, the typical wait times to see a general practitioner or mental health professional should be conveyed to at-risk students. By working with clinical trainees, we ensure a pool of trained staff are on hand throughout the implementation period. To ensure sufficient trainees on call, universities could extend this training to other clinical trainees who may need to address suicidal clients in their professional careers (e.g., social work students, medical students, nursing students).

Student diversity. Students come from incredibly diverse backgrounds, representing different levels of risk, and cultural differences in how mental ill-health is understood and/or stigmatised (Gallego et al., 2020; Lageborn et al., 2023). International students in particular face additional stressors including language barriers, acculturation, and lack of immediate family support (Williams, 2018). Further, many international students are unaware of where to seek support or come from countries where seeking support for mental health concerns is highly stigmatised (Chen et al., 2020). Clinical

trainees need to be aware of these concerns and be prepared to talk about mental health in a culturally safe way. Issues facing students from other minority or diverse groups (e.g., ethnic minorities, religious students, Indigenous students, gender diverse students, neurodiverse students) also need to be considered, and training provided to match the student demographic at each university.

Student feedback

Ongoing monitoring and feedback are important to ensure the needs of the students and university are being met. Between 2020–2022, 2,592 students participated in COMPAS. Of these, 7% (n = 184) were flagged by the algorithm as being at high risk of suicidal behaviours in the upcoming 12 months. To gauge feedback on the acceptability of COMPAS, we invited these students to participate in a follow-up telephone survey four weeks later. Of the 54 respondents, 72% identified as female, 20% as male, and 7.4% as transgender or gender diverse. Of the sample, 43% reported having made a suicide attempt in their lifetime. As seen in Table 2, the majority of students reported COMPAS to be helpful, important or extremely important, and acceptable.

Table 2

Student Feedback from those who Participated in the Telehealth Intervention

I have found the phone calls from COMPAS to be:		**How important is it to you that the follow-up calls from COMPAS be made available to students who may be highly distressed?**		**I have found the phone calls from the COMPAS team to be:**	
Unhelpful	0%	Not important	0%	Not at all acceptable	0%
Neither helpful or unhelpful	3.8%	Moderately important	17.3%	Acceptable	21.2%
Helpful	96.2%	Very important	46.2%	Very acceptable	34.6%
		Extremely important	26.5%	Extremely acceptable	44.2%

Discussion

The aim of this case study was to identify potential barriers to offering a university-wide screening and referral program for students at heightened risk of suicide. We hoped that, by doing so, universities would be better placed to identify at-risk students and offer appropriate programs to support them. Our initial work suggests that university staff and students see universal screening and referral as an appropriate and acceptable means of supporting student mental health.

We have highlighted some of the identified barriers to implementing such a program, as reported by university staff and students. Principle among these were concerns for student privacy, and fears associated with risk and liability. In this digital age, concerns about privacy are absolutely warranted and every effort should be made to ensure data are stored securely. Most universities have policies and procedures for secure data handling and storage, and these should be adhered to. Further, students need to be assured that their data are protected and understand any limits to confidentiality (e.g., if a crisis team needs to be called).

Concerns around risk and liability provide an ideal opportunity for psychoeducation about suicide and the potential to openly talk about mental health with the entire university community.

Psychoeducation about supporting suicidal students is effective in increasing knowledge and intentions to support distressed students (Afsharnejad et al., 2023; Holmes et al., 2021) and should form part of any universal screening program. Indeed, a comprehensive mental health agenda that includes psychoeducation, staff training, and peer support can supplement suicide screening programs (Moffit et al., 2014). While it may be comforting to stratify risk into low, medium, or high, recent guidelines caution against this largely inaccurate approach, recommending psychosocial assessment rather than risk assessment (Mughal et al., 2023). This approach is supported by recent guidelines from the National Institute for Health and Care Excellence, which also cautions against this approach (Mughal et al., 2023). A multivariable algorithm allows for a more comprehensive assessment of risk and protective factors, while the personalised follow-up should be conducted within a person-centred approach, taking the needs of each individual student into account (Stallman, 2018). Table 3 provides some other practical considerations to address in the planning phase to ensure universal screening and referral is acceptable, safe, and meets the needs of students.

Table 3

Recommendations for Implementing Universal Screening Successfully

Key issue	Why is it a concern?	Actions
Acceptability and potential barriers	Misconceptions, negative attitudes, and systemic barriers can hinder successful implementation.	Conduct scoping surveys to identify possible barriers and develop strategies to mitigate them and enhance successful implementation.
Stakeholder engagement	Successful implementation requires a whole-of-university approach. Support from key stakeholders is critical.	Engage with senior administrators: president, vice-chancellors, deans, counselling service, security services, student unions/guilds, student housing/residence halls, digital services/IT services.
Privacy concerns	Data protection is paramount. The program will only work if participants are confident that their sensitive data will remain secure.	Have the project reviewed by privacy officer if available. Ensure data collection is secure; store data on password protected, secure servers; never divulge personal information to a third party without consent; and ensure all stakeholders adhere to this.
Legal and risk	Many stakeholders are concerned about the risks of asking about suicide, or their liability if a student dies by suicide.	Educate stakeholders that asking about suicide does not increase risk; make sure there is a mechanism to follow up students who have been identified as high risk if you are unable to contact them (e.g., a crisis team/security); have the project reviewed by the university legal team.
Student involvement	Support from students is important to ensure the program meets their needs.	Involve students in clinical training; include student preferences in the range of support services/resources; invite "student champions" to assist with recruitment.
Funding	Once implemented, screening and follow-up is extremely cost efficient, when using graduate students to reach out to at-risk students.	Seek support through grants, or university commitment.
Duty of care/ resources available	Programs only work if recommended supports/resources are available and accessible.	Have an extensive list of supports/resources to ensure support is available; keep list of resources up to date; be aware of wait times at counselling services/hospitals; alert student counselling/health services of the program and monitor any increased demand resulting from the intervention.
Cultural awareness/ student diversity	Students come from a wide variety of diverse backgrounds. Cultural awareness may be particularly important for international students, gender diverse students, and neurodiverse students.	Ensure clinical trainees are trained to work with international students, and the student demographic of each university; ensure culturally appropriate resources are available.
Other ethical issues	Consent to participate and contact students; non-coercive recruitment methods; feedback to students.	Obtain ethical approval/institutional review board approval from each site implementing the program.
Monitoring	Evaluation of both implementation and outcomes are important to ensure screening is meeting the needs of the university.	Use training manuals to ensure fidelity; monitor for adverse outcomes; report on outcomes such as effects on student mental health.

It should be noted that the recommendations here are based on a single screening and referral program implemented at one university. Other screening programs are in operation, such as the Interactive Screening Program (Moffitt et al., 2014). We believe these afford the same considerations for implementation. Different universities will have different needs and considerations. As such, we recommend assessing acceptability and potential barriers prior to implementation. Successful implementation requires a whole-of-university approach. Support from high-level university administrators is critical to success. Regular communication, monitoring, and feedback will be essential to ensuring the university is committed to student mental health, and this is seen as a key university priority. Finally, in addition to university stakeholders, students themselves must see value in screening and referral. We recommend involving students in the process of both developing and implementing such programs and working with student champions to promote mental health on campus.

In summary, our experiences developing and implementing universal screening and referral for suicide risk suggests such an approach is acceptable, feasible, and effective. Potential barriers can be identified and addressed, and we have offered some recommendations to aid other universities to successfully implement similar programs and, thus, reduce suicide risk among university students.

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Supplementary material

Scoping survey — Staff and students

Cross-national findings from representative samples of university students show 1/3 of first year university students have thought of ending their own life; almost 5% report having made a suicide attempt. Yet, university students are less likely than the general public to receive treatment for suicide attempts.

As a result, in the US and Europe, some universities have implemented a screening process for all incoming first year students. Students complete a brief (~20 minute) mental health questionnaire. An empirically validated algorithm identifies the students with mental health concerns, and those most at risk of suicidal thoughts and behaviours in the coming 12 months. These students are then referred to a level of care matching their need (e.g. psycho-education; e-mental health; face-to-face counselling). Responses are not used for any other purposes (e.g., student selection) or communicated to any third parties. All data are strictly confidential, de-identified after referral, and managed according to strict ethical and legal protocols. The automatic system reduces costs and resources in identifying students at risk. Students are free to act on the referral information provided or not. All data are strictly confidential, de-identified after referral, and managed according to strict ethical and legal protocols. In principle, would you support a similar screening process in Australian universities?

o Yes (1)

o No (2)

Would you like to expand on your answer?

How old are you?

What is your gender?

o Male (1)

o Female (2)

o Another gender (3)

Are you a Curtin student?

o Yes (1)

Are you a Curtin staff member?

o Yes (1)

o No (2)

Market survey — Students

Which of the following best describes you?

o Potential undergraduate student (1)

o Potential postgraduate student (2)

o Parent or guardian (3)

o School staff (4)

o Other (5)

What is your gender?

o Male (1)

o Female (2)

o Non-binary or gender diverse (3)

o Prefer not to say (4)

How old are you?

Studying at university can be a wonderful experience. It’s a chance to learn new things, meet new people, and enjoy a wide range of new experiences.

However, this period can be stressful and approximately one in four students experience mental health challenges such as depression, anxiety, and suicidal thoughts and behaviours.

Universities may offer mental health supports for their students.

How important is it to you that universities take steps to support the mental health of their students?

o Not at all important (1)

o 2 (2)

o 3 (3)

o 4 (4)

o 5 (5)

o 6 (6)

o 7 (7)

o 8 (8)

o 9 (9)

o Extremely important (10)

o I don't know (99)

Researchers at Curtin University have developed a world-leading statistical algorithm that identifies students who are more likely to experience mental health challenges in the upcoming year, allowing us to proactively help them before they hit crisis point.

Students are invited to take part in an online Wellbeing Check at the beginning of the school year. All students are given information about the university and community-based supports available to them.

Student who are identified by the algorithm as at being at higher risk of poor mental health in the future are also contacted by a mental health professional. Together, they develop a plan to support the student's mental health, and provide personalised referrals to mental health resources.

We would like to make this Wellbeing Check widely available. Before we do so, we would like to hear from prospective students and their communities what they think about the Wellbeing Check.

How helpful do you think this Wellbeing Check would be for university students who are struggling with their mental health?

o Extremely unhelpful (1)

o 2 (2)

o 3 (3)

o 4 (4)

o Neither unhelpful or helpful (5)

o 6 (6)

o 7 (7)

o 8 (8)

o 9 (9)

o Extremely helpful (10)

o I don't know (99)

To what extent would a university conducting this Wellbeing Check influence the reputation of that university?

o Decrease the university’s reputation (1)

o 2 (2)

o 3 (3)

o 4 (4)

o No influence 5 (5)

o 6 (6)

o 7 (7)

o 8 (8)

o 9 (9)

o Increase the university’s reputation (10)

o I don't know (99)

To what extent would a university conducting this Wellbeing Check impact your decision to enrol at that university?

o Make me less likely to enrol (1)

o 2 (2)

o 3 (3)

o 4 (4)

o Not impact my decision (5)

o 6 (6)

o 7 (7)

o 8 (8)

o 9 (9)

o Make me more likely to enrol (10)

o I don't know (99)

How likely would you be to recommend a university conducting this Wellbeing Check to others?

o Not at all likely (1)

o 2 (2)

o 3 (3)

o 4 (4)

o 5 (5)

o 6 (6)

o 7 (7)

o 8 (8)

o 9 (9)

o Extremely likely (10)

o I don't know (99)

Is there anything feedback you want to share, or anything else you think we should know?

____

Market survey — Staff

Are you currently employed by an Australian university?

o Yes (1)

o No (2)

In what capacity are you currently employed within a university? (tick all that apply)

▢ Residence staff (e.g., college/ residence administrator) (1)

▢ Mental health professional (e.g., counselor, psychologist) (2)

▢ Senior executive (3)

▢ Academic staff (i.e., lecturer/ researcher) (4)

▢ Emergency services/security worker (5)

▢ Professional staff (e.g., teaching support, receptionist) (6)

▢ Coach or athletic advisor (7)

▢ Research assistant (8)

▢ Medical professional (e.g., GP, nurse) (9)

▢ Tutor (10)

▢ Other (please specify) (11) ____

At which Australian university are you currently employed? (Please select only one) (*Note. All 43 Australian universities are listed here as options, along with the option to select 'Prefer not to say')

▼ Australian Catholic University (1) ... Prefer not to say (44)

How old are you?

____

What is your gender?

o Male (1)

o Female (2)

o Non-binary or gender diverse (3)

o Prefer not to say (4)

Studying at university can be a wonderful experience. It's a chance to learn new things, meet new people, and enjoy a wide range of new experiences.

However, this period can be stressful and many university students experience mental health challenges.

Today, one in three university students have experienced thoughts of suicide and 4.3% have made a suicide attempt.

Unfortunately, despite high clinical need, university students are less likely than the general public to seek help, even when they perceive they need it.

Universities may offer mental health supports for their students.

How important is it to you that universities take steps to support the mental health of their students?

o Not at all important (1)

o 2 (2)

o 3 (3)

o 4 (4)

o 5 (5)

o 6 (6)

o 7 (7)

o 8 (8)

o 9 (9)

o Extremely important (10)

o I don't know (99)

How important is it to you that universities take steps to prevent student suicide?

o Not at all important (1)

o 2 (2)

o 3 (3)

o 4 (4)

o 5 (5)

o 6 (6)

o 7 (7)

o 8 (8)

o 9 (9)

o Extremely important (10)

o I don't know (99)

Have you ever personally responded to student(s) experiencing suicidal thoughts or engaging in suicidal behaviours?

o Yes (1)

o No (2)

Have you ever personally received training on how best to respond to students experiencing suicidal thoughts or behaviours?

o Yes (1)

o No (2)

If yes,

What training did you receive: _____________

To the best of your knowledge, is your university currently implementing any student suicide prevention programs?

o Yes (please describe): (2) ____

o No (3)

o I'm not sure (4)

How satisfied are you with your university's current student suicide prevention efforts?

o Extremely unsatisfied (1)

o 2 (2)

o 3 (3)

o 4 (4)

o Neither satisfied or unsatisfied (5)

o 6 (6)

o 7 (7)

o 8 (8)

o 9 (9)

o Extremely satisfied (10)

o I don't know (99)

Researchers at Curtin University have developed a world-leading statistical algorithm that identifies university students who are more likely to experience suicidal behaviour in the upcoming year, allowing us to proactively help them before they hit crisis point.

Students are invited to take part in an online Wellbeing Check at the beginning of the school year. All students are given information about the university and community-based supports available to them.

Student who are identified by the algorithm as at being at higher risk of suicidal behaviour in the future are also contacted by a mental health professional. Together, students develop a safety plan to help themselves cope with suicidal thoughts, and receive personalised referrals to mental health resources, and social and academic supports offered by the university.

We would like to make this Wellbeing Check widely available to universities across Australia. Before we do so, we would like to hear from university staff what they think about the Wellbeing Check.

How helpful do you think this Wellbeing Check would be for students at your university who are struggling with their mental health?

o Extremely unhelpful (1)

o 2 (2)

o 3 (3)

o 4 (4)

o Neither unhelpful or helpful (5)

o 6 (6)

o 7 (7)

o 8 (8)

o 9 (9)

o Extremely helpful (10)

o I don't know (99)

o Not at all helpful (1)

How much do you think your university would pay to implement a screening and prevention program like the Wellbeing Check?

Who would be in charge of deciding whether or not to implement the Wellbeing Check at your university? (Please select only one)

o Chancellor (13)

o Deputy Chancellor (15)

o Vice-Chancellor/President (1)

o University Council (6)

o Provost (3)

o Deputy Vice-Chancellor (e.g., academic, research, student success, experience) (5)

o Chief Strategy Officer (4)

o Chief Operating Officer (7)

o Chief Financial Officer (8)

o Chief Legal Officer (9)

o Pro Vice-Chancellor(s) (10)

o Vice-President(s) (11)

o Dean(s) (12)

o Student Health Service Director/ Psychology Clinic Director (16)

o Someone else (please state): (14) ____

o I'm not sure (17)

Do you foresee any potential barriers to implementing the Wellbeing Check at your university?

____

____

Is there anything else you think we should keep in mind about university-based suicide prevention efforts?

____

____

Is there anything feedback you want to share, or anything else you think we should know?

____

____