STATE OF NEW YORK

6653

2025-2026 Regular Sessions

IN SENATE

March 19, 2025

Introduced by Sen. WEBB -- read twice and ordered printed, and when printed to be committed to the Committee on Higher Education

AN ACT to amend the education law, in relation to enacting the college student suicide prevention act

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Short title. This act shall be known and may be cited as the "college student suicide prevention act".

§ 2. The education law is amended by adding a new section 6438-d to read as follows:

§ 6438-d. College student suicide prevention act. 1. Legislative intent. The legislature finds and declares the following:

(a) According to data from the federal Centers for Disease Control and Prevention as reported in the year two thousand twenty-one, suicide is the second leading cause of death for youth and young adults ten to twenty-four years of age, inclusive, across both the state of New York and the United States. Suicide rates nearly doubled among New York state youth in this age range from the year two thousand seven to the year two thousand eighteen. One in four surveyed young adults eighteen to twenty-four years of age, the largest age demographic on college campuses, reported having seriously considered suicide in the prior thirty days nationally.

(b) In the year two thousand twenty-three, separate reports from the Healthy Minds Network's national Healthy Minds Survey, the Gallup and Lumina Foundation's national State of Higher Education Survey, and the American College Health Association's National College Health Assessment declared that United States college students were experiencing historic levels of depression, anxiety, suicidal ideation, frequent emotional stress, overall moderate to severe psychological distress, and loneliness.

EXPLANATION--Matter in *italics* (underscored) is new; matter in brackets [-] is old law to be omitted.

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(c) According to the American Foundation for Suicide Prevention, New York state is not among the twenty-one states that uniformly require institutions of higher education to adopt specific, evidence-based suicide prevention policies by law. Such policies include the regular dissemination of information on available mental health resources and services to students, as well as the internal development of guidelines and protocols to inform staff on how to respond to a student in suicidal crisis, in order to most effectively support those at risk and empower students to proactively seek help.

(d) According to data from Healthy CUNY, as reported in the year two thousand twenty-one, more than half of all city university of New York students report experiencing depression or anxiety. While nearly every city university of New York institution houses its own counseling center, data reported by the city university of New York board of trustees in the board's four-year financial plan released in the year two thousand nineteen stated that the average student-to-counselor ratio across the city university of New York system is at least two thousand four hundred-to-one. Until adequate staffing levels of mental health professionals can be sustainably funded, uniformly requiring higher education institutions to develop partnerships with community providers is imperative to meet the needs of students at such institutions with large student-to-counselor ratios or whose student populations primarily live off-campus.

(e) Establishing gatekeeper suicide prevention or mental health aid training requirements and opportunities for college residential staff and other student-facing positions has been recommended by the state university of New York Student Mental Health and Wellness Task Force and adopted by dozens of state university of New York institutions. However, these requirements have not been modeled by many colleges and universities outside of the state university of New York system, weakening preparedness frameworks for students attending other public and private institutions of higher education alike. As students most often seek emotional support from peers and those in close proximity, institutions must compel residential assistants and staff to utilize the free Question, Persuade, and Refer suicide prevention training already fully funded by state university of New York for all New York state college students in order to bolster their preparedness for such emergency scenarios.

(f) New York state colleges and universities are facing a deepening mental health crisis among students, marked by increases in the prevalence of thoughts of suicide and attempts. All levels of collegiate staff must be equipped by their respective institutions' policies, guidelines and training opportunities to effectively and appropriately prevent student suicide, intervene in crisis situations, and support their college communities in postvention.

2. Definitions. For the purposes of this section, the following terms shall have the following meanings:

(a) "Crisis situation" means a situation where a teacher or other employee of an educational institution believes a student or other individual is in imminent danger of a suicide attempt.

(b) "LGBTQ" means individuals who identify, with regards to gender identification and sexual orientation, as being lesbian, gay, bisexual, transgender, queer or questioning.

(c) "Higher education institution" means a college university, or professional or technical school, whether public or private, that has been incorporated by a special act of the legislature or chartered by

the regents of the university of the state of New York to confer academic degrees in this state.

(d) "QPR" means suicide prevention training based on the Question, Persuade, and Refer emergency response model.

(e) "Suicide intervention" means specific actions higher education institutions can take in response to suicidal behavior by a student, including, but not limited to:

(i) student supervision;

(ii) notification of designated emergency contacts;

(iii) crisis situation response protocols;

(iv) when and how to request an immediate mental health assessment or emergency services; and

(v) higher education institution re-entry procedures following a student mental health crisis.

(f) "Suicide postvention" means planned support and interventions higher education institutions can implement after a suicide attempt or suicide death of a member of the higher education institution community that are designed to:

(i) reduce the risk of suicide contagion, or the spread of suicidal thoughts or intentions;

(ii) provide support for affected students and higher education institution-based personnel;

(iii) address the social stigma associated with suicide; and

(iv) disseminate factual information about suicide and its prevention.

(g) "Suicide prevention" means specific actions higher education institutions can take to recognize and reduce suicidal behavior, including, but not limited to:

(i) identifying risk and protective factors for suicide and suicide warning signs;

(ii) establishing a process by which students are referred to a mental and behavioral health provider for help;

(iii) making available higher education institution-based and community-based mental health supports;

(iv) providing the location of available online and community suicide prevention resources, including the 988 suicide and crisis lifeline and other local crisis centers and hotlines;

(v) adopting policies and protocols regarding suicide prevention, intervention, and postvention, campus safety, and response to crisis situations;

(vi) training for higher education institution personnel who interact directly with students in recognizing suicide risk factors and warning signs and how to refer students for further assessment and evaluation; and

(vii) instruction to students in problem-solving and coping skills to promote students' mental, emotional, and social health and well-being, and instruction in recognizing and appropriately responding to signs of suicidal intent in others.

3. Policies, procedures, and guidelines for higher education institutions. (a) The governing board or body of every higher education institution shall, before the first day of August, two thousand twenty-six, adopt policies, procedures, and guidelines on student suicide prevention, intervention, and postvention for said students. Such policies, procedures, and guidelines shall be developed in consultation with collegiate and community stakeholders, campus-employed mental health professionals, and suicide prevention experts, and shall include, but not be limited to:

(i) methods to increase awareness of the relationship between suicide and suicide warning signs, risk factors and protective factors, including but not limited to:

(1) mental health and substance use conditions;

(2) childhood abuse, neglect, or trauma;

(3) prolonged stress, including individual experiences such as bullying, harassment, family or relationship stress, or other stressful life events as well as collective stressors such as systemic bias and discrimination;

(4) exposure to another person's suicide, or sensationalized or graphic accounts of suicide; and

(5) previous suicide attempts or history of suicide within a student's family;

(ii) adoption of a requirement for residential assistants and staff of student housing facilities, students' academic and professional advisors, and campus security personnel to participate in either a QPR gatekeeper suicide prevention training course, or a similar program prior to the commencement of their duties or before the beginning of the next full academic year. Such training shall include, but not be limited to:

(1) methods for early identification of suicide risk factors and inclusion of expertise from higher education institution employees who have previously been trained in recognizing suicide risks;

(2) information on how higher education institution employees should respond to suspicion, concerns, or warning signs of suicide in students, and the appropriate referral and reporting procedures available to higher education institution employees;

(3) information on how higher education institution employees should respond within their means to a crisis situation where a student is in imminent danger to such student;

(4) policies and protocols to respond to a student or staff suicide or suicide attempt and provide support to survivors and affected peers and families;

(iii) counseling services available within the higher education institution for students and their families that are related to suicide prevention;

(iv) availability of information about depression and other mental health conditions associated with an increased risk of suicide, including development of an annual live orientation session for newly matriculated students aimed at raising awareness of said conditions;

(v) implementation of specialized mental health awareness curricula into existing courses and seminars if opportunities for integration exist;

(vi) availability of information concerning crisis situation intervention, suicide prevention, and mental health services in the community for students and their families and higher education institution employees, and inclusion of said information on dedicated pages of the student handbook and higher education institution website or primary mobile application;

(vii) revision of emergency contact notification protocols to include a student's expression of thoughts of suicide as among the circumstances in which notification of said student's designated emergency contact may take place by a campus-employed mental health professional, after notifying said student of the protocol's activation and following case-by-case consideration and documentation of any objections raised by the student, any concerns that disclosure of such information may threaten

the student's safety or unreasonably compromise their right to privacy, and the process by which the final determination that such disclosure is in the student's best interest is made;

(viii) revision of emergency contact notification protocols to include language specifically outlining the higher education institution's role following notification, the institution's expectation of an emergency contact following notification, and the contact employee at the institution who may answer questions regarding the protocol, with all said information being routinely communicated to students and emergency contacts and published on dedicated pages of the student handbook and higher education institution website or primary mobile application;

(ix) periodic assessments of elements of the campus environment that may be used in a suicide attempt, including but not limited to access to building rooftops, balconies, windows, and bridges, or access to drugs, alcohol, and toxic or controlled dangerous substances, and ways to secure these locations and substances to minimize threats posed to students' health and safety;

(x) assessments of new and proposed campus buildings and infrastructure, as well as revisions and updates to existing campus buildings and infrastructure, during the design process, for the implementation of suicide deterrent barriers and other measures to minimize access to areas of significant height, reducing suicide risk;

(xi) revision of medical leave and withdrawal policies to no longer compel a student to involuntarily withdraw from enrollment solely on the grounds of having considered or attempted suicide, without first allowing said student to take a temporary leave of absence to seek support for their mental health and providing a guarantee of readmission or reinstatement following completion of such a leave of absence;

(xii) identification and development of off-campus peer support programs and partnerships with community providers, organizations, and agencies for referral of commuter students and other students who may not substantially benefit from on-campus services to mental health, substance use, and social support services, including the development of at least one memorandum of understanding between the higher education institution and a supporting provider, organization or agency in the community or region;

(xiii) development of a culturally competent plan to promote sensitivity in outreach to diverse and traditionally underserved populations, to assist survivors of attempted suicide, and to assist students and higher education institution employees in coping with an attempted suicide or suicide death within the higher education institution community; and

(xiv) development of any other related program or activity for students or higher education institution employees.

(b) The policies, procedures, and guidelines adopted pursuant to paragraph (a) of this subdivision shall specifically outline sensitive and competent responses to address the needs of high-risk groups, including but not limited to the following:

(i) youth who have lost a friend or family member to suicide;

(ii) youth with disabilities or with chronic health conditions, including mental health and substance use conditions;

(iii) youth experiencing homelessness or in out-of-home settings, such as foster care;

(iv) youth belonging to racial and ethnic minority groups and international students;

(v) LGBTQ youth;

(vi) first-year, transfer, or otherwise newly matriculated students;

(vii) youth participating in demanding or high-performance programs, including student athletes and academic honors or accelerated students; and

(viii) youth reporting significant financial or academic challenges as barriers to their ability to fully participate in higher education institution activities.

(c) The policies, procedures, and guidelines adopted pursuant to paragraph (a) of this subdivision shall be written to ensure that a higher education institution employee acts only within the authorization and scope of such employee's credential or license. Nothing in this section shall be construed as authorizing or encouraging a higher education institution employee to diagnose or treat mental health conditions unless such employee is specifically licensed and employed to do so.

(d) Notwithstanding any other provision of law to the contrary, no cause of action may be brought for any loss or damage caused by any act or omission resulting from the implementation of the provisions of this section, or resulting from any training, or lack of training, required by this section. Nothing in this section shall be construed to impose any specific duty of care.

(e) To assist higher education institutions in developing policies for student suicide prevention, intervention, and postvention, the board of regents of the university of the state of New York shall develop and maintain model policies, procedures, and guidelines in accordance with this section to serve as a guide for higher education institutions. Such model policies, procedures, and guidelines shall be posted within thirty days of their completion on the university's internet website, along with relevant resources and information to support higher education institutions in developing and implementing the policies, procedures, and guidelines required under paragraph (a) of this subdivision.

(f) The trustees or other governing board or body of a higher education institution shall review, at minimum every fifth year following the effective date of this section, its policies, procedures, and guidelines on student suicide prevention and, if necessary, update such policies, procedures, and guidelines.

4. Severability and construction. The provisions of this section shall be severable, and if any court of competent jurisdiction declares any phrase, clause, sentence or provision of this section to be invalid, or its applicability to any government agency, person or circumstance is declared invalid, the remainder of this section and its relevant applicability shall not be affected. The provisions of this section shall be liberally construed to give effect to the purposes thereof.

§ 3. This act shall take effect immediately.