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## Supports for university counselors impacted by student suicide: A systematic review and thematic synthesis

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### ABSTRACT



The purpose of this systematic review and thematic synthesis was to identify and consolidate research on the support needs of impacted Higher Education (HE) counselors that have experienced a student suicide death. When exposed to a student suicide death, counselors are often extensively involved in a postvention response. This systematic review synthesized four qualitative papers that explored the experiences of staff impacted by student suicide. Thematic synthesis revealed three core themes: The unknown, responding, and the known, and six subthemes: Gaps in knowledge of individual experience, gaps in knowledge of organizational impact, extrospective responding, introspective responding, the needs of impacted counselors, the degree of impact, and the support processes that arise from needs. The results provide a summary of the current supports available to impacted HE counselors and considerations relevant to their postvention needs.

Many studies have explored the prevalence of suicidal thoughts and behaviors in the Higher Education (HE) student population (Auerbach et al., 2018; Eskin et al., 2016; Pillay, 2021; Zhai & Du, 2022). Young people attending HE settings are at risk of suicidal thoughts and behaviors, with estimates consistently higher than that of the general population (Mortier et al., 2018). For countries where the death rate for students is accessible, the numbers are alarming. For example, in the United States, the average rate of death from suicide among college students equates to approximately 39.4% of the U.S. population (National Academies of Sciences & Medicine, 2021). In other countries, the national rate of suicide has increased for young people (Goto et al., 2022; McLaughlin, 2021).

Other studies have explored the factors that may increase the risk of suicide for students including depression (Li et al., 2020) and stress (Liu et al., 2019). Universities have also been referred to as potential sites for suicide clusters (Hawton et al., 2020), which is when more suicides than expected occur in a specific community, setting or time period (McLaughlin, 2021). Given the high prevalence of suicidality among students, HE settings are well placed as 'safety nets' that can protect the mental health

needs of young people and provide access to support services that are equipped to respond to the needs of students (Broglia et al., 2018; Klepac Pogrmilovic et al., 2021) such as counseling services. Counseling services are often the first and primary support service that young people access when experiencing distress (Biasi et al., 2017; Harrison & Gordon, 2021), can help reduce student distress (Center for Collegiate Mental Health, 2019) and improve academic functioning (Biasi et al., 2017; Choi et al., 2010; Kharas, 2014; McKenzie et al., 2015).

Counselors in HE settings face similar challenges to counselors in other fields such as emotional exhaustion and difficulties balancing their well-being and work-life balance (Lee et al., 2020; Wray & Kinman, 2021). Counselors are also at risk of experiencing burnout (Simionato & Simpson, 2018; Yang & Hayes, 2020). What is specific to counselors in universities and colleges however, is that they also face the challenge of supporting an increasing number of students presenting with diverse needs (Andrews, 2016; Association of Colleges, 2021; Han et al., 2018) whilst balancing limited resources, with many working beyond what is recommended as best practice standards (Harrison & Gordon, 2021). Despite this known

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reality, there is a paucity of research on the support needs of counselors in managing such demands (Randall & Bewick, 2016) leaving counselors, particularly those employed in student support services, with a chronic lack of clarity on how to effectively cope with these negative impacts.

Working with clients who experience suicidality is considered one of the most stressful clinical endeavors for counselors (Brown, 2020; Sandford et al., 2021). Suicide is widely understood as a preventable outcome (World Health Organization, 2014), therefore, counselors are responsible for engaging in a response that is preventative in nature (Black et al., 2021). Despite these efforts, counselors can be exposed to a death from student suicide (Lyra et al., 2021). In these instances, counselors are also required to engage in postvention responses (Andriessen & Krysinska, 2021; Smith, 2021). Although the rate of exposure for counselors in HE settings is still unknown, the rate of exposure to client suicide for mental health practitioners is estimated to be anywhere between 23% to 80% (Sanford et al., 2021).

Counselors impacted by a client's death from suicide can experience significant personal and professional impacts (Chemtob et al., 1988; Linke et al., 2002; Sandford et al., 2021). The most frequent emotional response is a sense of grief (Lafayette & Stern, 2004), which for many is pervasive and long-lasting (Hendin et al., 2000). Other long-term impacts include an increased focus on potential suicide cues, increased levels of anxiety, and uncertainty around the management of suicide risk (Gulfi et al., 2016; Sandford et al., 2021). For some mental health professionals, severe and persistent post-traumatic responses such as intrusion, avoidance, and hyper-arousal have been reported at levels within a clinical range (Causser, 2021).

Regarding postvention strategies, it has long been recognized that people bereaved by suicide have diverse support needs (Andriessen et al., 2019; Shneidman, 1969, 1973), including support in managing experiences of stigma, social isolation, and difficulties navigating services. However, as alluded to earlier, research on the support needs of HE counselors impacted by student suicide is lacking in breadth and depth (Allie et al., 2023). Thus, it is argued that understanding the impact of a student death on counselors in such settings is a necessary precursor to identifying how to support the postvention needs of this population (Sanford et al., 2021).

Although there are studies on the type of support that can have a positive impact on staff well-being in universities and colleges, they are not specific to

counselors. A study from the UK that asked 2046 staff from HE settings regarding support, found the highest-rated potential source of support that staff find helpful was feeling appreciated and respected (Wray & Kinman, 2021). However, almost half of the respondents indicated that this was largely unavailable in the institution where they were employed (Wray & Kinman, 2021). This same study found that the ability to work from home and opportunities for informal chats with colleagues were rated as the second highest source of support. Similarly, relationships with colleagues (O'Brien & Guiney, 2018) and support from colleagues (Douglas, 2021) were also seen as important support opportunities. Organization practices that are seen as supportive include a compassionate and supportive leadership style (O'Brien & Guiney, 2018) which holds the potential to enhance the adaptability of employees during times of change (Samad et al., 2022).

Thus, it follows that adequate postvention support can improve the response to those impacted and bereaved by suicide. This is also an element of The Fifth National Mental Health and Suicide Prevention Plan (Andriessen, Krysinska, Kõlves, et al., 2019; Mellifont, 2020). However, little is known about the potential sources of support currently available specifically to counselors in HE settings impacted by student suicide. A better understanding of the available supports can assist with identifying what is currently available and what the gaps are. This paper will investigate what is currently known regarding the support available to student support staff, in particular counselors, who are primarily and extensively involved when a postvention response is required following a student death by suicide. The research question to be examined in this paper is: *What is currently reported in the published and grey literature, regarding the supports available to impacted university counselors of student clients who have died from suicide?*

## Method

We followed the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines (Moher et al., 2015). We explored evidence from research and non-research sources and included grey literature to capture a wider range of documented and undocumented information (Adams et al., 2016). Literature was analyzed using thematic synthesis (Thomas & Harden, 2008). Whilst this review is a synthesis of data and therefore exempt from requiring a formal ethical approval as per the human research

ethic's governing policy for our setting (University of the Sunshine Coast, 2022), we ethically undertook this research by ensuring that the papers used in this study adhered to the national human research ethics values and principles as per the Declaration of Helsinki (World Medical Association, 2013). Ethical conduct was also maintained throughout the research process by engaging in ethics of care and ethical decision-making (Suri, 2020) such as engaging in reflective and reflexive practice.

### **Search strategy**

We performed a computer-based search in several databases on the 18<sup>th</sup> of August 2023 for relevant publications on the supports available to impacted university counselors. Databases used for the search were: OVID, PsycINFO, Science Direct, ProQuest, Scopus, EBSCO Host and Google Scholar. We used the SPIDER framework (Cooke, Smith, & Booth, 2012), to select the following keywords in the search (“postvention or post-vention”) AND (“counselor” or “counsellor” or “therapist” or “psychologist” or “social worker” or “clinician” or “practitioner” or “mental health provider”) AND (“supports”) AND (“student suicide” or “suicide death”) AND (“higher education” or “college” or “university” or “schools”) AND (“student” or “young adult” or “adults”). We also performed targeted searches for grey literature on the 19<sup>th</sup> and 20<sup>th</sup> of August 2023 by searching Google, APO: Analysis & Policy Observatory for related policy research, Oaister and relevant discipline-based professional associations including The Australian Association of Social Workers (AASW), Australian Psychological Society (APS), Psychotherapy and Counseling Federation of Australia (PACFA) and the Australian Counseling Association (ACA).

### **Inclusion and exclusion criteria**

We considered all study designs, including published and unpublished manuscripts, conference abstracts, expert opinion or policy reviews (Munn et al., 2018). The review was restricted to studies published from 2013 to 2023 and published in the English language. We excluded articles that used the following terms in the title: (“high school” or “high school students” or “middle school students” or “adolescents”) to exclude populations that were not relevant to the research topic. We took careful consideration to ensure that we only excluded those articles that were irrelevant to the

study population, even when the excluded terms were mentioned in the title screening.

### **Selection process**

The search strategy yielded a total of 1461 records. Each of these records was then manually screened independently by one of the authors with the process documented in tabulated form. This table was then reviewed by both authors to ensure that each of the records was eligible to continue the selection process. Of these, we removed 15 records due to duplication and 1446 records were then screened using the title and the exclusion criteria. This title screening process excluded 1314 records, with an additional paper removed as it was unable to be retrieved. The remaining 131 reports were then assessed for eligibility through an abstract review. It is important to note that because many of the papers were unclear in their abstract as to whether the participants of the study included counselors from colleges, universities or HE settings, the abstract review would often involve a review of participant demographics and/or descriptive statistics to determine whether the paper was included in the next step. The population, setting and type of support relevant to each paper were documented in tabulated form, which both authors reviewed. This resulted in a further exclusion of a total of 128 papers: 65 papers pertained to an incorrect population, 18 papers referred to incorrect settings, three did not refer to postvention supports, 37 papers were not inclusive of HE settings and five were deemed irrelevant as they were guidelines, reviews, or resource lists only.

The grey literature search resulted in 498 records which were then screened using the title and the exclusion criteria. Each of these records was also manually screened independently by one of the authors with the process documented in tabulated form. This table was then reviewed by both authors to determine whether the records were deemed eligible to continue the selection process. This title screening process excluded 461 records. We then assessed the 37 remaining results for eligibility. This resulted in a further exclusion of two that could not be retrieved, eight as the records pertained an incorrect population, eight due to the record not being inclusive of postvention and 12 were deemed irrelevant as they were guidelines, reviews, or resource lists only. The selection process resulted in four records being considered eligible to include in the quality appraisal process. The selection process is summarized in [Figure 1](#).

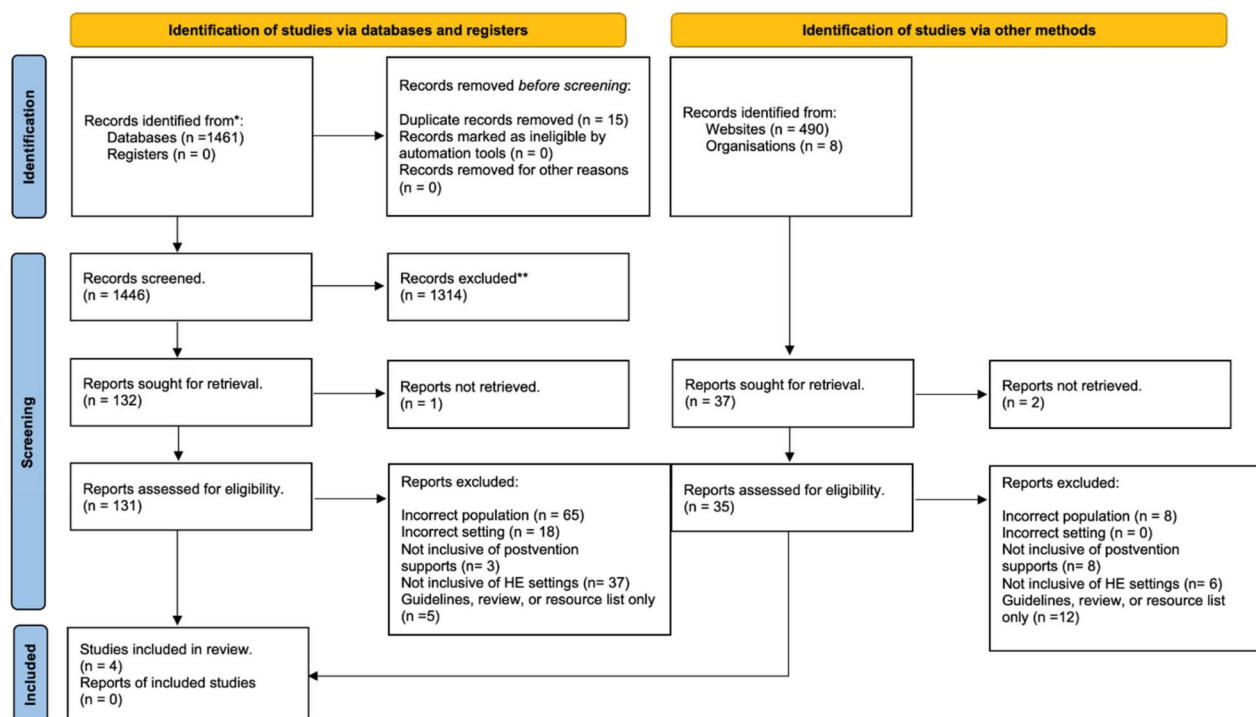


Figure 1. PRISMA flow-chart.

Note: Preferred reporting items for systematic reviews and meta-analyses (PRISMA) flow-chart of study selection (Page et al., 2021).

Table 1. Quality appraisal results.

Record	JB1-QRJB1-TOJB1-CS
Causar, H., Bradley, E., Muse, K., & Smith, J. (2021)	3
Causar, H. (2021)	3
Tiplady, O. (2017)	2
Wagner, N. J., Grunhaus, C. M. L., & Tuazon, V. E. (2020)	2.5

Note: QR = qualitative research; TO = text and opinion; CS = cross-sectional.

### Quality appraisal

The remaining four records were included in a quality appraisal process which was guided by the Joanna Briggs Institute quality appraisal tools for qualitative research (Lockwood et al., 2015), text and opinion (McArthur et al., 2020) and analytical cross-sectional studies (Moola et al., 2017). Each paper was independently appraised by both authors and then rated as either 0 (exclude), 1 (low quality), 2 (mid quality) or 3 (high quality). The results for each author were reviewed and any discrepancies were discussed. The final agreed ratings for each paper are summarized in Table 1.

### Data analysis

We analyzed the remaining four papers using thematic synthesis (Thomas & Harden, 2008). For the qualitative and cross-sectional studies, we analyzed the results only; however, the chapter from the book was

analyzed in full. A manual inductive coding process was used to create initial codes of the text 'line-by-line', with at least one code applied for every sentence (Thomas & Harden, 2008). These codes represented the concepts, meanings and patterns observed. The codes were then condensed into descriptive themes to group together familiar concepts. Emerging analytical themes and subthemes were then developed by considering the core concept and meaning that integrated and summarized the observations and attributes of each core theme. The results were grouped under three core themes and six subthemes. Table 2 shows the relevant characteristics of the included studies.

### Positionality statement

I (first author) identify as female, as Australian born and of Hispanic culture. I am currently employed in a university counseling service as a senior counselor where I provide clinical supervision to a team of counselors. I acknowledge that I am in a position of influence as a leader. I acknowledge that I have experienced, first-hand, the impact of a student suicide and witnessed members of the team also struggle with the loss of a student to suicide. Therefore, I used reflective and reflexive practice throughout the research process to externalize my experience and minimize the potential influence of personal

**Table 2.** Characteristics of studies.

Author	Country	Focus	Participants & Results	Type	Method
Causser, H., Bradley, E., Muse, K., & Smith, J. (2021)	UK	How a student suicide is experienced.	19 staff from two HE settings in the UK, across diverse job roles - five or less than five identified as members of 'student support services, counseling and wellbeing and student union staff'. This study resulted in a grounded theory that demonstrates how the impact of student suicide is informed by staff experiences of undertaking tasks.	Journal article	mixed method study
Causser, H. (2021)	UK	The needs of staff impacted by a student suicide	19 staff from two HE settings in the UK, across diverse job roles and health, social care and education professionals following a death by suicide of client, patient, service user or school student. The results demonstrate that the impact is not dependent on staff knowing or working with the student or on the types of tasks undertaken.	Chapter in book	qualitative research synthesis and included the same mixed method study from paper listed above.
Tiplady, O. (2017)	North America	posttraumatic stress reactions among therapists who experience a client suicide.	91 participants- three or less than three identified as working in either the 'forensic or university/college' settings. The results of this study indicate that a clinician's experience of a client's can result in posttraumatic distress and what factors are associated with lower levels of distress.	PhD Thesis	Mixed method, cross sectional study.
Wagner, Grunhaus, Colleen & Tuazon (2020)	US	agency responses to counselor survivors of client suicide	228 participants, six of which identified as counselors working at college counseling institutions. Results highlight how an agency can support postvention needs of counselors.	Peer reviewed journal article.	Cross sectional.

expectations and any pre-determined concepts or theories (Barrett et al., 2020).

## Results

A total of three main themes and seven subthemes emerged. The main themes were the unknown, responding, and the known. Each theme responds to a distinct aspect of the research question and are defined by the following subthemes: gaps in knowledge of individual experience, gaps in knowledge of organizational impact, extrospective responding, introspective responding, the needs of impacted counselors, the degree of impact, and the support processes that arise from needs.

### *The unknown*

This theme, termed the unknown, represents the dearth of research on how a HE counselor experiences the death of a student client. Subsequently, the "lack of research in this area means it is not currently known how they may experience the effects" (Causser, 2021, p. 339). This theme is made of two subthemes which represent the limitations of current knowledge on an individual and systemic level.

### *Gaps in knowledge of individual experience*

This subtheme encapsulates what we are yet to know about the experience of counselors that is specific to the role and context. For example, Causser (2021) stated that "there are considerable gaps in our knowledge concerning the impact of death by suicide amongst wider networks" (p. 340). The experience of university counselors impacted by student suicide is incompletely understood. This significant gap means that there is a limitation to current knowledge and a general lack of understanding of the experience for counselors in HE settings globally, including their support needs. Therefore, the studies used in this review offer only the beginnings of a narrative where there is still much that is unknown.

### *Gaps in knowledge of organizational impact*

This subtheme captures the existence of an overarching quality to the experience that is specific to the organizational setting and context. The following quote best captures this quality: "there seems to be an amplification to the nature and purpose of the response that would not be present in other contexts" (Causser et al., 2021, p. 7). What has been established is that overall, the experience for counselors feels

“unavoidable” and “non-negotiable” (Causer et al., 2021, p. 7) and is marked by a sense of intensity, complexity and a polarized sense of responsibility for student safety. This sense of responsibility is referred to by Causer et al. (2021) as “a weight” (p. 7). However, further information regarding the influence and impact caused by the contextual setting on a counselor’s postvention response remains largely unknown.

### **Responding**

This theme encapsulates what was found in the literature regarding how HE counselors respond, that is, how counselors think, feel and act in response to the student suicide event. This theme is captured by two subthemes. Together they form the whole experience of the counselor.

#### **Extrospective responding**

This subtheme captures the doing of tasks and acts that occur immediately after becoming aware of the death. This type of responding is focused on undertaking necessary tasks for crisis response. The use of the term *extrospective* in this subtheme was chosen as the responding process depicted here is mostly observable and focused on things external to self. For example, Causer (2021) states that “attention appears focused on tasks, the needs of others, the busy-ness it includes adopting a mindset of ‘doing the job’” (p. 9).

In extrospective responding, counselors may take on tasks above and beyond their usual job role with varying levels of complexity and sensitivity. The tasks are focused on meeting the needs of others, by offering support and guidance whilst concurrently holding and containing the “horror” and “disbelief” (Causer et al., 2021, p. 8) experienced by others. Tasks can be completed immediately, continue over time or can be ongoing months after the event. Counselors are observed to respond quickly, and sometimes with a sense of “urgent desperation” (Causer et al., 2021, p. 7). Acts of extrospective responding are rooted in external policy, experiences of practice and job role and responsibilities.

#### **Introspective responding**

This subtheme is inclusive of the internal processes that occur whilst responding and because of responding. This type of responding can be described as “an entanglement... between the tasks and the self, between the needs of others and needs of self” (Causer et al., 2021, p. 14). This type of responding is

introspective as it involves the examination and consideration of internal processes that occur when and because of responding. This is inclusive of the thoughts, feelings and internal workings experienced by the counselor. This type of responding is also inclusive of a subjective view of self.

Introspective responding involves the engagement and observation of what is happening within. It can emerge at any time, is often delayed or avoided and for some, can continue over time. There is a difficulty that can arise when responding introspectively and many may put off emotional engagement “through intense efforts of self-control” (Causer et al., 2021, p. 10). Counselors may also experience a sense of emotional numbness where there is a sense of “waiting to feel” (Causer et al., 2021, p. 10).

Introspective responding is inclusive of:

**Emotions:** The feelings and thoughts of impacted HE staff were the most common category noted in the analysis process. The most common emotion experienced by counselors appears to be fear. This fear is related to fulfilling the job role and individual failure within the job role. For example, fears can be attributed “to others” and “from processes of self-scrutiny” (Causer et al., 2021, p. 14). Fear can also be related to the fear of being responsible and fear that it “may happen again” which can “emanate as an underlying anxiety” (Causer, 2021, p. 343). Fear can also be related to the impact the death has on others or related to the wider context; that is, “we failed” (Causer et al., 2021, p. 7). Other emotions experienced can include grief, sadness, shock, panic, helplessness, confusion, guilt, and regret.

**Reflections on self:** This refers to the process of noticing and naming the feelings, thinking, urges and behaviors that have arisen whilst responding and because of responding (Causer et al., 2021). Reflections can also include self-blame and feelings of professional failure and other personal stories (Causer et al., 2021).

**Remembering:** Remembering includes experiencing memories related to past exposure to death and/or suicide and recalling the experience of responding to the death of the student- this is often inclusive of what *I* (counselor) and *they* (others) “said, did and saw” (Causer et al., 2021, p. 8).

**Identification with the student:** Counselors can experience a process that is referred to as a “perception of closeness” (Causer et al., 2021, p. 8). This can involve identifying with the deceased student and a construction of closeness to the deceased student, where the student becomes a person and the “student is humanized” (Causer et al., 2021, p. 11). This sense of closeness that occurs seems to occur even if the absence of knowing or having had a relationship with the student before their death.

Meaning-making: This refers to the process of attaching personal meaning to the experience (Causar et al., 2021). Examples include searching for explanations and/or reasons and creating a cohesive story, which can involve filling in the gaps of what is unknown or unclear.

### **The known**

This theme captures what is known about the support needs of counselors impacted by a student suicide. It is made up of three subthemes.

#### **The needs of impacted counselors**

Needs can emerge when they are not met or unseen. Needs can be difficult to articulate and seem to arise “not just from the fact that a student has died by suicide but also from the experience of responding to a student’s death by suicide” (Causar, 2021, p. 346). Needs are formed by the culture of support within the team and by the expectations of the job role. There is a risk that counselors are left feeling “invisible” (Causar, 2021, p. 348) if needs and impact is unacknowledged, and this may also result in counselors feeling left alone with their suffering. A noteworthy consideration here is that although responding is observable (refer to *extro-spective* responding) a lack of a visible response does not mean that counselors are in fact coping as some staff can switch off the personal (explored in *introspective* responding) and focus on the task thereby creating a sense of not having any needs. Counselors may also not express their needs nor ask for support. However, this does not indicate the absence of needs and it is recognized that counselors can still benefit from being offered support opportunities.

The following are needs that were identified:

Processing needs. These needs include sharing and exploring the emotional impact and recalling events (Causar, 2021). This provides counselors with an opportunity to develop an understanding of feelings and events with others (Wagner et al., 2020). Opportunities to process can also assist with the process of recovery and exploration of changes in practice to accommodate the impacts (Causar et al., 2021).

Normalizing help-seeking needs. Normalizing help-seeking is an important consideration as there is an indication that seeking help to address needs is difficult and can feel “selfish or self-indulgent” (Causar et al., 2021, p. 8). Normalizing the need for counselors to seek help can also help with the acknowledgement need.

Acknowledgement needs. There is a need for counselors to be seen and acknowledged. This can

help minimize counselors feeling invisible and/or alone with their suffering. Acknowledgement is also relevant for agency responses, particularly regarding the acknowledgement of the “traumatic nature of the experience” (Wagner et al., 2020, p. 259). Impact can be acknowledged by offering counselors debriefing and support opportunities that are inclusive of the exploration of individual needs and institutional processes (Causar, 2021; Wagner et al., 2020).

New learning needs. This refers to a need to learn additional ways of coping from others. There may also be a need to access additional professional development and/or professional training to manage the demands and impacts of responding when there is a lack of perceived skills (Wagner et al., 2020).

Meaning-making needs. There is a need for counselors to fill in gaps, create a cohesive story and develop the personal meaning of their experience (Causar, 2021). There is also a need to understand the reasons and meaning behind the death (Causar et al., 2021).

Additional support needs. Counselors can present with additional support needs. For example, these may relate to the delivery of tasks and managing workload, especially for additional work responsibilities or can be related to emotional or psychological impacts. The uncertainty around how to approach a task can also give rise to a need for advice giving or re-assurance (Causar, 2021).

#### **The degree of impact**

This subtheme is inclusive of the varying degrees of impact that counselors experience. The degree of impact is influenced by a number of factors which include personal and cultural stories (Causar et al., 2021), stressful life experiences (Tiplady, 2017) and whether the counselor was involved in crisis response tasks (Causar et al., 2021). Previous experiences of a client death from suicide and/or training preparedness in managing the aftermath of client suicide (Tiplady, 2017) and perceived social support (Tiplady, 2017) are also factors that influence impact. In addition, there is a distinction between immediate and short-term impacts with diversity in experiences noted at different points in time (Tiplady, 2017).

Impacts vary from “sleeplessness, anxiety and depression” (Causar, 2021, p. 347) to bereavement and Post Traumatic Stress Disorder (PTSD) symptoms, with the indicators of trauma dependent on the “variance of impact” (Tiplady, 2017, p. 38) and can include intrusion, avoidance, hyperarousal, ongoing memories and flashbacks that can be frequent in presentation. Causar et al. (2021) provides excerpts from impacted staff which captures the intensity of how



this may be experienced, with one staff member recalling “every time I shut my eyes all I could see was [the student]” (p. 10). The level of impact can be unconnected to job roles or tasks performed and can also be delayed.

### ***The support processes that arise from needs***

This subtheme captures support considerations for counselors impacted by a student’s suicide. “Support processes ought to be needs-led” (Causar, 2021, p. 344) and inclusive of the whole experience of the counselor. Support processes generate a place to address these needs by offering opportunities to revisit, re-live and re-feel what has happened and generate a place to position blame, offer an explanation, dispel fears of responsibility, and explore what can be done differently.

It appears that there are many supports that benefit counselors in the process of responding. Counselors may call on existing self-supports to assist with the process of addressing the multiple needs that arise and reach out to others in the process of seeking support. Some factors can moderate impact such as supervision (Wagner et al., 2020) and training (Tiplady, 2017). When addressing the needs relevant to the whole experience of counselors impacted by student suicide, it is evident that support processes should be led by individual needs and offered both individually and at a team level and be inclusive across jobs and teams. They should take a variety of forms beyond counseling and opportunities to debrief with others such as opportunities to take time off work (Wagner et al., 2020), and the support offered can be both internal and external. Finally, support should be offered in a timely manner and hold the capacity to meet complex needs.

## **Discussion**

This review aimed to answer the following research question: What is currently reported in the published and grey literature, regarding the supports available to impacted university counselors of student clients who have died from suicide? To answer this, we screened 1461 records and selected four papers that explored the supports currently available to impacted HE counselors. The results of this review confirm the paucity of research that has explored the support needs of counselors impacted by student suicide. Additionally, it highlights that how student suicide is experienced by counselors in universities and colleges, is incompletely understood. Although the papers used in this

review provide valuable insights, in the absence of a well-established research base, it is difficult to truly ascertain the support required by counselors impacted by a student’s death and whether this support is readily available.

Although an under-explored area, this review highlights that many processes require consideration when determining the support needs of counselors when coping with the aftermath of student suicide. Firstly, there are many parts of the HE counselor that are impacted when and because of responding to a student suicide event. There seems to be no single way in which counselors experience impacts, with varying degrees noted. The impact for counselors appears to arise due to either knowing the student and/or because the counselor undertook tasks related to the student’s death and is similar to the personal and professional impacts indicated in studies that have explored the impact of a client death on counselors in other settings (Chemtob et al., 1988; Linke et al., 2002; Sandford et al., 2021). The experience also appears to have features similar to those identified in the bereavement process following suicide, including experiencing intense emotions and a need to make meaning of the death (Shields et al., 2017).

The findings of this review provide additional information on the nature of responding to a student suicide event. Responding has been recognized in the literature as a process that features elements of experiencing and bearing witness (Causar et al., 2021). This review also identifies that responding is a multifaceted process for counselors. Although largely focused on supporting others, it also involves an internal process whereby personal stories complicate how a counselor responds within themselves and to the world around them. There is an embodied nature in the way in which responding is experienced. This is similar to what has been established in how perceptions of impacts are informed by the experience of responding for staff in HE settings (Causar et al., 2021). Within this complex process is the recognition that the act of responding creates a conflict between professional responsibilities and self-care. The experiences of impacted staff noted in this review, add to the existing concerns about staff wellbeing in HE settings (Brewster et al., 2022) and the findings highlight the importance and responsibility that HE settings have, to ensure that staff wellbeing needs are met when it is evident that responding to a student suicide event harms staff wellbeing.

This review offers valuable insights into the needs of counselors following a student suicide event. As

noted, it is often difficult to articulate support needs, therefore highlighting the importance of normalizing help-seeking in these instances. Staff holding concerns about seeking support for mental health and wellbeing within HE settings is an existing problem (Wray & Kinman, 2021) which is likely made worse when experiencing an event that creates additional wellbeing issues (O'Brien & Guiney, 2018). HE staff requiring postvention support as a result of experiencing a student suicide is beginning to gain a level of recognition in the literature (Allie et al., 2023; Smith, 2021). This study adds to this narrative, by acknowledging that whilst supporting others when responding to a student suicide event, counselors in HE settings have support needs themselves. Addressing these needs validates the purpose of postvention efforts and can assist with facilitating recovery and preventing adverse outcomes (Andriessen, 2009, p. 43). Future studies could add to this area by exploring which support processes have been most helpful for those counselors impacted by student suicide.

This review also shows that counselors access and rely on many sources of support from others and that accessing support can benefit a counselor's overall wellbeing (Tiplady, 2017). Of note is the consideration that many of the ways in which counselors seek support may already be available to impacted counselors in some shape or form. However, what may be necessary is a review of whether these support processes are accessible to impacted counselors and/or what barriers get in the way of these supports being more accessible. The type of support identified in this review fits with current research on staff well-being in HE settings (O'Brien & Guiney, 2018; Wray & Kinman, 2021).

Regarding postvention support for counselors, this review highlights that support opportunities need to be inclusive of individual experiences and of the institutional context and work culture relevant to where the counselor is employed. This is applicable given the lack of overall consistency in HE settings in how they approach and work with student suicide (Hill et al., 2020; Royal College of Psychiatrists, 2011; Wolitzky-Taylor et al., 2019), therefore *how* student suicide is experienced by staff, will also differ.

The papers included in this review included counselors from HE settings in the studies themselves. Because there was no study available that focused solely on the HE counselor's experience and those included were low numbers (six or less than six), other health and education professionals were cited in the studies. Further research might seek to understand the experience of counselors in universities and colleges only,

ideally in larger numbers, to better determine how a student suicide is experienced and what support needs are required as a result. In addition, the papers included studies conducted either in the UK or the US, and were limited to studies published in English only, thereby limiting what we know about the topic to studies only published in English and to findings relevant to a particular setting and culture.

Another limitation noted is that some of the studies used in this review relied on a subjective perception of impact, meaning that those who do not perceive themselves to be impacted may have not been captured. As already highlighted earlier, some factors influence whether staff seek support when impacted. These are factors that may also influence whether staff participate in research that seeks to understand experiences of support, and therefore need to be considered. In addition, this study limited findings to those relevant to counselors impacted by a student suicide, however, future research could expand this to include how responding and support processes may also be relevant to other traumatic and/or sudden death(s) experienced by counselors in HE settings.

This is the first systematic review that has consolidated the supports currently available to impacted university counselors of student clients who have died from suicide. The findings of this review show that counselors in HE settings are not immune to the impacts of a suicide death and require support themselves when responding to a student suicide death. It highlights, overall, the lack of research regarding how student suicide is experienced by HE counselors, therefore the results of this study provide the beginnings of a narrative that would benefit from further research. The results in this study can help inform future postvention planning in HE settings by providing themes relevant when conceptualizing how a student suicide is experienced. This review acknowledges the different ways in which counselors are impacted and provides an indication of what support processes can aid recovery, highlighting the important role postvention support can play for staff impacted and bereaved by suicide. As the topic of staff wellbeing continues to take shape in the HE landscape, this study urges institutions to review staff wellbeing and provide tailored opportunities for support and recovery that are inclusive of postvention needs.

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