



On the Immorality of Mandatory Reporting for Suicide on College Campuses

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Introduction

In this paper, I argue for the immorality of suicide-related mandatory reporting for students attending institutions of higher education in the United States. I will begin by defining mandatory reporting for suicide within the context of higher education. I will then detail policies commonly put in place by institutions of higher education, as well as explain how these policies translate into practice. I will present an argument against mandatory reporting on the grounds that it deprives the student in crisis of agency. Next, I will share a personal narrative regarding my experience with mandatory reporting, as well as lessons learned from volunteering as a support worker on a mental health crisis lifeline. Finally, I will propose some practical suggestions for mental health crisis response before addressing a few counterarguments in conclusion.

Section I: Mandatory reporting is immoral

Suicide has become a growing problem among college-aged individuals in the United States. For students of this population who attend institutions of higher education, the stressors and demands of college can quickly become overwhelming. Due to the effects of academic stress and because many students in four-year institutions live and work on-campus, it is the responsibility of the institution to ensure student health and safety. One policy that schools have implemented in response to the prevalence of student suicide—and therefore the threat of a suicide-related lawsuit—is to designate faculty and student staff members as mandatory reporters for suicide and other mental health issues. This means that if a student expresses some form of suicidal ideation or behavior to someone who is a mandatory reporter, the reporter must file a report to be reviewed by the university. Upon review and assessment, the university may forcibly withdraw the student from their courses if it is deemed that the

student poses a risk to themselves (Cramer, 2020; Penven & Janosik, 2012).

In practice, these policies create a paradox in which those tasked with helping students are, in the end, deemed untrustworthy by the very population they intend to serve due to their positioning as a mandatory reporter. I will, due to my personal experience and training as a student serving in the role, focus mainly on resident advisors as mandatory reporters. Occasionally, a struggling student will approach a resident advisor or faculty member for help regarding a situation related to suicide, not knowing about their status as a mandatory reporter. In these cases, faculty and resident advisors are trained to preface conversations of that nature with a phrase along the lines of, “I’m a mandatory reporter, so if you tell me anything related to suicide or sexual assault, I’m required to report it.” This disclaimer is given in an effort to respect the person’s agency by ensuring they have the appropriate knowledge of the situation and the ways in which it could progress. The hope from universities is that students will, in a sense, “sign off” on this caveat and share their struggles while conceding that their information may not be kept private. It should be considered, however, that there is a subset of students that—upon hearing this disclaimer—will choose to withhold this self-disclosure and instead struggle alone (Francis, 2003).

Section II: The role of agency

Although the disclaimer above is often used by university faculty and staff to preserve the agency and dignity of the affected student, I argue that current mandatory reporting policies are immoral because they deny agency to individuals experiencing mental health challenges.



When a student is considering suicide, it is often because they feel an overwhelming lack of control and hopelessness towards their current situation and the direction of their future. Knowing that suicide is an option can, therefore, be comforting to students who feel their life is out of their control. It remains an option—one that will relieve their current pain and suffering—and even if one doesn't act on these thoughts, it can be reassuring to know that such an escape is possible.

Because choice and agency are empowering, many clinical interventions for mental illness are focused on restoring agency to the individual by approaching treatment as a partnership between client and psychologist and encouraging the former to play an active role in their own recovery (Graham, 2010). This allows for a tailored approach, rather than a generic one, in which the person positioned to help (resident advisor, clinician, etc.) works together with the person seeking help to find the most beneficial solution for both parties (Brown, 2017). This idea is more formally known as coproduction, defined as “the art and practice of sharing risk and responsibility together to make things that solve problems” (Brown, 2017). For these reasons, agency—and trust that one will retain their agency when they seek help—is an important part of treatment and recovery for mental illness and disorder (Heney, 2024).

Agency, however, is something we often assume the mentally disordered do not or should not have. They may lack the ability to make certain rational decisions and act in ways that are destructive to themselves or others. In his book “The Disordered Mind,” George Graham argues for the importance of using a person-respecting approach to the treatment of mental disorders (2010). His view states that the mentally disordered should still be treated as agents capable of participating in their own recovery and posits that having a mental disorder does not mean that one undergoes a complete loss of rationality. He suggests that clinicians work with the rationality that clients do have and refrain from treating them as problems to solve or manage (Graham, 2010). By framing the mentally disordered in this way, Graham's

view provides support for the argument that preserving agency—as opposed to removing it—is necessary for mental health treatment and recovery.

Section III: The dangers of mandatory reporting

The consequences for which students put themselves at risk when they admit having mental health challenges are plentiful. In response to hearing a student express suicidal ideation, the mandatory reporter is required to submit a report of concern. At first pass, such a report may seem relatively harmless; however, this form asks for personal details regarding the person and their situation that is then automatically shared with several university staff members. This is problematic, as students are rarely informed of who their personal mental health information is being sent to, who might access it in the future, and whether or not it could affect internal employment opportunities at the university. Given these risks, it is no wonder that students refrain from sharing their suicidal thoughts and instead suffer in silence, even if—or perhaps especially if—their suicidal thoughts are only thoughts with no intent to act. These thoughts, however, when kept to oneself, may further isolate students, which in turn further increases the risk for suicide.

Another consequence of mandatory reporting is that it can put students at risk for involuntary institutionalization. In a personal narrative, novelist Esmé Weijun Wang reflects on the advice she received from classmates during her time at Yale. She remembers being told, “They'll put you in YPI [Yale Psychiatric Institute] for anything...Never tell them you've thought about killing yourself,” and in response, she writes, “I think about that advice now...this was sound advice, in the end, if I wanted to stay [in school]” (Wang, 2019). Involuntary psychiatric institutionalization is morally fraught for several reasons. Firstly, it is often forced on the receivers of care, once again denying agency to the affected individual in a situation when regaining control over one's life is crucial. Furthermore, institutions have historically been hot spots for neglect and abuse. In a personal narrative recounting her lived experience with severe mental illness, Wilma Boevink says the following:





One of the consequences of serious psychiatric suffering is that you will find yourself as a patient in a psychiatric hospital...It is a place where traumas are likely to be experienced, and where even abuse may be undergone or witnessed...My stay in the institution damaged me in several ways...When I look back at how undignified it was to be a psychiatric patient, the self-respect for which I fought through the years feels shaky (Boevink, 2012).

Boevink also describes the sedation policy used in a psychiatric in-patient hospital that she observed (2012). The psychiatrists were not at the hospital on the weekends, and the first line of response for all newly admitted psychiatric patients was heavy sedation, even if they were not demonstrating concerning behavior at the time (Boevink, 2012). Given the lack of respect and autonomy combined with the potential for neglect and abuse, it is apparent why students want to avoid institutionalization, a potential next step after being mandatory reported, let alone being admitted without their consent and against their will. We should, therefore, understand and respect students' desires to avoid such places and the potential risk for harm. Students should not be forced into situations of harm, especially those who have already experienced harm in the past and who are at a heightened risk for abuse and other bad outcomes due to their condition (Heney, 2024).

Section IV: Personal narrative

I will now give an account of my personal experience, both as someone who was mandatory reported by a resident advisor in the past, as well as someone who is now in a resident advisor position and a mandatory reporter myself.

In the fall of 2023, I was in constant conflict with my roommate, mostly as a result of my Obsessive-Compulsive Disorder and need for cleanliness. My roommate eventually requested a room change, which sent me into a spiral of guilt, shame, and hopelessness that I could ever exist in successful relationships with others due to my condition. I started to feel as if I did

not want to live anymore, although I also did not want to die. I mentioned this in one of the last conversations I had with this roommate, who informed our resident advisor. The resident advisor came to my room, banging on the door, and insisted that I call the suicide crisis line, even though I was not having active thoughts of killing myself. I vehemently declined, knowing the potential consequences, and begged her not to submit a report for the same reason. She told me that she had no choice, or she would risk losing her job as a resident advisor. My mind started racing. Who would the report be sent to? Would I have to talk to someone? I felt scared, and this only exacerbated my feelings of wanting to disappear. I felt out of control and hopeless, like I needed to do something. I could not understand why people who were not in any sort of caretaking role—professors, administrators, etc.—had a right to my private information, and I felt violated that my deepest secret was sitting in the inboxes of people who I have never met. After being reported against my will, I knew that anytime I said the wrong thing was a time when I put my future autonomy at risk, so I lied on the risk assessments and told the university staff members who reached out to me over the next week that I was feeling much better when I was not

A year later, I am serving in the resident advisor role, and I face a constant ethical dilemma in which I feel that it is immoral to report someone against their will as a result of my personal experience and the way in which it affected the trust I had in my friends and community. However, I am also bound by the protocols of the position and risk legal liability if I were to choose not to mandatory report. This dilemma is not unique to me, and it forces good-meaning people to make an impossible choice between their job (and livelihood) and their morals.

I am also a volunteer on a mental health crisis lifeline, and the suicide-related training I received before working on the lifeline is very different than the training I received at my university as a resident advisor. It is not only our policy not to engage in mandatory reporting, but we cannot even if we wanted to, as all the lifeline users are kept anonymous, allowing for unconditional trust and confidentiality.





Instead, we hold a nonjudgemental space for the users to talk about topics that would normally be shut down or involuntarily referred out, as in cases of mandatory reporting. Many users simply want to talk about suicide or convey their feelings of wanting to disappear without risking a threat to mental and bodily autonomy. If a situation escalates, we are trained to inform the user that we will hang up so that they can call emergency services. Universities could likely benefit from a similar model in which the goal is to listen and support, rather than report.

Section V: Practical suggestions

I will now introduce practical suggestions that I argue could be the first step to a better, more person-respecting approach to suicide. Firstly, all resident advisors—and all other mandatory suicide reporters for that matter—should be required to undergo extensive, autonomy-respecting training on suicide response. This training would take less than a day and would mainly entail learning how to triage mental health concerns. Resident advisors could implement the suicide protocol that the crisis lifeline uses in which volunteers assess the severity of the issue by asking if users have had thoughts of killing themselves, if they have a plan, if they have the means to carry out the plan, etc. In severe cases, instead of reporting the individual, the resident advisor should empower the student to call for help. If a student simply wants a safe space to talk with a peer mentor about mental health concerns, this would also be a possible option.

I, additionally, suggest that we reframe the way in which we think of students who reach out to discuss suicidal thoughts or ideation. There is a common misconception that people who experience suicidal ideation want to end their lives, and while this is sometimes true, it is often the case that the desire is to end the suffering, not the life itself. However, they may believe that ending their life is the only way to end their suffering. These situations are paradoxical, as while the person may convey they want to end their life, they are also actively asking for help by seeking out resources in a time of need. Reminding students of this can be an empowering way to commend the student for taking care of themselves and acknowledge that

they still have hope that things will get better

When someone reaches out for help, this is often a critical period in which they are weighing their options and testing their resources, but they may still be at high risk for suicidal behavior. It is, therefore, important to connect with the individual, and mandatory reporting (referring out) has the potential to push people further away. Ultimately, if a student's only goal is to kill themselves, it would be strange for them to seek out help, so given that the student has reached out to someone they think could help them in some way, we should be willing, prepared, and able to talk openly with students about their concerns, especially if they are related to suicide.

Section VI: Addressing counterarguments

One counterargument I anticipate receiving is from the perspective of someone who had a positive experience with being forcibly reported. They may view this policy as having saved their life. However, a change in mandatory reporting policy would not mean that students cannot get help when they need it; rather, it means that students and students/staff in positions of power are not automatically required to report a student if a student resists for any of the variety of reasons detailed above. If a student is in crisis and consents to being referred, this is still an option available to them.

Another perspective of interest to consider is that of the university, or institution. With the growing prevalence of mental health concerns among college-aged individuals, universities have felt an increased need to safeguard themselves from legal liability in cases of student suicide (Penven & Janosik, 2012). While this concern is understandable, it is the duty of the institution to treat students with respect and care, providing an environment and community in which they can flourish. Furthermore, the easiest way to avoid wrongful death lawsuits is to decrease the amount of student death by suicide, and while more empirical evidence is needed, I speculate that implementing person-respecting policies will lead to greater mental health awareness and ultimately, the prevention of student suicide. This is ultimately in the best interest of





the university.

Finally, I wish to emphasize that this paper is a mere step in reconceptualizing mental health crisis response. I argue for the immorality of mandatory reporting, but I recognize that there are many questions left to be answered. It is not yet clear just how far we should go in preserving student agency, and there may be important distinctions to be made when students are experiencing delusions or are under the influence of drugs. There are also important questions to be asked regarding the morality of suicide itself and whether respect for agency extends as far as knowingly permitting students to die by suicide if consent is given ahead of time. These considerations are not within the scope of this paper. My goal is instead to shed light on issues with current mandatory reporting policies and to contribute to the conversation on how to improve our approach to mental health crisis response in institutions of higher education.

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About The Author

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