

EDUCATION

What Happens after a Death on Campus

*Following a string of suicides, U of T abandoned its students.
It should have protected them*

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ILLUSTRATION BY JUSTIN POULSEN

*This article contains discussions of suicide. If you or someone you know
is having a suicide crisis, please call Talk Suicide Canada (1-833-456-4566).
There is also the Hope for Wellness Helpline for Indigenous people
across Canada (1-855-242-3310).*

ON SAINT PATRICK'S DAY in 2019, a cool night had settled over the downtown University of Toronto campus. Lucinda Qu was headed home after a student advocacy meeting. Wailing sirens broke the silence. Ambulances raced past Qu, and she felt immediate dread. The paramedics stopped in front of one of the computer science buildings where a student had already died by suicide the previous summer.

News started to spread that someone resembling Mathew Shaw had died. It was Mathew's freshman year at university. Exams were approaching. So was his nineteenth birthday. If his first few

months at school had been challenging, it didn't show. Quiet but sociable, Mathew had bonded with other students in his dorm. After the winter break, one of his neighbours presented Mathew with a huge selection of salty, crunchy snacks he brought back from Dubai just for him. Mathew was beginning to find his community.

When he heard the rumours that March evening, Varun Lodaya, who'd given Mathew the snacks, sprinted to his friend's room. He knocked on the door, but no one answered. Lodaya ran to the front desk. "I think something has gone horribly wrong," he said. Meanwhile, an hour and a half north of Toronto, Ziigwen Mixemong was spending an

evening at her family home. She was a resident don at Mathew's dorm—an older student who lived with and looked after the younger people in campus housing. When she saw a post about the death in a Facebook group, she repacked her things and rushed back to U of T.

The next day, the university publicly acknowledged Mathew's death as "the recent incident." By 2 p.m., angered by what they saw as the institution's inaction after previous deaths, hundreds of students gathered to disrupt a university board meeting. Qu, who had helped mobilize the demonstrators, was allowed into the meeting. She read aloud a statement confronting board members with what she said was their responsibility to



“the thousands of us that will spend years of our lives here and to the handful of us who will end our lives here.”

Protests continued in the months that followed. Another student died by suicide that fall, in the same building. Only after this third death did the school install safety barriers along the interior balconies. (“We all wish that we had done that sooner,” university president Meric Gertler told the CBC that fall.) News cameras came and left. The pandemic hit. Another first-year student died by suicide. Campus security reported at least sixteen attempts and deaths by suicide over the next three years. And in the summer of 2023, Lodaya crossed the graduation stage with Mathew’s photo in his blazer pocket—because his friend should have walked the stage too.

We were student journalists at U of T during these painful years. One of those who died in 2019 was a writer at our campus newspaper: second-year Carey Davis, known to all as a curious and devoted friend. Three and a half years later, we were thumbing through old issues and came across her byline. The three of us had been on track to become editors, but only two made it. If Carey had lived, would she have been sitting there with us?

As students, it was obvious to us that most people misunderstood the extent of Canada’s post-secondary mental health crisis. If they were aware of the deaths, they often viewed them as private tragedies followed by a brief period of mourning. We saw, first hand, how mass trauma rattles a tight-knit community—and we wondered what U of T owed Mathew. What did it owe Lodaya, Mixemong, and Qu? What did it owe the students who congregated outside the president’s office, cradling framed photos of the friends they’d lost? And what did it owe the thousands of others who have passed through its three campuses since then?

For over two years, we interviewed students, staff, and experts who design university mental health strategies. Our conversations revealed that each death by suicide on a university campus leaves a long arc of grief, which changes the

lives of everyone left behind. A mourning community needs care after a death, but there can be a vast gulf between what grief survivors want and what universities currently offer.

WHEN YOUNG PEOPLE leave home to attend university, they can become untethered from the support networks that provide stability and safeguard their well-being. They’re told that success or failure in their future careers may depend on their friends, club participation, and, above all, their grades. (The timing of suicide deaths often lines up with deadlines and exams.) There’s a casual morbidity to the way students talk: creating “survival guides” for first years, making jokes about “drowning” in coursework.

Much of this has been part of university life for decades, but in recent years, young people have also felt the burn of the housing crisis and rising cost of living, and international students carry the weight of hundreds of thousands of dollars in tuition. Meanwhile, enrolment numbers have ballooned since 2000, making the university experience more alienating than ever before. Some experts believe that, like veterans, students should be considered an at-risk group for suicide.

A 2019 national survey of over 55,000 Canadian post-secondary students found that roughly 16 percent had seriously considered suicide in the past year—nearly four times higher than the figure for the general population. And although the assessment of the pandemic’s impact on these national trends is ongoing, a 2022 Ontario-based survey found that almost 60 percent of students showed symptoms of anxiety and depression.

Experts agree that what happens after a suicide is as important as the steps an institution might take to prevent one—particularly for young people, whose emotions may be heightened by a first-time brush with grief. Until recently, psychologists estimated that each death left six people distraught, but a 2019 paper raised the figure to 135 people to include those in the deceased’s

extended circle. On a post-secondary campus, where social connections are abundant and news often spreads quickly, that figure is likely higher. Despair can reverberate outward, amplified between students, professors, teaching assistants, and staff who all see themselves as part of the same community as the students who died. The term for the psychological care offered to a group after a death is “postvention.” Edwin Shneidman, the father of suicidology, considered it prevention for the next decade.

Researchers have called for a national strategy to set basic expectations for postvention since 2018. That year, post-secondary institutions in the United Kingdom published a suicide-prevention guide, which includes postvention protocols. More than ten students had recently died by suicide at the University of Bristol. Universities suddenly had to accept that they were seen, by the highest organizations that oversee them, to be “having not only an academic responsibility, but a welfare responsibility to their students,” says Dominique Thompson, a British former physician who worked with students for many years. She now sits on a national task force in the UK whose goals include reducing the risk of post-secondary student suicide. Australia also has a national toolkit that guides universities through every step of postvention, from recognizing suicide warning signs to the “significant long-term postvention responsibility” of handling death anniversaries.

The closest thing Canada has to a national strategy is a list of “standards” for university mental-wellness policies. Released by the Mental Health Commission of Canada in 2020, it offers no specific postvention advice besides instructing institutions to create their own protocols. Many university presidents say they feel a personal commitment to making sure students achieve success in their studies, says Scott Lofquist-Morgan, an assistant director at Universities Canada, who worked on student mental health through the 2010s after losing his brother to suicide. But, he says, administrations

don't always have the resources to provide an ideal level of care.

At one of U of T's colleges, postvention steps taken after Mathew's death included granting his class and dorm-mates compassionate leave from exams and assignments. The university's current protocol, obtained through an Access to Information request, says campus residents deemed "impacted" by the death should be monitored and connected with psychological and academic support. But students and instructors say this strategy falls short; they still have to fill in gaps in the university's postvention plan, even though they have little or no experience in this area.

Qu was one of the students who found herself providing makeshift postvention care after Mathew's death. As part of her advocacy, she gathered testimonials to prove to the administration that long-term action was needed. But at times in the process, her peers came to her for advice or suggestions on where to get medical help or just to vent.

First-time instructor Adam Zendel was also not prepared to discuss mental health when he walked into his basement lecture hall and faced a sombre group of 250 eighteen- and nineteen-year-olds days after Mathew's death. As it turned out, roughly a quarter of the class was in Mathew's program. Zendel abandoned his scheduled lecture and started a conversation about mental health. He asked students to tell him how he could ease the pressure they were under. He was offering a kind of postvention but, like many others on campus, was never trained to do so.

WHEN MIXEMONG arrived at her residence hall on the night of Mathew's death, she was shocked to find that the residence staff had gone to bed. These were adults who lived on site to run the housing facilities, not student employees like herself. She had expected them to be there when she arrived—to ask if she was okay and to tell her what she should do. In their absence, Mixemong went door to door, checking in with people who were awake, starting with those she knew struggled

with suicidal thoughts. How could the non-student staff have left residents alone that night? "There was no one else there to check in on us," Mixemong recalls, "and there was no plan." (U of T declined to comment on specific events at Mixemong's dorm.)

So she and other dons huddled in a dorm room, discussing how to care for any distressed students. Mathew had waved as he passed by her just that morning. Had she missed something? She stayed in that room for the next three days, sleeping on the floor with the door

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open. She was determined to be available for anyone who needed her.

The next day, a counsellor sat down with students and told them they could contact her for further support. She did not return. Mixemong was bewildered. Was that all? She found herself consoling crying students in the days after, helping them return home when they decided they couldn't stay on campus. She believes the university should have brought in more professional care for the students in her residence, rather than relying so much on peer supporters like herself.

Mixemong also alleges that she was never flagged by the university as having been "affected" by Mathew's death. Her exams were not waived since she was considered a staff member, even though she knew Mathew and felt partly responsible for his death—as well as its aftermath. As months passed, Mixemong's guilt started to take a toll on

her mental health. Her doctors diagnosed her with complex post-traumatic stress disorder, a form of PTSD caused by prolonged trauma. Her pre-existing depression became treatment resistant.

But she still returned to her job in the fall. She worried that another loss might unsettle her students all over again. She convinced herself she didn't deserve to live because she had let Mathew die. To keep her position—which was tied to her housing—she needed to maintain a 75 percent GPA with a full course load. But she was living in a blur, forgetting entire days. When her phone died, she'd have a panic attack, terrified that another student in a crisis wouldn't be able to reach her.

By February 2020, she was on the brink of losing herself. Her father—a mental health healer in their First Nation—and her doctors had to persuade her to drop out and come home. "If my parents hadn't physically removed me from that campus, I probably would have ended up killing myself there," she says.

Mixemong didn't re-enrol for two years, and when she did, it was at another school. To this day, she feels like what happened at U of T stole those years from her.

NO ONE KNOWS how many students could benefit from postvention in Canada, because no one knows how many die by suicide in the first place. Mental health advocates say that we can't resolve the crisis on our campuses without collecting statistics about student deaths. Data would offer a sense of scale, identify the most vulnerable campuses, isolate risk factors, and underwrite prevention protocols.

Yet only two provincial coroner's offices confirmed to The Walrus that they had any records of post-secondary student deaths by suicide. (Quebec was able to identify several such deaths, and Ontario indicates student status under "occupation," but does not specifically track post-secondary enrolment. The Prince Edward Island coroner's office said they might transition to a similar system. British Columbia's office did not respond to requests for information.)

Health Canada and the Public Health Agency of Canada did not have figures either. Three other mental health organizations redirected us to the Calgary-based Centre for Suicide Prevention. A reference librarian there confirmed no national data set existed, and any estimates of how many students have died across the country were “anecdotal at best.”

A 2024 CBC investigation found that less than a third of Canada’s largest universities keep records of student deaths by suicide. Of the fifteen that do, we asked ten for their records. Three schools complied. Collectively, they estimated that fifteen students had died by suicide from fall 2019 to fall 2024. (Thirteen of these occurred at the University of Waterloo.) But we confirmed at least eighteen deaths by suicide nationally over the same time period, including in schools that didn’t share data.

Even if an accurate national data set existed, it wouldn’t reveal the fallout of each tragedy. Our society is largely afraid to openly acknowledge the reality of loss, leaving us ill-equipped to understand how complicated mourning is, says Carrie Traher, a psychotherapist and professor who studies death at the University of Western Ontario.

Some research suggests that many people struggle with grief privately instead of seeking the mental health care they need, Traher says. A 2015 Australian survey found that around 35 percent of adults who had lost a family member in the past two years needed non-clinical help, like a support group, and roughly 6 percent needed psychotherapeutic intervention. Research also shows that people can mourn a death by suicide for a decade or more.

Experts have noted that suicide is unique among other causes of death, because it commonly leaves mourners with guilt, in addition to their grief. This guilt stems from trying to rationalize an incomprehensible loss, often leaving mourners asking: *Why wasn’t my love enough? Could I have done more to prevent this?* These emotions can turn into psychological distress that needs care.

IN RECENT YEARS, there have been promising stories of Canadian university postvention—but like data-collection practices, they vary widely. In 2017, after four University of Guelph students died by suicide in two months, professors and staff went door knocking to check in on the school’s 2,000 residents. After twenty-four-year-old Concordia University student Ming Mei Ip died in 2019, staff mapped out her web of connections—professors and teaching assistants, every class she was enrolled in—to figure out where they’d need to send counsellors.

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There’s more to be done: schools can begin by collecting death data and anonymizing it for the public. Much of the pain we saw at U of T arose from the feeling that the administration preferred to sweep deaths under the rug. The university said it wanted to protect the privacy of the families involved. However, many students wanted the school to openly acknowledge what had happened and use the word “suicide” instead of vague terms like “the recent incident at the Bahen Centre.” And they wanted the deaths to be treated like a pattern—which they thought would force the university to create system-level change.

It is also worth investing in a national postvention strategy, because it would take the guesswork out of the long-term mental health of vulnerable students. Support needs may vary widely, so Thompson, the former physician who sits on the UK’s mental health task force, says that schools need to offer “a menu of

options for support—some intermediate and some long term, some on the phone and some in person.”

Her short-term suggestions include 24/7 phone-line support, immediate access to drop-in counselling, and an open meeting for all those affected by a student suicide. In the months that follow a death, she says, the university could work with outside organizations to provide group support. Without this array, she warns, students may fall through the cracks.

Sandy Welsh is U of T’s vice provost, students. She says that in the past five years, the university has bolstered its capacity to respond to student deaths by suicide. “We recognize the importance of providing students with the opportunity to gather to acknowledge the impact of these events, the profound emotions they trigger, and the healing power of dialogue, sharing, and supportive community in these moments,” she says. Trained mental health staff are now able to support affected students seven days a week, including evenings. The university, she added, has also “more than doubled” its mental health response capacity since 2019—work that she said remains ongoing.

Andrew Szeto, a University of Calgary psychologist who helped develop a new suicide-prevention framework for the campus four years ago, says the Canadian mindset toward postvention is slowly expanding to be more community oriented. But it can be challenging to track down every student who needs support, he says.

Many Canadian universities are in a shaky financial spot. They face provincial defunding, tuition freezes, inflation, and a cap on international students—whose exorbitant tuition payments universities have come to rely upon. In 2021, the federal government committed additional funding to improve student well-being and wait times for post-secondary mental health resources. In 2024, the promise materialized as a \$500 million general youth mental health fund, no part of which was earmarked specifically for universities or colleges.

None of the Canadian universities we surveyed has perfected their postvention approach—and even if one had, it wouldn't be an ideal case study for postvention on every campus. Every community is unique, and the circumstances of every death by suicide are different. But that's exactly why a national set of guidelines could help.

Universal best practices could be tailored to each campus, offering leadership a pathway through some tricky questions. For example, there's a delicate balance between discouraging memorials, as some university postvention guidelines recommend, and allowing a community to grieve. Research shows that if you repress the mourning process, it'll rear its head again, although experts also warn that large gatherings to commemorate a suicide death can be triggering for anyone else experiencing suicidal ideation.

And although postvention research indicates that clear communication from the university helps the community grieve, not every parent wants to publicize that their child died by suicide. With survivors, there are degrees of exposure to consider: a student who sees the body and one who simply relates to the victim will both need support but perhaps not to the same level.

In short, the lack of consistent, adequate postvention protocols across Canada is not attributable to the inaction of individual schools alone. There are contentious debates that may require a 10,000-foot view to resolve.

AFTER MORE THAN two years of reporting, we were stuck. It was clear that Canada needed a national postvention strategy. It was also clear how significant an undertaking that would be. Moreover, we felt the fundamental question of universities' responsibility was unanswered.

Legal scholarship on this front is limited. Some American courts have ruled that, under specific circumstances, universities have a duty to prevent students from dying by suicide. But Canadian courts haven't yet taken up this question, according to a 2021 paper.

"Currently, no legal recourse exists to find universities civilly liable if students die by suicide, on- or off-campus," wrote criminal lawyer Shailaja Nadarajah.

And yet it did seem to us that universities were partially responsible. After all, they can heighten mental illness risk when they pit students against one another via grading curves, highly selective programs, and a general culture of competitiveness. Universities rake in money from their relationship with students. When a young adult living at a university is in crisis, the institution may be best positioned to help them. "Given this, it may be time for courts to recognize that universities owe a duty of care to protect their students from self-harm and suicide," Nadarajah wrote. If postvention is prevention, then maybe this obligation extends to the aftermath of death as well.

In a simple world, universities exist to provide students with an education. In reality, they have near-total influence over every aspect of their students' lives—almost like a company town. For some students, it's where they eat, sleep, where they work to pay tuition, where they access health care, where they nurture friendships, romantic relationships, mentorships, and where they build a sense of self. Sometimes it's their only home. When some first-year students, only seventeen or eighteen, step into this sphere, the trajectory of their future is only just coming into focus. This was just as true for Mathew as for Mixemong and Qu or any other student affected by his death.

University is a crucible for new experiences, but young people should still pass through the trial without risking their lives. A death by suicide is a failure of the campus mental health system, in part because many students rely on their university for support.

Ultimately, these power dynamics impose a moral responsibility on universities to have an adequate, coordinated postvention protocol, even if the law is ambivalent about their obligations to do so. Postvention is only just beginning to be recognized as essential, it's true—but these are institutions that


market themselves on riding the cutting edge.

It wasn't until we returned our attention to Mathew, whose death lay at the heart of our reporting, that we saw a way through these tensions. On a brisk winter day, we took a train from Toronto to visit his mother.

Sheryl Campbell had moved the summer after Mathew died. Having lost his father, too, several years prior, she found her Toronto house too painful to live in. Her new suburban house is peaceful, with fewer reminders of the past. When we arrived, the steps were blanketed in quiet, powdery snow, untouched apart from a set of cat paw prints.

Inside, Campbell sat in an armchair facing a painting of Mathew. Her partner was roasting a chicken in the oven, and her border collie nuzzled at our feet. There were tears, but there was also a solemn tenderness for everyone who remembered her son from his brief time at U of T.

She hadn't realized how many people knew him until she held a celebration of life for Mathew in his old Toronto neighbourhood pub, where the two of them had dinner every Sunday. The line of students stretched out the door. They'd come to share their memories of her son and to say goodbye. We wondered how many of those students continued to grieve privately after.

It is nearly impossible to say how large this constellation of mourners might be, and how all their disparate needs and experiences could have been addressed. What we know, however, is how the university environment deepens student vulnerability—and that is where the moral responsibility for postvention begins. 

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