



SUICIDE AWARENESS AND PREVENTION POLICY

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Suicide Awareness and Prevention Policy

Working group

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Introduction

In 2019, the suicide rate in Guyana was the highest the nation recorded in nearly 20 years and the second highest in the world (WHO, 2021). And although the Guyana Chronicles reported a reduced suicide rate in Guyana by 21.7 percent since then, factors related to suicide are still eminent in our communities (Singh, 2022). Furthermore, the groups at risk include male and female youth among others with the major issue not being the activeness of the National Suicide Prevention Plan (NSPP) and other suicide activists, nor the adoption of the guidelines stipulated by the World Health Organisation (WHO). Rather, our ability to understand our communities better in terms of suicide behavior to better use these guidelines as a foundation to tailor suicide programs effectively to us (Shaw et.al, 2022).

Here at Texila American University-College of Medicine (TAUCOM), we understand that suicide can be prevented. And in our bid to contribute to the reduction of suicide, this policy was designed to enhance suicide awareness and provide guidelines tailored to the TAUCOM community.

This policy has however not been designed in isolation to international standards as the principles modeled here have been done with the consideration of the Model School District Policy on Suicide Prevention, a resource by the American Foundation for Suicide Prevention. In designing and implementing this policy, we not only contribute to the global cause of suicide reduction but also fulfill our mission to ensure the welfare and wellness of our students.

Purpose

The purpose of this policy is to promote and protect the wellness of all medical students at TAUCOM by creating a culture and environment where suicide risk can be assessed promptly to aid suicide prevention, and by having preset guidelines for when the need may arise for a suicide intervention/response.

In order to do this, TAUCOM recognizes the following;

- That health includes mental, physical, and social well-being and not merely the absence of disease and infirmity (a definition adopted from the World Health Organisation).
- That it is part of our mission to generate awareness in the application of health science and wellness for the welfare of society.
- Suicide can be prevented and rates reduced with the implementation of a concrete policy used in tandem with other policies of the university to identify cases of suicide risk.

Scope

- This policy covers any suicidal attempts or completion that take place within the university campus and during school activities

- This policy also covers any suicidal attempts or completion that take place within the accommodation provided by TAUCOM and out-of-school functions/ environs

Prevention

- All students found to be at-risk for suicide should be reported by all faculty/staff/students to the Department of Student Affairs at the earliest possible time.
- Workshops on student suicide prevention (including how to identify at-risk students, protective factors, response guidelines, referrals, and every other resource on the topic) should be included in annual Faculty Development Programs
- Lecture on suicide prevention including how to recognize risk factors, warning signs, and the importance of safe choices should be included during the orientation program at the beginning of each semester
- Help-seeking strategies as well as the contact of the counselors and other supportive aid shall be shared with the students at the orientation programs.
- Small group discussions on suicide prevention/support and education shall be integrated into the curriculum of the students regardless of level/semester
- This policy shall be included in the student resource on the student LMS, school website, and student handbook.
- The practices discussed in this policy will be assessed at the end of each semester for all faculty/staff/student

Intervention

- The counselor/ affiliate psychiatrist shall assess any student identified to be potentially suicidal within 24 hours of identification
- The counselor/psychiatrist may issue a referral based on expert opinion.
- The deans shall be notified of any suicidal risk/attempt as soon as possible, who then shall inform the legal guardian/ parent(s) of said student
- Notifying the legal guardian/ parent(s) shall be done on the same day of the event or as soon as possible unless such notification puts the student at risk of harm
- Until the student is assessed by the counselor/psychiatrist, he/she will be under continuous and close supervision by the university staff
- If a student is actively suicidal and poses a safety threat to himself/herself or others, law enforcement (911) shall be called immediately.
- The staff on the call shall provide every information needed by the police including and not limited to their name, location, possession of weapon(s), and their history of mental illness or emotional instability.
- After de-escalation, assessment, and stabilization of the situation and the student involved, the deans may suggest recommendations to the legal guardian/ parent(s) of the student involved regarding the student's mental well-being based on expert opinion.

Resumption Procedure

- After a mental health crisis, a discussion shall be held between the deans, counselor, legal guardian/ parent(s) and if needed, the student, to discuss the resumption of classes. In this meeting, the readiness of the student shall be discussed, including the next steps for the maintenance of mental health while in school.

- For cases where hospitalization was done during a semester break or even mid-semester, the parent(s)/ legal guardian should inform the deans of such development and the details required to assist with this procedure.
- The student is required to undergo a medical check including a mental status evaluation from a psychiatrist and a clearance certificate must be issued by the psychiatrist before resumption is approved by the dean.
- If resumption is approved, an agreement must be made by the student to attend periodic meetings/ visits with the counselor/psychiatrist to check for mental wellness and address concerns faced with readjustment, social life, or academia. The frequency of such meetings shall be determined by the counselor/psychiatrist based on their expert opinion.
- The administration shall make provisions for students returning after a mental health crisis for submission of assignments and sitting for exams (if exams are either completed, underway, or very close to the time of resumption). This discussion shall only be made with relevant faculty.
- Any discussions made between the administration and relevant staff shall be void of specific details regarding diagnoses to protect the privacy of the student and to maintain confidentiality.
- All this information will be highly confidential and not to be shared with anyone other than those involved directly in the process.

In-School Suicide Attempts

- Firstly, primary care/first aid shall be administered to the student until he/she is transferred to emergency care.
- All other students shall be removed from the proximity or immediate surrounding of the patient.
- The faculty shall contact the deans and legal guardians following the guidelines given in the Intervention section stated prior.
- The faculty shall contact law enforcement (911) in cases involving weaponry/ weaponizing a regular object. The staff shall inform the police following the guidelines given in the Intervention section stated prior.

Out-of-Campus Suicide Attempts

- If any staff/faculty/student is notified of an active suicide attempt by another student outside of campus, the staff/faculty/student should:
 - Call 911 (police and emergency service)
 - Notify the legal guardian of the student involved.
 - Inform deans.
- In cases where the student contacts faculty/staff and expresses suicidal intent or ideation, the faculty/staff shall maintain contact with the student and garner the help of a second person to call 911 while still in contact with the student.

Action plan after a suicide death

- Announcements should be made regarding all suicide-related deaths.
- Before the announcement is made, the cause of death has to be confirmed to be suicide.

- If after confirmation, the parent(s)/ legal guardian of the student wishes that the cause of death not be disclosed, the administration may release a general statement without specific details like the name of the student.
- If the parent(s)/ legal guardian refuses to disclose the cause of death, he/she should be encouraged to do so with a discussion of the benefit of such an announcement to other students.
- A team of individuals designated “crisis team” should be formed to assess those closely related/ affiliated/ who worked closely with the student (including staff and other students) and those exhibiting behavioral changes after the news, to provide support via counseling/ assessment by a psychologist.
- News of death shall be shared with staff during staff meetings, and an official statement shared with staff to be announced to students.
- There shall be no planned memorials in form of memorabilia held on campus to avoid aggrandizing the suicide event.
- Any on-campus memorials held shall be done in form of small gatherings where the suicide-prevention guidelines and resources shall be shared.

Additional Support

Student Affairs

Mr. Chakkaravarthy

Student Affairs Manager

Email ID: chakkaravarthy@tau.edu.gy

External Counselors

Dr. Michelle Amsterdam

Mobile: 676-8557

Dr. Anju Vivekanandaraj

Mobile: 613-9255

References

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