

Suicide Prevention and Awareness Program

Working group:

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Introduction:

The death of a medical student by suicide is devastating, shocking, and stressful to all the people involved. It is estimated that about 300-400 physicians kill themselves every year, a rate double that of the general population. Xavier University School of Medicine (XUSOM), Aruba acknowledges the seriousness of the suicide threat among Medical Students and Physicians. Protecting the health and well-being of the student community is an important mandate and an ethical imperative for XUSOM.

Because it is impossible to predict when a crisis will occur, preparedness is necessary. Furthermore, prevention programs and policies can help to deter suicide. Suicide is preventable, and we acknowledge that the deans, faculty, mentors, peers, and staff of XUSOM play a key role in its prevention.

It is important to have procedures and protocols for prevention of suicide and early identification of suicide risk among XUSOM students. It is likewise important to have programs in the curriculum that address and destigmatize suicide-related concerns. This document provides guidelines and a program design to facilitate increased awareness of suicide risk and prevention within the XUSOM community.

To address these important issues, XUSOM formed a working group consisting of its deans, experts in medical education, clinicians, psychologists and psychiatrists. Their collaboration resulted in the creation of this document in service of the prevention of suicide among medical students.

The guidelines and program design contained in this document were developed by examining the American Foundation for Suicide Prevention resource, “Model School District Policy on Suicide Prevention”¹ and the Healer Education Assessment and Referral Program, based at the University of California San Diego.² XUSOM ensures that these guidelines and the program design are in line with the latest research in the field of suicide prevention and embody best practices to ameliorate the risk of suicide.

Purpose

The purpose of this policy is to protect the health and well-being of all medical students at XUSOM by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide.

Xavier University School of Medicine:

- Recognizes that physical and mental health are integral components of student outcomes, both educationally and beyond graduation
- Recognizes that the rate of suicide is higher among physicians and medical students than in the general population
- Has an ethical responsibility to take a proactive approach in preventing deaths by suicide among its medical students
- Acknowledges that comprehensive suicide prevention policies include prevention, intervention, and postvention components

This policy is meant to be paired with other policies supporting the overall emotional and behavioural health of students.

Scope

This policy covers actions that take place in the school and at school-sponsored functions and activities.

This policy applies to the entire school community, including faculty, staff, students, and parents/guardians.

This policy also covers appropriate school responses to suicidal or high-risk behaviours that take place outside of the school environment.

Prevention

Policy Implementation

- A Suicide Prevention Coordinator shall be appointed by the CAO or designee.
- The Suicide Prevention Coordinator shall be responsible for planning and coordinating implementation of this policy.
- All faculty and staff members shall report students they believe to be at-risk for suicide to the school Suicide Prevention Coordinator.

Staff Professional Development

- All the faculty and staff shall receive, at minimum, annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding medical student suicide prevention.
- The professional development shall include additional information regarding groups of students at elevated risk for suicide, including those living with mental and/or substance use disorders, those who engage in self-harm or have attempted suicide, LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning) students, students bereaved by suicide, and those with medical conditions or certain types of disabilities.
- Additional professional development in risk assessment and crisis intervention shall be provided.

Medical Student Suicide Prevention Programming

- Student-centred education materials shall be integrated into the curriculum across all the semesters.
- Additional small group discussion sessions will be designed and administered as a part of the curriculum. Administering large group sessions in the auditorium, rather than these small group sessions, is to be avoided.
- Minimum of one lecture every year will be delivered to the students.
- The content of these materials/lectures/small group sessions shall include the importance of safe and healthy choices and coping strategies focused on resilience building, and how to recognize risk factors and warning signs of mental health conditions and suicide in oneself and others. The content shall also include help-seeking strategies for oneself and others, and how to engage school resources and refer friends for help.

Publication and Distribution

- This policy shall be distributed to the student at the time of enrolment into XUSOM and be included in the student and teacher handbooks, and on the school website.
- All school personnel are expected to know and be accountable for following all policies and procedures regarding suicide prevention.

Validation of Knowledge, Attitude, and Practices

- Knowledge, attitude, and practices will be assessed by questionnaire on an annual basis for all administrators, faculty, staff, and students of XUSOM.

Intervention

Assessment and Referral

- When a student is identified by a peer, educator, or other source as potentially suicidal (i.e., verbalizes thoughts about suicide, presents overt risk factors such as agitation or intoxication, an act of self-harm occurs, or expresses or otherwise shows signs of suicidal ideation), the student shall be seen by the Suicide Prevention Coordinator, faculty mentor, and/or psychological counsellor, within the same day to assess risk and facilitate referral if necessary.

For At-Risk Medical Students

- School staff shall continuously supervise the student to ensure their safety until the assessment process is complete.
- The CAO, deans and school Suicide Prevention Coordinator shall be made aware of the situation as soon as reasonably possible.
- The Assistant Dean of Student Affairs / Suicide Prevention Coordinator / CAO / deans shall contact the student's parent or guardian, as described in the [Parental Notification Involvement](#)
- Urgent referral may include, but is not limited to, working with the parent or guardian to set up an outpatient mental health or primary care appointment and conveying the reason for referral to the healthcare provider; in some instances, particularly life-threatening situations, the school may be required to contact emergency services, or arrange for the student to be transported to the local emergency department.

Engagement of Law Enforcement

- When a student is actively suicidal and the immediate safety of the student or others is at risk (such as when a weapon is in the possession of the student), school staff shall call 911 immediately.
- The faculty/staff calling shall provide as much information about the situation as possible, including the name of the student, any weapons the student may have, and where the student is located.

- School faculty/staff may tell the dispatcher that the student is a suicidal emotionally disturbed person, to allow for the dispatcher to send officers with specific training in crisis de-escalation and mental illness.

Parental Notification and Involvement

The Assistant Dean of Student Affairs / Suicide Prevention Coordinator / deans / CAO shall inform the student's parent or guardian on the same day, or as soon as possible, any time a student is identified as having any level of risk for suicide or if the student has made a suicide attempt (unless notifying the parent will put the student at increased risk of harm).

Following parental notification and based on initial risk assessment, the Assistant Dean of Student Affairs / Suicide Prevention Coordinator / deans / CAO may offer recommendations for next steps based on perceived student need. These can include, but are not limited to, an additional, external mental health evaluation conducted by a qualified health professional or emergency service provider.

Re-Entry Procedure

For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), whenever possible, the Assistant Dean of Student Affairs / Suicide Prevention Coordinator / deans / CAO shall meet/discuss with the student's parent or guardian and, if appropriate, include the student to discuss re-entry. This meeting shall address next steps needed to ensure the student's readiness for return to school and plan for the first day back.

Following a student hospitalization, parents may be encouraged to inform the Assistant Dean of Student Affairs / Suicide Prevention Coordinator / CAO / deans of the student's hospitalization to ensure increase the likelihood of a successful re-entry.

- Any necessary accommodations shall also be discussed and documented.
- The student is required to submit a fitness certificate from psychological counsellor / psychiatrist.
- The Suicide Prevention Coordinator shall periodically check-in with the student to help with readjustment and address any ongoing concerns, including social or academic concerns.

- The administration shall disclose to the faculty and other relevant staff (without sharing specific details of mental health diagnoses) that the student is returning after a medically-related absence and may need adjusted deadlines for assignments.

In-School Suicide Attempts

In the case of an in-school suicide attempt, the physical and mental health and safety of the student are paramount. In these situations:

1. First aid shall be rendered until the patient is shifted to emergency
2. School faculty/staff shall supervise the student to ensure their safety
3. Faculty/staff shall move all other students out of the immediate area as soon as possible
4. Contact the student's parent or guardian (refer [Parental Notification and Involvement](#)).

Out-of-School Suicide Attempts

If a faculty/staff member becomes aware of a suicide attempt by a student that is in progress in an out-of-school location, the staff member shall:

1. Call 911 (police and/or emergency medical services)
2. Inform the student's parent or guardian (refer [Parental Notification and Involvement](#))
3. Inform the school Suicide Prevention Coordinator, CAO and deans

If the student contacts the faculty/staff member and expresses suicidal ideation, the faculty/staff member shall maintain contact with the student (either in person, online, or on the phone) and then enlist the assistance of another person to contact the police while maintaining engagement with the student.

After a Suicide Death

Development and Implementation of a Crisis Response Plan

The crisis response team, led by a Suicide Prevention Coordinator/deans/CAO, shall develop a crisis response plan to guide school response following a death by suicide. This plan may be applicable to all suicides whether it be student (past or present), staff, or other

prominent school community member. A meeting of the crisis response team to implement the plan shall take place immediately following word of the suicide death, even if the death has not yet been confirmed to be a suicide.

Action Plan Steps

Step 1: Get the Facts

- The cause of the death by suicide has to be confirmed before an announcement is made.
- If the cause of death has been confirmed as suicide but the parent or guardian prefers the cause of death not be disclosed, the school may release a general statement without disclosing the student's name.
- If the parents do not want to disclose cause of death, an administrator from the school who has a good relationship with the family shall be designated to speak with the parents to explain the benefits of sharing mental health resources and suicide prevention with students.
- If the family refuses to permit disclosure, the school may state "The family has requested that information about the cause of death not be shared at this time."

Step 2: Assess the Situation

- The crisis response team shall consider how the death is likely to affect other students, and determine which students are most likely to be affected.
- The crisis response team shall also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide.
- The crisis response team shall triage staff first, and all teachers directly involved with the victim shall be notified in-person and offered the opportunity for support.

Step 3: Share Information

- Inform the faculty and staff about the death in an all-staff meeting.
- The crisis response team shall provide a written statement for staff members to share with students and also assess staff's readiness to provide this message in the event a designee is needed.

Step 4: Avoid Suicide Contagion

- Actively triage particular risk factors for contagion, including emotional proximity (e.g., siblings, friends, or batchmates), physical proximity (close friends) and pre-existing mental health issues or trauma.
- The crisis response team shall work with faculty to identify students who are most likely to be significantly affected by the death, or who exhibit behavioural changes indicating increased risk.
- In the faculty meeting, the crisis response team shall review suicide warning signs and procedures for referring students who present with increased risk.
- For those school personnel who are concerned that talking about suicide may contribute to contagion, it has been clearly demonstrated through research that talking about mental health and suicide in a non-judgmental, open way that encourages dialogue and help-seeking does not elevate risk.

Step 5: Initiate Support Services

- Students identified as being more likely to be affected by the death will be assessed by a psychologist to determine the level of support needed.
- The crisis response team shall coordinate support services for students and staff in need of individual and small group counselling as needed.

Step 6: Develop Memorial Plans

- Avoid planned on-campus physical memorials (e.g. photos, flowers, locker displays), funeral services, tributes, or flying the flag at half-staff, because it may inadvertently sensationalize the death and encourage suicide contagion among vulnerable students.
- Any school-based memorials (e.g., small gatherings) shall include a focus on how to prevent future suicides and shall have prevention resources available.

Step 7: Postvention as Prevention

- Any additional changes in policies, procedures, or curriculum will be discussed in the committee meetings and amendments made as needed.
- Emphasis will be laid on future prevention of suicides and changes to policies, programs, or curricula will be brought addressed in this way.

Additional helplines and support

There are additional support options available to students. For example:

1. National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
suicidepreventionlifeline.org
2. The Trevor Lifeline: 1-866-488-7386
thetrevorproject.org/get-help-now
3. Trevor Lifeline Text/Chat Services, available 24/7
Text “START” to 678-678
4. Crisis Text Line: Text “HOME” to 741-741
crisistextline.org

References:

1. American Foundation for Suicide Prevention, American School Counsellor Association, National Association of School Psychologists & The Trevor Project (2019). Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources (2nd ed.). New York: American Foundation for Suicide Prevention.
2. Downs N, Feng W, Kirby B, McGuire T, Moutier C, Norcross W, Norman M, Young I, Zisook S. Listening to depression and suicide risk in medical students: the Healer Education Assessment and Referral (HEAR) Program. Acad Psychiatry. 2014 Oct;38(5):547-53. doi: 10.1007/s40596-014-0115-x. Epub 2014 Apr 5. PMID: 24705825.

Approved in Faculty Senate: April 14th, 2021

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