UMMEED

Understand, Motivate, Manage, Empathize, Empower, Develop

Prevention of Suicide

Guidelines for Schools

Department of School Education & Literacy
Ministry of Education
Government of India

Every Child Matters

INTRODUCTION

Mental health and well-being is an integral part of holistic development. The National Education Policy (NEP), 2020 has envisioned the aim of education to be holistic, including both cognitive and affective aspects. The policy has emphasised not only on learning based on developing cognitive competencies, but also skills, attitudes, and behaviours which will enable building character and creating holistic and skilled individuals, equipped with key 21st-century skills. This vision entails the need to promote mental health and well-being among students, which plays a prominent role in all aspects of an individual's life. World Health Organization (WHO, 1948) clearly states that "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." WHO further states that mental health is a state of mental well-being that enables people to cope with stresses of life, realize their abilities, learn and work well, and contribute to their community.

Skills like understanding, expressing, and regulating emotions, as well as the ability to adapt and cope with challenging situations, are essential for good mental health and well being. Taking steps to protect and enhance an individual's mental health and well-being is crucial for a fulfilling and happy life. When students are not able to manage their personal social issues and concerns effectively, it can have severe consequences, like constant feeling of sadness, dissatisfaction and frustration, mood swings, feeling of hopelessness, etc. and in extreme cases may also lead to self-harm, including suicide.

'Every Child Matters' is the underlying belief in developing the Guidelines for prevention of suicide. With this vision, efforts need to be directed towards prevention of suicide in schools. The guidelines provide directions to schools for enhancing sensitivity, understanding, and providing support in case of reported self-harm. In addition, the guidelines also emphasise nurturing partnerships between school, parents and community, for fostering societal support as a critical strategy for preventing suicide and reducing the stigma associated with suicidal behaviour.

WHY SUICIDE HAPPENS?

Suicide is a complex interplay of personal and social factors, which is rarely caused by a single circumstance or event. It has an impact on the family, school and community at large. Students go through many transitions during their school life which can cause extreme stress, for example, transition from home to school, from one school to another, school to college, losing a parent/sibling/friend/near and dear one, etc. Along with this, children also experience changes as they progress through the developmental stages, leading to concerns such as those related to physical changes and appearance, peer pressure, career decisions, academic pressure, and many more. Amidst these challenges, a single insensitive comment has the potential to inflict lasting harm. It is important to discard damaging notions, including

comparisons with peers, the perception of failure as permanent, and the sole measurement of success based on academic performance.

Every individual attempts to cope with such stressful situations. When attempts to deal with the stressor by the individual are not successful, and it is felt that no help is available, 1 the individual feels hopeless and finds it difficult to endure the distress. It is under such situations that suicide becomes a desperate attempt to escape the pain and hopelessness. An individual with suicidal thoughts experiences feelings of helplessness, hopelessness, isolation and self-hatred. They are not able to see alternatives or any way of getting respite from the situation except for ending their suffering through death. It is well-known that before taking the extreme step of ending one's life, an individual communicates their distress through actions, feelings or behaviours. These serve as warning signs indicating the possibility of self-harm, and when these are timely identified, loss of a life can be prevented. However, these signs can be fatal if missed by those around the individual.

The reasons for suicide are complex and differ from individual to individual. It is also important to know that at times, suicide can be an impulsive act that can take place due to immediate stress-causing events. Every suicide is a clear reminder of compromised mental well-being at the individual's level and ineffectiveness of the preventive and well-being promoting mechanisms around the individual.

Myths and Facts about Suicide

Effective understanding of suicide requires clarity on what is the reality and what are the popular beliefs or myths. Myths develop over the years and predispose even the informed and educated to perceive it in the wrong way. Dispelling these misconceptions and providing correct information will help schools in creating appropriate awareness and also help in the accurate identification of warning signs of suicide.

Myths

1. Those attempting suicide never give out any warning signs.
2. Talking about ending one's own life is always an attention-seeking behaviour.
3. Discussing suicide with an individual at risk may increase their likelihood of attempting it.
4. One who has decided to attempt suicide cannot be stopped.
5. Anyone who attempts suicide is weak, coward and only thinks about oneself.
6. Seeking help and sharing problems do not help.

Facts

1. Suicidal intentions are often expressed through words or actions which may go unnoticed.
2. Any sharing of suicidal thoughts or self-harm attempts is to be taken seriously and responded to with sensitivity and care.
3. Discussing suicide encourages open communication, a necessity for prevention of suicide.
4. Timely support and intervention can prevent suicide.
5. Those attempting suicide perceive death as the last available option to overcome extreme distress.
6. Seeking help shows strength, and opening up about one's distress with a trusted person can help in getting support.

Factors Influencing Suicide

Acknowledging that each life is valuable and providing adequate care and protection to each child is important. The vision of "Every Child Matters" demands an understanding of the crucial steps towards prevention of suicide. The first step would be to acquire knowledge of these underlying factors that influence an individual. Some of these serve as buffers in protecting the individual, while others increase the risk of mental health concerns. Though these factors may not always be obvious, they play a significant role in shaping an individual's style of coping and in building resilience. These factors can be divided into risk and protective factors functioning at the level of individual, school, family, and community. Also, it should be noted that there are no demarcated boundaries at the level of individual, school, family or community and the factors need to be seen as interrelated. For example, supportive relationships are protective at school, family and community levels.

	RISK FACTORS	PROTECTIVE FACTORS
Individual	• History of depression or other mental illnesses, adverse childhood experiences (abuse, violence, etc.) • Previous attempts of self-harm/suicide • Hopelessness • Addiction to social media, gaming, substance use, etc. • Poor self-esteem • Chronic pain, or terminal illness • Impulsive violent behaviour • Internal pressure to perform well in life	• Having a purpose in life • Healthy coping and problem-solving skills • Willingness in seeking help • Ability to identify and manage one's emotions • Positive self-esteem • Regular pursuit of hobbies, sports, or creative activities • Engagement with studies or other school activities • Knowing one's strengths and weaknesses
School	• Negative school environment: Lack of positive relationships with peers/teachers, discrimination, bullying, harassment, humiliation, isolation, etc. • Critical periods: Exams, results or stressful PTMs, transition phases • Absence of school-family connect • Academic pressure from school	• Positive school environment: Enriching activities, supportive peer/ classmates/teacher relationships, etc. • Open connection between school and family • Promotive mental health care practices: Focus on social-emotional learning, accessible mental health services, building key skills such as resilience, communication, etc. • Career support practices

Family	• Family conflict and instability (divorce, separation, financial hardships, etc.) • Parental neglect/ abuse, lack of acceptance/recognition by family members • Loss of a loved one • Family history of suicide, parental mental health issues • Sibling rivalry • Criticism/ bullying by family members • Unrealistic expectations to perform well in academics • Pressuring students into preparing for competitive examinations	• Strong and healthy bonds with family members • Secure, stable, and safe home environment • Peaceful and effective conflict resolution practices
Community and Society	• Stigma associated with help-seeking and mental illness • Community practices of discrimination and deprivation • Lack of access to mental health care • Community violence • Sensationalized and insensitive reporting of suicide cases in media • Experiencing a disaster or emergency	• Strong social support networks • Accessible mental health services and resources • Reduced access to lethal means of suicide among people at risk • Cultural values encouraging valuing of life

Students with an awareness of their strengths and weaknesses, and having a sense of self-worth and responsibility towards own well-being will be better able to explore alternative ways to deal with difficult situations and make effective choices to handle perceived difficulties.

Warning Signs of Students at Risk

The warning signs are indicators that a student is at risk of suicide. Identifying the warning signs is important to provide timely support to students, as it is these signs which would lead to identifying those at risk of harming themselves.

Warning signs with exemplar statements are given on the next page to help teachers and other stakeholders understand the behaviours, feelings, and actions of students at risk.

FEELINGS
Hopelessness: *Statements such as, "Things will never get better", "There is no point in trying anymore"*
Helplessness: *Statements such as, "No one can help me with my problems, "I cannot see a way out"*
Worthlessness: *Statements such as, "I'm useless", "I am not important to anyone"*
Guilt, Shame, Self-hatred: *Statements such as, "I am a burden on others", "I am ashamed of myself"*
Irritability, Exhaustion: *Statements such as, "I feel so tired physically and emotionally"*
Persistent Sadness: *Statements such as, "I feel sad all the time, and I don't know how to stop this feeling"*

BEHAVIOURS
Withdrawal from Social Interactions: *Withdrawing from friends, classmates, family*
Lack of Concentration: *Such as being absent-minded, forgetful, and/or restlessness in class*
Sudden Mood Changes: *Sudden mood shifts without any known cause, Sudden spurts of anger/ crying*
Verbal Cues: *Statements such as, "I won't be around for long", "All my problems will end soon"*
Change in Appetite/Sleeping Pattern: *Increased or decreased appetite and/or disrupted sleep schedule*
Neglecting Personal Care: *Such as uncombed hair, ruffled clothes, not taking care of belongings*

ACTIONS
Lack of Participation: *Losing interest in previously enjoyed school activities*
Indulging in Reckless Behaviour: *Being careless about safety, Use of substances (smoking, alcohol, etc.)*
Talking about Self-Harm or Ending Life/ Destroying Belongings: *Talking, writing and/or using social media to share thoughts of self-harm, destroying personal belongings, etc.*
Decline in Performance in School Activities: *Poor attendance, Decline in overall quality of academic and other school work*
Becoming Detached: *Returning gifts to friends for no reason, Saying goodbye to classmates, No excitement expressed in meeting friends*

Ongoing Suicide Prevention Initiatives

Considering the devastating consequences suicide have at a personal and societal level, efforts to prevent them are underway at a global and national level.

WHO guidance on suicide prevention

WHO recommends four key interventions which have been proven to be effective:

1. Restricting access to means for suicide
2. Working with the media to ensure responsible reporting of suicide
3. Helping young people develop skills to cope with various stressors of daily life

4. Earl identification and management of people who are suicidal or who have made a suicide attempt, keeping contact with them in the short and longer-term to ensure follow up.

Collectively, WHO's approach to suicide prevention is know as LIVE LIFE, comprising Leadership, Interventions, vision and Evaluation (LIVE), and Less means for suicide, Interaction with Media, Form the young, Early identification (LIFE) as cross-cutting strategies.
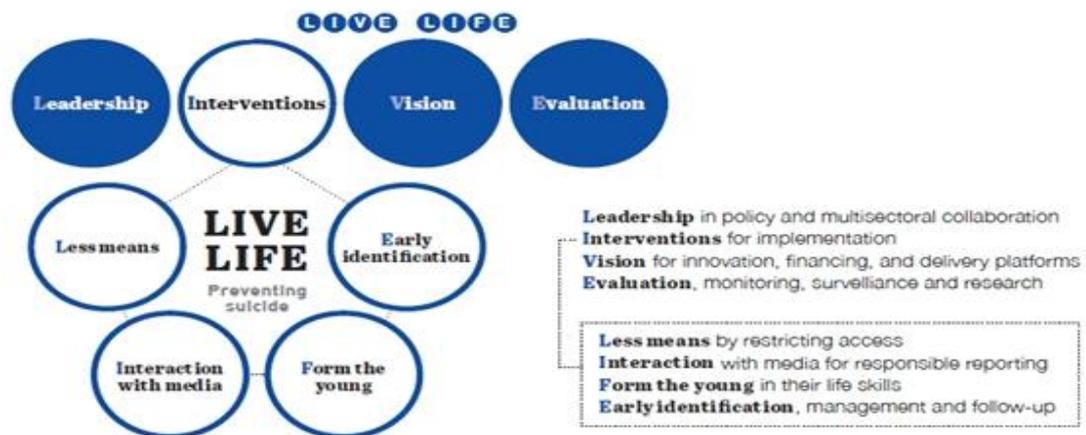
NATIONAL SUICIDE PREVENTION STRATEGY

Goals and Objectives

It is evident that suicide is a major public health concern in India. Majority of suicides are preventable. National suicide prevention strategy has been developed to address this need. It delineates the 'REDS' path for suicide prevention, and intends to:

• Reinforce leadership, partnerships and institutional capacity in the country

• Enhance the capacity of health services to provide suicide prevention services.

• Develop community resilience and societal support for suicide prevention and reduce stigma associated with suicidal behaviours.

• Strengthen surveillance and evidence generation.

The REDS path is in line with the multiple interventions delineated by the National Mental Health Policy to prevent suicides. For example, the policy calls for establishing guidelines for responsible media reporting of suicides, and restricting access to means of suicide. These examples of reinforcing leadership, partnerships, and institutional capacity in the country. Establishing crisis intervention centers and helplines is an example of enhancing the capacity of health services to provide suicide prevention services. The need to develop community resilience and societal support for suicide prevention and reduce stigma associated with suicidal behaviors is reflected in the policy's guidance to create awareness about and de-

stigmatizing mental health and address exclusion associated with mental disorders. Lastly, the policy calls for monitoring of both, mental health of population and impact of mental health programmes. This is an example of strengthening suicide surveillance and evidence generation.

Figure 13: National Suicide Prevention strategy: a multi-sectoral approach
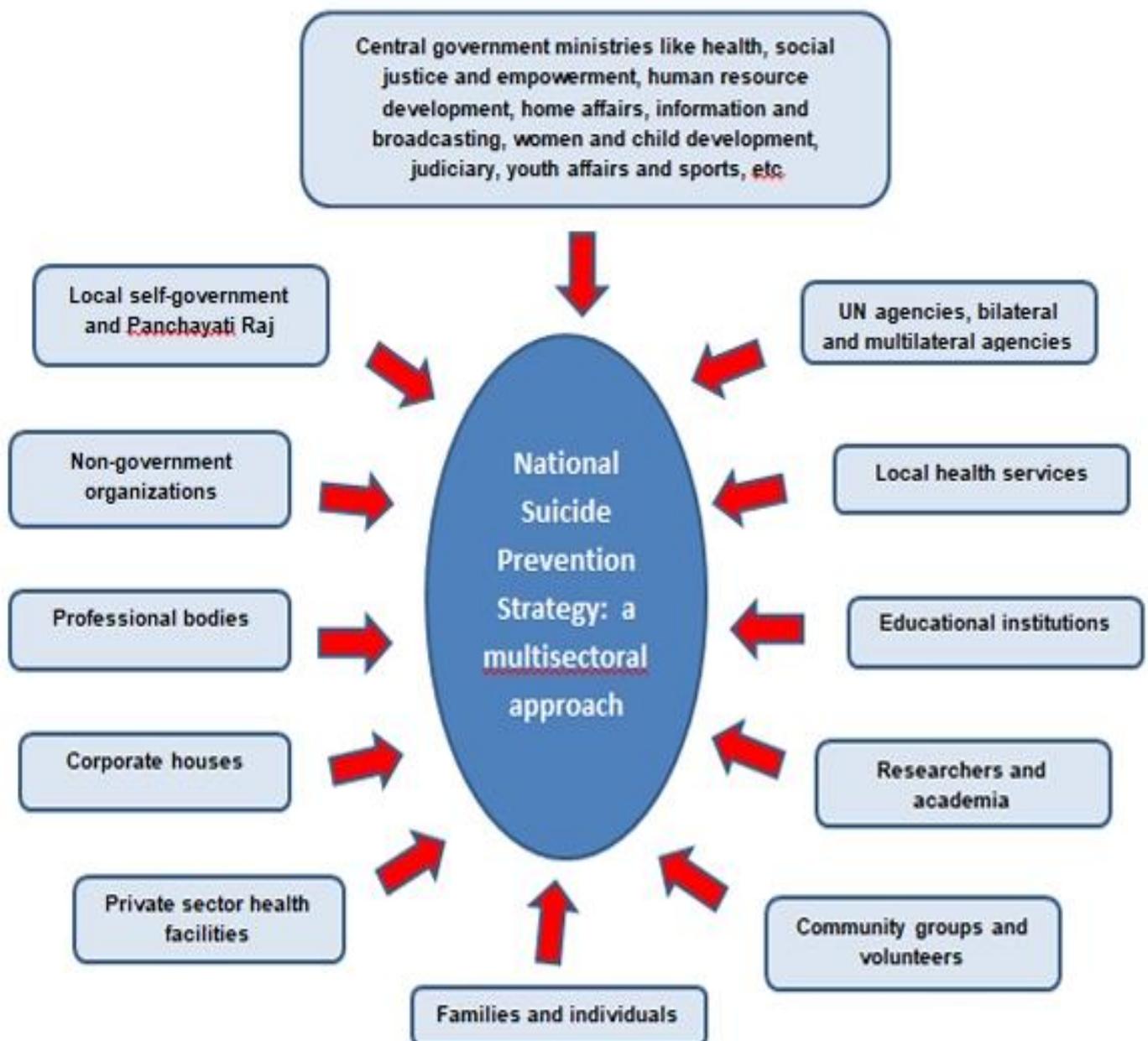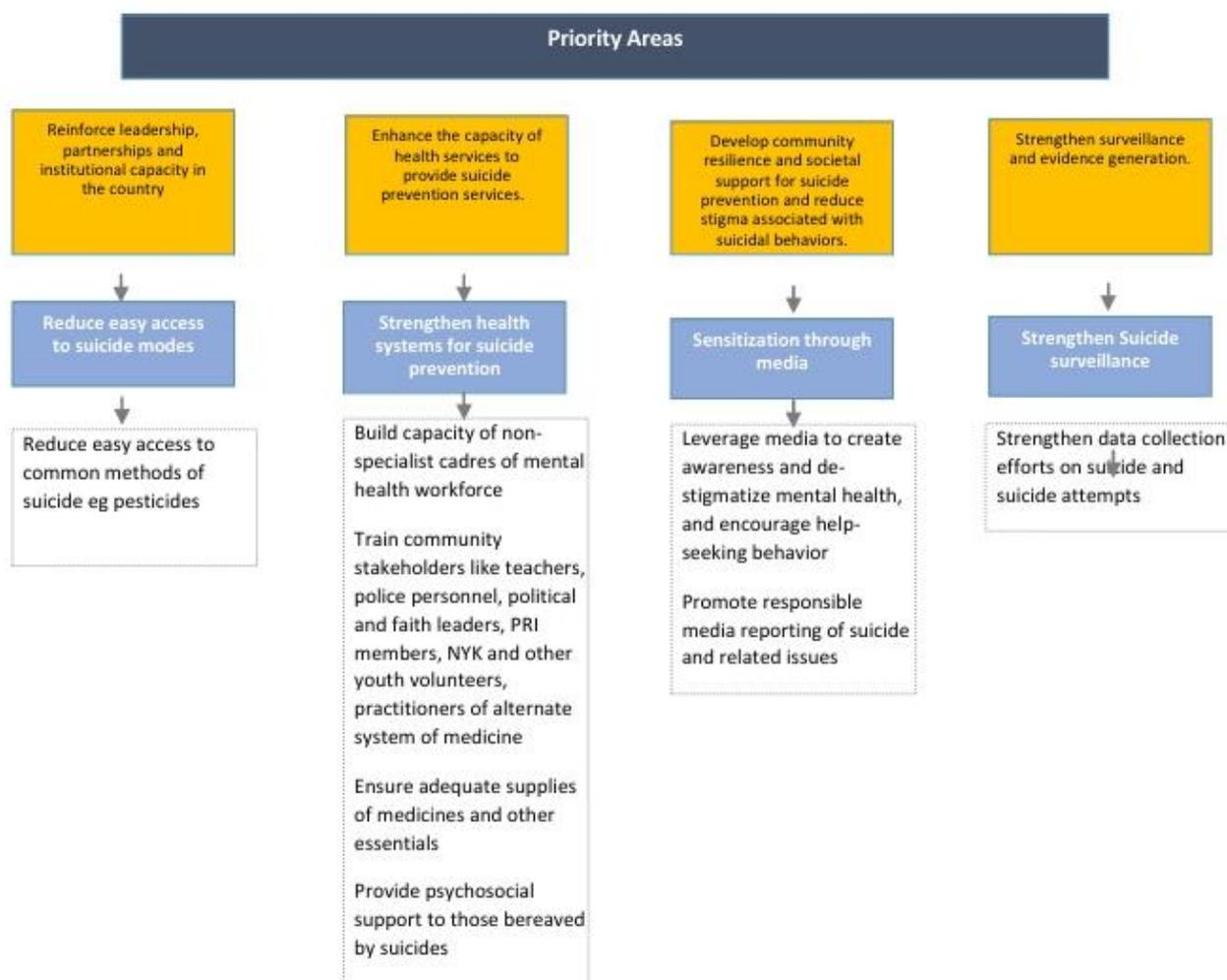
Figure 14: Priority areas of the National Suicide Prevention Strategy

Priority Areas

Reinforce leadership, partnerships and institutional capacity in the country	Enhance the capacity of health services to provide suicide prevention services.	Develop community resilience and societal support for suicide prevention and reduce stigma associated with suicidal behaviors.	Strengthen surveillance and evidence generation.
↓	↓	↓	↓
Reduce easy access to suicide modes	Strengthen health systems for suicide prevention	Sensitization through media	Strengthen Suicide surveillance
↓	↓		
Reduce easy access to common methods of suicide eg pesticides	Build capacity of non-specialist cadres of mental health workforce Train community stakeholders like teachers, police personnel, political and faith leaders, PRI members, NYK and other youth volunteers, practitioners of alternate system of medicine Ensure adequate supplies of medicines and other essentials Provide psychosocial support to those bereaved by suicides	Leverage media to create awareness and de-stigmatize mental health, and encourage help-seeking behavior Promote responsible media reporting of suicide and related issues	Strengthen data collection efforts on suicide and suicide attempts

Action Framework

The nation strategy has been formulated in accordance with WHO's South East Asia Regional strategy on suicide prevention.

To realize this path, an action plan has been formulated which is crucial to achieving the objectives. The action plan has the following key themes:

1. Strategy: Delineates how the envisioned strategy can be achieved for each of the stated objectives.
2. Action: Outlines the specific steps that need to be undertaken to achieve the objectives envisioned by the national strategy.
3. Indicators: Specifies the key benchmarks to be achieved that would signal progress towards the realization of the overall objective
4. Key stakeholders: Identifies the stakeholders responsible for ensuring, both, implementation and subsequent achievement of the specified objectives.

5. Timeline: Defines the timeframes within which each of the indicators should be achieved.

   Three time-frames have been identified:

   - Immediate: This suggests that efforts should begin immediately, and the outcome should be achieved in the next 1-3 years.
   - Intermediate: This suggests that efforts should begin immediately, and the outcome should be achieved in the next 4-7 years.
   - Long-term: This suggests that efforts should begin immediately, and the outcome should be achieved in the next 8-10 years.

Helpline Numbers:

Government Tele Manas – 14416 / 1 800 891 4416

NCERT MANODARPAN – 844 844 0632

Resources :

Ministry of Health and family welfare Government of India //*National suicide prevention strategy.*

UMMEED *(Understand, Motivate, Manage, Empathize, Empower, and Develop)*

https://manodarpan.education.gov.in