

SAFEGUARDING MEDICAL STUDENTS AGAINST SUICIDE

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Over the past few years, incidence of suicide among medical students is steadily increasing. We are faced with a crisis that demands personal attention, as well as political and community advocacy. The mental health of our young colleagues depends on coordinated and collaborative efforts and services. Only through subsequent meetings and continued efforts aimed at identifying specific and collaborative programs, we could achieve this target.

A recent survey conducted by the American College of Health Association (ACIA) shows that 9.5% of medical students surveyed have seriously contemplated suicide and 1.5% have made a suicide attempt. Research shows that 90% of medical students suicide victims had at least one diagnosable psychiatric illness at the time of death. Depression, sadness and hopelessness seem to play a major role. When a student feels suicidal, although there are a number of additional factors related to medical student's suicide.

There are 2 distinct group of students who may be at higher risk for suicide. Students who have pre-existing mental health problems when they enter college. Students who develop mental health problems during the college years.

Suicidal behaviour is the result of a combination of psychological, social and family factors. Though suicidal behavior is often associated with depression, other coexisting factors such as substance abuse or anxiety can also increase the chances of suicide. Recent stressful events can trigger suicidal feelings in impulsive youth.

For those students who enter college with a history of mental problems, the nature of the campus environment itself may serve to exacerbate any existing symptoms or engender the expression of emotional or behavioural disorders.

In general, college should try to avoid a cold, impersonal atmosphere where students feel they are treated “just a number”. This type of environment may only serve to unwillingly aggravate any feelings of inadequacy and lack of self worth.

Students entering college are often leaving home for the first time, separating from family and friends and entering to a new unknown environment that may be extremely different from that with which they are familiar and there are significant developmental issues. As the course advances students often feel increased academic and social pressures. Campuses that provide accessible resources or student services for academic assistance can help ameliorate their feelings of failure or alienation

Students who develop mental health problems once they are in college need to know what support services are available to them. Once they start to feel that they are having difficulty or are not performing as well as they previously had, they need to know where and from whom help is available. These students may be academically driven to succeed beyond what may be possible. They may be over achievers who can't tolerate even the slightest hint of failure, they may have a family history of mental illness or inadequate coping skills to adjust to new demands and expectations. In any case, campus personnel who are close to the students such as faculty and student advisors need to be informed about what to look for, as well as how to advise students on where to go for help.

Decision or impulse

According to research students committing suicide falls into 2 categories. First group is chronically or severely depressed, and in this case suicidal behaviour is often carefully thought out. Second type is the individual who shows impulsive suicidal behaviour and may engage in impulsive aggression directed towards others.

Most of medical student suicides can be averted if one keeps track of likely candidates, especially after certain occurrences. These include

- Previous suicide attempts
- Past psychiatric illness / hospitalization
- Recent losses like death, failure in exam, love failure etc
- Social isolation
- Drug abuse
- Exposure to violence in house or social environment

Some of the-warning sign are

- Suicidal talk
- Preoccupation with death and dying
- Signs of depression
- Behavioural changes
- Giving away special possessions
- Changes in pattern of sleep/appetite/weight
- Taking excessive risks
- Lose of interest in usual activities

- Declining academic performance

What we can do?

The complex problem of suicide and suicidal behaviour among medical students demands a multifaceted, collaborative approach. College administrators must work to ensure that all elements of the campus and the entire community are working together.

Essential services for addressing suicidal behaviour of medical students are follows:

1. Screening programme

There are many different strategies for developing a screening system for case identification. Specific, highly sensitive, brief questionnaires are available for assessing the risk for suicide and suicidal behaviours. Screening alone does not provide diagnosis and this should be followed by referrals for a thorough evaluation by a qualified mental health provider.

2. Targeted educational programmes for faculty and student/resident supervisors.

Coordinated efforts must be made to educate and train those who have daily contact with medical students. Educational and counselling programmes must be in place in order to train these personnel to recognize the sign and symptoms of at-risk behaviours, which might be signs of depression or suicidal thoughts like abusing drugs/alcohol, and behaving immaturely, and in physically restless manner.

3. Broad-based campus-wide public education

While cost effective for campuses to implement, public education on campus reaps significant benefits. Even among the medical fraternity the stigma about mental illness and suicide is continuing.

Through public education, the stigma associated with mental disorders and suicide can be addressed right at the source.

Additionally, students can be educated in general about the signs and symptoms of mental health disorders and more specifically, suicide and suicidal behaviours. They are more adept at noticing changes and detecting trouble in their peers than many professionals who may merely be casual observers.

4. Educational programs and materials for parents and families

Often enough, families may look upon medical college life as a developmental 'new beginning' thinking that troublesome behaviour may disappear with a new start. Educational programs and materials for parents and families can help to dispel this and other myths that surround the college experience.

5. On-site counselling center

Every medical college should have on-site counselling centers with counsellors who are appropriately trained and skilled. Ideally these centers should also include an emergency after hours, on call service and immediate access to hospital emergency unit complex with an attending psychiatrist.

6. On site medical services

Most often depression and suicidal behaviour often co-existing. Newer medications have been developed that have proven successful in the treatment of depression, as well as other mental disorders. In addition, psychotherapies such as cognitive behavior therapy, interpersonal therapy and other methods are highly effective in the treatment of anxiety and depression.

7. Stress reduction programmes

Medical student life can indeed be stressful. There may be academic stress, social stress, and financial stress, all which may be exacerbated by lack of sleep or an inadequate or improper diet. Students need to have resources to help them manage and reduce these stressors, so that they do not build up and become too burdensome and ultimately unbearable.

8. Non-clinical student support networks

Student may prefer the anonymity offered by a telephone helpline or internet site. There are useful support options that they can utilize 24 hour a day. Make sure the college web site has a link to respected mental health organizations or qualified individuals in the community.

9. Postvention services

The aftermath of a death or near death on campus is a critical time for everyone. While prevention must be our goal, intervention after the crisis has occurred (known as postvention) is equally as important.

10. Medical leave policies

Just like compassionate leave policy available for any physical condition, the same should hold true for debilitating and life-threatening mental health disorders. As with students who recover from other medical conditions, students who have attempted suicide should be allowed to resume their education without any harassment, once their symptoms have resolved and return to stable state.

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