STANDARD OPERATING PROCEDURE (SOP) FOR SUICIDE PREVENTION IN COLLEGE

1. Title

Standard Operating Procedure (SOP) for Suicide Prevention, Mental Health Promotion, Crisis Intervention, and Postvention in Colleges and Higher Educational Institutions.

2. Purpose

The purpose of this SOP is to:

1. Promote mental well-being among students, faculty, and staff.
2. Establish a systematic framework for suicide prevention.
3. Identify individuals at risk through early warning mechanisms.
4. Ensure timely intervention and referral.
5. Provide crisis response procedures.
6. Reduce stigma associated with mental health concerns.
7. Ensure institutional preparedness for psychological emergencies.
8. Provide postvention support following a suicide attempt or death.
9. Create a safe, supportive, and inclusive campus environment.
10. Protect the dignity, rights, and confidentiality of all individuals.

3. Scope

This SOP applies to:

- Pre-service Trainee Teachers
- In-service Teachers
- Faculty members
- Administrative staff
- Hostel residents
- Contractual employees
- Visitors participating in college activities

4. Guiding Principles

The institution shall adopt the following principles:

4.1 Prevention-Oriented Approach: Focus on prevention rather than crisis management alone.

4.2 Student-Centered Care: Respect the dignity, autonomy, and individual needs of students.

4.3 Confidentiality: Information shall be shared only on a need-to-know basis while ensuring safety.

4.4 Non-Judgmental Support: Students shall not be blamed, criticized, or stigmatized.

4.5 Evidence-Based Practices: All interventions shall be informed by contemporary research.

4.6 Inclusiveness: Special attention shall be given to vulnerable groups.

4.7 Multidisciplinary Collaboration: Mental health professionals, faculty, parents, peers, and administrators shall collaborate.

5. Definitions

1. **Suicide:** Death caused by self-directed injurious behavior with intent to die.
2. **Suicide Attempt:** A non-fatal self-directed act undertaken with some intent to die.
3. **Suicidal Ideation:** Thoughts about ending one's life.
4. **Self-Harm:** Intentional injury to oneself irrespective of suicidal intent.
5. **Gatekeeper:** A trained individual capable of identifying and referring persons at risk.
6. **Postvention:** Supportive interventions following a suicide death or attempt.

6. Institutional Suicide Prevention Framework

The college shall establish:

6.1 Suicide Prevention and Mental Health Committee (SPMHC)

Composition

- Principal
- Senior Faculty Members
- Zonal Hospital Dharamshala Counselor/Psychologist
- Medical Officer
- Hostel Warden
- Faculty Representatives
- Student Representatives
- Social Worker
- Legal/Administrative Representative

Responsibilities

- Policy implementation
- Risk monitoring
- Awareness programs
- Crisis management
- Data review
- Annual reporting

7. Risk Factors

The institution shall monitor students experiencing:

Academic Factors

- Examination stress
- Academic failure
- Excessive workload

Psychological Factors

- Depression
- Anxiety disorders
- Trauma
- Substance use
- Emotional dysregulation

Social Factors

- Isolation
- Relationship conflicts
- Bullying
- Ragging
- Discrimination

Economic Factors

- Financial hardship
- Educational debt

Family Factors

- Family conflict
- Abuse
- Loss of loved ones

High-Risk Groups

- First-year students
- Students living away from home
- Students with prior attempts
- Students receiving psychiatric treatment
- Students facing disciplinary actions
- Marginalized and vulnerable populations

8. Protective Factors

The college shall strengthen:

- Positive peer relationships

- Family support
- Faculty mentoring
- Problem-solving skills
- Resilience
- Emotional literacy
- Access to counseling
- Social connectedness
- Sense of belonging
- Help-seeking behavior

9. Early Warning Signs

Faculty, peers, and staff shall be trained to recognize:

Verbal Indicators

- Expressions of hopelessness
- Statements about wanting to disappear
- Talking about death repeatedly
- Feeling like a burden

Behavioral Indicators

- Withdrawal from activities
- Sudden isolation
- Giving away possessions
- Significant decline in performance
- Risk-taking behavior
- Increased substance use

Emotional Indicators

- Persistent sadness
- Extreme mood changes
- Anxiety
- Irritability
- Emotional numbness

Physical Indicators

- Sleep disturbances
- Appetite changes
- Fatigue
- Neglect of personal care

10. Universal Prevention Strategies

10.1 Mental Health Awareness Programs

Conduct at least:

- One orientation session each semester
- Monthly awareness campaigns
- Annual Mental Health Week

10.2 Life Skills Education

Training shall include:

- Problem solving
- Decision making
- Communication
- Emotional intelligence
- Coping skills
- Conflict resolution

10.3 Anti-Ragging and Anti-Bullying Measures

Strict enforcement of:

- Anti-ragging regulations
- Anti-harassment policies
- Complaint redressal mechanisms

10.4 Academic Support

Provide:

- Mentorship systems
- Remedial teaching
- Flexible academic support
- Examination counseling

11. Screening and Identification

11.1 Gatekeeper Training

Annual training for:

- Faculty
- Wardens
- Student leaders
- Security personnel
- Administrative staff

Training areas:

- Warning signs
- Communication skills
- Referral pathways
- Crisis response

11.2 Mental Health Screening

The institution may conduct:

- Entry-level screening
- Periodic well-being surveys
- Stress assessments
- Anonymous self-assessment tools

12. Referral Mechanism

Step 1: Identification

Concern observed by:

- Student
- Faculty
- Peer
- Warden
- Staff member

Step 2: Immediate Conversation

The observer should:

- Listen actively
- Show empathy
- Avoid judgment
- Encourage professional help

Step 3: Referral

Refer immediately to:

- College counselor
- Medical officer
- Mental health professional

Step 4: Documentation

Maintain confidential records.

13. Suicide Risk Classification

Low Risk

Indicators:

- Passive thoughts
- No plan
- Good support system

Response:

- Counseling
- Follow-up within 72 hours

Moderate Risk

Indicators:

- Recurrent thoughts
- Emerging plans
- Reduced support

Response:

- Same-day counseling
- Parent/guardian notification when appropriate
- Safety planning

High Risk

Indicators:

- Active suicidal intent
- Specific plan
- Access to lethal means

Response:

- Immediate supervision
- Emergency referral
- Hospital evaluation
- Continuous monitoring

14. Crisis Intervention Protocol

When imminent risk is identified:

DO

- Stay with the student.
- Notify counselor immediately.
- Contact emergency medical services if necessary.
- Inform designated authorities.
- Arrange safe transportation.

DO NOT

- Leave the student alone.
- Promise secrecy.
- Challenge or shame the student.
- Minimize their distress.

15. Safety Planning

The counselor shall develop a written safety plan including:

1. Warning signs.
2. Personal coping strategies.
3. Supportive contacts.
4. Emergency contacts.
5. Professional resources.
6. Measures to reduce access to dangerous means.

16. Parent and Guardian Engagement

Where safety concerns exist:

- Inform parents/guardians appropriately.
- Involve them in support planning.
- Provide guidance regarding treatment and monitoring.

17. Hostel-Based Prevention Measures

Hostels shall:

- Maintain mentor groups.
- Conduct monthly wellness meetings.
- Train wardens in crisis recognition.
- Monitor socially isolated residents.
- Establish emergency contact systems.

18. Digital and Social Media Monitoring

The institution shall:

- Encourage reporting of concerning online content.
- Provide online counseling access.
- Address cyberbullying promptly.
- Promote responsible digital engagement.

19. Documentation and Confidentiality

Records shall include:

- Observations
- Referrals

- Interventions
- Follow-up actions

Access shall be restricted to authorized personnel.

20. Postvention Protocol

In the event of a suicide death:

Immediate Actions

1. Verify facts.
2. Inform authorities.
3. Contact family respectfully.
4. Activate Crisis Response Team.

Communication Guidelines

Avoid:

- Sensationalization
- Detailed descriptions
- Romanticization

Use:

- Accurate information
- Supportive messaging
- Resource information

Support Services

Provide:

- Counseling
- Group support sessions
- Faculty guidance
- Grief support

21. Staff Capacity Building

Annual training shall cover:

- Mental health literacy
- Suicide warning signs
- Psychological first aid
- Referral procedures
- Crisis communication

22. Monitoring and Evaluation

Key indicators:

- Number of awareness programs
- Referrals made
- Counseling utilization rates
- Training coverage
- Student satisfaction
- Crisis response outcomes

Annual review shall be conducted by the Suicide Prevention and Mental Health Committee.

23. Roles and Responsibilities

Principal

- Policy oversight
- Resource allocation
- Institutional leadership

Counsellor

- Assessment
- Intervention
- Referral
- Follow-up

Faculty

- Early identification
- Referral
- Mentoring

Wardens

- Hostel monitoring
- Emergency response

Students

- Peer support
- Reporting concerns
- Participation in awareness activities

24. Emergency Contact Directory

The institution shall maintain updated contacts for:

- Counselor
- Medical Officer
- Local Hospital
- Ambulance Services

- Police
- District Mental Health Services
- Designated College Authorities

25. Review and Revision

This SOP shall be reviewed:

- Annually, or
- Following any critical incident,
- Or when new evidence-based guidelines become available.