

Comments on UMMEED Guidelines

Submitted by Centre for Mental Health Law & Policy, ILS, Pune, India

Executive Summary

This document contains feedback and comments on the draft 'UMMEED' guidelines aimed at preventing suicides in schools (hereafter referred to as the 'draft guidelines') drafted by the Department of School Education and Literacy under the Ministry of Education¹. The comments contained in this document have been submitted by the Centre for Mental Health Law & Policy (hereafter referred to as 'the Centre'), Indian Law Society, Pune, India².

The mission of the Centre is to strengthen and transform the mental health of communities to be holistic and responsive in addressing individual and collective well-being. The Centre adopts a rights-based approach to mental health and works with governments to promote evidence-based policy reform for mental health and suicide prevention. The Centre does significant work in the areas of young people's mental health and suicide prevention. Outlive is a project addressing urban youth suicide by engaging young people to develop suicide prevention interventions³. ENGAGE is a gatekeeper training programme for schoolteachers in Chhattisgarh to identify, assess, support, and refer at-risk adolescents for suicide prevention support⁴. The SPIRIT study evaluates an integrated suicide prevention programme spanning across public health, suicide, and agriculture in rural areas. An important component of SPIRIT is the Youth Aware of Mental Health programme which trains adolescents to increase awareness of mental health, develop coping strategies, and encourage support-seeking behaviour⁵. Atmiyata, a project listed by the World Health Organisation as one of twenty-five good practices for community outreach mental health services in the world, addresses young people's mental health in the community as one of its objectives⁶. The Being initiative is a landscape study that assesses the wellbeing drivers and mental health needs of young people in India.

The following comments on the draft UMMEED guidelines are drawn from the expertise of the Centre.

General comments

In the following section, we provide broad suggestions on the draft policy.

¹ [Draft UMMEED Guidelines.pdf \(education.gov.in\)](#)

² The Centre for Mental Health Law & Policy works towards strengthening and transforming the mental health care and services to be holistic and responsive in addressing individual and collective well-being. Using a rights-based approach and guided by the principles of the UN Convention of the Rights of Persons with Disabilities, the Centre works in collaboration with multiple stakeholders, including policymakers, mental health professionals, researchers, civil society organisations, persons with lived experience and the media. More details: <https://cmhlp.org/about-us/>

³ [Home | Outlive](#)

⁴ [ENGAGE - Centre for Mental Health Law & Policy \(cmhlp.org\)](#)

⁵ [Suicide Prevention & Implementation Research Initiative \(SPIRIT\) \(cmhlp.org\)](#)

⁶ [Atmiyata | Centre for Mental Health Law & Policy \(cmhlp.org\)](#)

1. There is little to no mention of systemic issues and socioeconomic factors that may lead to suicides. While a significant fraction of people who die by suicide have some form of mental illness, this is not always true, or there may be other contributing factors that may exacerbate the effects of mental health conditions⁷. As per the National Crime Records Bureau statistics on suicide in 2021, only 8.4% of suicides were attributed to mental illness⁸. Systemic and socioeconomic factors need to be duly acknowledged to develop more effective interventions to prevent suicide.
2. The draft guidelines could benefit from the addition of a section on Confidentiality/Privacy. Section 23 of the Mental Healthcare Act, 2017 affirms the right to confidentiality of those with mental health conditions, emphasizing that healthcare providers or mental health professionals have a duty to keep the information received while providing care to an individual with mental health conditions confidential unless it is absolutely necessary to share that information⁹. Considering the sensitive nature of the topic of suicide, the School Wellness Team (SWT) and any stakeholder the student confides in must ensure confidentiality and protect the student's privacy. This section could include information on data privacy, maintaining the anonymity of the student, guidelines for teachers, and other relevant stakeholders. In some cases, it may be necessary for the student to take a prolonged break from school; thus, it could be helpful to have a plan in place as to how to explain their absence to their peers without breaching confidentiality.
3. It is essential that after the suicide of a student, steps are taken to provide emotional support and resources to other students, school staff, and parents to reduce their distress and the risk of other students attempting suicide. Thus, a section on 'postvention' or an intervention conducted in the aftermath of the suicide for the benefit of bereaved persons could be beneficial. Some points that could be helpful while developing this section are: verifying details of the suicide and avoiding rumours; reaching out and supporting the family; informing the staff in a sensitive manner; supporting teachers and school staff; having guidelines on how to inform students; supporting the students, working with the media to ensure appropriate reporting; remembering the student; and communicating with and supporting the broader community.

Specific Comments

In the following section, we provide specific and detailed comments on relevant sections in the draft policy.

1. Introduction

The introduction of the draft guidelines is crucial to laying the foundation for the rest of the sections. Thus, it should comprehensively address the objective of the draft guidelines, what

⁷ [Suicide prevention in low- and middle-income countries: part perceptions, partial solutions | The British Journal of Psychiatry | Cambridge Core](#)

⁸ [1670844892_Table 2.4 all india.pdf \(ncrb.gov.in\)](#)

⁹ [Final Draft Rules MHC Act, 2017 \(1\).pdf \(mohfw.gov.in\)](#)

purpose they serve, and the stakeholders they are directed at. Some inclusions and changes that can be considered are:

The second line of the introduction section states that “The National Education Policy (NEP), 2020 has envisioned the aim of education to be holistic, including both cognitive and affective aspects.” While it emphasizes the need for a holistic approach to education, it would be helpful to include psychosocial and ecological aspects along with cognitive and affective aspects.

The second paragraph emphasizes the importance of skills such as “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.” to bolster the individual’s mental health and well-being. However, it fails to acknowledge the role of socio-economic and systemic factors that influence a person’s mental health and well-being.

Similarly, the second paragraph goes on to state that “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.” This statement seems to imply that the onus is on the student to manage their issues, ignoring the influence of external factors that have a significant impact on a person’s mental health and well-being. In addition to internal factors, it would be helpful to acknowledge and include social, economic, ecological, and systemic factors. Some factors include poverty or financial insecurity, poor living conditions, violence, lack of access to required healthcare, trauma, and discrimination¹⁰.

The draft guidelines seem to imply that suicide is an extension of self-harm. For instance, the third paragraph of the introduction states that “‘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”. While iterating their vision of preventing suicides in schools, it is mentioned that the guidelines aim to provide directions to schools for providing support in the case of ‘reported self-harm’. While self-harm can be a precipitating factor for suicides, the term is generally understood to refer to self-injurious behaviour that is done without the intention of dying¹¹. Thus, the distinction between suicide and self-harm needs to be clearly addressed. Moreover, the phrase “reported self-harm” can be changed to “the intention to attempt suicide”, since the former limits the scope of the guidelines to instances where an individual reports the intention to self-harm, instead of also including situations where peers, school teachers, or other stakeholders report instances of someone experiencing suicidal ideation or suicidal intent.

The last line of the section states that “the guidelines also emphasize 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.” This statement should also include students as partners, as they are significant stakeholders in suicide prevention in schools.

¹⁰ [Preventing suicide: A global imperative \(who.int\)](#)

¹¹ [Self-harm and Suicide - Centre for Suicide PreventionCentre for Suicide Prevention \(suicideinfo.ca\)](#)

The introduction of the draft guidelines must clearly state all the stakeholders that play a role in suicide prevention.

2. Why Suicide Happens?

This section addresses the possible reasons that may lead a student to consider attempting suicide.

While it effectively highlights some of the stressors experienced by students during various life transitions, addressing challenges like academic pressure, peer dynamics, and the impact of insensitive remarks, showcasing an understanding of the complexities faced by students, it misses other crucial factors such as poverty, migration, unemployment, limited access to opportunities, and discrimination.

The sentence “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.” can be replaced with “It is important to discard stigmatising or damaging notions that can affect a student’s mental health. Often, students deal with comparisons with peers, perceiving failure as being permanent, or the sole measurement of success based on their academic performance. When going through these difficult situations, students can experience negative thoughts and emotions. It is important for us to understand their mental health and provide those who are dealing with negative emotions and thoughts with emotional support”.

This section could also benefit from mentioning that students may find it difficult to cope with certain situations or may not receive support from their family, friends, or within their school. Several students also live in areas where they cannot access mental health services or reach out for professional support. In such situations, they might feel distressed and try to hurt themselves or end their lives. Thus, it is crucial to ensure access to good quality support services and safe spaces for students in distress.

3. Factors influencing suicides

This section covers a range of factors across the individual, school, family, and community that influence suicide. Important factors that should be included in this section are:

- Individual risk factors:
 - o Financial burden/debt, or poverty
 - o Learning disabilities (dyslexia, attention-deficit hyperactive disorder etc.)
 - o Feelings of hopelessness or worthlessness, inability to regulate intense emotions
- Individual protective factors:
 - o Cultural and religious beliefs: faith could be a strong protective factor against distress
- School protective factors:
 - o Developing and implementing anti-harassment/anti-bullying policies

- Emotional support from teachers
- Extra academic support for students who want it
- Developing a peer support system with appropriate training
- Family risk factors:
 - Domestic violence
- Community risk factors:
 - Belonging to a marginalised/vulnerable community with limited access to resources
- Community protective factors:
 - Community support groups for students facing distress
- Self-help and youth groups
 - Mass media and social media can serve as both risk and protective factors and should be leveraged in a protective manner.

Changes in terminology:

- Change “History of depression or other mental illnesses” to “History of mental illnesses (depression, anxiety, etc.)”.
- Change "Poor self-esteem" to "Poor sense of self" and elaborate it to include poor self-esteem, lack of self-identity, and modify “positive self-esteem" to “positive sense of self”.
- Change “Community violence” to “Living in unsafe neighbourhoods and facing violence or the threat of violence”.
- The sentence “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” should be removed.

4. Warning Signs of Students at Risk

This section details the warning signs that may indicate that a student is at risk of attempting suicide. The following point can be improved upon: The distinction between “Actions” and “Behaviours” is unclear since both the terms are generally used interchangeably. The points under both the sections can be consolidated into a single section.

5. Myths and Facts about suicide

This section highlights common myths about suicide and provides facts to counter them. An important myth-fact combination has been missed out:

Myth - Only people with mental health conditions are suicidal.

Fact – Suicide can be a result of severe stress or emotional distress which can be caused because of various factors such as poverty, abuse, trauma, debt, relationship problems, unemployment etc.

6. SUICIDE PREVENTION: PLAN OF ACTION FOR SCHOOLS

a) Setting up of School Wellness Team (SWT)

A School Wellness Team is an important aspect of suicide prevention in schools. However, the following points must be taken into consideration when operationalising the team.

While it is useful to have a dedicated well-trained SWT, students might not feel comfortable reaching out to any of the SWT members for support. To facilitate easy access to support, all staff members in the school should receive gatekeeper training to enable them to provide immediate support to students who require it.

It is also essential that students be given the choice of whether they want the SWT involved or not. In cases where the student indicates that they would not like the SWT to be informed, this decision should be respected. Further, they can be offered alternatives, including being connected to external counsellors. In this context, it is important for the SWT to have a directory of external resources available and how to access them.

This section states that “SWT alone will not suffice in a school’s efforts towards prevention of suicide and would require the support of all stakeholders”. It fails to mention who the stakeholders are and what their individual responsibilities would be. This could lead to gaps in implementation and a lack of coherence across suicide prevention efforts. The stakeholders (e.g. teachers, counsellors, peer supporters) and their responsibilities should be clearly defined to give detailed guidance as to what their role will be. This will also clarify what training is required for each category of stakeholders.

b) Promoting a Positive School Environment

This section emphasizes the role of a positive school environment as a protective factor in supporting a student’s well-being and reducing the risk of suicide.

The subheading for “Encouraging Peer Support” can be modified to “Encouraging peer support and peer-led groups.” Furthermore, it should be mentioned that students should be provided some training to provide peer support, and mechanisms should be established for peer support to escalate things in emergencies.

The point on “Compiling Resources to Seek Support” mentions that phone numbers and email IDs of counsellors and SWT members should be available for students to seek help. If providing phone numbers of SWT members, it should be ensured that measures to protect the boundaries of the members are in place (for example, calling the SWT member at certain hours of the day unless in case of an emergency or having a separate phone/phone number to talk to students). Furthermore, schools should provide the details of organisations that work with young people on different issues such as NGOs that work in the field of youth mental health.

The point on “Creating a Safe Environment in School and Beyond” can include having anti-harassment or anti-bullying policies in place. In the part about creating a safe environment beyond schools, a point on ‘reducing access to harmful substances’ can be mentioned.

The point on “Encouraging School-Community Partnerships” should also mention creating awareness within the larger school community regarding mental health and suicide prevention. It can also include a point on collaborating with self-help and youth groups. Furthermore, specific stakeholders such as Accredited Social Health Activists (ASHAs), sarpanch, NGOs (non-governmental organizations), community leaders can be mentioned.

The point on “Building Awareness about Mental Well-being among all Stakeholders” mentions “understanding protective factors and limiting risk factors for mental health” and “de-stigmatizing mental health concerns.” It is important to consider that while mental health programmes can be helpful in promoting mental health and well-being, mental health and suicide prevention are not the same. The guidelines should mention programmes specifically targeted at suicide prevention.

c) Building Capacity for Suicide Prevention

This section delves into the various stakeholder categories in a school setting and what comprises capacity building for each category.

The section focuses on school counsellors or psychologists as a primary resource for training stakeholders. However, school counsellors might not have sufficient knowledge or experience in suicide prevention and gatekeeper training. It is important to define how to identify people, potentially outside the school setting, who are equipped to provide such training and support. The contents and design of the capacity building/training should be standard and provided to the trainers as guidelines alongside the UMMEED guidelines. This design should take into account that the training content for all stakeholders will not be the same. Conducting training for parents might not be practical, especially for schools in rural areas.

There is no emphasis on providing basic gatekeeper training to the stakeholders. This would be essential in ensuring that students receive support, irrespective of whom they reach out to. Schools should also have a clear protocol for what to do in emergency/crisis situations (including when the student is attempting suicide or has an active plan to attempt suicide). All staff in the school, not just SWT members, should be aware of it.

For the section on referral and support services, the school should have well-defined referral pathways to ensure continued support. The referral process should also require consent from the student themselves, unless in the case of an emergency. Breaking confidentiality can lead to the loss of trust, and the student might find it difficult to seek further support. Information about helplines and support services should be prominently displayed in all education institutions and community spaces accessed by young people.

There should be a mechanism for SWT members and other staff to reach experts for guidance, support, or mentorship should they feel the need for it at any point. To this end, schools should also establish linkages with existing government programmes such as the District Mental Health Programme and Tele MANAS.

d) Immediate Response for Supporting Students at Risk

This section details the immediate response to at-risk students and is divided into two parts: "Immediate Response to Student Displaying any Warning Sign" and "Immediate Response to a Student Attempting Self-harm". The points mentioned below address both parts:

This section assumes a standard response without accounting for individual differences in responses of the person attempting self-harm/suicide. A one-size-fits-all approach might not effectively address the varying emotional responses of students.

This section may oversimplify complex emotional states. Encouraging individuals to "stay calm" and "not show any distress" might overlook the nuanced responses needed in cases of distress or crisis, which might require immediate and appropriate emotional responses. Therefore, it should be emphasised that all the stakeholders need to be trained in providing basic emotional support and responding effectively in such situations. Absence of such training could risk further exacerbating the situation or causing distress to the student. The language used in this section also treats the student as a risk that must be managed and does not sufficiently emphasise an empathetic approach when speaking to them.

While advocating for confidentiality is vital, this section does not provide a clear framework on when and how to involve other stakeholders, such as parents or authorities, which could be crucial in cases of serious concern.

Encouraging the sharing of sensitive information about a student's mental health without a clear understanding of the ramifications or without appropriate training might risk breaching the student's trust and privacy, and lead to stigma and discrimination. In keeping with section 23 of the Mental Healthcare Act, 2017, confidentiality with respect to mental health information must be given paramount importance.

The section lacks a clear protocol for continuous monitoring and support for the student after the initial interaction. Monitoring and support would include developing a plan of action for continued mental health support and care that addresses the specific concerns faced by the student, following up with the student at regular intervals, and developing a safety plan for crisis situations.

The section does not delineate specific roles and responsibilities between non-professionals and SWT members or define the boundaries in managing self-harm incidents. This lack of clarity might lead to confusion and potentially inappropriate actions by non-professionals.

Under the table on "Immediate Response to Student Displaying any Warning Sign", the following statement "In instances where warning signs go unnoticed or unreported, the student may prepare for the ultimate steps of taking their life. In such situations, the following actions may be taken to prevent suicide and save the student" needs to be removed. It employs excessively fatalistic language such as "the student may prepare for the ultimate steps of taking their life" and places an unrealistic burden on the first responders of students displaying warning signs of suicide.

e) Appraisal of Actions taken by School

For the effective implementation of suicide prevention guidelines, regular evaluation of actions taken, and lessons learned is crucial.

The guidelines should include what types of periodic assessments schools should undertake, and how to evaluate them. Appraisals should be conducted by more than just the schools and SWT members. Periodic reviews should be conducted by external persons with expertise in suicide prevention. The guidelines should provide information on how to identify such individuals. Key indicators of the success of SWTs (workshops conducted, students helped, etc.) should be defined and measured, in addition to qualitative input from stakeholders. Feedback should also be taken from the student community to check if they feel supported and to understand how better to support them.