Government of Assam

Barpeta Medical College & Hospital, Barpeta

(Society for Medical Education, Barpeta)

STANDARD OPERATING PROCEDURE

Handling Mental Health Emergencies, Suicide Prevention, Crisis Intervention and Post-Incident Response

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DISTRIBUTION LIST

S.No.	Stakeholder	Designation
1	Principal-cum-Chief Superintendent	Chairperson, CRT
2	Medical Superintendent	Member, CRT
3	Professor & HOD, Psychiatry	Team Leader, CRT
4	Student Welfare Officer	Member, CRT
5	Hostel Wardens	Member, CRT
6	Chief Security Officer	Member, CRT
7	Department of Psychiatry	Implementing Agency
8	Academic Section	Record

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1. Purpose

The purpose of this Standard Operating Procedure (SOP) is to establish a uniform institutional protocol for the prevention, early identification, assessment, management, and follow-up of students experiencing mental health emergencies at Barpeta Medical College & Hospital (BMCH). This SOP aims to:

- Promote a safe, supportive, and stigma-free campus environment.
- Ensure timely intervention for students at risk of suicide, self-harm, or acute psychological crises.
- Provide a structured framework for all stakeholders to respond effectively to mental health emergencies.
- Ensure compliance with the Mental Healthcare Act, 2017 and relevant guidelines issued by the National Medical Commission (NMC).
- Establish clear lines of communication, documentation, and quality improvement mechanisms.

2. Scope

This SOP shall apply to the following categories of individuals within the Barpeta Medical College & Hospital campus and affiliated hostels:

- MBBS Students (all phases)
- Compulsory Rotatory Residential Interns (CRRIs)/Interns
- Postgraduate Students (MD/MS/Diploma)
- Paramedical and Allied Health Sciences Students
- Hostel Residents and Day Scholars
- Faculty Members
- Hostel Wardens and Support Staff
- Administrative and Security Personnel

This SOP covers all mental health emergencies including suicidal ideation, suicide attempts, self-harm, acute psychotic episodes, severe depression, anxiety disorders, substance-induced crises, and trauma-related psychological distress.

3. Definitions and Abbreviations

Term	Definition
C-SSRS	Columbia-Suicide Severity Rating Scale - A standardized tool for assessing suicide risk.
CRT	Crisis Response Team - The institutional team responsible for managing mental health emergencies.
DMHP	District Mental Health Programme - Government programme for community mental health services.
Psychological First Aid	A humane, supportive response to a fellow human being who is suffering and may need support.
Safety Plan	A written, prioritized list of coping strategies and sources of support for use during a crisis.
High Risk	A student with active suicidal intent, plan, or recent attempt requiring immediate intervention.
SWO	Student Welfare Officer - The institutional officer responsible for student welfare matters.

4. Legal and Regulatory Framework

This SOP is framed in accordance with the following legal and regulatory provisions:

- The Mental Healthcare Act, 2017 (Act 10 of 2017) - Sections 19, 20, 23, and 115 regarding rights of persons with mental illness, advance directives, and limitations on liability.
- The National Medical Commission (Conduct of All Under Graduate and Post Graduate Medical Education Courses) Regulations, 2023.
- The National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions) Regulations, 2021.
- The Indian Penal Code, 1860 - Section 309 (attempt to commit suicide) read with Section 115 of the Mental Healthcare Act, 2017.

- The Juvenile Justice (Care and Protection of Children) Act, 2015 (where applicable to minor students).
- Guidelines for Student Mental Health in Medical Colleges issued by the Ministry of Health & Family Welfare, Government of India.
- The BMCH Institutional Policy on Student Welfare and Discipline.

5. Mental Health Promotion and Preventive Strategies

Barpeta Medical College is committed to promoting positive mental health through preventive and promotional activities. The institution, through the Department of Psychiatry, regularly organizes mental health awareness programmes in collaboration with the District Mental Health Programme (DMHP), Barpeta.

5.1 Preventive Activities

- Orientation programmes for newly admitted students (within first month of admission).
- Mental health awareness and sensitization sessions (quarterly).
- Suicide prevention awareness programmes (observed on World Suicide Prevention Day, 10 September).
- Stress management and examination anxiety workshops (before university examinations).
- Life skills, resilience, and coping skills training (annual).
- Substance use awareness programmes (biannual).
- Faculty and Hostel Warden sensitization programmes (annual).
- Peer support and student mentoring activities (ongoing).
- Observation of World Mental Health Day (10 October) and other relevant public health events.

5.2 Calendar and Records

An annual calendar of awareness programmes shall be prepared by the Student Mental Health Committee in collaboration with the Department of Psychiatry and DMHP, Barpeta. Records of all activities including attendance sheets, photographs, and feedback forms shall be maintained by the Committee and submitted to the Principal annually.

6. Institutional Crisis Response Team (CRT)

6.1 Composition

The Principal shall constitute a Crisis Response Team comprising the following members:

S.No.	Member	Role
1	Principal	Chairperson, CRT
2	Medical Superintendent	Member
3	Professor & HOD, Psychiatry	Team Leader
4	Clinical Psychologist	Member
5	Psychiatrist (available)	Member
6	Student Welfare Officer	Member
7	Hostel Wardens	Member
8	Casualty Medical Officer	Member
9	Nursing Superintendent	Member
10	Chief Security Officer	Member

6.2 Emergency Contact Display

Emergency contact numbers shall be displayed prominently in all hostels, academic buildings, libraries, and student common areas. Refer to Annexure III for the complete Emergency Contact Directory.

7. Identification of Students at Risk

Faculty members, wardens, classmates, and staff shall remain vigilant for the following warning signs:

- Persistent sadness, hopelessness, or expressed worthlessness.
- Social withdrawal from friends, family, and activities.
- Marked behavioural change including aggression or unusual calmness after depression.

- Declining academic performance or sudden disinterest in studies.
- Increased absenteeism from classes, clinics, or hostel.
- Talking, writing, or posting about death, dying, or suicide.
- Previous suicide attempt or history of self-harm.
- Giving away prized possessions or making final arrangements.
- Substance misuse or sudden change in substance use patterns.
- Severe anxiety, panic attacks, or signs of psychosis.
- Bullying, ragging, harassment, or academic failure.
- Recent personal loss (relationship breakup, death of loved one) or academic crisis.

Any student exhibiting these signs shall be referred immediately to the Department of Psychiatry or Student Counselling Cell. The referrer must not promise unconditional confidentiality if the student is at imminent risk.

8. Suicide Risk Assessment

Every student presenting with suicidal ideation, self-harm, suicide attempt, or severe psychological distress shall undergo a comprehensive psychiatric evaluation.

8.1 Assessment Tool

The Department of Psychiatry shall use the Columbia-Suicide Severity Rating Scale (C-SSRS) as the standard institutional tool for suicide risk assessment. The C-SSRS shall be administered by trained mental health professionals.

8.2 Assessment Domains

- Severity of suicidal ideation (frequency, duration, controllability).
- Presence of suicidal intent (extent to which the respondent expects to die from the act).
- Presence of a suicide plan (specificity, lethality, availability of means).
- Previous suicidal behaviour (attempts, aborted attempts, interrupted attempts).
- Non-suicidal self-injury (distinguishing from suicidal behaviour).
- Protective factors (social support, religious beliefs, responsibility towards children/family).

8.3 Clinical Decision-Making

The C-SSRS findings shall guide clinical decisions regarding:

- Level of observation (general, close, or constant).
- Requirement for emergency intervention.
- Need for psychiatric admission.
- Safety planning (refer to Annexure II).
- Frequency of follow-up.
- Involvement of parents or guardians, where appropriate.

8.4 Documentation

The assessment shall be documented confidentially in the student's medical record and repeated during follow-up whenever clinically indicated. The Mental Health Emergency Incident Report Form (Annexure I) shall be completed for every case

9. Risk Stratification

Risk Level	Characteristics	Management
Low Risk	Passive thoughts of death; No active plan; No intent; Good protective factors	Counselling within 24 hours; Outpatient psychiatric review; Scheduled follow-up; Safety planning
Moderate Risk	Suicidal thoughts with limited planning; Emotional distress; Some risk factors present	Immediate psychiatric consultation; Continuous observation; Individualized Safety Plan; Inform parents/guardians
High Risk	Active suicidal intent; Specific plan; Suicide attempt; Access to lethal means	PSYCHIATRIC EMERGENCY: Do not leave unattended; Remove harmful objects; Immediate shift to Emergency; Inform Principal and parents; Continuous observation

10. Crisis Intervention Protocol

The responding staff member (whoever first encounters the student in crisis) shall follow these steps:

1. Ensure immediate safety of the student and remove access to harmful objects or means.
2. Stay with the student until help arrives. Do not leave the student unattended under any circumstances.
3. Speak calmly and empathetically. Acknowledge their distress without judgment.
4. Avoid confrontation, argument, or minimization of their feelings.
5. Activate the Crisis Response Team by contacting the Psychiatry Department emergency number.
6. Arrange emergency psychiatric evaluation within the shortest possible time.
7. Document all actions taken, time of intervention, and persons involved.

10.1 Do's and Don'ts

Do's:

- Listen actively and show empathy.
- Ask directly about suicidal thoughts (this does not plant the idea).
- Reassure that help is available and that they are not alone.
- Involve mental health professionals at the earliest.

Don'ts:

- Do not promise unconditional confidentiality if there is imminent risk.
- Do not leave the student alone if they are at high risk.
- Do not minimize their problems or offer simplistic solutions.
- Do not agree to keep suicide plans secret.

11. Emergency Admission

Students shall be admitted for psychiatric care whenever clinically indicated, including but not limited to:

- Active suicidal intent with a plan.
- Suicide attempt requiring medical or psychiatric management.
- Severe depression with psychotic features or functional impairment.
- Acute psychosis with risk to self or others.
- Violent or aggressive behaviour secondary to mental illness.
- Inability to care for self due to mental illness.

Admission shall follow applicable legal and ethical standards under the Mental Healthcare Act, 2017. The student (if capable) or the nominated representative shall be informed of the reasons for admission and their rights under the Act.

12. Roles and Responsibilities

12.1 Department of Psychiatry

- Conduct comprehensive psychiatric evaluation.
- Administer the Columbia-Suicide Severity Rating Scale (C-SSRS).
- Provide emergency psychiatric care and crisis intervention.
- Develop individualized treatment plans and safety plans.
- Arrange follow-up care and monitor progress.
- Maintain confidential medical records.
- Submit monthly reports to the Student Mental Health Committee.

12.2 Faculty Members

- Identify students showing signs of psychological distress.
- Encourage help-seeking behaviour and reduce stigma.
- Refer promptly to the Department of Psychiatry or Counselling Cell.
- Maintain confidentiality of student information.
- Cooperate with academic accommodations as recommended by the treating team.

12.3 Hostel Wardens

- Ensure physical safety of students in hostel premises.
- Notify Psychiatry Department immediately in case of crisis.
- Facilitate transportation to hospital if required.
- Inform institutional authorities (Principal, SWO) of incidents.
- Maintain supportive hostel supervision and environment.
- Conduct regular welfare checks on students identified at risk.

12.4 Student Welfare Officer

- Coordinate the institutional response to mental health emergencies.
- Facilitate communication with parents/guardians.
- Assist in academic reintegration and accommodations.
- Liaise between students, faculty, and the Psychiatry Department.
- Maintain records of interventions and outcomes.

12.5 Security Personnel

- Respond to emergency calls from hostels and campus.
- Assist in safe transport of students to the Emergency Department.
- Secure the area if required for safety.
- Maintain confidentiality regarding incidents.

13. Confidentiality

All counselling records, psychiatric assessments, and C-SSRS evaluations shall remain strictly confidential. Information shall only be disclosed under the following circumstances:

- With the student's informed consent.
- Where disclosure is required by law (e.g., court order).
- When disclosure is necessary to prevent serious harm to the student or others (duty to warn/protect).
- For institutional quality improvement purposes (de-identified data only).

All mental health records shall be stored separately from academic records and shall be accessible only to authorised mental health professionals. Electronic records, if maintained, shall be password-protected and encrypted.

14. Communication with Parents/Guardians

Parents or guardians shall be informed promptly in the following circumstances:

- Following a suicide attempt.
- When a student is assessed as being at high suicide risk.
- When psychiatric admission is recommended.
- When a student is diagnosed with severe mental illness requiring ongoing treatment.
- When the student's safety is compromised due to mental health concerns.

Communication shall be conducted by the Student Welfare Officer or the Head of Psychiatry, with sensitivity and empathy. In case of students who are adults, their consent shall be sought for disclosure, except where there is imminent risk to life.

15. Post-Incident Response

Following a suicide attempt or suicide, the Crisis Response Team shall activate the following response protocol:

15.1 Within 24 Hours

- Ensure safety of all affected students and staff.
- Provide psychological first aid to affected individuals.
- Coordinate with the family with compassion and support.
- Notify institutional authorities (Principal, Medical Superintendent).
- Identify students requiring immediate psychological support.
- Secure the scene and preserve evidence if required by law.

15.2 Within 72 Hours

- Arrange grief counselling for affected students and staff.
- Conduct structured debriefing sessions for affected students and staff.
- Monitor identified high-risk students closely.
- Restore academic functioning with appropriate flexibility.
- Issue sensitive communication to the campus community.

15.3 Within One Month

- Continue psychiatric follow-up for affected students.
- Continue counselling support as needed.
- Review the institutional response and identify gaps.
- Recommend improvements to preventive measures.
- Submit a comprehensive incident report to the Principal.

The College shall avoid any practices that may inadvertently sensationalize or glorify suicide while ensuring compassionate support to affected individuals. Media communication, if any, shall be handled by the Principal or their designated nominee only.

16. Documentation

Every mental health emergency shall be documented using the Mental Health Emergency Incident Report Form (Annexure I).

16.1 Documentation Requirements

- Date and time of the incident and report.
- Nature of the incident (ideation, attempt, self-harm, crisis).
- C-SSRS assessment findings and risk level.
- Clinical interventions provided.
- Names of all persons involved (responders, witnesses, assessors).
- Persons informed (parents, authorities, CRT members).
- Follow-up plan and responsible persons.
- Outcome and disposition.

16.2 Record Maintenance

Records shall be maintained securely by the Department of Psychiatry in a locked cabinet separate from general medical records. Electronic records shall be stored on password-protected systems with access limited to authorised mental health professionals. Records shall be retained for a minimum of seven years or as per institutional policy, whichever is longer.

17. Training and Capacity Building

Annual training programmes shall be organized for all relevant stakeholders:

S.No.	Target Group	Frequency	Topics Covered
1	Faculty Members	Annual	Recognition of distress, referral pathways
2	Resident Doctors	Annual	C-SSRS administration, crisis management
3	Nursing Officers	Annual	Psychological First Aid, observation protocols
4	Hostel Wardens	Biannual	Warning signs, emergency response, communication
5	Security Personnel	Annual	Crisis response, safe transport, confidentiality
6	Student Mentors	Annual	Peer support, active listening, referral

Training shall be conducted by the Department of Psychiatry in collaboration with DMHP, Barpeta and external experts as needed. Training records including attendance, content, and evaluation shall be maintained by the Student Mental Health Committee.

18. Monitoring and Quality Improvement

The Student Mental Health Committee shall review annually the following quality indicators:

- Number of counselling sessions conducted.
- Number of psychiatric referrals made.
- Number of suicide risk assessments performed using C-SSRS.
- Number of mental health emergencies responded to.
- Number of suicide attempts and outcomes.
- Number of awareness programmes conducted in collaboration with DMHP, Barpeta.
- Number of faculty and student training programmes conducted.
- Response time from first contact to psychiatric assessment.
- Follow-up compliance rate at 1 week, 1 month, and 3 months.
- Student satisfaction scores for mental health services.

Recommendations for continuous quality improvement shall be submitted to the Principal annually. The SOP shall be reviewed and updated at least once every two years or earlier if significant changes in legislation, institutional structure, or best practices occur.

Annexure I: Mental Health Emergency Incident Report Form

1. Date and Time of Incident _____

2. Date and Time of Report _____

3. Name of Student _____

4. Age / Gender / Course _____

5. Hostel / Day Scholar _____

6. Nature of Incident [ ] Ideation [ ] Attempt [ ] Self-harm [ ] Crisis [ ] Other: _____

7. Description of Incident _____

8. C-SSRS Risk Level [ ] Low [ ] Moderate [ ] High

9. Actions Taken _____

10. Persons Informed _____

11. Clinical Interventions _____

12. Follow-up Plan _____

13. Responsible Person _____

14. Outcome [ ] Discharged [ ] Admitted [ ] Referred [ ] Under observation

15. Name and Signature of Reporting Person _____

16. Date _____

Annexure II: Safety Plan Template

Step 1 Warning Signs: What are the thoughts, feelings, or behaviours that let me know I'm in crisis? _____

Step 2 Internal Coping Strategies: What can I do to take my mind off my problems without contacting another person? _____

Step 3 Social Contacts for Distraction: Who can I talk to for distraction or support? Name: _____ Contact: _____

Step 4 Family or Friends I Can Ask for Help: Who can I ask for help during a crisis? Name: _____ Contact: _____

Step 5 Professional and Agency Contacts: Who are my professional supports? Psychiatrist: _____ Contact: _____ Counsellor: _____ Contact: _____ Emergency: 108 / Department of Psychiatry

Step 6 Making the Environment Safe: How can I make my environment safer? _____

Annexure III: Emergency Contact Directory

S.No.	Service	Contact Number	Timing
1	Department of Psychiatry (Emergency)	9864060181]	OPD hours
2	Casualty / Emergency Department	9864771192	24 x 7
3	Hostel Warden (Boys)	7002066675	24 x 7
4	Hostel Warden (Girls)	7636006165	24 x 7
5	Head Security Officer	8099817592	24 x 7
6	Principal's Office	8822868239	Office Hours
7	National Suicide Prevention Helpline	988 / 9152987821	24 x 7
8	Tele-MANAS (National)	14416 / 1-800-891-4416	24 x 7
9	DMHP, Barpeta	9678357065	Office Hours
10	Police Control Room	100	24 x 7

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