

TURKS & CAICOS ISLANDS NATIONAL SUICIDE PREVENTION PLAN

2019-2028

**Department of Mental Health and Substance Dependence
Ministry of Health, Agriculture, Sports and Human Services**



Public Health
England

NATIONAL SUICIDE PREVENTION PLAN

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Department of Mental Health and Substance Dependence (DMHSD)

Vision

DMHSD envisions Mental Health as one of the main cornerstones of health in the Turks and Caicos Islands. All residents will live in caring communities, where there is compassion for and a determination to respond effectively and respectfully to their mental health needs. Everyone will have access to effective prevention, early intervention, and mental health treatment and supports as needed to achieve his / her full potential through meaningful social inclusion that is free from discrimination.

Mission

As the central authority on Mental Health in the Turks and Caicos Islands, it is DMHSD's mission to provide access to comprehensive and quality services, and advocate for the mental health needs of individuals of all ages, enabling them to live, work and participate in their communities. DMHSD establishes standards to ensure effective care to promote recovery. It formulates policies, promotes self-growth / determination, protects human rights, and supports mental health training and research. This critical mission is accomplished by working in partnership with other government agencies, civic groups, our clients/patients and their families, private service providers, and the wider community as a whole.

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Ministerial Forward

As Minister of Health, Agriculture, Sports and Human Services, I am pleased to present this National Suicide Prevention Plan. This plan outlines the specific goals and objectives that will be targeted in order to discourage the thoughts of suicide, hence reducing the number deaths caused by suicide within the Turks and Caicos Islands.

The plan reveals a slowly growing problem with death by suicide and suicide attempts. Many of the risks factors are well known and efforts are already underway to address this problem. Actions already taken include the training of general practitioners in the public and private sector to identify and treat Depression and other common mental illnesses. In addition, a protocol for the management of suicide was developed in 2018 and screening tools are being developed for use at the primary health care level.

This document represents a comprehensive set of actions that will guide our country towards reaching its goal of significantly reducing suicide and suicide attempts. This will take a concerted effort by both government and nongovernmental organizations but I am extremely hopeful that we will be able to help all those persons who are at risk.

Hon. Edwin Astwood
Minister of Health, Agriculture, Sports & Human Services

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Introduction

In 2018 the Suicide Prevention Working Group was formed and tasked with developing a National Suicide Prevention Plan for the Turks and Caicos Islands. Over the past 10 years the country has recorded eight deaths by suicide (Fig 1.) and 93 suicide attempts (Fig 2 &3). The known risk factors based on the Suicide Audit (2018) are being male, age 35-60, unemployed, living alone, depressed and experiencing financial struggles. The most common method of suicide is hanging. This is therefore the population that prevention efforts will particularly target.

While the number of suicides may appear small when compared to larger countries, it is believed that one death by suicide is one too many and in such a close knit society the effects of suicide takes a tremendous toll emotionally, psychologically and financially on individuals, families and the wider community.

The Plan aims to reduce the occurrence of suicide in the Islands by 50% by 2028. Specific goals that will be targeted in order to accomplish this include:

1. To reduce risk in high risk groups
2. To promote mental wellbeing and suicide awareness in the general public
3. To reduce the availability and lethality of suicide methods
4. To promote research on suicide and suicide prevention

This Plan is a living document which will be revised periodically as tasks are accomplished and new tasks identified or new evidence surfaces. One of the critical areas to address in reducing suicides will be to reduce stigma so that families and community members will be more open to communicating and seeking help.

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Figure 1: Deaths by Suicide

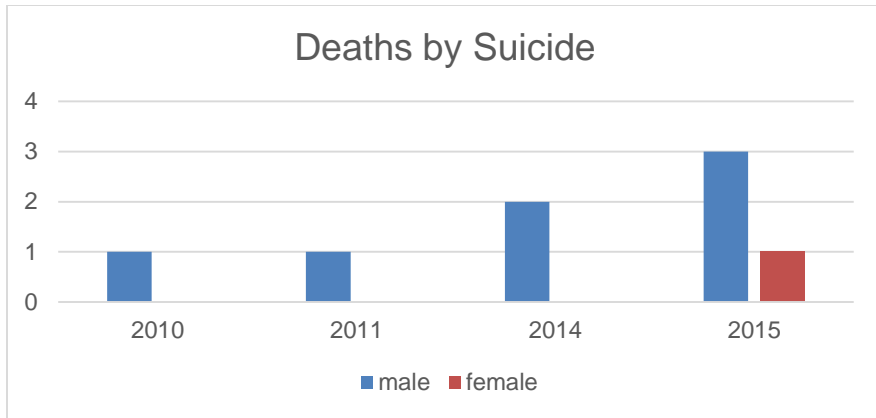


Figure 2: Suicide attempts by Gender

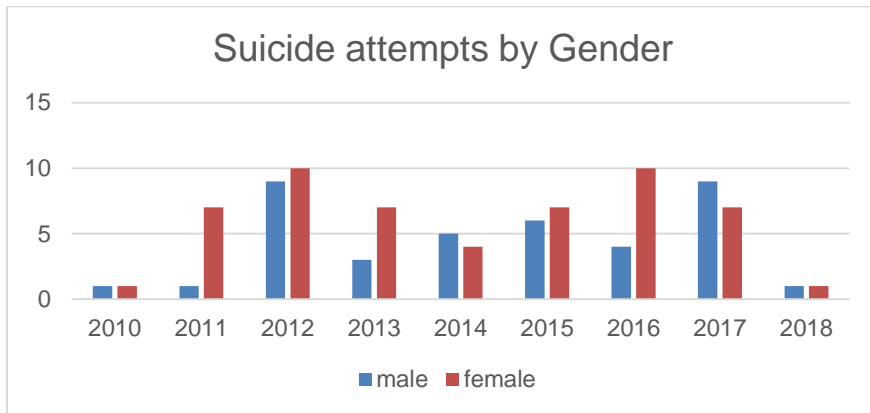
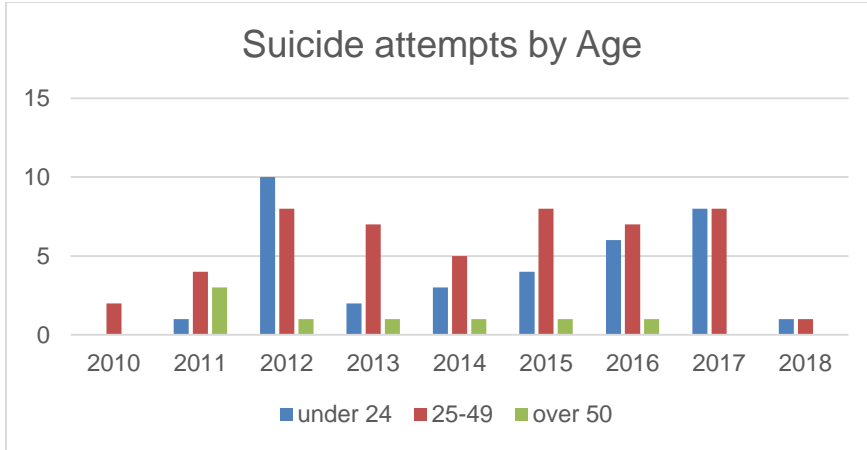


Figure 3: Suicide attempts by Age

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Goals and Objectives for Action

GOAL 1: To reduce risk in high risk groups

Objectives

- 1.1. Reduce the number of suicides among middle age men
- 1.2. Reduce the number of suicides among postpartum women
- 1.3. Reduce the number of suicides among alcohol/ substance users

Tasks		Responsible	Timeline
1	Incorporate suicide prevention and mental health awareness and education as part of “You the Man” Campaign to encourage help seeking behavior	Health Promotion and Advocacy Unit (HPAU)	12 to 36 months
2	Train Key Business owners in recognizing suicide risk and associated mental disorders e.g. barber shop owners and construction companies	Department of Mental Health and Substance Dependence (DMHSD)	12 to 36 months
3	Screen postpartum women for Depression and make referrals where necessary	PHC, IHC	Within 36 months

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4	Screen for alcohol and substance use/abuse at Primary Health Care level	PHC, IHC	Within 36 months
5	Review legislation to reduce the availability of alcohol	DMHSD, MOH, AGC	24 to 36 months
6	Strengthen and expand support groups for persons with alcohol and substance use disorders	DMHSD	Within 24 months
7	Collaborate with existing hotline resources and ensure residents of TCI access to a 24-hour hotline for suicide prevention	MOHAHS, DMHSD	Within 36 months

GOAL 2: To promote mental wellbeing and suicide awareness in the general public

Objectives

- 2.1. Promote mental health among the elderly
- 2.2. Promote mental health among those bereaved by suicide
- 2.3. Promote mental health among people with untreated depression
- 2.4. Promote mental health among people who are vulnerable due to social and economic circumstances
- 2.5 Promote mental health among children and young people
- 2.6 Incorporate suicide prevention public awareness into National Mental Health awareness campaign

Tasks	Responsibility	Timeline
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1	Work with television, radio stations and newspapers to develop messages to teach persons how to recognize and seek help for suicide risk and associated mental disorders	HPAU, DMHSD	12 to 36 months
2	Recognize World Suicide Prevention Day on an annual basis to raise suicide awareness	DMHSD	12 months or less
3	Foster the development of support groups for bereaved families	DMHSD	24 months or less
4	Include information on suicide prevention on DMHSD website	DMHSD	12 months or less
5	Collaborate with Senior Citizen's Association to provide education on suicide prevention	DMHSD	12 to 24 months
6	Collaborate with educational partners and Child Welfare to encourage and support suicide prevention efforts	DMHSD, Department of Social Development, Department of Education	Within 36 months
7	Provide ongoing training for frontline personnel e.g. Doctors, Teachers, Social Workers, Pastors	DMHSD	12 to 24 months

GOAL 3: To reduce the availability and lethality of suicide methods

Objectives

3.1. Reduce the number of suicides as a result of hanging and strangulation

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	Tasks	Responsibility	Timeline
GOAL 4: To promote research on suicide and suicide prevention			
Objectives			
4.1. Monitor Suicide trends			
	Tasks	Responsibility	Timeline
1	Require coroners to record additional information as it pertains to risks factors	Morgue	12 to 24 months
2	Require Hospital to submit aggregated data on suicidal attempts once per quarter	IHC	12 months or less