

Development and Validation of a Script for Simulation-based Teaching of Suicide Risk Assessment Competency to Medical Undergraduates in India: A Cross-sectional Study

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ABSTRACT

Introduction: Suicide, being a major public health problem, requires appropriate and adequate integration into the undergraduate medical curriculum. A contextually relevant script can facilitate simulation-based teaching and enhance students' competency in suicide risk assessment.

Aim: To validate a script for simulation-based training in suicide risk assessment.

Materials and Methods: This descriptive cross-sectional study was conducted in the Department of Psychiatry of a tertiary care teaching hospital from February 2024 to May 2024, with approval from the Institutional Ethics Committee (IEC). The study employed a Competency-Based Medical Education (CBME) approach. A script was developed with input from mental health experts and validated by a 44-member expert panel. The script was evaluated on 13 components of suicide risk assessment

using Lawshe's Content Validity Ratio (CVR) and descriptive statistics, analysed with R statistical software version 4.3.3.

Results: Forty-four experts (response rate: 88%) provided their opinions on the script for use in training standardised patients and developing simulation-based video modules. The evaluation revealed substantial consensus among experts on most components. Ten out of the 13 items achieved a CVR of 1, indicating strong content validity and consensus regarding the script's necessity and relevance.

Conclusion: The CVR assessment confirmed the script's necessity and relevance. However, the subjective nature of expert opinions was a limitation of the study. Future directions include refining the script based on feedback, testing its effectiveness in educational settings and exploring its utility across diverse contexts.

Keywords: Mental health, Suicide prevention, Simulation training, Medical education, Curriculum

INTRODUCTION

Suicide is a major public health concern globally, with more than 800,000 deaths attributed to it each year. This accounts for an estimated 1.5% of total worldwide all-cause mortality [1]. In India, suicide is one of the leading causes of mortality and can be prevented through timely, evidence-based, low-cost interventions [2]. Training primary care doctors in screening for suicidal thoughts and detecting depression or other psychiatric disorders among their patients has been linked to reducing the mental health intervention gap [3,4].

Traditionally, psychiatry teaching has relied on a blend of didactic classroom instruction and direct patient interaction. However, in the 21st century, there has been increasing emphasis on enriching learning experiences while minimising the risks involved in interacting with patients with psychiatric illnesses and creating a standardised learning environment [5]. Traditional teaching strategies also pose challenges, including invasion of patient privacy, confidentiality concerns and stigma-related issues that may compromise both patient dignity and the effectiveness of training. Moreover, limited case diversity can restrict students' exposure to the full spectrum of clinical presentations, while time constraints in academic settings often limit detailed exploration of complex cases. Other practical barriers include difficulties in obtaining informed patient consent for educational purposes and managing patient resistance or discomfort with being observed by learners. These challenges underscore the need for alternative educational approaches [6].

Amidst this evolving educational landscape, the global recognition of CBME prompted the National Medical Commission (NMC) to introduce CBME in India in 2019 [7]. However, successful implementation of CBME requires curriculum modifications along with the development of innovative teaching strategies and appropriate evaluation methods [8].

Simulation-based teaching in psychiatry may serve as an effective solution by standardising learning experiences while maintaining educational rigor, even within the constraints of busy clinical schedules [9,10]. It also offers opportunities for repetitive practice and provides a risk-free learning environment [11]. Simulation has proven to be particularly valuable in psychiatry training, especially for teaching discrete interview skills and assessing competencies related to managing unstable patients at risk of suicide [12].

Some studies have begun to address this gap by developing and validating simulation scripts through methodological rigor, including expert review, content validity assessment and reliability analysis [13,14]. For instance, Paterna MIA et al., validated a simulation-based teaching script for suicide prevention among institutionalised elderly, demonstrating high agreement and reliability among experts and highlighting its potential to enhance the decision-making and care-planning skills of healthcare professionals and students [13]. Similarly, Silva DTG et al., validated a simulation script for school professionals, aimed at equipping educators and staff with practical skills for identifying and responding to suicide risk among adolescents [14]. Both studies emphasise the importance of ongoing, accessible training tools that can be integrated into professional education and practice.

Despite the availability of these studies, there remains a need to develop scripts tailored to India's diversity. This study was conducted in that context, with the aim of creating innovative teaching techniques to enhance suicide risk assessment competencies among medical graduates in India. It formed part of a larger project aimed at developing simulation videos to teach basic competencies in psychiatry. The first step involved developing a reliable script specifically designed for undergraduate medical students to assess suicide risk in a primary care setting, as no validated script currently exists for this purpose in Low- and Middle-Income Country (LMIC) contexts. Once validated, the script would be used to create a simulation video featuring trained standardised patients to teach students how to assess suicide risk effectively while adhering to societal standards.

The primary objective of this study was to assess the content validity of the script by gathering expert feedback from professionals in mental health and medical education.

MATERIALS AND METHODS

This cross-sectional study was conducted at Sri Ramachandra Medical College and Research Institute, Chennai, Tamil Nadu, India, from February 2024 to May 2024. Ethical approval was obtained from the Institutional Ethics Committee (IEC) (CSP-MED/24/JAN/97/10).

Inclusion criteria: Experts who had professional experience in psychiatry, medical education, or CBME, and were actively involved in teaching or clinical practice relevant to suicide risk assessment were included in the study.

Exclusion criteria: Professionals without direct experience in these domains or those who declined to participate were excluded from the study.

Script development: The script was developed based on clinical expertise and existing psychiatric literature [15], simulating a primary care clinic encounter between a healthcare professional and a patient experiencing suicidal thoughts and depression. The goal was to design a clinically relevant script for conducting evidence-based suicide risk assessment [16,17].

The script begins with the healthcare provider establishing rapport through warm greetings and open-ended questions to ensure patient comfort. It then progresses into a comprehensive risk assessment, exploring suicidal ideation, intent, past attempts, planning and protective factors. The script emphasises empathy, validation of distress, and a non-judgmental, supportive attitude from the healthcare provider.

On identifying high-risk behaviours, the script conveys a sense of urgency, highlighting the clinician's appropriate response, such as providing an immediate intervention plan. It also ensures a clear referral to mental health services for further evaluation and support, adhering to established guidelines for managing acute suicide risk. This approach reinforces the importance of timely intervention to enhance patient safety.

The full simulation script used for suicide risk assessment is provided in [Annexure 1].

Sample size estimation: Although previous literature on content validity studies recommends panels as small as three to six experts for homogeneous populations, a larger panel was included in this study, considering regional and cultural heterogeneity in mental healthcare practice [18,19]. A 50-member expert panel was approached to evaluate the script in order to ensure statistical validity, professional diversity, and to account for the documented high non response rates commonly observed in expert panel surveys [20,21]. The panel consisted of professionals in mental health and medical education.

Methodology and parameters studied: Experts were recruited through purposive sampling based on their experience in psychiatry, medical education and CBME. Invitations were sent via email, and

each participant received a Google Form containing a structured questionnaire to collect feedback. Experts were asked to evaluate the script on 13 specific components related to suicide risk assessment. These included the use of open-ended questions, non-judgmental statements, cultural sensitivity and the clarity with which the script conveys urgency when specific plans for self-harm are disclosed. These components were aligned with the core elements of suicide risk assessment emphasised in clinical guidelines [17,22].

Each expert rated their level of agreement with the script's components on a five-point Likert scale:

1=Disagree, 2=Partially disagree, 3=Neutral, 4=Partially agree, 5=Agree.

Content validity assessment: Content validity was assessed using Lawshe's CVR to determine the necessity and relevance of the script's components [23,24]. A high CVR value indicated that an item was deemed essential and relevant by the expert panel. The CVR was calculated using the following formula:

$$CVR = (n_e - N/2) / (N/2)$$

Where n_e = number of experts who rated the item as "Agree," and N = total number of experts.

STATISTICAL ANALYSIS

Responses from the Likert scale were summarised using descriptive statistics, including the percentage of experts who agreed or partially agreed with each statement in the questionnaire. The CVR for each item was calculated to assess the relevance of the script's components. Items with higher CVR values were considered necessary and relevant for training objectives. All statistical analyses were performed using R statistical software version 4.3.3 [25].

RESULTS

Forty-four experts (88% response rate) provided their opinions on the script designed for training standardised patients and developing simulation-based video modules. The experts had a mean professional experience of 11.86 ± 4.5 years.

[Table/Fig-1] presents the expert evaluation of the script across parameters including depiction of conversation, confidentiality, sensitivity, use of open-ended questions, non-judgmental statements, acknowledgment of stressors, exploration of risk factors and intent, conveying urgency, involvement of mental health services, prioritisation of wellbeing, alignment with educational objectives, and inclusion of appropriate debriefing elements. The evaluation revealed substantial consensus among experts on most aspects. Ten out of 13 items achieved a CVR of 1, demonstrating strong content validity and agreement regarding the script's necessity and relevance. The portrayal of confidentiality received a CVR of 0.32, indicating lower agreement in this area. Additionally, acknowledgment of stressors within the script attained a CVR of 0.77, reflecting a moderately high level of consensus among experts.

DISCUSSION

This cross-sectional descriptive study was conducted to validate a script for simulation-based teaching of suicide risk assessment among undergraduate medical students in India. The script's alignment with the educational objectives of the national medical curriculum and clinical guidelines for suicide prevention was evident in its comprehensive inclusion of essential components such as confidentiality, sensitivity, exploration of risk factors and effective communication of urgency [17]. As the current medical education system in India embraces CBME, the validated script is well positioned to facilitate the development of suicide risk assessment competencies for real-world clinical practice [7]. These findings are consistent with previous research advocating simulation-based teaching as an effective strategy for developing competencies related to mental health [5,10].

S. No.	Questions	Disagree	Partially disagree	Neutral	Partially agree	Agree	CVR
1	Does the script depict a conversation between a healthcare professional and a patient experiencing suicidal thoughts and depression?	Nil	Nil	Nil	Nil	44 (100%)	1
2	Does the script effectively portray confidentiality?	Nil	Nil	Nil	15 (34.1%)	29 (65.9%)	0.32
3	Does script adequately address the patient with sensitivity and empathy?	Nil	Nil	Nil	Nil	44 (100%)	1
4	Does the script adequately have open-ended questions?	Nil	Nil	Nil	Nil	44 (100%)	1
5	Does the script adequately involve non judgmental statements?	Nil	Nil	Nil	Nil	44 (100%)	1
6	Does the script adequately acknowledge stressor?	Nil	Nil	Nil	5 (11.4%)	39 (88.6%)	0.77
7	Does the script effectively explore the risk factors of suicide?	Nil	Nil	Nil	Nil	44 (100%)	1
8	Does the script thoroughly explore the intent to self-harm?	Nil	Nil	Nil	Nil	44 (100%)	1
9	Does the script efficiently convey the urgency of the situation when the patient reveals specific plans for self-harm?	Nil	Nil	Nil	Nil	44 (100%)	1
10	Does the script effectively communicate the doctor's intention to involve mental health services and collaborate on an emergency intervention plan?	Nil	Nil	Nil	Nil	44 (100%)	1
11	Does the script effectively prioritise the wellbeing of participants, particularly if the simulation is intended for training purposes?	Nil	Nil	Nil	Nil	44 (100%)	1
12	Does the script sufficiently align with the educational objectives for training medical students in the assessment and management of patients with suicidal thoughts?	Nil	Nil	Nil	Nil	44 (100%)	1
13	Does the script adequately include appropriate potential debriefing elements to help participants process the simulation experience?	Nil	Nil	Nil	6 (13.6%)	38 (86.4%)	0.73

[Table/Fig-1]: Expert evaluation of simulation script elements.

The results showed that 10 out of the 13 evaluated components had a perfect CVR of 1. This indicates a high level of agreement among experts that the script effectively depicts a realistic clinical encounter by incorporating essential communication skills such as empathy and the use of open-ended, non judgmental questions, while adequately covering the core clinical tasks of exploring risk factors, intent, and conveying urgency. This strong agreement across most domains of suicide risk assessment aligns with findings from systematic reviews, which have established simulation as an effective modality for suicide risk assessment training [12]. The script's strong alignment further supports its suitability for integration into the CBME framework in India, which prioritises practical skill acquisition [7,26].

The methodological approach used in this study is comparable to a script validation study on the prevention of suicidal behaviour among institutionalised elderly populations [13], underscoring the importance of developing culturally and contextually relevant tools. Although overall validation demonstrated high agreement, the CVR values for three items warrant closer examination. Items such as "acknowledgment of stressors" and "inclusion of appropriate debriefing elements" received high but not perfect scores, suggesting subtle differences in expert opinion regarding their execution. The most significant finding was the comparatively low CVR of 0.32 for "effectively portraying confidentiality." This indicates a lack of consensus among experts on this component and suggests a critical area for revision. However, this finding should be interpreted with caution, as confidentiality is necessarily limited when a patient poses a serious risk of suicide.

The strengths of this study include the use of Lawshe's CVR methodology for validation and the recruitment of a large, experienced expert panel (n=44), which enhances the reliability and validity of the findings. Furthermore, the script was developed in alignment with the CBME framework, ensuring its direct applicability to contemporary medical education in India.

The findings of this study have significant implications for medical education in India, as the validated script could serve as a foundational tool for implementing high-impact suicide prevention training, which is gaining momentum globally [12]. It also serves as a direct response to calls for novel educational approaches to suicide prevention within the country [27]. Studies have already confirmed the effectiveness of simulation-based suicide risk assessment training among Indian undergraduate medical students [28-30], and this validated script provides a standardised resource to support such initiatives.

Furthermore, this work contributes to the broader movement toward innovation and research in psychiatric medical education in India, a field that is actively evolving. By creating a safe, controlled and repeatable learning experience, modules based on this script can address many of the challenges of traditional psychiatric teaching and may be extrapolated to other contexts, including psychotherapy, counseling and policymaking.

Limitation(s)

The subjective nature of expert opinions may introduce interpretation bias, as different experts could evaluate the script's components differently depending on their professional background, clinical experience and cultural perspective. Future research could include a larger and more diverse panel of experts to improve the generalisability of the findings across different settings. However, while this may reduce interpretation bias by incorporating broader perspectives, it cannot eliminate it entirely, as subjectivity is inherent in individual judgments during validation. Refining the script based on ongoing feedback from both experts and students, testing its effectiveness in diverse educational settings, and evaluating the long-term impact of training on students' knowledge retention and practical skills will be critical to determining its real-world applicability. Finally, the script could be tested in different cultural contexts to assess its relevance beyond the specific setting in which it was developed.

CONCLUSION(S)

The validated script for suicide risk assessment holds substantial promise for standardising training in this critical competency. Simulated scenarios allow students to practice and refine their abilities in a safe environment, ensuring they are better prepared to conduct suicide risk assessments in diverse clinical settings. This script not only enhances the preparedness of medical students to manage psychiatric emergencies but also contributes to the broader goal of reducing the mental health treatment gap.

REFERENCES

- [1] Naghavi M, Global Burden of Disease Self-Harm Collaborators. Global, regional, and national burden of suicide mortality 1990 to 2016: Systematic analysis for the Global Burden of Disease Study 2016. *BMJ*. 2019;364:l94.
- [2] Armstrong G, Vijayakumar L. Suicide in India: A complex public health tragedy in need of a plan. *Lancet Public Health*. 2018;3(10):e459-e460.
- [3] Matsubayashi T, Ueda M. The effect of national suicide prevention programs on suicide rates in 21 OECD nations. *Soc Sci Med*. 1982. 2011;73(9):1395-400.

- [4] Andersen UA, Andersen M, Rosholm JU, Gram LF. Contacts to the health care system prior to suicide: A comprehensive analysis using registers for general and psychiatric hospital admissions, contacts to general practitioners and practising specialists and drug prescriptions. *Acta Psychiatr Scand*. 2000;102(2):126-34.
- [5] McGaghie WC. Mastery learning: It is time for medical education to join the 21st century. *Acad Med J Assoc Am Med Coll*. 2015;90(11):1438-41.
- [6] Gupta S, Menon V. Psychiatry training for medical students: A global perspective and implications for India's competency-based medical education curriculum. *Indian J Psychiatry*. 2022;64(3):240-51.
- [7] National Medical Council: Competency based Undergraduate Curriculum for the Indian Medical Graduate-Volume II, 2019:212.
- [8] Frank JR, Snell LS, Cate OT, Holmboe ES, Carraccio C, Swing SR, et al. Competency-based medical education: Theory to practice. *Med Teach*. 2010;32(8):638-45.
- [9] Younes N, Delaunay AL, Roger M, Serra P, Hirot F, Urbain F, et al. Evaluating the effectiveness of a single-day simulation-based program in psychiatry for medical students: A controlled study. *BMC Med Educ*. 2021;21(1):1-11.
- [10] Issenberg SB, Scalese RJ. Simulation in health care education. *Perspect Biol Med*. 2008;51(1):31-46.
- [11] Dave S. Simulation in psychiatric teaching. *Adv Psychiatr Treat*. 2012;18(4):292-98.
- [12] Richard O, Jollant F, Billon G, Attioe C, Vodovar D, Plot MA. Simulation training in suicide risk assessment and intervention: A systematic review and meta-analysis. *Med Educ Online*. 2023;28(1):2199469.
- [13] Paterna MIA, Pereira CCM, Silva AC, Pedrollo LFS, Vedana KGG. Prevention of suicidal behavior in institutionalized elderly population: Development and validation of a simulation script. *Rev Gaucha Enferm*. 2025;46:e20240065.
- [14] Silva DTG, Amaral LCD, Pedrollo LFS, Silva AC, Vedana KGG. Prevention of suicidal behavior in schools: Simulation-Based Teaching (SBT). *Educ E Pesqui*. 2025;51:e276408.
- [15] Sadock, Benjamin J S Virginia A. Kaplan & Sadock's Comprehensive Textbook of Psychiatry, 9th Edition. In.
- [16] Dueweke AR, Bridges AJ. Suicide interventions in primary care: A selective review of the evidence. *Fam Syst Health J Collab Fam Healthc*. 2018;36(3):289-302.
- [17] Kleespies PM, Deleppo JD, Gallagher PL, Niles BL. Managing suicidal emergencies: Recommendations for the practitioner. *Prof Psychol Res Pract*. 1999;30(5):454-63.
- [18] Lynn MR. Determination and quantification of content validity. *Nurs Res*. 1986;35(6):382.
- [19] Polit DF, Beck CT. The content validity index: Are you sure you know what's being reported? Critique and recommendations. *Res Nurs Health*. 2006;29(5):489-97.
- [20] Baghestani AR, Ahmadi F, Tanha A, Meshkat M. Bayesian Critical Values for Lawshe's Content Validity Ratio. *Meas Eval Couns Dev* [Internet]. 2019 Jan 2 [cited 2025 Feb 3]; Available from: <https://www.tandfonline.com/doi/abs/10.1080/07481756.2017.1308227>.
- [21] Pawlowski S, Okoli C. The delphi method as a research tool: An example, design considerations and applications. *Inf Amp Manag* [Internet]. 2004 Jan 1 [cited 2025 Feb 3]; Available from: https://www.academia.edu/399894/The_Delphi_Method_As_a_Research_Tool_An_Example_Design_Considerations_and_Applications.
- [22] Practice Guideline for the assessment and treatment of patients with suicidal behaviors. In: APA Practice Guidelines for the Treatment of Psychiatric Disorders: Comprehensive Guidelines and Guideline Watches [Internet]. 1st ed. Arlington, VA: American Psychiatric Association; 2006 [cited 2025 May 27]. Available from: <http://www.psychiatryonline.com/content.aspx?aID=56008>.
- [23] Lawshe CH. A quantitative approach to content validity. *Pers Psychol*. 1975;28(4):563-75.
- [24] Wilson FR, Pan W, Schumsky DA. Recalculation of the critical values for Lawshe's content validity ratio. *Meas Eval Couns Dev*. 2012;45(3):197-210.
- [25] RStudio Team. RStudio: Integrated Development Environment for R. Version 2023.06.1 Build 524. Posit Software, PBC; 2023.
- [26] World Health Organization. Suicide [Internet]. 2024 [cited 2025 Feb 2]. Available from: <https://www.who.int/news-room/fact-sheets/detail/suicide>.
- [27] Desai ND, Chavda P, Shah SH, Shah N, Shah SN, Sharma E. A novel approach to suicide prevention - Educating when it matters. *Ind Psychiatry J*. 2018;27(1):115-23.
- [28] Kantipudi SJ, J Hussain JB, Ramaswamy P, Jayaram M, Menon J. Effectiveness of simulation-based suicide risk assessment training among undergraduate medical students in India [Internet]. Research Square; 2025 [cited 2025 Aug 30]. Available from: <https://www.researchsquare.com/article/rs-6186713/v1>.
- [29] McNaughton N, Ravitz P, Wadell A, Hodges BD. Psychiatric education and simulation: A review of the literature. *Can J Psychiatry Rev Can Psychiatr*. 2008;53(2):85-93.
- [30] Siemerkus J, Petrescu AS, Köchli L, Stephan KE, Schmidt H. Using standardized patients for undergraduate clinical skills training in an introductory course to psychiatry. *BMC Med Educ*. 2023;23(1):159.

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[ANNEXURE I]

A 28-year-old unmarried female patient, who is a known case of moderate depression and is on treatment for 1 week. She has come for her follow-up.

Doctor: Good morning, good to see you today

Client: Good morning, how are you, doctor?

Doctor: I am fine, thank you. What about you?

Client: I don't know what to say

Doctor: What makes you say so?

Client: It's been a terrible week. I just feel like I can't do this anymore

Doctor: Hmm. I'm here to listen. What happened? Would you like to share about it?

Client: I lost my job last week and things at home are not good

Doctor: I'm sorry. That must be tough to deal with. I remember you enjoyed your position in the company, and things were getting better.

Client: Yeah. The company had laid off a large number of employees, and the most recent recruits were the first to go.

Doctor: Hmm. How are you holding up?

Client: I don't know. I don't feel like doing this anymore (tearful). I have all these negative thoughts.

Doctor: Things are not going the way you expected.

Client: I think it's my fault. I have let down my family and myself. I know I can do better but i just can't.

Doctor: Hmm. Seems like you are feeling very guilty?

Client: Yes. It's just unbearable and overwhelming (tearful)...

Doctor: Quite often people struggling with depression feel guilty about many factors.

Client: Hmm.. It's just hard to hold up

Doctor: Hmm I can imagine, it must be tough. I have few queries to understand your situation better. Are you comfortable to answer a few of them?

Client: Yes

Doctor: Sometimes, during tough times people may feel alone and helpless. Do you feel that way?

Client: Yes

Doctor: Do you ever feel that life is not worth living anymore?

Client: yes. I just don't think there is any point in living this way. I feel like just ending it all.

Doctor: It must be painful to have such a thought running in your head. Have you ever had these thoughts recently?

Client: All the time... (tearful)

Doctor: I'm sorry that you are feeling this way. When you said you feel like ending it all. You were referring to ending your life?

Client: Yes.. (tearful and hesitant)

Doctor: Depression can sometimes make us think in the most unkind manner about ourselves... And when people go through hard times, they may have suicidal thoughts, and sometimes they may also report planning about it. Did any plan pass through your mind as to how to end your life?

Client: I was thinking of hanging myself (cries).

Doctor: Did you prepare in any way for that?

Client: I did. I got myself a good rope 2 days ago.

Doctor: That tells me that you were quite intent on acting on your thoughts.

Client: I was.

Doctor: What happened then?

Client: I just didn't get a good opportunity alone.

Doctor: Anything else made you not act on your thoughts?

Client: I was concerned about my parents, their wellbeing.

Doctor: Yes, it will be an unbearable loss to them from which they may hardly recover.

Client: But what to do, I don't see any hope here.

Doctor: Have you ever had similar thoughts before?

Client: I did, a couple of months back, but this time...(cries)

Doctor: Are you telling me that you still have intense thoughts of suicide?

Client: Yes, I am scared. I came to you because I no longer feel safe being myself.

Doctor: I think we need to really act now and step up your treatment. This is a real emergency that I see here. I might have to work along with the mental health services team and do the needful.