1	оню ѕ	OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES		
2		Resolution No. 14 – 20	24	
4 5	Introduced by:	Medical Student Section		
6 7	Subject:	Ohio Medical School Suicide Education		
8 9 10	Referred to:	Resolutions Committee No. 1		
11				
12 13 14 15 16	ideation compared	, physicians have an increased risk of depression and suicide to the general population, with research supporting that the risk an ental health develops and begins in medical school <sup>1, 2</sup> ; and	d	
17 18 19 20	research done dur risk factors such a	, medical students are at risk of depression and suicidal ideation, ar ing COVID-19 revealed that medical students are exposed to sever s academic stress, loneliness, low physical activity, and low social ourse of their medical training <sup>1,3</sup> ; and		
<ul><li>21</li><li>22</li><li>23</li><li>24</li><li>25</li></ul>	among medical stu	, in 2016, the prevalence of depression or depressive symptoms udents was 27.2% and that of suicidal ideation was 11.1%, which ar the general public and other graduate students in the same age	e	
<ul><li>26</li><li>27</li><li>28</li><li>29</li></ul>		, depression among medical students is undertreated due to barriers to care, with only 12.9% of medical students seeking care <sup>5</sup>	,6,	
30 31 32 33	will make them les	, medical students report fear that revealing their mental health states competitive for residency or will make them be viewed as less esponsible by their peers and professors <sup>11</sup> ; and	us	
34 35 36	WHEREAS age-group to comp	, medical students are three times more likely than peers in the sam plete suicide <sup>7</sup> ; and	ne	
37 38 39 40		, the stigma around mental health and healthcare limits the student te loneliness and isolation, both of which can lead to increased and		
41 42 43 44 45	medical students i	, the AMA supports the education of faculty members, residents, an n recognizing signs and symptoms of burnout and depression to ence of suicide amongst medical students, physicians, and	ıd	

**WHEREAS**, post-primary school-based prevention reduces suicidal ideation and suicidal attempts by 13-15% and 28-34%, respectively<sup>9</sup>; and

**WHEREAS**, medical schools implementing suicide prevention education into their curriculum and policy will help contribute to destigmatizing mental health and suicide<sup>15</sup>; and

**WHEREAS**, Gatekeeper training programs, which are programs that provide education and strategies for individuals to assess and recognize risk for suicide, have been shown to reduce stigma around suicide and reduce a reluctance to intervene<sup>12</sup>; and

**WHEREAS**, following implementation of an educational module introducing clinical suicide prevention skills to pre-clerkship medical students at the Oregon Health & Science University, 92% of participants found the training helped them develop and learn suicide prevention skills<sup>13</sup>; and

**WHEREAS**, teaching suicide education in public medical schools will not only benefit medical students in decreasing their risk for depression and suicide ideation, but will also benefit future patients who are at risk for depression and suicidal ideations by identifying symptoms and providing better treatment<sup>16,17</sup>; and

**WHEREAS,** current OSMA policy, "Policy 35 - 1982 Education Regarding Suicide Recognition, Prevention and Treatment," encourages physicians to continue their education in the prevention of suicide<sup>14</sup>; and therefore

**BE IT RESOLVED**, that the Ohio State Medical Association encourages Ohio medical schools to develop and implement suicide education programs for medical students.

Fiscal Note: \$ (Sponsor) \$ 1,000 (Staff)

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139	345.983		
140			
141			
142	OSMA Policy:		
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144	Policy 35 – 1982 – Education Regarding Suicide Recognition, Prevention and Treatment		
145			
146	1. The OSMA encourages physicians to continue their education in the recognition, treatmen		
147	and prevention of potential suicides and the management of survivors of suicide attempts.		
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