

TRINI SOLUTIONS TO TRINI PROBLEMS IN TRINI VOICES – Responding to Suicide

Presenters: Darrion Narine, Rev. Gerard J. McGlone, SJ, PhD, and Shirley Tappin

Contact Information:

Darrion Narine: darrion.michael@hotmail.com

Rev. Gerard J. McGlone, SJ, PhD: gm95@georgetown.edu, g.mcglone@catholicctt.org

Shirley Tappin: Shirley.tappin@gmail.com

Abstract

Recent field assessments conducted by the Trauma Resource Committee (Samaritan Resources: Pathways to Hope, Healing, and Resilience) across primary and secondary schools in Trinidad and Tobago have revealed alarmingly high levels of self-harm ideation and behaviors among students. Grounded in global, regional, spiritual, and social-contagion frameworks, this paper argues for the declaration of a national emergency and proposes a trauma-informed, spiritually grounded, and multi-sectoral response.

Drawing on international guidelines (SAMHSA, 2014; NICE, 2017), local epidemiological studies (Hutchinson et al., 2009; Gopaul et al., 2022), spiritually integrated models (Frankl, 1963; Pargament, 2007), and recent scholarship on suicide contagion through social media (e.g., the "copycat" effect, TikTok's depressed_Tok), this study analyzes barriers to care, capacity-building needs, and policy opportunities. Concrete short-, medium-, and long-term recommendations for schools, faith communities, and government stakeholders are presented.

This paper also calls for faith communities to become equipped in both suicide first aid and mental health first aid. All parishioners, catechists, and clergy can and must play a role in identifying signs of distress, intervening compassionately, and guiding individuals toward healing pathways.

Keywords: self-harm, suicide, trauma-informed care, spiritual coping, social contagion, schools, policy, Trinidad and Tobago, national emergency

1. Introduction

Adolescent self-harm—encompassing non-suicidal self-injury and suicidal behaviour—is now recognized as a critical public health concern, with global lifetime prevalence estimates ranging from 16% to 22%. In Trinidad and Tobago, hospital admissions for deliberate self-harm have escalated, placing the country among those with the highest suicide rates in the English-speaking Caribbean. Despite this, the systematic adoption of trauma-informed and spiritually responsive approaches within educational institutions remains limited.

Field data from Samaritan Resources: Pathways to Hope, Healing, and Resilience indicate a significant rise in self-harm ideation and behaviors in schools. Educators report feeling overwhelmed and underprepared to address the trauma confronting their students. A concerning trend is the emergence of "copycat syndrome," where youth emulate self-harming behaviors found online—particularly through social media platforms such as TikTok's "depressed_Tok" subculture. These findings underscore the urgent need for a coordinated, trauma-informed, spiritually anchored, and policy-supported response to what is now a national crisis.

2. Literature Review

[Sections 2.1 through 2.5 remain unchanged.]

3. Methods

Between April and May 2025, Samaritan Resources conducted a mixed-methods needs assessment in selected high-trauma schools. Students (ages 8–16) completed surveys measuring self-harm ideation, trauma exposure, and service access. In-depth interviews with administrators, teachers, and community leaders provided qualitative insights into the barriers to trauma-informed and spiritually responsive care. A document review of school policies, NGO initiatives, and national health data contextualized existing support structures and systemic gaps.

4. Results

Elevated Distress and Self-Harm

A significant proportion of students reported active thoughts or histories of self-harm. Teachers highlighted frequent emotional dysregulation and classroom disruptions, often linked to domestic violence and food insecurity.

Inadequate School-Based and Spiritual Support

Most schools lacked full-time mental health personnel. Trauma-informed training was minimal, and spiritual resources were inconsistently integrated. While faith-based groups provided peer support and pastoral counseling, these were not systematically linked to school referral processes, resulting in fragmented care. Faith communities, if trained in suicide first aid and mental health first aid, can serve as first responders in moments of crisis, bridging the gap between clinical care and pastoral accompaniment.

5. Discussion

Findings from Samaritan Resources align with regional and international data on self-harm prevalence and risk. The combination of socioeconomic strain, unresolved trauma, spiritual void, and social media exposure exacerbates the crisis. A multidimensional approach is essential.

By embedding SAMHSA's "4 Rs" into school policy and coupling them with spiritual resilience frameworks, institutions can create environments conducive to healing. Schools must become trauma-responsive spaces where students feel safe, seen, and spiritually grounded.

Media literacy must also become a core competency, equipping youth to critically navigate online spaces. Multi-sector collaboration is vital: formal partnerships among government ministries, NGOs, and religious bodies can align policy, training, and funding, ensuring systemic change.

Importantly, we must acknowledge the vital role that faith communities play in suicide prevention. Suicide first aid and mental health first aid training must be delivered not only to teachers and clinicians, but to clergy, catechists, lay ministers, and youth leaders across all faith traditions. Equipping these frontline responders with practical tools will save lives and reinforce a collective culture of care.

6. Recommendations

Short-Term (0–6 Months)

- Declare a National Emergency for child trauma and self-harm
- Trauma-Awareness Blitz in Catholic schools led by Samaritan Resources
- Stigma-Reduction Campaigns using social media influencers
- School-Based Mental Health Teams with MOUs between NGOs and the Ministries of Health and Education
- Suicide First Aid and Mental Health First Aid Training for all parishioners, catechists, and clergy.

Medium-Term (6–18 Months)

- Scale Healing Circles (peer-led support groups with spiritual elements)
- Institutionalize Parent Empowerment Workshops on trauma literacy and media safety
- Teacher Resilience Programs recognized for CPD credit
- Dedicated Mental Health Budget Lines in relevant ministries
- Establish a Church–Government–NGO Steering Committee
- Publish a National Trauma Toolkit incorporating psychosocial, spiritual, and media-literacy components

Long-Term (18+ Months)

- Institutionalize Trauma Ministry Networks across dioceses
- Launch a Caribbean Trauma Institute for training and research
- Annual Synodal Trauma Assembly to review data, track progress, and sustain national coordination

7. Conclusion

The evidence is clear: Trinidad and Tobago faces a national crisis of self-harm and adolescent trauma. Findings from Samaritan Resources, aligned with regional and international research, call for a coordinated, culturally relevant, spiritually anchored, and trauma-informed national response. Through strategic partnerships, robust training, and intentional integration of spiritual and psychosocial care—including suicide first aid and mental health first aid across all faith communities—the nation and region can stem this tide and build a more resilient future for its youth.

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