Master's Degree

Suicide Prevention and Postvention for Psychiatrists

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Master's Degree
Suicide Prevention and Postvention for Psychiatrists

- Modality: **online**
- Duration: **12 months**
- Certificate: **TECH Global University**
- Accreditation: **60 ECTS**
- Schedule: **at your own pace**
- Exams: **online**

Website: **www.techtitute.com/us/medicine/masters-degree/master-suicide-prevention-postvention-psychiatrists**

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01

Introduction to the Program

Suicide represents a serious global public health crisis, causing more than 700,000 deaths annually according to a new report by the World Health Organization. This problem affects people of all ages and has become one of the leading causes of death among young people and adults. Prevention and appropriate intervention are key to mitigate its impact on society. For this reason, TECH has created a pioneering university program focused on Suicide Prevention and Postvention for Psychiatrists. At the same time, it is based on a convenient, fully online format adapted to the schedule of busy experts.

Thanks to this 100% online Hybrid Master's Degree, you will master the most innovative therapeutic techniques to address Suicide and optimize the overall well-being of patients"

Suicidal Behavior is a multidimensional phenomenon influenced by biological, psychological and social factors. In this sense, Suicide Prevention is a priority, since a high percentage of people who commit suicide suffer from a diagnosable mental disorder. However, the complexity of the phenomenon requires a comprehensive approach that combines clinical models of risk prediction, psychotherapeutic interventions and pharmacological approaches. Therefore, specialists need to incorporate the best practices in this field into their daily practice in order to optimally manage patients with suicidal ideation.

In this context, TECH presents an innovative Hybrid Master's Degree in Suicide Prevention and Postvention for Psychiatrists. The academic itinerary will delve into aspects ranging from early identification of self-injurious behaviors or the use of treatments such as cognitive-behavioral therapy to the use of drugs. As a result, graduates will obtain advanced skills to assess suicidal risk, design effective intervention strategies and provide comprehensive support to patients in crisis. They will also be prepared to apply techniques aimed at family members and relatives, minimizing the emotional impact of suicide and reducing the risk of suicidal behavior in the environment.

On the other hand, regarding the methodology of the university program, TECH employs its disruptive educational system of Relearning. This method is based on the repetition of the key concepts of the syllabus, ensuring that graduates understand the contents and that they remain in their minds for a long period of time. Likewise, to access the Virtual Campus, all they will need is an electronic device connected to the Internet. Therefore, they will be able to enjoy the most complete, updated and dynamic didactic resources in the academic market.

This **Master's Degree in Suicide Prevention and Postvention for Psychiatrists** contains the most complete and up-to-date scientific program on the market. Its most notable features are:

- The development of case studies presented by experts in Suicide Prevention and Postvention for Psychiatrists
- The graphic, schematic, and practical contents with which they are created, provide scientific and practical information on the disciplines that are essential for professional practice
- Practical exercises where the self-assessment process can be carried out to improve learning
- Its special emphasis on innovative methodologies in Suicide Prevention and Postvention for Psychiatrists
- Theoretical lessons, questions to the expert, debate forums on controversial topics, and individual reflection assignments
- Content that is accessible from any fixed or portable device with an Internet connection

You will approach suicidal behavior from an ethical and legal perspective, which will ensure that your practices are safe"

Thanks to the revolutionary Relearning methodology created by TECH, you will integrate all the knowledge in an optimal way to successfully achieve the results you are looking for"

You will create crisis intervention protocols, including psychiatric emergency management strategies.

TECH offers you the most innovative didactic methodology in the current academic panorama.

It includes in its teaching staff professionals belonging to the field of Suicide Prevention and Postvention for Psychiatrists, who pour into this program the experience of their work, in addition to recognized specialists from reference societies and prestigious universities.

The multimedia content, developed with the latest educational technology, will provide the professional with situated and contextual learning, i.e., a simulated environment that will provide an immersive learning experience designed to prepare for real-life situations.

This program is designed around Problem-Based Learning, whereby the student must try to solve the different professional practice situations that arise throughout the program. For this purpose, the professional will be assisted by an innovative interactive video system created by renowned and experienced experts.

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Why Study at TECH?

TECH is the world's largest online university. With an impressive catalog of more than 14,000 university programs, available in 11 languages, it is positioned as a leader in employability, with a 99% job placement rate. In addition, it has a huge faculty of more than 6,000 professors of the highest international prestige.

Study at the largest online university in the world and ensure your professional success. The future begins at TECH"

The world's best online university, according to FORBES

The prestigious Forbes magazine, specialized in business and finance, has highlighted TECH as "the best online university in the world" This is what they have recently stated in an article in their digital edition in which they echo the success story of this institution, "thanks to the academic offer it provides, the selection of its teaching staff, and an innovative learning method oriented to form the professionals of the future".

The best top international faculty

TECH's faculty is made up of more than 6,000 professors of the highest international prestige. Professors, researchers and top executives of multinational companies, including Isaiah Covington, performance coach of the Boston Celtics; Magda Romanska, principal investigator at Harvard MetaLAB; Ignacio Wistumba, chairman of the department of translational molecular pathology at MD Anderson Cancer Center; and D.W. Pine, creative director of TIME magazine, among others.

The world's largest online university

TECH is the world's largest online university. We are the largest educational institution, with the best and widest digital educational catalog, one hundred percent online and covering most areas of knowledge. We offer the largest selection of our own degrees and accredited online undergraduate and postgraduate degrees. In total, more than 14,000 university programs, in ten different languages, making us the largest educational institution in the world.

The most complete syllabuses on the university scene

TECH offers the most complete syllabuses on the university scene, with programs that cover fundamental concepts and, at the same time, the main scientific advances in their specific scientific areas. In addition, these programs are continuously updated to guarantee students the academic vanguard and the most demanded professional skills. and the most in-demand professional competencies. In this way, the university's qualifications provide its graduates with a significant advantage to propel their careers to success.

A unique learning method

TECH is the first university to use Relearning in all its programs. This is the best online learning methodology, accredited with international teaching quality certifications, provided by prestigious educational agencies. In addition, this innovative academic model is complemented by the "Case Method", thereby configuring a unique online teaching strategy. Innovative teaching resources are also implemented, including detailed videos, infographics and interactive summaries.

The official online university of the NBA

TECH is the official online university of the NBA. Thanks to our agreement with the biggest league in basketball, we offer our students exclusive university programs, as well as a wide variety of educational resources focused on the business of the league and other areas of the sports industry. Each program is made up of a uniquely designed syllabus and features exceptional guest hosts: professionals with a distinguished sports background who will offer their expertise on the most relevant topics.

Leaders in employability

TECH has become the leading university in employability. Ninety-nine percent of its students obtain jobs in the academic field they have studied within one year of completing any of the university's programs. A similar number achieve immediate career enhancement. All this thanks to a study methodology that bases its effectiveness on the acquisition of practical skills, which are absolutely necessary for professional development.

Google Premier Partner

The American technology giant has awarded TECH the Google Premier Partner badge. This award, which is only available to 3% of the world's companies, highlights the efficient, flexible and tailored experience that this university provides to students. The recognition not only accredits the maximum rigor, performance and investment in TECH's digital infrastructures, but also places this university as one of the world's leading technology companies.

The top-rated university by its students

Students have positioned TECH as the world's top-rated university on the main review websites, with a highest rating of 4.9 out of 5, obtained from more than 1,000 reviews. These results consolidate TECH as the benchmark university institution at an international level, reflecting the excellence and positive impact of its educational model.

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Syllabus

The teaching contents of this university program have been developed by renowned experts in Suicide Prevention and Postvention for Psychiatrists. The curriculum will delve into issues ranging from early risk identification or the use of state-of-the-art psychometric tools to intervention in suicidal behavior in crisis situations. Thanks to this, graduates will comprehensively address suicidal ideation and apply methodologies based on the latest scientific evidence.

You will delve into the epidemiology, risk factors and neurobiological mechanisms of suicide"

Module 1. Epidemiology and Preventive Planning of Suicidal Behavior

1.1. Epidemiology of Suicide
- 1.1.1. Incidence and Prevalence of Suicide Globally and Regionally
- 1.1.2. Demographic Factors Gender, Age, Ethnicity and Their Influence on Suicide Rates
- 1.1.3. Historical Trends and Temporal Patterns: How Suicide Rates Have Changed over Time

1.2. Theoretical Framework
- 1.2.1. Health Sciences Prevention
- 1.2.2. State of the Question
- 1.2.3. Primary, Secondary and Tertiary Prevention

1.3. Suicide Is Preventable
- 1.3.1. Scientific Evidence on Prevention
- 1.3.2. Community-Based Interventions
- 1.3.3. Barriers to Prevention

1.4. Integration of Multi-Level Strategies in Suicide Prevention
- 1.4.1. Universal, Selective and Indicated Prevention Approaches
- 1.4.2. Coordination between Mental Health and Primary Care Services
- 1.4.3. Community Initiatives and Public Policies
- 1.4.4. Technological Innovations in Prevention

1.5. Primary Prevention
- 1.5.1. Education and Public Awareness
- 1.5.2. Promotion of Emotional and Mental Well-Being
- 1.5.3. Protective Factors: Fostering Resilience, Coping Skills and Support Networks
- 1.5.4. Restrictive Policies on Access to Lethal Methods

1.6. Secondary Prevention
- 1.6.1. Early Identification of Persons at Risk
- 1.6.2. Treatment of Associated Mental Disorders
- 1.6.3. Crisis Intervention Programs
- 1.6.4. Post-Crisis Follow-Up and Monitoring

1.7. Tertiary Prevention
- 1.7.1. Intervention after Suicide Attempts
- 1.7.2. Reduction of Suicidal Recurrence
- 1.7.3. Support Programs for Survivors
- 1.7.4. The Role of Psychosocial Rehabilitation

1.8. Multidisciplinarity and Synergies
- 1.8.1. Collaboration between Psychiatrists, Psychologists and Other Health Professionals
- 1.8.2. Involvement of Social Workers, Educators and Law Enforcement Agencies
- 1.8.3. Integrated Intervention Models
- 1.8.4. Synergies between Health and Academic Institutions and Non-Governmental Organizations

Module 2. Suicidal Behavior as an Epiphenomenon from the Psychiatry/ Psychology Perspective

2.1. Nomenclature on Suicidal Behavior
- 2.1.1. Definition of Key Terms
- 2.1.2. Distinction between Suicidal Behavior and Self-Injury
- 2.1.3. Historical Evolution of Nomenclature
- 2.1.4. Impact of the Nomenclature on Research and Clinical Practice

2.2. Risk Factors for Suicidal Behavior
- 2.2.1. Biological Risk Factors
- 2.2.2. Psychological Factors: Mental Disorders, Impulsivity, Hopelessness and Previous Trauma
- 2.2.3. Social and Environmental Factors
- 2.2.4. Situational Factors and Triggering Events

2.3. Childhood and Adolescence
- 2.3.1. Prevalence and Characteristics of Suicide in Young People
- 2.3.2. Specific Risk Factors in Childhood and Adolescence
- 2.3.3. The Role of the Family and School
- 2.3.4. Early Interventions

2.4. Old Age
- 2.4.1. Rates and Characteristics of Suicide in the Psychogeriatric Population
- 2.4.2. Risk Factors in the Elderly
- 2.4.3. The Impact of Retirement and Loneliness: How Lifestyle Changes Affect the Risk of Suicide
- 2.4.4. Prevention in Old Age

2.5. Other Risk Groups
- 2.5.1. Suicide in the LGTBIQ+ Population
- 2.5.2. Migrants and Refugees
- 2.5.3. Suicide in the Chronically Ill
- 2.5.4. Persons Deprived of Their Liberty: Suicide in Prisons and Detention Centers, with Factors such as Isolation and Hopelessness

2.6. Social Equivalents and Suicide
- 2.6.1. Suicide and Poverty
- 2.6.2. Impact of Economic Crises and Unemployment
- 2.6.3. Social Stigma and Its Influence on Suicidal Behavior
- 2.6.4. Violence and Abuse as Social Equivalents: How Traumatic Experiences Relate to Suicide

2.7. Psychological Theories behind the Suicidal Phenomenon
- 2.7.1. Interpersonal Theory of Suicide (Joiner)
- 2.7.2. Escape Theory (Baumeister)
- 2.7.3. Hopelessness Theory (Beck)
- 2.7.4. Psychodynamic and Behavioral Models

2.8. Biology and Genetics in Suicide
- 2.8.1. Genetic and Hereditary Factors
- 2.8.2. Neurobiology of Suicide: Alterations in Neurotransmitters such as Serotonin and Their Impact on Suicidal Behavior
- 2.8.3. Biological Markers
- 2.8.4. Epigenetics and Stress

2.9. Suicide in Mental Disorders
- 2.9.1. Suicide in Major Depression
- 2.9.2. Bipolar Disorders and Suicidal Behaviors
- 2.9.3. Suicide in Psychotic Disorders
- 2.9.4. Suicide in Personality Disorders

2.10. Suicide in the Medical Patient
- 2.10.1. The Impact of Chronic Physical Illness
- 2.10.2. Cancer and Suicide
- 2.10.3. Neurological Disorders and Suicide
- 2.10.4. Palliative Care and Emotional Support

Module 3. Assessment of Suicidal Behavior

3.1. Risk Factors for Suicidal Behavior
- 3.1.1. Clinical and Psychiatric Factors
- 3.1.2. Sociodemographic Factors
- 3.1.3. Situational Factors
- 3.1.4. Specific Risks in Vulnerable Populations

3.2. Protective Factors
- 3.2.1. Strong Interpersonal Relationships
- 3.2.2. Coping Capacity and Resilience
- 3.2.3. Access to Mental Health Services
- 3.2.4. Religious and Spiritual Beliefs

3.3. Warning Factors
- 3.3.1. Behavioral Signals
- 3.3.2. Emotional Changes
- 3.3.3. Verbal Clues
- 3.3.4. Pre-Suicide Preparations

3.4. Precipitating Factors
- 3.4.1. Recent Traumatic Events
- 3.4.2. Financial or Employment Crises
- 3.4.3. Sudden Life Events
- 3.4.4. Factors Related to Physical Health

3.5. Assessment Scales and Psychometric Tools
- 3.5.1. Beck Depression Inventory (BDI)
- 3.5.2. Columbia Suicide Severity Rating Scale (C-SSRS)
- 3.5.3. Beck Scale for Suicide Ideation (BSS)
- 3.5.4. Self Assessment vs. Heteroassessment Scales

3.6. Psychometrics in Suicide
- 3.6.1. Validity and Reliability of Psychometric Tools
- 3.6.2. Sensitivity and Specificity in the Detection of Risk
- 3.6.3. Adaptation of Psychometric Tools for Specific Populations
- 3.6.4. New Technologies in Psychometrics

3.7. The Clinical Interview 1
- 3.7.1. Establishing a Therapeutic Relationship
- 3.7.2. Open and Closed Questions
- 3.7.3. Detection of Non-Verbal Signals
- 3.7.4. Initial Exploration of Suicidal Thoughts

3.8. The Clinical Interview 2
- 3.8.1. Assessment of the Suicidal Plan
- 3.8.2. Exploration of Protective Factors and Ambivalence
- 3.8.3. Short- and Long-Term Risk Analysis
- 3.8.4. Risk Documentation and Communication

3.9. Context-Sensitive Assessment of Suicide
- 3.9.1. Suicide in the Hospital Context
- 3.9.2. Assessment in the Emergency Department
- 3.9.3. Assessment in Community Settings
- 3.9.4. Family and Social Context

3.10. What Not to Do in the Assessment of Suicidal Behavior
- 3.10.1. Avoid Minimizing the Patient's Feelings
- 3.10.2. Do Not Prejudge or Stigmatize
- 3.10.3. Do Not Avoid Talking Directly about Suicide
- 3.10.4. Do Not Fail to Follow Up Adequately

Module 4. Intervention in Suicidal Behavior in Crises and Emergencies

4.1. How to Establish the Bond and Assess the Suicidal Patient
- 4.1.1. Techniques to Build Trust Quickly
- 4.1.2. Identifying Non-Verbal and Verbal Signals
- 4.1.3. Handling Silence and Resistance
- 4.1.4. Initial Assessment of Suicidal Risk

4.2. Communication Skills and Clinical Interviewing
- 4.2.1. Active Listening and Emotional Validation
- 4.2.2. Open and Closed Questions in Crisis Situations
- 4.2.3. Non-Violent Communication: How to Minimize the Risk of Escalating Interview Tension
- 4.2.4. Adapting Language to Different Populations

4.3. Crisis Intervention
- 4.3.1. Crisis Intervention Models
- 4.3.2. Emotional Containment Interventions
- 4.3.3. Development of a Safety Plan
- 4.3.4. Referral to Specialized Services

4.4. The Hospital Emergency
- 4.4.1. Psychiatric Emergency Admission Protocols
- 4.4.2. Initial Assessment in the Emergency Department
- 4.4.3. Immediate Intervention in High-Risk Patients
- 4.4.4. Criteria for Hospitalization vs. Outpatient Follow-Up

4.5. Medical Intervention
- 4.5.1. Pharmacological Management in Suicidal Crisis
- 4.5.2. Treatment of Underlying Medical Conditions
- 4.5.3. Prevention of Self-Harm in the Hospital: Strategies for Minimizing Risk during Hospital Stay
- 4.5.4. Role of the Psychiatrist in the Multidisciplinary Team

4.6. Psychological Intervention
- 4.6.1. Cognitive-Behavioral Therapy in Crises
- 4.6.2. Solution-Focused Intervention: Focus on Immediate Goals and Short-Term Distress Management
- 4.6.3. Therapies Based on Emotional Validation: the Example of Dialectical Behavior Therapy
- 4.6.4. Relapse Prevention

4.7. Nursing Intervention
- 4.7.1. Monitoring and Care in the First 24 Hours: Strategies for Continuous Observation of the Patient
- 4.7.2. Nursing in Emotional and Physical Support
- 4.7.3. Safety and Relapse Prevention Education
- 4.7.4. Collaboration with the Multidisciplinary Team

4.8. Support and Treatment of Suicidal Behavior in Primary Care
- 4.8.1. Early Detection in Primary Care
- 4.8.2. Brief Interventions in the Office
- 4.8.3. Referral to Higher Levels of Care: When and How to Refer to Specialized Mental Health Services
- 4.8.4. Long-Term Follow-Up and Support

4.9. Support and Treatment of Suicidal Behavior from the Mental Health and Addictions Network
- 4.9.1. Coordination between Mental Health and Addictions: Comprehensive Intervention in Cases with Dual Diagnosis
- 4.9.2. Community Support Networks
- 4.9.3. Outpatient Treatment Interventions
- 4.9.4. Relapse Prevention and Rehabilitation

4.10. Role of Telephone Intervention
- 4.10.1. Suicidal Crisis Helplines: How They Work and Their Effectiveness
- 4.10.2. Telephone Crisis Intervention Techniques
- 4.10.3. Follow-Up and Referral from Telephone Intervention: How to Manage the Transition to Face-to-Face or Specialized Care
- 4.10.4. The Use of Technology for Suicide Prevention

Module 5. Suicidal Behavior Prevention and Intervention by Level of Care

5.1. Prevention and Intervention in Mental Health Centers
- 5.1.1. Identification of Risk and Protective Factors
- 5.1.2. Crisis Intervention vs. Long-Term Intervention: Differences in the Therapeutic Approach over Time
- 5.1.3. Follow-Up and Outpatient Management: How to Ensure Continuity in the Treatment of the At-Risk Patient
- 5.1.4. Coordination with Other Services

5.2. Prevention and Intervention in Primary Care
- 5.2.1. Training of Family Physicians in Early Detection
- 5.2.2. Brief Interventions in the Primary Care Setting
- 5.2.3. Coordination between Primary Care and Mental Health: How to Facilitate Referral and Follow-Up of Patients
- 5.2.4. Longitudinal Follow-Up of Suicidal Risk

5.3. Prevention and Intervention in the Prison Population
- 5.3.1. Specific Risk Factors in Prisons: Conditions of Confinement and Their Impact on Mental Health
- 5.3.2. Prevention Programs within Penitentiary Institutions
- 5.3.3. Therapeutic Interventions in Prisons
- 5.3.4. Monitoring and Follow-Up in Prison Regime

5.4. Prevention and Intervention in the Workplace
- 5.4.1. Workplace Factors Associated with Suicidal Risk
- 5.4.2. Well-Being and Mental Health Programs in the Workplace
- 5.4.3. Crisis Interventions in the Workplace
- 5.4.4. Supervisor and Co-Worker Training

5.5. Health Care Prevention and Intervention
- 5.5.1. Specific Risks for Health Care Professionals
- 5.5.2. Emotional Support and Suicide Prevention Programs for Health Care Workers
- 5.5.3. Barriers to Seeking Help from Health Care Professionals: Addressing Stigma and Encouraging Self-Care
- 5.5.4. Peer Support Culture and Emotional Supervision

5.6. Prevention and Intervention in Other Groups
- 5.6.1. Specific Vulnerable Groups: LGBTQ+ Individuals, Immigrants, Refugees, and Other Groups at Risk
- 5.6.2. Culturally Tailored Intervention Programs: Culturally and Socially Diversity-Sensitive Approaches
- 5.6.3. Community Support Networks: How Communities Can Organize to Prevent Suicide
- 5.6.4. Intersectional Approaches to Suicide Prevention

Module 6. Social and Family Prevention and Intervention in Suicidal Behavior

6.1. Working with Families and Loved Ones in Suicidal Behavior
- 6.1.1. Detection of Warning Signs in the Family Environment: How to Train the Family to Identify Early Warning Signs
- 6.1.2. Effective Communication about Suicidal Behavior: Ways to Facilitate Open and Nonjudgmental Dialogue in the Family Environment
- 6.1.3. Emotional Support for Loved Ones: Managing Stress and Emotional Burden in the Family
- 6.1.4. Family Safety Plans

6.2. Working with Families and Loved Ones in Completed Suicide
- 6.2.1. Accompaniment in Complicated Bereavement: Interventions for Family Members after Suicide
- 6.2.2. Emotional Impact on the Family System: Psychological Consequences for Each Family Member
- 6.2.3. Preventing Intergenerational Transmission of Trauma
- 6.2.4. Support Groups for Survivors of Suicide

6.3. Stigma in Suicide
- 6.3.1. Consequences of Stigma in the Family of the Suicidal Person
- 6.3.2. Stigma Reduction through Public Education
- 6.3.3. Self-Stigma in People with Suicidal Ideation: How Internalized Stigma Exacerbates Suicidal Behavior
- 6.3.4. Interventions to Dismantle Myths about Suicide

6.4. The Role of the Media
- 6.4.1. Effects of Sensationalism in the Coverage of Suicides: Consequences on Suicidal Behavior, including the Werther Effect
- 6.4.2. Ethical Guidelines for Journalists: How to Approach Suicide in a Responsible and Preventive Manner
- 6.4.3. The Role of the Media in Stigma Reduction
- 6.4.4. Effect of Media Contagion

6.5. The Role of the Internet
- 6.5.1. Risks and Benefits of Accessing Suicide Information on the Internet
- 6.5.2. Prevention of Cyberbullying and Its Relationship to Suicide
- 6.5.3. Online Support Communities
- 6.5.4. Dangerous Content on the Deep Web

6.6. Systemic Therapy and Its Application to Suicide
- 6.6.1. The Family System as a Protective or Risk Factor: How Relationship Patterns within the Family Can Influence Suicidal Behavior
- 6.6.2. Interventions from Family Therapy: Specific Approaches to Address Suicide in the Family Context
- 6.6.3. Dysfunctional Family Dynamics and Their Impact on Suicidal Ideation
- 6.6.4. Systemic Therapy in Suicide Bereavement

6.7. Community Support Networks and Their Role in Suicide Prevention
- 6.7.1. Role of Community Organizations
- 6.7.2. Suicide Prevention Groups: Organization of Community Workshops and Support Groups
- 6.7.3. Community-Based Interventions: How to Use Local Resources to Implement Prevention Programs
- 6.7.4. Mobilization of Community Resources after a Completed Suicide

6.8. Impact of Suicide on Children and Adolescents in the Family Environment
- 6.8.1. Typical Reactions of Children to Suicide in the Family: How to Manage the Emotional Impact on Minors
- 6.8.2. Age-Appropriate Interventions for Bereavement: Therapeutic Approaches according to Developmental Levels
- 6.8.3. Suicide Prevention in Children Who Have Lost a Loved One to Suicide
- 6.8.4. How to Deal with Suicide in the Family with Children

6.9. Family Bereavement after Suicide
- 6.9.1. Traditional vs. Contemporary Models of Bereavement
- 6.9.2. Individual vs. Group Bereavement Therapy
- 6.9.3. Approach to Traumatic Grief
- 6.9.4. The Role of Rituals and Memory

Module 7. Suicide and the Humanities

7.1. Mythology around Suicide
- 7.1.1. Suicide in Greek Mythology: Analysis of Characters such as Antigone and Ajax
- 7.1.2. Suicide in Norse Mythology
- 7.1.3. Suicide and Fate in Egyptian Mythology: Conception of Death and Life after Death
- 7.1.4. Interpretations of the Suicide in Oriental Mythology

7.2. Art and Suicide
- 7.2.1. Representations of the Suicide in Classic Painting
- 7.2.2. Suicide in Modern and Contemporary Art: Artistic Expressions of Personal Suffering and Distress
- 7.2.3. Analysis of Suicidal Authors in the History of Art
- 7.2.4. Impact of the Suicide in Visual Narrative

7.3. Literature and Suicide
- 7.3.1. Suicide in Greek Tragedy: Analysis of Works such as "Antigone" and "Phaedra"
- 7.3.2. Romanticism and Suicide: the Vision of the Suicide in Goethe's and Byron's Works
- 7.3.3. Suicide in Contemporary Literature: Reflections on Modern Authors such as Sylvia Plath and David Foster Wallace
- 7.3.4. Suicide in Poetry

7.4. Suicide through History and Cultures
- 7.4.1. Suicide in Antiquity: Practices such as Seppuku in Japan and Euthanasia in Classical Greece
- 7.4.2. Suicide in the Middle Ages: Considerations on Sin and Heresy
- 7.4.3. Cultural Perspectives on Suicide Today: How Each Modern Culture Perceives Suicide

7.5. Suicide and Religion
- 7.5.1. Suicide in Christianity: Religious Doctrines on the Sin of Suicide
- 7.5.2. Islamic Perspectives on Suicide: Approach to Religion and Its Prohibition
- 7.5.3. Buddhism and Suicide: Looking at Suffering and Self-Inflicted Death
- 7.5.4. Eastern Religions and Voluntary Death

7.6. Suicide in the Press
- 7.6.1. Sensationalism in the Media Coverage of Suicide
- 7.6.2. Guidelines for Journalists in the Coverage of Suicide
- 7.6.3. The Werther Effect and Papageno Effect in the Media
- 7.6.4. The Impact of the Press on the Stigma of Suicide

7.7. Cinema and Suicide
- 7.7.1. Representations of the Suicide in Classic Movies
- 7.7.2. Suicide in Contemporary Cinema
- 7.7.3. Suicide as a Narrative Element in Auteur Cinema
- 7.7.4. Impact of the Cinema in the Social Perception of Suicide

7.8. Music and Suicide
- 7.8.1. Song Lyrics that Address Suicide: Analysis of Emblematic Cases in Diverse Musical Genres
- 7.8.2. Suicidal Composers and Musicians: How the Personal Life of Some Musicians Is Reflected in Their Work
- 7.8.3. Suicide in Classical Music
- 7.8.4. Suicide in Contemporary Musical Culture

7.9. Prevention and Intervention in Suicidal Behavior by Gender
- 7.9.1. Gender Differences in Suicidal Ideation and Behavior: Analysis of Epidemiological Data
- 7.9.2. Gender-Specific Interventions
- 7.9.3. Risk and Protective Factors by Gender: Biological, Psychological and Social Differences

7.10. Philosophy and Suicide
- 7.10.1. Classical Positions on Suicide: Analysis of Socrates, Seneca and Other Ancient Philosophers
- 7.10.2. Suicide as a Philosophical Problem in Existentialism: Analysis of Camus and Sartre
- 7.10.3. The Ethical Debate on Suicide: Between the Right to Die and the Value of Life
- 7.10.4. Contemporary Perspectives on Suicide in Moral Philosophy

Module 8. Psychiatric/Psychological Treatment of Suicide

8.1. Approach to Suicidal Behavior in the Mentally Ill Person
- 8.1.1. Suicide in Mood Disorders
- 8.1.2. Suicidal Behavior in Schizophrenia and Psychosis
- 8.1.3. The Role of Anxiety Disorders and PTSD in Suicide
- 8.1.4. Suicide and Psychiatric Comorbidity

8.2. Approach to Suicidal Behavior in the Child and Adolescent Population
- 8.2.1. Risk and Protective Factors in Children and Adolescents
- 8.2.2. The Role of the Family in the Prevention of Child and Adolescent Suicide
- 8.2.3. Early Psychological Interventions in Adolescents with Suicidal Ideation
- 8.2.4. Therapeutic Approach in Situations of Bullying and Cyberbullying

8.3. Approach to Suicidal Behavior in the Psychogeriatric Population
- 8.3.1. Risk Factors in the Elderly
- 8.3.2. Depression and Dementia as Predictors of Suicide in the Elderly
- 8.3.3. Suicide Prevention in Nursing Homes and Palliative Care
- 8.3.4. Specific Interventions for Elderly People with Suicidal Ideation

8.4. Addressing Suicidal Behavior in At-Risk Groups and Persons at Risk of Discrimination or Violence
- 8.4.1. Suicide in the LGTBIQ+ Population: Stigma and Vulnerability
- 8.4.2. Suicide in Victims of Gender-Based Violence and Abuse
- 8.4.3. Migrants and Refugees: Psychosocial Risks and Barriers to Access to Treatment
- 8.4.4. Addressing Suicide in Indigenous Populations and Ethnic Minorities

8.5. Psychological Treatments 1
- 8.5.1. Cognitive-Behavioral Therapy for Suicide Prevention
- 8.5.2. Dialectical-Behavioral Therapy (DBT) in Suicidal Patients
- 8.5.3. Acceptance and Commitment Based Therapies (ACT)
- 8.5.4. Group Therapy Interventions for Suicide Prevention

8.6. Psychological Treatments 2
- 8.6.1. Mindfulness-Based Interventions in Suicidal Behavior
- 8.6.2. Interpersonal Therapy in the Management of Suicidal Risk
- 8.6.3. Psychodynamic Treatments Applied to Suicidal Patients
- 8.6.4. Systemic Intervention Models in Family Settings

8.7. Psychological Treatments 3
- 8.7.1. Problem-Solving and Crisis Management Therapies
- 8.7.2. Mentalization-Based Psychotherapy in Suicidal Patients
- 8.7.3. Suicide Prevention through Strengths-Based Therapies
- 8.7.4. Narrative Therapy in Suicide Intervention

8.8. Psychopharmacological Treatment
- 8.8.1. Antidepressants and Their Use in Patients at Suicidal Risk
- 8.8.2. Antipsychotics and Mood Stabilizers in the Treatment of Suicidal Behavior
- 8.8.3. The Role of Anxiolytics and Benzodiazepines in the Management of Suicide
- 8.8.4. Pharmacological Treatments in Resistant Suicide

8.9. Advances in Neurobiological Research
- 8.9.1. Genetic and Epigenetic Bases of Predisposition to Suicide
- 8.9.2. Neuroimaging Studies in Patients with Suicidal Ideation
- 8.9.3. Alterations in Neurotransmitters and Hormone Systems in Suicide
- 8.9.4. New Therapeutic Targets Based on the Neurobiology of Suicide

8.10. Emerging Therapies in Suicide Prevention
- 8.10.1. Non-Invasive Brain Stimulation: ECT, TMS and Vagal Stimulation
- 8.10.2. Therapies Based on Psilocybin and Other Psychedelic Substances
- 8.10.3. Esketamine
- 8.10.4. The Use of Virtual Reality and Artificial Intelligence in the Treatment of Suicidal Behavior

Module 9. Postvention of Suicidal Behavior

9.1. After Suicide
- 9.1.1. Immediate Emotional Impact on Loved Ones
- 9.1.2. Long-Term Psychological Consequences
- 9.1.3. Management of Complicated Grief
- 9.1.4. Professional Support in Suicide Bereavement

9.2. Postvention in Survivors
- 9.2.1. Definition of Suicide Survivor
- 9.2.2. Risk Factors in Survivors
- 9.2.3. Early Intervention Strategies
- 9.2.4. Community Support for Survivors

9.3. Postvention for Family Members
- 9.3.1. Family Bereavement and Particularities of Suicide
- 9.3.2. Impact on Family Dynamics
- 9.3.3. Emotional Support and Psychoeducation
- 9.3.4. Group Treatment and Family Therapy

9.4. Caring for the Caregiver
- 9.4.1. Stress and Emotional Burnout in Professionals
- 9.4.2. Protective Factors for the Caregiver
- 9.4.3. Self-Care Techniques and Burnout Prevention
- 9.4.4. Clinical Supervision and Peer Support

9.5. Partnership
- 9.5.1. Survivor Support Networks
- 9.5.2. National and International Support Associations
- 9.5.3. Awareness and Remembrance Events
- 9.5.4. The Role of NGOs in Postvention

9.6. How to Create a Survivors' Group
- 9.6.1. Structure of a Survivors' Support Group
- 9.6.2. Facilitator Requirements and Training
- 9.6.3. Group Moderation and Facilitation Techniques
- 9.6.4. Evaluation of the Effectiveness of the Support Group

9.7. First Person Experiences
- 9.7.1. Survivor Testimonials
- 9.7.2. Stories of Recovery and Resilience
- 9.7.3. The Use of Testimony in Prevention and Postvention
- 9.7.4. Impact of Sharing Experiences

9.8. The Therapeutic Group
- 9.8.1. Characteristics of an Effective Therapeutic Group
- 9.8.2. Differences between Therapeutic Group and Support Group
- 9.8.3. Group Dynamics in the Bereavement Process
- 9.8.4. Integration of Cognitive-Behavioral Therapy in Groups

9.9. Postvention in the Educational Setting
- 9.9.1. Protocols of Action after the Suicide of a Student
- 9.9.2. Impact on the Educational Community
- 9.9.3. Psychological and Preventive Interventions in Schools
- 9.9.4. Support for Teachers and Students after Suicide

9.10. Postvention in the Workplace
- 9.10.1. Bereavement Management in the Workplace
- 9.10.2. Employee Support Policies
- 9.10.3. The Role of Human Resources Departments
- 9.10.4. Promoting Emotional Well-Being after a Traumatic Event

The teaching materials of this program, elaborated by these specialists, have contents that are completely applicable to your professional experiences"

04

Teaching Objectives

Through this Master's Degree, physicians will handle the most advanced tools for Suicide Prevention and Postvention. In this sense, graduates will obtain skills ranging from early risk assessment to crisis intervention and the design of therapeutic strategies. In tune with this, professionals will be prepared to lead preventive programs for self-injurious behaviors and actively contribute to the improvement of psychiatric care and the reduction of Suicidal Behavior.

You will develop highly effective intervention programs for the prevention of complicated grief and secondary trauma"

General Objectives

- Delve into the risk factors, underlying causes, and warning signs of Suicide, both at the individual and societal level
- Identify early signs of risk and apply effective interventions that prevent suicide in a variety of settings, including clinical, educational and community
- Delve into postvention support management, providing tools to help people affected by the suicide of a loved one
- Provide psychological care to patients with suicidal thoughts, using therapeutic approaches such as cognitive-behavioral therapy and other validated interventions
- Manage educational and preventive strategies to promote awareness and reduce stigma related to Suicide and Mental Disorders
- Master techniques to help families and communities cope with bereavement following suicide, promoting resilience and emotional well-being in those affected

Specific Objectives

Module 1. Epidemiology and Preventive Planning of Suicidal Behavior

- Analyze global and local suicide rates and epidemiological patterns
- Identify demographic, social, and cultural risk and protective factors associated with suicidal behavior
- Evaluate the impact of public policies and preventive initiatives on suicide rates
- Develop skills to interpret epidemiological studies and apply their results in preventive planning

Module 2. Suicidal Behavior as an Epiphenomenon from the Psychiatry/ Psychology Perspective

- Describe the main Psychiatric and Psychological Disorders related to suicidal behavior
- Understand the interaction between biological, genetic, psychological and social factors in the genesis of Suicide
- Evaluate the role of Mental Disorders in the emergence of suicidal risk
- Analyze psychological models that explain suicidal behavior, such as the interpersonal-psychological model of Suicide

Module 3. Assessment of Suicidal Behavior

- Select appropriate assessment tools to identify suicidal risk in a variety of clinical settings
- Develop clinical interviews that allow for a comprehensive assessment of suicidal risk
- Identify warning signs and risk factors during patient assessment
- Apply standardized questionnaires and scales to measure the level of suicidal risk

Module 4. Intervention in Suicidal Behavior in Crises and Emergencies

- Apply suicide crisis intervention protocols in a variety of contexts
- Obtain skills to manage high-risk situations with immediacy and efficacy
- Implement de-escalation strategies to reduce imminent suicide risk
- Coordinate crisis intervention actions with health and emergency services teams

Module 5. Suicidal Behavior Prevention and Intervention by Level of Care

- Develop suicide prevention programs adapted to different care settings
- Apply early intervention techniques in primary care to reduce suicidal risk
- Coordinate work between different levels of care to ensure continuous and effective intervention
- Implement intervention plans based on the resources available at each level of care

Module 6. Social and Family Prevention and Intervention in Suicidal Behavior

- Identify the role of the family and social environment in suicidal behavior
- Develop intervention skills in family dynamics that may increase or reduce suicidal risk
- Create psychoeducation programs aimed at family members of people at risk
- Establish social and community support networks for suicide prevention

Module 7. Suicide and the Humanities

- Analyze the representations of suicide in literature, art and philosophy
- Explore the cultural and symbolic meaning of suicide in different periods and contexts
- Evaluate the impact of religious and ethical beliefs on the perception of Suicide
- Delve into how Suicide has been interpreted in different societies throughout history

Module 8. Psychiatric/Psychological Treatment of Suicide

- Apply psychiatric treatment protocols for patients at risk of suicide
- Develop clinical skills to combine pharmacological treatment with psychological therapies
- Implement evidence-based psychological therapies, such as cognitive-behavioral therapy
- Evaluate the effectiveness of different psychiatric and psychological treatments in reducing suicidal risk

Module 9. Postvention of Suicidal Behavior

- Implement programs to support people who have suffered the loss of a loved one by suicide
- Identify risk factors for suicide contagion in suicide-affected settings
- Develop skills to reduce stigma and promote healthy bereavement in affected communities
- Evaluate the effectiveness of Postvention programs in preventing suicidal contagion

You will benefit from a wide range of multimedia resources to support your study, such as explanatory videos and interactive summaries. Enroll now!"

05

Career Opportunities

This unique TECH university program is an ideal opportunity for Psychiatry professionals seeking to update their skills in Suicide Prevention and Postvention. Upon completion of the curriculum, graduates will see their clinical practice strengthened, optimizing care for at-risk patients and expanding their career opportunities in the mental health field.

Are you looking to work as a psychiatrist in community mental health centers? This university program will give you the keys to achieve it in only 12 months"

Graduate Profile

Graduates of this Hybrid Master's Degree will be specialized in Suicide Prevention and Postvention, with advanced skills to assess risks, intervene in crisis and design effective therapeutic strategies. At the same time, they will be able to lead mental health programs, develop research in suicidology and promote ethical approaches in psychiatric care. In this way, experts in this field will be able to play a crucial role in reducing the suicide rate, optimizing care for at-risk patients and providing support to affected families and communities.

You will lead Suicide Prevention programs in the most prestigious healthcare institutions.

- **Crisis Intervention and Emotional Management:** Skill in applying effective therapeutic approaches in suicidal crisis situations, providing emotional support to at-risk individuals and appropriately managing the emotional responses of those affected
- **Effective and Empathic Communication:** Ability to establish open, respectful and empathetic communication with patients and their families, facilitating the suicide intervention and Postvention process in a comprehensive and effective manner
- **Risk Assessment and Diagnosis:** Ability to use clinical assessment tools and methods to identify suicidal risk in diverse populations, making accurate diagnoses and developing appropriate intervention plans
- **Bereavement Management and Psychosocial Support:** Competency to provide psychological support to individuals affected by the loss of a loved one by suicide, fostering the grieving process and promoting resilience and emotional well-being

After completing the continuing education program, you will be able to perform your knowledge and skills in the following positions:

1. **Psychiatrist specializing in Suicide Prevention:** Responsible for designing and implementing Suicide Prevention programs, applying evidence-based interventions to identify and reduce risk factors in communities, institutions and clinical settings
2. **Suicide Postvention Specialist:** Responsible for providing emotional and psychological support to people affected by the suicide of a loved one, facilitating the grieving process and promoting resilience through specialized therapeutic interventions
3. **Expert in Crisis Intervention:** Specialist in suicidal crisis management, responsible for immediate and effective intervention in situations of suicidal risk, using brief intervention techniques and risk assessment to ensure patient safety
4. **Consultant in Suicide Prevention Policies:** Responsible for collaborating with governmental, educational and health institutions to develop and implement public policies aimed at Suicide Prevention, raising awareness in society and ensuring the integration of mental health in the collective welfare
5. **Psychiatrist specialized in Suicide Risk Assessment and Diagnosis:** Responsible for conducting detailed psychological assessments to identify signs of suicidal risk in patients, using diagnostic tools to guide therapeutic interventions and appropriate treatment plans
6. **Expert in Suicide Prevention Research:** Dedicated to scientific research on risk factors, predictive models and effective interventions in Suicide Prevention, contributing to the development of new strategies based on data and evidence
7. **Psychiatrist in Coordination of Interdisciplinary Teams in Suicide Prevention:** Leads multidisciplinary teams implementing Suicide Prevention programs, collaborating with psychiatrists, social workers and other health professionals to provide comprehensive care to at-risk individuals
8. **Psychiatry in Postvention Support Program Management:** Responsible for designing and managing intervention programs for individuals and families affected by Suicide, providing long-term psychological support and promoting emotional recovery and social integration of those affected
9. **Specialist in Safety and Ethics in Suicide Prevention:** Responsible for developing and applying ethical regulations in psychological interventions, ensuring that Suicide Prevention and Postvention programs respect the rights and privacy of patients, and promoting confidentiality and safety in treatment

You will provide consulting services in Liaison Psychiatry, optimizing the care of users with medical comorbidities and suicidal risk"

06

Study Methodology

TECH is the world's first university to combine the **case study** methodology with **Relearning**, a 100% online learning system based on guided repetition.

This disruptive pedagogical strategy has been conceived to offer professionals the opportunity to update their knowledge and develop their skills in an intensive and rigorous way. A learning model that places students at the center of the educational process giving them the leading role, adapting to their needs and leaving aside more conventional methodologies.

TECH will prepare you to face new challenges in uncertain environments and achieve success in your career"

The student: the priority of all TECH programs

In TECH's study methodology, the student is the main protagonist.
The teaching tools of each program have been selected taking into account the demands of time, availability and academic rigor that, today, not only students demand but also the most competitive positions in the market.

With TECH's asynchronous educational model, it is students who choose the time they dedicate to study, how they decide to establish their routines, and all this from the comfort of the electronic device of their choice. The student will not have to participate in live classes, which in many cases they will not be able to attend. The learning activities will be done when it is convenient for them. They can always decide when and from where they want to study.

"At TECH you will NOT have live classes (which you might not be able to attend)"

The most comprehensive study plans at the international level

TECH is distinguished by offering the most complete academic itineraries on the university scene. This comprehensiveness is achieved through the creation of syllabi that not only cover the essential knowledge, but also the most recent innovations in each area.

By being constantly up to date, these programs allow students to keep up with market changes and acquire the skills most valued by employers. In this way, those who complete their studies at TECH receive a comprehensive education that provides them with a notable competitive advantage to further their careers.

And what's more, they will be able to do so from any device, pc, tablet or smartphone.

TECH's model is asynchronous, so it allows you to study with your pc, tablet or your smartphone wherever you want, whenever you want and for as long as you want"

Case Studies and Case Method

The case method has been the learning system most used by the world's best business schools. Developed in 1912 so that law students would not only learn the law based on theoretical content, its function was also to present them with real complex situations. In this way, they could make informed decisions and value judgments about how to resolve them. In 1924, Harvard adopted it as a standard teaching method.

With this teaching model, it is students themselves who build their professional competence through strategies such as Learning by Doing or Design Thinking, used by other renowned institutions such as Yale or Stanford.

This action-oriented method will be applied throughout the entire academic itinerary that the student undertakes with TECH. Students will be confronted with multiple real-life situations and will have to integrate knowledge, research, discuss and defend their ideas and decisions. All this with the premise of answering the question of how they would act when facing specific events of complexity in their daily work.

Relearning Methodology

At TECH, case studies are enhanced with the best 100% online teaching method: Relearning.

This method breaks with traditional teaching techniques to put the student at the center of the equation, providing the best content in different formats. In this way, it manages to review and reiterate the key concepts of each subject and learn to apply them in a real context.

In the same line, and according to multiple scientific researches, reiteration is the best way to learn. For this reason, TECH offers between 8 and 16 repetitions of each key concept within the same lesson, presented in a different way, with the objective of ensuring that the knowledge is completely consolidated during the study process.

Relearning will allow you to learn with less effort and better performance, involving you more in your specialization, developing a critical mindset, defending arguments, and contrasting opinions: a direct equation to success.

A 100% online Virtual Campus with the best teaching resources

In order to apply its methodology effectively, TECH focuses on providing graduates with teaching materials in different formats: texts, interactive videos, illustrations and knowledge maps, among others. All of them are designed by qualified teachers who focus their work on combining real cases with the resolution of complex situations through simulation, the study of contexts applied to each professional career and learning based on repetition, through audios, presentations, animations, images, etc.

The latest scientific evidence in the field of Neuroscience points to the importance of taking into account the place and context where the content is accessed before starting a new learning process. Being able to adjust these variables in a personalized way helps people to remember and store knowledge in the hippocampus to retain it in the long term. This is a model called Neurocognitive context-dependent e-learning that is consciously applied in this university qualification.

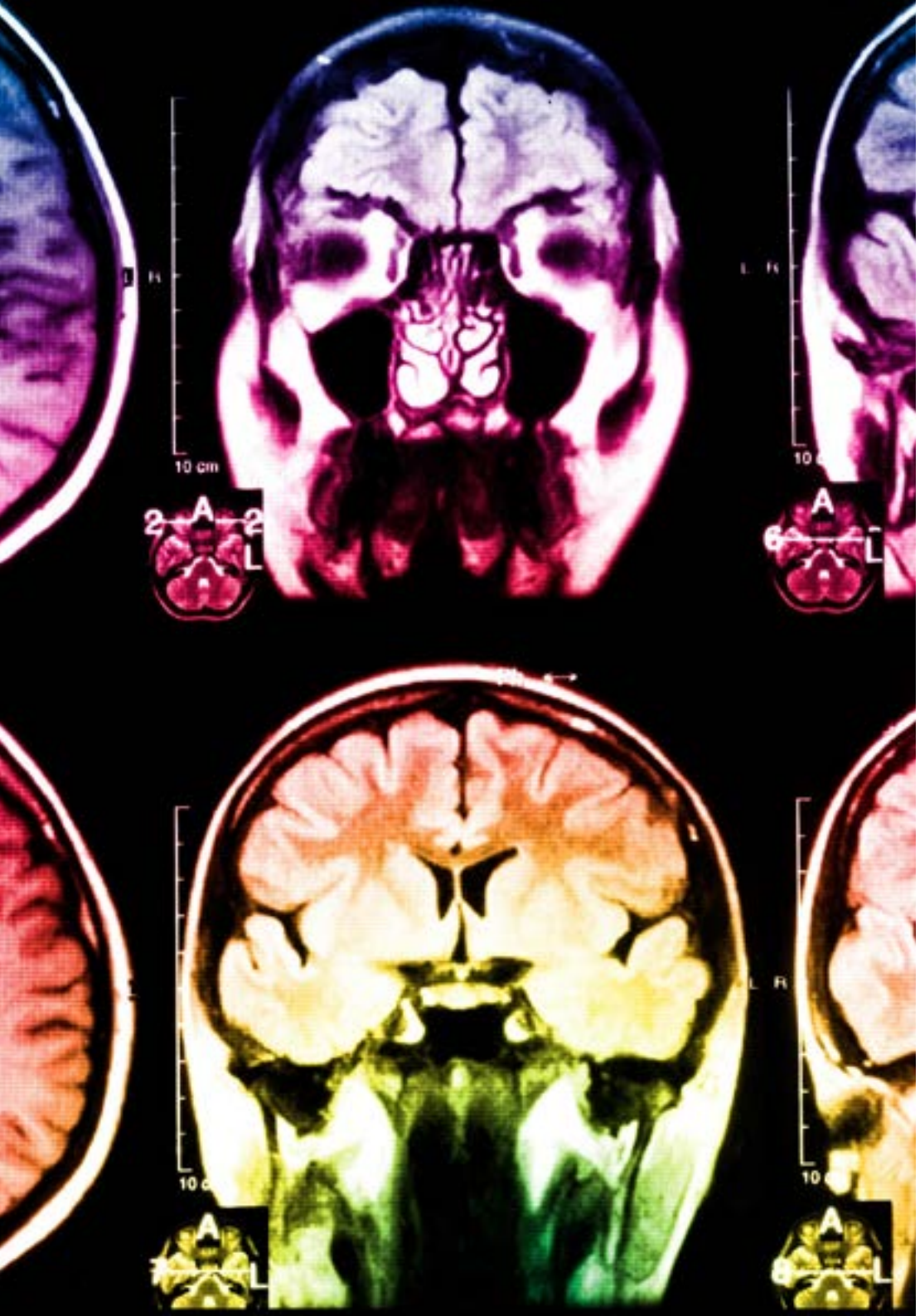
In order to facilitate tutor-student contact as much as possible, you will have a wide range of communication possibilities, both in real time and delayed (internal messaging, telephone answering service, email contact with the technical secretary, chat and videoconferences).

Likewise, this very complete Virtual Campus will allow TECH students to organize their study schedules according to their personal availability or work obligations. In this way, they will have global control of the academic content and teaching tools, based on their fast-paced professional update.

The online study mode of this program will allow you to organize your time and learning pace, adapting it to your schedule"

The effectiveness of the method is justified by four fundamental achievements:

1. Students who follow this method not only achieve the assimilation of concepts, but also a development of their mental capacity, through exercises that assess real situations and the application of knowledge.
2. Learning is solidly translated into practical skills that allow the student to better integrate into the real world.
3. Ideas and concepts are understood more efficiently, given that the example situations are based on real-life.
4. Students like to feel that the effort they put into their studies is worthwhile. This then translates into a greater interest in learning and more time dedicated to working on the course.



The university methodology top-rated by its students

The results of this innovative teaching model can be seen in the overall satisfaction levels of TECH graduates.

The students' assessment of the teaching quality, the quality of the materials, the structure of the program and its objectives is excellent. Not surprisingly, the institution became the top-rated university by its students according to the global score index, obtaining a 4.9 out of 5.

Access the study contents from any device with an Internet connection (computer, tablet, smartphone) thanks to the fact that TECH is at the forefront of technology and teaching.

You will be able to learn with the advantages that come with having access to simulated learning environments and the learning by observation approach, that is, Learning from an expert.

As such, the best educational materials, thoroughly prepared, will be available in this program:

Study Material

All teaching material is produced by the specialists who teach the course, specifically for the course, so that the teaching content is highly specific and precise.

This content is then adapted in an audiovisual format that will create our way of working online, with the latest techniques that allow us to offer you high quality in all of the material that we provide you with.

Practicing Skills and Abilities

You will carry out activities to develop specific competencies and skills in each thematic field. Exercises and activities to acquire and develop the skills and abilities that a specialist needs to develop within the framework of the globalization we live in.

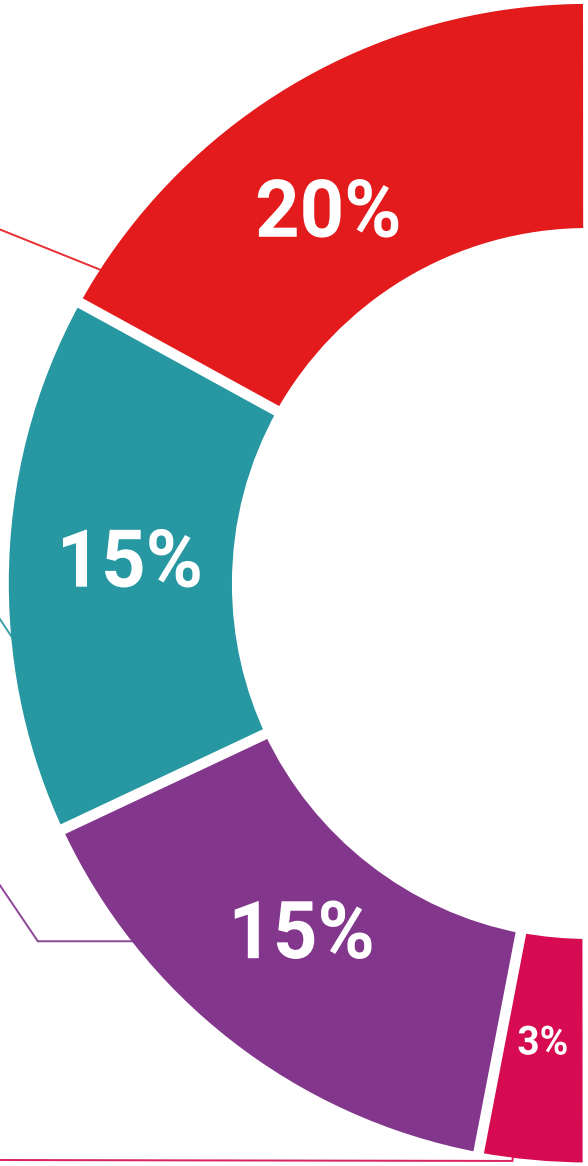
Interactive Summaries

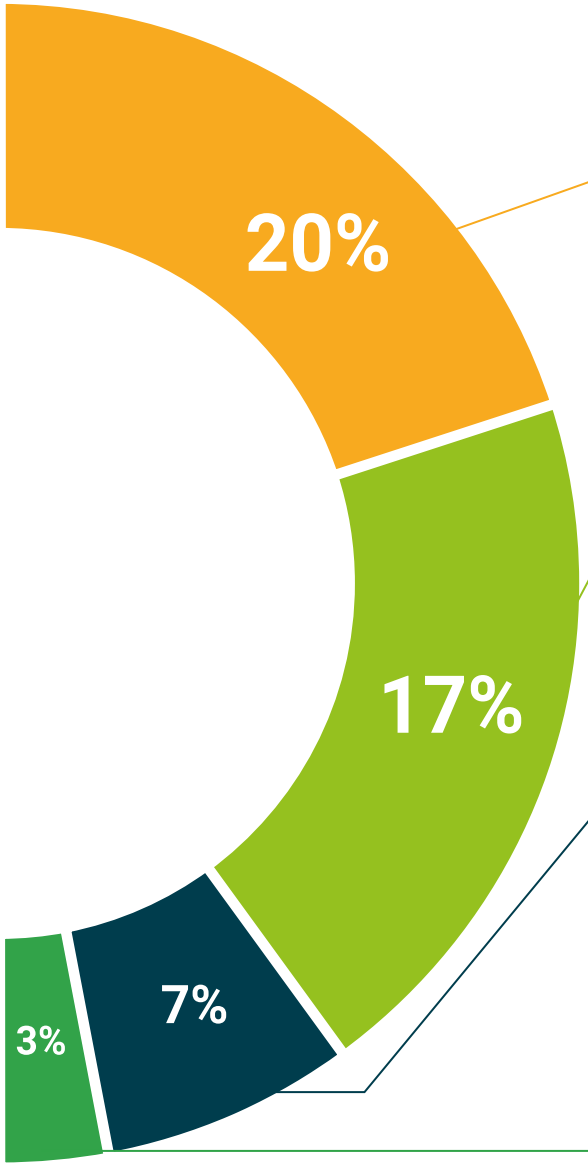
We present the contents attractively and dynamically in multimedia lessons that include audio, videos, images, diagrams, and concept maps in order to reinforce knowledge.

This exclusive educational system for presenting multimedia content was awarded by Microsoft as a "European Success Story".

Additional Reading

Recent articles, consensus documents, international guides... In our virtual library you will have access to everything you need to complete your education.





Case Studies

Students will complete a selection of the best case studies in the field. Cases that are presented, analyzed, and supervised by the best specialists in the world.

Testing & Retesting

We periodically assess and re-assess your knowledge throughout the program. We do this on 3 of the 4 levels of Miller's Pyramid.

Classes

There is scientific evidence suggesting that observing third-party experts can be useful.

Learning from an expert strengthens knowledge and memory, and generates confidence for future difficult decisions.

Quick Action Guides

TECH offers the most relevant contents of the course in the form of worksheets or quick action guides. A synthetic, practical and effective way to help students progress in their learning.

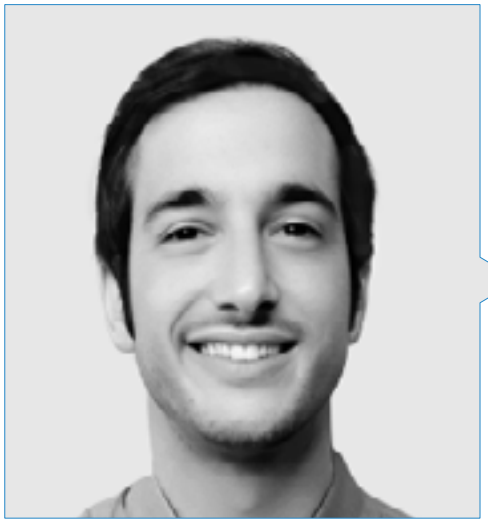
07

Teaching Staff

In its firm commitment to provide the most complete and updated university programs in the academic panorama, TECH carries out a rigorous process to form its teaching staff. As a result, this Hybrid Master's Degree has brought together leading specialists in the field of Suicide Prevention and Postvention for Psychiatrists. These professionals have an extensive work background, where they have optimized the quality of life of many patients. Undoubtedly, an immersive experience that will allow graduates to significantly increase their professional prospects.

You will have access to a university program prepared by authentic references in Suicide Prevention and Postvention for Psychiatrists, who will guide you throughout the curriculum"

Management



Dr. Alberdi Páramo, Iñigo

- Area Specialist in Psychiatric Hospitalization Unit/Psychogeriatrics at the Institute of Psychiatry and Mental Health of the San Carlos Clinical Hospital
- Area Specialist in Outpatient Psychiatry Liaison Psychiatry and Specialized Service in Mental Health in Intellectually Handicapped at the University Hospital La Princesa
- Area Specialist of Psychiatry in CSM Chamberí - Carabanchel
- Author and co-author of numerous scientific articles and book chapters
- Professor in undergraduate and postgraduate university studies.
- Doctor in Medicine - Psychiatry by the Complutense University of Madrid
- University Specialist in Clinical and Psychoanalytic Psychotherapy by the Pontifical University of Comillas

Professors

Ms. Alonso Sánchez, Elena Begoña

- Psychiatrist at the University Hospital Torrejon de Ardoz
- Coordinator of the Attention to Suicidal Risk program at the University Hospital Torrejón de Ardoz
- Clinical Researcher
- Coordinator of the Integral Attention to the Sick Physician program
- Degree in Medicine from the University of Seville

Ms. Pérez Luna, Laura

- Clinical Psychologist at the University Hospital Infanta Leonor
- Expert in Systemic Intervention
- Responsible for the Perinatal Intervention Program
- Degree in Psychology from the Autonomous University of Madrid

Ms. Pérez Navarro, Virginia

- Clinical Psychologist at the Clinical Hospital San Carlos
- Specialist in Systemic Interventions
- Clinical Researcher
- Degree in Psychology from the University of Murcia

Dr. Rodrigo Holgado, Irene

- Clinical Psychologist at the 12 de Octubre Hospital
- Clinical Researcher at Red Hygeia
- Specialist in Psychotherapy
- Master's Degree in Neuropsychology from the Open University of Catalonia
- Master's Degree in Advanced Nutrition and Dietetics from the TAGO Study Center
- Master's Degree in Women and Health from the Complutense University of Madrid
- Degree in Psychology from the Complutense University of Madrid

08

Certificate

The Master's Degree in Suicide Prevention and Postvention for Psychiatrists guarantees students, in addition to the most rigorous and up-to-date education, access to a Master's Degree diploma issued by TECH Global University.

Successfully complete this program and receive your university qualification without having to travel or fill out laborious paperwork"

This private qualification will allow you to obtain a **Master's Degree diploma in Suicide Prevention and Postvention for Psychiatrists** endorsed by **TECH Global University**, the world's largest online university.

TECH Global University, is an official European University publicly recognized by the Government of Andorra ***(official bulletin)***. Andorra is part of the European Higher Education Area (EHEA) since 2003. The EHEA is an initiative promoted by the European Union that aims to organize the international training framework and harmonize the higher education systems of the member countries of this space. The project promotes common values, the implementation of collaborative tools and strengthening its quality assurance mechanisms to enhance collaboration and mobility among students, researchers and academics.

This **TECH Global University** private qualification is a European program of continuing education and professional updating that guarantees the acquisition of competencies in its area of knowledge, providing a high curricular value to the student who completes the program.

Title: **Master's Degree in Suicide Prevention and Postvention for Psychiatrists**

Modality: **online**

Duration: **12 months**

Accreditation: **60 ECTS**


tech global university

Mr./Ms. _____, with identification document _____
has successfully passed and obtained the title of:

Master's Degree in Suicide Prevention and Postvention for Psychiatrists

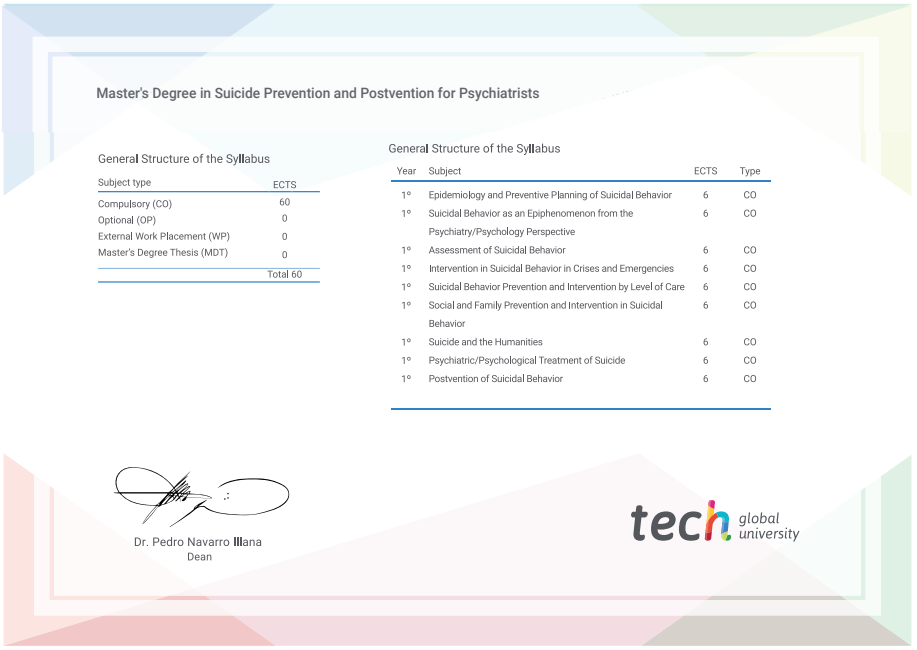
This is a private qualification of 1,800 hours of duration equivalent to 60 ECTS, with a start date of dd/mm/yyyy and an end date of dd/mm/yyyy.

TECH Global University is a university officially recognized by the Government of Andorra on the 31st of January of 2024, which belongs to the European Higher Education Area (EHEA).

In Andorra la Vella, on the 28th of February of 2024

Dr. Pedro Navarro Illana
Dean

This qualification must always be accompanied by the university degree issued by the competent authority to practice professionally in each country. Unique TECH Code: AFWORD23S techtitute.com/certificates


Master's Degree in Suicide Prevention and Postvention for Psychiatrists

General Structure of the Syllabus

Subject type	ECTS
Compulsory (CO)	60
Optional (OP)	0
External Work Placement (WP)	0
Master's Degree Thesis (MDT)	0
	Total 60

General Structure of the Syllabus

Year	Subject	ECTS	Type
1º	Epidemiology and Preventive Planning of Suicidal Behavior	6	CO
1º	Suicidal Behavior as an Epiphenomenon from the Psychiatry/Psychology Perspective	6	CO
1º	Assessment of Suicidal Behavior	6	CO
1º	Intervention in Suicidal Behavior in Crises and Emergencies	6	CO
1º	Suicidal Behavior Prevention and Intervention by Level of Care	6	CO
1º	Social and Family Prevention and Intervention in Suicidal Behavior	6	CO
1º	Suicide and the Humanities	6	CO
1º	Psychiatric/Psychological Treatment of Suicide	6	CO
1º	Postvention of Suicidal Behavior	6	CO

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Dean

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*Apostille Convention. In the event that the student wishes to have their paper diploma issued with an apostille, TECH Global University will make the necessary arrangements to obtain it, at an additional cost.

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Master's Degree
Suicide Prevention and Postvention for Psychiatrists

- Modality: **online**
- Duration: **12 months**
- Certificate: **TECH Global University**
- Accreditation: **60 ECTS**
- Schedule: **at your own pace**
- Exams: **online**

Master's Degree

Suicide Prevention and Postvention for Psychiatrists

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