



## Suicide Prevention, Intervention and Postvention Protocol for Elementary and Secondary School Students

---

**With special thanks to:** School Mental Health Assist, Conseil Scolaire Catholique Franco-Nord, Near North District School Board, Ontario Centre of Excellence for Child and Youth Mental Health-Together to Live Toolkit, North Bay Suicide Committee and The Canadian Suicide Prevention Framework.

---

## Table of Contents

---

### Introduction Page 3

---

- Purpose
- Rationale
- Key Terms

### Life Promotion and Suicide Prevention Page 4

---

- Nipissing Parry Sound Catholic District School Board Mental Health and Addiction Strategy to Key Elements of Prevention

### Intervention Page 5

---

- Overview

### Step 1- Identification Page 6

---

- Responder Identifies a Concern for a Student
- Warning Signs

### Step 2- Responding to a Suicide Concern Page 7

---

- Staff Steps: Signs of Suicide
- Tips for Responding to a Suicide Concern, Supporting the Student
- Parent Notification and Participation
- Options for Parents to Pursue Assessment Without School Assistance
- ASIST Trained Staff
- Mobilizing Internal Support People

### Step 3- Suicide Risk Assessment Page 10

---

- Further Assessment Required
- Contacting and Expectations of Mobile Crisis- Hands The Family Help Network.ca
- Determined Level of Risk: Recommendations

---

**Step 4- Follow-Up: Ongoing Support for the Student** **Page 11**

- Transition & Return to School
- School-Based Well-Being Plan
- How Educators Can Help After a Return From Hospitalization or Prolonged Mental Health Absence
- Postvention

---

**Special Considerations** **Page 13**

- Specific Populations
- Contagion
- Cluster
- System Coordination

---

**Appendix A: Roles and Responsibilities** **Page 15**

---

**Appendix B: Quick Reference Flow Chart** **Page 16**

## Introduction

---

The Suicide Prevention, Intervention and Postvention Protocol for both Elementary and Secondary students for the Nipissing Parry Sound Catholic District School Board has been developed to ensure that all students entrusted in our care understand that their mental health and well-being is a critical component of their ability to reach their full potential. "Youth suicide is complex, tragic and also sadly prevalent. It is the second leading cause of death amongst young people in Canada. Current research holds only partial answers to best practices in this area but there are reasonable and effective directions that school boards can pursue to promote life and reduce risk factors for our students" ([School Mental Health Assist: Life Promotion and Suicide Prevention Framework](#))."

***"Let us therefore come boldly unto the throne of grace, that we may obtain mercy, and find grace to help in time of need" ~Hebrews 4:16***

### Purpose:

The Suicide Protocol for Nipissing-Parry Sound Catholic District School Board, will act to clarify roles and responsibilities of school personnel, other professionals, parents and caregivers in relation to supporting students around suicide. This protocol outlines our Board approved plan on Prevention, Intervention and Postvention strategies.

### Rationale:

1. The safety and well-being of all students is our primary concern. **All suicidal and self-harm gestures and comments must be taken seriously.**
2. School staff should always inform and work with their administration when a suicide concern is identified.
3. School staff should never deal with a potentially suicidal student without support.
4. Collaboration between the student, school staff, other professionals and the student's caregiver is known to be the most effective means to prevent suicide.
5. Suicide can be prevented with an approach to early identification and the creation of a safe and open space for dialogue.

### Key Terms:

**Suicide Prevention:** Efforts to reduce the risks of suicidal thoughts and behavior amongst students in a systematic way.

**Non-Suicidal Self-Injury:** A deliberate attempt to cause bodily injury to one self with out the conscious intent to die.

**Suicidal Ideation:** suicidal thoughts that include both contemplating suicide and planning actions that could result in death.

**Suicide Attempt:** deliberate actions that cause self-injury with the conscious intent to cause one's death.

**Suicide Postvention:** Efforts to support those impacted by a suspected or confirmed death by suicide.

**ASIST:** Applied Suicide Intervention Skills Training.

## Life Promotion and Suicide Prevention

---

The Nipissing-Parry Sound Catholic District School Board is committed to a comprehensive primary suicide prevention and life promotion strategy. According to [The Federal Framework for Suicide Prevention](#), “prevention works to build protective factors and promote mental health and well-being and reduce risk factors that could lead to suicide.” Our board approved Mental Health and Addiction Strategy outlines specific goals and deliverables related to what are known to be key elements of a comprehensive approach to reducing suicide among youth.

The following are components of that plan that contribute to primary prevention in the school setting;

- Social/emotional learning programs in schools
- Focus on mental health awareness for all and mental health literacy or mental health expertise for targeted groups
- Stigma reduction and safe messaging campaigns
- Distribution of online resources and helpful information
- Community collaboration on pathways to care
- Training for gatekeepers and first responders
- Mental health promotion programming that focuses on resiliency and flourishing with an emphasis on help seeking

Specifically, the Nipissing-Parry Sound Catholic District School Board's Mental Health and Addiction Strategy, sets out the organizational conditions which have been identified as the foundation for a clear focus on positive mental health and well-being at school. A key feature of this focus is a committed leadership team whom guide the implementation of the following; evidence based social-emotional learning programs from K-8; intentional professional development for all staff on creating mentally healthy schools and classrooms K-12; mental health awareness and stigma reduction K-12; parent education and engagement; the distribution of quality resources; dedicated collaboration with relevant community stakeholders in identifying service gaps and building clear pathways to mental health services. Additionally, our leadership team continues to support professional development and intentional training for all in Safe Talk-suicide awareness and targeted training of identified staff groups in ASIST applied suicide intervention.

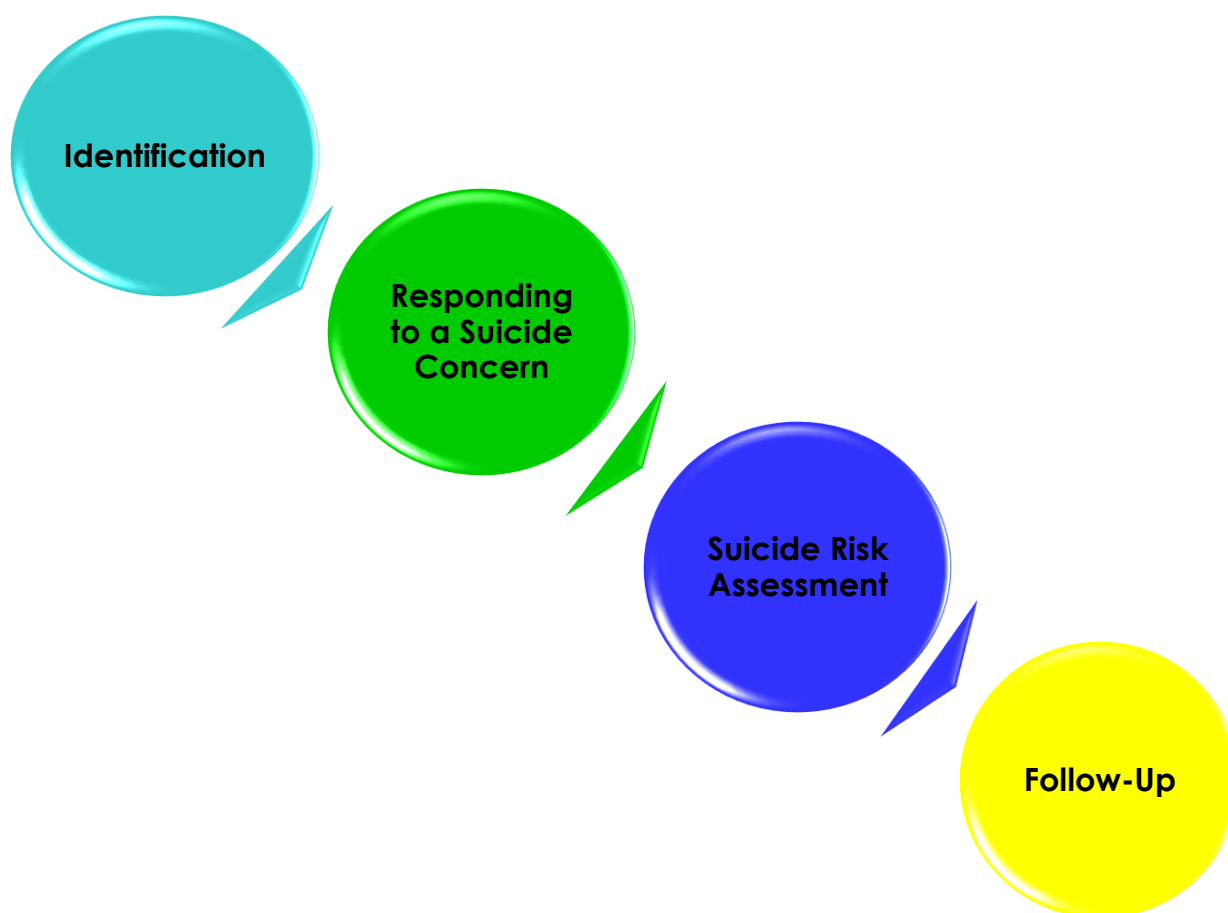
Nipissing-Parry Sound Catholic District School Board is committed to continued community collaboration around capacity building through a shared training model that reaches beyond our board community to enhance regional efforts to reduce the risk of suicide for our children and youth.

## Intervention

---

While early identification and prevention are a vital component of risk reduction and life promotion, this protocol is also designed to ensure a coordinated and evidence based intervention response to children/youth who become at risk for suicide. **We know that 1 in 5 teens have seriously considered attempting suicide in the past 12 months; almost half of the teens that considered suicide did not tell anyone; and that suicide is the second leading cause of death for youth ages 15-24.** The following provides a guide for school staff when responding to a student at risk for suicide.

### Overview:



## Step 1 - Identification

---



### Responder Identifies a Concern for a Student

School staff members often have strong connections with their students and we recognize that any caring adult in the building may become aware of concerning gestures or behaviours that indicate the student is at risk of suicide. Warning signs may appear in a number of places including student behaviour in class or at recess, pieces of writing, artwork and/or via comments or postings on social media.

***\*The Presence of any warning signs warrants a timely response that includes appropriate exploration and screening to assess next steps. This must occur before the end of the school day and must be reported to the Principal/designate who will notify the parent/guardian prior to the child being sent home from school.***

### The following are examples of warning signs:

- Repeated expressions of hopelessness, helplessness or desperation
- Verbal expression of thoughts of “wanting to die”, “I can’t go on anymore”, “You all would be better off without me”, “I feel like killing myself”
- Behaviours that are out of character ie. Recklessness or unusual emotional outbursts
- Signs of depression, social withdrawal, loss of interest in activities they once enjoyed, changes to sleep and/or eating patterns
- A sudden and unexpected change in attitude after a period of depression, such as an uncharacteristic cheerful attitude
- Giving away prized possessions and/or saying goodbye to friends
- Making remarks (even jokes) about suicide, death and dying
- A preoccupation with death
- Increase in severity/frequency of self- injurious behaviour
- Sudden unexpected mood changes
- Uncharacteristic impulsive behaviours such as violent actions, running away behaviours or sudden rebelliousness

## Step 2- Responding to a Suicide Concern

---



When staff become concerned that a student is showing signs of suicidal thoughts or behaviours, staff member will:

- Ensure the student's immediate safety and never leave the student alone.
- If the student identifies that they have already acted on suicidal thoughts or the situation is an obvious emergency, call 911 immediately.
- Alert the principal or designate immediately.
- The principal or designate will inform the parent/caregiver and consult with Assist trained board staff or if unavailable, contact mobile crisis through Hands the Family Help Network.
- Trained staff will conduct an interview with the student to determine next steps.
- Ensure the incident is documented clearly.
- Follow up with the student and others involved to check in about any needs outlined in the safety plan.

[Hands The Family Help Network.ca](https://www.hands.ca/) is the local Children's Mental Health agency and provides Mobile Crisis Response to Schools during regular business hours.

**(705) 476-2293 or 1-800-668-8555**



### **Tips for Responding to a Suicide Concern, Supporting the Student**

- ✓ Stay calm and be supportive
- ✓ Do not minimize the concerns or impose your own beliefs on the student
- ✓ Escort the student to a private place where more information about the concern can be obtained
- ✓ Listen and respond with empathy
- ✓ Do not engage in arguing or debating about suicidal thinking or gestures
- ✓ Do not make promises to keep the conversation confidential. Safety takes precedence over confidentiality.
- ✓ Do not be afraid to ask the student directly if they are having suicidal thoughts. It is a myth that talking openly about suicide plants the idea or encourages someone to attempt suicide.
- ✓ Be honest with the student of next steps, ie. Parent/caregiver will be contacted

### **Parent Notification and Participation**

Parents/guardians are responsible for the care of their children and can be an important ally in keeping the student safe and getting them to the help they need. Given the seriousness of the concern, it is the role of the Principal/Designate, as the leader of the school, to involve the parent/guardian promptly. This contact with parents/caregivers is best handled with care and with factual information that clearly outlines the concern and assists in guiding the family to help. If the student at any time refuses help, attempts to leave the school, or contact with parents/guardian cannot be made in a timely manner, the Principal/Designate will consider activation of emergency response via 911.

In the event the parent/guardians cannot be reached a decision may be made to go ahead with the risk assessment procedures. Safety is the primary concern. This response may include either a call to Hands the Family Help Network to request a Crisis Risk Assessment at the school or in more emergent cases, a call to 911 to have the student transported to hospital for assessment.

On rare occasions the Parent/guardian may wish to pursue further assessment without the help of school staff. In this case, the Principal/designate may wish to offer other options:

1. The parent/guardian escorts the student to hospital/emergency promptly.
2. The parent/guardian secures an immediate appointment with a primary health care physician
3. An appointment for a Crisis Risk Assessment via Hands The Family Help Network at their offices is made promptly

***\*\*In rare circumstances, the Children's Aid Society may need to be notified if the parent/guardian is unable to commit to a timely assessment of the student's risk.***

### **ASIST Trained Staff:**

Every school in our board has ASIST trained staff who should be known to all staff as an individual who can further explore identification of warning signs and risk. Applied Suicide Intervention Skills Training (ASIST) certification provided by [Living Works Education Inc.](#) is a suicide first aid model that is intended to support "safety for now" for immediate safety for those at risk. It is not a comprehensive assessment that should be viewed as a replacement of a thorough risk assessment and intervention plan beyond the immediate identification process. As a community, we refer to ASIST trained staff as identifiers and we have agreements with our local hospital and Children's Mental Health agency that we will utilize our trained staff to screen for suicide risk and determine necessity to move the assessment further to a local mobile crisis response or visit to the emergency department.

### **Mobilizing Internal Supports**

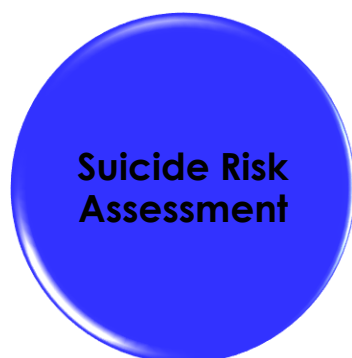
Outside of your school level staff who can be of assistance in a situation where there is a concern for a student at risk of suicide, you may also contact:

- Mental Health Lead
- School Social Workers
- CCAC Mental Health and Addiction Nurse

**See Appendix A for full list of roles and responsibilities.**

## Step 3- Suicide Risk Assessment

---



Once the trained identifier in collaboration with Principal/designate, identifies that further assessment is required to ensure the safety of the student, the call to Hands Mobile Crisis is made. In the event that a school does not have a trained staff member or internal service provider available, Mobile Crisis is called as a first step.

**Hands The Family Help Network Mobile Crisis:**  
**1-800-668-8555**

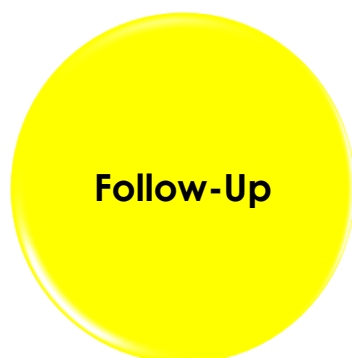
### What to Expect from Mobile Crisis

Upon identifying the request for a mobile crisis intervention, the caller will be linked to the clinician responsible for Mobile Crisis on that day. Hands will send a crisis worker to the school to further assess or request the family attend at the office if they can. The clinician will conduct a thorough risk assessment, determine the next course of action and include a safety plan for the student.

### Depending on the determined level of risk, recommendations may include:

- ✓ Immediate visit to the local emergency department
- ✓ Follow up appointment with a clinician already connected to the family or an appointment with a primary care physician
- ✓ Linking to services not already in place for therapeutic support
- ✓ Safety plan and recommendations for the parent to monitor safety at home

## Step 4- Follow-Up: Ongoing Support for the Student



### Transition and Return to School

Part of the safety planning process with either hospital staff or Hands mobile response is a supportive return to school. It is critical that the student feels that they have been an integral part of the planning process and have identified any well-being supports at the school that would be helpful in their transition back.

If the student either presented at the emergency department or was admitted to the hospital due to their level of risk, the Mental Health Lead should be made aware of the circumstances of that visit. At that time, consideration will be made to make a connection between the family and the Local Health Integration (LHIN) Mental Health and Addiction Nurse to ensure continuity of medical care. Consent must be obtained from the family to pursue this referral. (The community level protocol asks that this connection be offered to the family at the hospital).

It is important to note that in some cases, the family will not consent at the hospital to have the participating community agency share follow up information with the school.

Some students may also present at the hospital outside of school hours without our knowledge.

When possible, prior to the student's return to school, the Principal/Designate should consider setting up a meeting to discuss who the student may feel a positive adult connection with in order to mobilize a support team upon their return.

### With the student's input, a school based well-being plan may include the following:

- ✓ Identifying at least one caring adult the student can go to should they feel unwell;
- ✓ Identifying a back-up person should that individual not be available;
- ✓ Ensure the student knows how to access their support person;
- ✓ If appropriate consider referral to Student Support Services to augment existing support plans for the student;
- ✓ Consider any recommendations that may have been made by the participating community agency, ie. reducing stressors in the school environment;
- ✓ Establish a reasonable means to monitor the student through appropriate check-ins agreed upon by the student.

## How Educators Can Help After a Return From Hospitalization or Prolonged Mental Health Absence

The school environment can be a challenging place for students transitioning back from an absence due to their mental health and well-being. Primarily, hospitalizations are an acute assessment and stabilization response and not typically viewed by the student as a resolution to all of the challenges that prompted the suicidal thoughts and/or behaviours. It must be considered that students are still vulnerable to relapse upon their return to school in many circumstances. The student may also be feeling vulnerable around what other people may know, their perceptions about what has occurred and time missed from social and academic pursuits.

### Educators Can:

- ✓ Welcome the student back and express happiness to see them;
- ✓ Approach them in private to ask about what they need to get caught up on school work and feel back in routine;
- ✓ Modify any expectations that have been previously identified as stressors by the student;
- ✓ Avoid asking about the student's absence in a public forum;
- ✓ Establish open and honest communication with them to let them know that you are available to support their success and well-being;
- ✓ Help the student get back to routine as soon as possible.

### Postvention

***“Fear not, for I am with you; be not dismayed, for I am your God; I will strengthen you, I will help you, I will uphold you with my righteous hand” Isaiah 41:10***

According to the Federal Suicide Prevention Framework, “postvention works to help support and heal those affected after the loss or experience of suicide, as well as providing follow-up education / prevention to reduce the risk of future crises.” People who would be important to keep in mind when making decisions about postvention strategies can include:

- Survivors of suicide loss (e.g., family, friends, classmates, colleagues and communities of those lost)
- Survivors of suicide attempt

The Nipissing-Parry Sound Catholic District School Board is committed to supporting the professional development and ongoing practices of our school Critical Event Response Teams and our Board System Critical Event Response Team (CERT) to ensure timely postvention at the school level.

In the event that a school becomes aware of a death by suicide in their school community, the Principal/Designate will follow the identified procedure for engaging a CERT response from the Board CERT team. Senior Administration must be notified in a timely manner of the situation and will provide the necessary support to the Board CERT team. Senior Administration will also engage in discussions with the Communication Officer about the identified protocols and procedure outlined in our Board Communication Plan.

## Special Considerations

---

### Specific Populations

While any person could become at risk of suicide, there are specific populations that are at greater risk of suicide ideation, behavior and death. For instance, Health Canada reports that suicide rates are 5-7 times higher in our Indigenous youth. It is vital that our efforts to support our Indigenous families includes high quality culturally meaningful programming. Additionally, when possible, prevention efforts, intervention and postvention should include consultation with our Indigenous leaders to ensure culturally sensitive practice.

Similarly, students who identify as lesbian, gay, bisexual, trans, Two Spirit or queer (LGBTQ2S) also disproportionately experience suicidal ideation and behavior. It has been estimated that LGBTQ2S youth face 14 times the risk of suicide than their counterparts who identify as heterosexual. Although the reasons behind suicide rates are complex, youth who experience higher rates of negative socio-economic factors such as, marginalization or discrimination are particularly vulnerable.

### Contagion

Contagion occurs when suicidal behavior becomes known to other vulnerable individuals and influences an increase in their risk of suicide. We know that it is a real phenomenon and should be considered as part of the process in how school communities respond to suicide. Communication about suicidal behaviours, attempts or death by suicide, need to be handled carefully to avoid further risk to others. The Principal and the internal CERT team will be directed to the Suicide Postvention Guidelines located in your school **CERT kit binder**. It is critical that the school based team collaborate at all levels of the postvention process to ensure that the response is in line with the current research, especially as it relates to minimizing risks to others and reducing the likelihood of contagion to other youth.

### Cluster

Multiple suicidal behaviours, attempts or deaths in a geographic area or within a short time frame could represent a suicide cluster. Although rare, they are the most common among adolescents. It is imperative that any reports of students dialoguing with one another either during school or via social media about suicidal ideation be taken seriously. It is also important to be aware that many of our adolescents could also be utilizing social media, or pro-suicide chat rooms/blogs that give them additional harmful information around suicide methods and pro-suicidal messaging.

### System Coordination

Suicide prevention, intervention and postvention is a shared responsibility and is only possible when a full system of care is activated and maintained by key stakeholders. The Ministry of Children and Youth Services (MCYS) is the leader in the development and implementation of [The Ontario Youth Suicide Prevention Plan](#). This plan is intended to promote positive mental health and well-being and ensure accessible mental health services to children and their families. The community of North Bay and surrounding area have been committed to the development of clear service

pathways for children/youth and families as part of this plan. Additionally, The Ministry of Education in support of School Mental Health Assist has identified the need for all school boards to have a clear suicide plan for prevention life promotion, intervention and postvention that is aligned with the existing services in the community.

As a community, key partners have been working on the development and implementation of the Nipissing Parry Sound and Muskoka Child and Youth Suicide Risk Guidelines. This Board level Protocol has been designed to align with the work of that committee to ensure that children and youth receive coordinated care across the system with a focus on early identification, risk reduction, timely intervention and collaborative follow-up care.

## Appendix A

<b>Person/Position</b>	<b>Role and Responsibility</b>
<b>Student in distress</b>	<ul style="list-style-type: none"> <li>○ Tell a trusted person thoughts of suicide and request help (Responder)</li> </ul>
<b>Responder (first person to learn of student in distress)</b>	<ul style="list-style-type: none"> <li>○ Listens to student and reassures student</li> <li>○ Makes sure student is not left unattended</li> <li>○ Informs Principal/VP/Designate</li> </ul>
<b>Principal/Leader in Charge</b>	<ul style="list-style-type: none"> <li>○ Manages overall process and develops a communication plan</li> <li>○ Contacts parent or delegates to other staff</li> </ul>
<b>Parent/Caregiver</b>	<ul style="list-style-type: none"> <li>○ Responsible to direct the care of their child</li> <li>○ To inform the school about the needs of their child</li> </ul>
<b>Identifier ( ASIST trained staff)</b>	<ul style="list-style-type: none"> <li>○ Talks to student to screen for risk and to determine if further assessment required</li> <li>○ If further assessment is needed contacts Mobile Crisis</li> <li>○ Starts to develop a safety plan for the immediate situation</li> <li>○ Meets with the Mobile Crisis and student for transition</li> <li>○ Informs based on communication plan</li> </ul>
<b>Mobile Crisis Worker</b>	<ul style="list-style-type: none"> <li>○ Completes a full suicide assessment</li> <li>○ Determines if hospitalization is required</li> <li>○ Develops safety or transition plan</li> <li>○ Informs and works with family</li> <li>○ Liaises with the hospital</li> <li>○ Supports discharge process</li> </ul>
<b>Social Worker in Inpatient Unit</b>	<ul style="list-style-type: none"> <li>○ Supports the hospital stay and develops treatment plan with family</li> <li>○ Gets consent to speak to the school and if agreed contacts Principal and/or Mental Health Lead</li> <li>○ Arranges discharge planning meeting</li> </ul>
<b>Mental Health and Addictions Nurses</b>	<ul style="list-style-type: none"> <li>○ Supports hospital transition for NPSC students</li> <li>○ Is accessed by hospital upon admission and/or discharge</li> <li>○ Can provide follow-up services referral through NPSC Mental Health Lead</li> </ul>



