



YRDSB Student Suicide Intervention Protocol

It is important to recognize that those who struggle with mental health problems have personal strength and resilience, and the potential to overcome difficulties to ultimately survive, thrive and strive to create a life worth living. We understand that mental health is a complex concept that impacts each of us in different ways. The safety of all our students and staff is of utmost importance. It is also important that, as school leaders, we identify and address biases and systemic barriers (i.e. race, gender) while recognizing and addressing our own emotional responses during a potential crisis situation involving a student. It is important that YRDSB staff is trained to effectively support and respond to ensure the ongoing safety of those who may be struggling. Among those who struggle with mental health problems are individuals who are considering suicide. They are of particular and urgent concern. In addition, we endeavour to uphold a culturally sensitive and responsive approach when addressing student suicidal thought. We work towards engaging parents and guardians in a sensitive and culturally responsive manner in an effort to work with parents and guardians to maintain the safety of their child.

“Youth suicide is a complex emotionally-charged and sadly prevalent problem in Canada. It is the second leading cause of death amongst young people accounting for roughly 17-20% of adolescent mortality. Virtually all school boards in Ontario will be faced with students who are at risk for suicidal behaviour and most will at one time or another need to respond to a student’s death by suicide. Given this reality it is important to be prepared.” (School Mental Health Assist, 2013, [p.4])

The YRDSB Student Suicide Intervention protocol is designed to address the steps involved when responding to *current and present* thoughts of suicide, as well as, actions related to suicide.

Guiding Principles

- The York Region District School Board is committed to building safe, healthy and inclusive learning and working environments where students and staff feel that they matter and belong.
- Collaboration between the student, school staff, parent(s)/guardian(s), and relevant regulated health professional(s) is known to be the most effective means of preventing suicide.
- This protocol has been developed to provide staff with the appropriate procedures when addressing students who disclose present and current suicidal feelings, ideation, and/or behaviours.
- All thoughts of suicide must be taken seriously and responded to immediately.
- Always ensure the student’s immediate safety. Where a concern related to suicidal risk is present, never leave the student alone.
- Students who disclose suicidal thoughts, or for whom there is perceived risk of suicide, will be treated with dignity and respect.
- Information received regarding suicidal thoughts and/or behaviours cannot be kept secret but will be treated with utmost discretion.
- When a student discloses suicidal thoughts, or if there is perceived risk of suicidal action, staff must disclose this information to the school principal, vice-principal, or designate.
- When required and appropriate, a suicide risk review should be conducted by a staff member trained in the Living Work’s Applied Skills for Suicide Intervention Training (ASIST).
- Contact with parent(s)/guardian(s) should be handled with care. Using culturally responsive, anti-oppressive and inclusive practices/values, the conversation should involve a presentation of the concern, yet work to foster hope and demonstrate support.

Step 1. Recognizing & Reporting Risk:

- Disclosures of suicidal ideation may be explicit or implicit requests for help. The presence of any warning signs/risk alerts warrants timely attention and subsequent intervention.

- Staff may be alerted to a student's potential for suicidal thoughts or actions in a variety of manners, including, but not limited to:
 - A verbal disclosure of suicidal ideation from the student;
 - Signs of depression such as sleeplessness, social withdrawal, loss of appetite, loss of interest in usual activities, change in routine behaviours;
 - Observation of reckless behaviours (e.g. substance overuse);
 - Self harm, which may be an indicator of suicidal thought (self-harm is not the same as suicide, however self-harm can escalate into suicidal behaviours);
 - A report from a friend or family member that a student has expressed suicidal thoughts;
 - A student's writing, artwork or social media/digital communications;
 - Repeated expressions of hopelessness, worthlessness, loneliness, helplessness or desperation (e.g. "I can't go on like this anymore", "I should have never been born", "My problems won't end until I die");
 - Actions such as giving away possessions or withdrawal from family or friends;
 - A change from baseline behaviour (e.g. high levels of agitation, irritability, or aggression).
- Where a concern related to suicidal risk is present, never leave the student alone and ensure that the student remains in the presence of a caring adult at all times.
- Students who disclose suicidal thoughts, or for whom there is perceived risk of suicide, will be treated with dignity and respect. **At no time must a staff person promise to keep "a secret"**. Although staff may feel that sharing confidential information is a breach of trust, all disclosures should be recognized as invitations for help. Staff are not able to keep students safe at all times and, therefore, the support of other caring adults is critical. Safety overrides confidentiality.
- When a student discloses suicidal thoughts, or if there is perceived risk of suicidal action, staff must disclose this information to the school principal, vice-principal, or designate¹ in timely manner. A record of the disclosure to the principal, vice-principal, or designate will be made on the Suicide Keepsafe Plan (see page 6). To ensure the safety of the student, it is essential that this conversation occur as soon as possible (e.g., do not wait until the end of the day when the student leaves the building).
- If the student is over the age of 18, permission is required from the student to contact their parent/guardian.

Step 2. Determining Actions

During the course of the intervention, it is important to recognize that the following actions may not occur in a step by step manner.

****The most important thing throughout this intervention is that the student remains supervised at all times.**** **Ideally, it is preferred that more than one staff member support the protocol.** For example, different staff members may perform various tasks simultaneously such as, begin/continue with ASIST, speak to the parents/guardians, or access other immediate supports (e.g., social work)

If there is a Medical Emergency: contact 911

- Contact the parent(s)/guardian(s) as soon as possible following the call to 911.

If no medical emergency is present:

- If the situation is not a medical emergency, the school administrator or designate will contact the parent(s)/guardian(s) in a timely manner and the student will remain in the presence of a caring adult at all times.

Step 3. Contacting Parent(s)/Guardian(s)

- If the student is over the age of 18, permission is required from the student to contact their parent/guardian.

For students under the age of 18, parent(s)/guardian(s) is/are notified that the student will be supported by an ASIST trained staff member: Suicide risk review is initiated via ASIST trained staff member and a record of the intervention will be made in a secure on line record management system (SSNET).

Refer to **page 4** for description of ASIST Trained Staff member categories.

- Following the ASIST, staff member provides recommendations to parent(s)/guardian(s) on next steps, which could include bringing the child to a primary healthcare physician, emergency department or other regulated healthcare professional for assessment.
- In the event that parent/guardian may prefer to have an external suicide assessment completed, the parent/guardian may do so.
 - In some situations, the school **principal, vice principal, or their designate** may speak with parents and their assent (i.e. parental agreement) is not provided. If parents do not assent to ASIST protocol and prefer an external suicide assessment, the ASIST trained person must cease their intervention and wait/have another safe person wait with the student until the parents arrive.
- Regardless of where the suicide assessment is initiated, the Principal/Vice-Principal or their designate are encouraged to follow up to ensure the student was assessed, and to support the re-entry to school (e.g., a verbal statement from parent/guardian regarding the external suicide assessment, a written note from an external regulated healthcare professional etc).
- In **infrequent** situations, police or child protection may need to be notified to ensure the student's safety. **It is important to note that suicidal thoughts/actions do not necessarily constitute a mandatory report to a child protection agency.**
 - For example, if a student is 18 years of age or older and does not consent for parent (s)/guardian(s) to be notified, and can not identify another adult that can be notified of the suicide risk, then police would need to be contacted in order to ensure the student's safety.
 - **It is important to note that suicidal thoughts/actions do not necessarily constitute a mandatory report to a child protective agency. A report must be made to the appropriate child protection agency (e.g., CAS) in respect of a child under 16 years old when:**
 - The parent(s)/guardian(s) refuse to cooperate with the school in accessing assistance for the student, and/or
 - The school staff member has reason to believe that the student's risk is the result of abuse or neglect (e.g. abuse situation, risk of physical reprisal or lack of appropriate response).
 - The Student has indicated that they fear parent physical reprisal if their suicidal ideation is shared with their parent.
- The above information must be outlined to the child protection agency, as well as reasonable grounds to suspect that the student is at risk for suicidal behavior.
- The child protection agency reporting requirement also applies to students between the ages of 16-17 who are in the care or supervision of a child protection agency (foster situation or living independently).
- A report may be made to the local child protection agency in respect of a youth who is 16 or 17 years old, and not in the care of or under the supervision of a child protection agency, if the above-noted conditions apply. Staff are encouraged to consult with their school Social Worker, or alternatively, the Chief of Social Work and Attendance Services about discretionary reporting requirements.

* In the event that a parent(s)/guardian(s) cannot be reached, the ASIST intervention proceeds while continued attempts are made to contact the parent(s)/guardian(s).*

Step 4. Certified ASIST trained YRDSB Staff Conducts a Suicide Risk Review

- LivingWork's Education Inc. has developed the Applied Suicide Intervention Skills Training (ASIST). After completing a standardized two day workshop, facilitated by a certified ASIST trainer, participants receive a certificate of completion. ASIST is a suicide first aid intervention training that is intended to support the development of a safe plan for immediate security. The ASIST suicide intervention is not intended to replace an on-going therapeutic involvement as continued supports and resources are an essential

component of the safe plan. **For a helpful list of conversation do's and don'ts please see Appendix A**

- There are many categories of YRDSB staff who have completed the ASIST training workshop (i.e. teachers, administrative assistants, child and youth workers). Although some of these staff may be based permanently in a school, itinerant staff are assigned to multiple schools (i.e., itinerant social work or psychology staff). The decision to contact ASIST trained staff should not be a difficult one. These staff members are readily available to consult and complete suicide risk reviews. Checking the opinion of another professional has many merits and should be considered as the first option when completing a suicide risk review.
- The tasks associated with conducting a suicide risk review, disabling a suicide plan, and creating a Suicide Keepsafe Plan involve a great deal of care, responsibility, and supervision. It is important to keep this in mind when accessing assistance from staff to conduct a risk review. Staff who are members of a Regulated Professional College² maintain their professional standard of practice, are supervised, and maintain professional liability insurance. Members of regulated professional colleges include: School Administrators and Teachers (Ontario College of Teachers, OCT), Psychological Services professionals (College of Psychologists of Ontario, CPO), and Social Workers (Ontario College of Social Workers and Social Service Workers, CSWSS).
- Principals and/or their designate shall follow the below order of priority when contacting staff to conduct a suicide risk review :
 - School staff who are members of a regulated professional college (i.e. School Administrators, Teachers, Guidance Counsellors, SERTs);
 - Itinerant staff who are members of a regulated professional college (i.e. Coordinating Principal, SERT, Consultant, Social Worker, Psychology Staff). ***The principal, vice principal, or their designate can request this support by contacting the Department Coordinator of Service or the Chief of Social Work or Chief of Psychological Services who will deploy services as appropriate.***
 - School Staff who are not members of a regulated professional college (i.e. CYWs, EAs, administrative assistants). In selecting this option, the School Principal shall directly supervise (i.e. must be in the same room during the suicide risk review) the work of the un-regulated staff member.

Under no circumstances should anyone feel compelled to complete a suicide risk review alone. Options include asking another school staff person who is a member of a regulated professional college (i.e. teacher) or a school social worker or psychology staff to co-jointly interview the student. In situations when the staff member conducting the suicide risk review may not be well known to the student, it is suggested that the student be invited to identify a caring adult within the building that could perhaps be present in the intervention and offer the student a level of comfort as needed.

- Through the use of internal YRDSB certified trainers (and external trainers if necessary), YRDSB staff training will be kept current.

Step 5. Develop Suicide Keepsafe Plan

An initial Suicide Keepsafe Plan should be created through a conversation between the student and the ASIST trained YRDSB staff. Names of ASIST trained individuals available in the school (including itinerant staff) **will be** kept in a central location. As much as possible, it is important for the student to be an active participant in the development of the Suicide Keepsafe Plan. A student is more likely to commit to and follow a plan that they have created. At this point, a Suicide Keepsafe Plan can be verbal or written as preferred by the student. A Suicide Keepsafe Plan, should include: Disabling any Suicide Plans; easing the pain felt by the student; and linking the student to supports and resources.

Although the Suicide Keepsafe Plan is initially developed by the student and a staff person, parent(s)/guardian(s) are the most vital link to keeping their children safe. At this point parent(s)/guardian(s), additional school staff and other caring adults should participate in the refinement of the Suicide Keepsafe Plan. The Suicide Keepsafe Plan is intended to support a student's immediate safety until further and ongoing supports

are in place.

Examples of components of a Suicide Keepsafe Plan may include but are not limited to:

- Assessment by a psychiatrist, paediatrician or primary health care physician;
- Meeting with a community based mental health worker; crisis worker
- Involvement with a crisis support service such as a mobile crisis team or local hospital emergency department;
- Create a list of names and phone numbers of key support people, e-mail contacts, mental health contact numbers including crisis hotline, therapist contact information etc.
- Parent(s)/ guardian(s) to keep a watchful eye and invite conversation whenever appropriate;
- Identify a caring adult (and an alternative) at the school who the student is comfortable contacting if feeling suicidal. Include the method of contacting this caring adult and a backup support when necessary;
- Identify a safe-place in the school where the student is able to go to get assistance or to simply decompress at times of emotional distress (guidance room, SERT office)
- Suggesting to make the environment safe, including removing or securing items that may be used for self-harm; include a list of soothing activities and reasons for living
- Identify clear sources of stress and remediate (e.g. difficult course load).

At times, the Suicide Keepsafe Plan may include further assessment by a qualified mental health professional (e.g. recommendation the student go to a local hospital's emergency clinic). In the event that the student is transferred to a hospital, consideration should be given to encouraging the parent/guardian to share a copy of the Suicide Keepsafe Plan with the attending hospital staff. Even in such conditions, it is important to include steps to monitor the student's well-being and means of follow up.

The Suicide Keepsafe Plan should now be written. This will ensure that those identified in the plan are familiar and in agreement with the expectations. A written Suicide Keepsafe Plan will also provide a tool to monitor the student's safety during follow up. The student will receive a copy of the Suicide Keepsafe Plan and a copy will be created by the regulated professional member who has conducted the suicide risk review and stored on SSNET. Access to the Suicide Keepsafe Plan will be protected and limited. School Principals will have access to a brief summary of the Suicide Keepsafe Plan pertaining to the students in their school. Suicide Keepsafe Plan will be stored for a limited time.

Step 6. Follow Up

The caring staff person identified in the Suicide Keepsafe Plan has an important role in follow up. Ideally, this caring adult is someone who the student trusts and the alternative caring staff person whom the student would contact in the event that problems arise. This staff should have an identified and reasonable means of checking in with the student on a regular basis as may be required under the circumstances. The elements in the Suicide Keepsafe Plan can be discussed/ monitored (with student and/or parental /guardian consent as appropriate) via a "case conference" meeting with the relevant school and family members present.

Follow up actions may include:

- Discussing course load and choices with the student and make any practical adjustments to minimize stress. This might include replacing a high demand course with a study period or perhaps shortening the student's school day
- Asking the student's classroom teachers to report to an administrator any changes they see in the student's mood or work habits.
- Accessing an additional suicide risk review if following the initial intervention, the student returns to thoughts of suicide. In such circumstances, another risk review is required and it may be necessary to adjust the Suicide Keepsafe Plan. In each situation, it is important to again take the warning signs (risk alerts) seriously and renew the process of risk review.

When supported by a caring community versed in student mental health and well-being, children and youth are more likely to feel safe and secure. When followed, the guidelines provide a process to help ensure the safety and well-being of students.

(APPENDIX A *) Tips for Meeting with a Student at Risk of Suicide

The Following are some dos and don'ts to consider when interviewing a student for suicidal risk

DO:

Find a quiet and private place to talk

Take time to hear the student

Remain calm and demonstrate a caring manner – offering water, tissues, a blanket etc.

Establish rapport with your words and body language

Listen carefully without interruption or judgement.

Validate the student's concerns and pain.

Paraphrase what the student is trying to say to indicate your understanding

Promise privacy but not confidentiality. You must inform someone if there is a potential risk to the student or others. You cannot keep suicidal thought or behaviour a secret.

Keep the student's perspective in mind (no matter how unrealistic). It is the student's perception that reveals their thoughts and feelings.

Ask the question outright if the student does not mention suicidal thoughts (e.g. "I am concerned about your safety. Have you been thinking of hurting yourself?" or "Have you had thoughts of killing yourself?" or "Are you feeling suicidal?" "Do you have a plan of how you would kill yourself?")

If risk is indicated, let the student know that your first priority is to keep them safe.

Remember you work as part of a student support team. Know when to "widen the net" and ask for support.

Practice self-care

DO NOT:

Do not leave the student unattended

Do not panic. You do not need to fix anything, offer compassion, caring and listen.

Do not judge what the student says in terms of moral or adult standards; don't debate whether suicide is right or wrong or whether life is valuable

Do not argue about suicidal behaviour

Do not promise to keep suicidal thoughts or behaviours a secret

Do not ignore the student's need to talk

Do not give up if the student just shrugs or is uncommunicative. They may say more given additional time. Do not make promises or remarks that might be unrealistic

Do not assume that the person isn't the suicidal type; anyone can be suicidal

Do not discount the student's problems or distress as minor or suggest they will get over it or that everything will be alright

Do not discuss the interview with staff or person outside of the school team (unless the team and student agree to involve others)

Do not act alone. Always reach out for support- "widen the net"

Source of List : TCDSB Suicide Intervention Guidelines

Notes

- 1 For clarification/explanation of the term "designate" please refer to the relevant Collective Agreement.
- 2 The Regulated Professional Colleges in Ontario are tasked with governing the professional practice standards and ethics of its members. Duties include licensure, discipline and complaints, as well as accreditation.