

Algonquin and Lakeshore Catholic District School Board

Suicide Prevention, Intervention & Postvention Protocol

“Come to me all that are weary and are carrying heavy burdens, and I will give you rest. Take my yoke upon you and learn from me; for I am gentle and humble in heart, and you will find rest for your souls. For my yoke is easy, and my burden light.”

Matthew 11:20-30



Algonquin and Lakeshore Catholic District School Board Suicide Prevention, Intervention, and Response Protocol

In Canada, suicide is the second leading cause of death among youth aged 10 to 24 years. It is a serious public health problem, whose many contributing factors are complex. There are data to suggest that some groups of young people are at increased risk for thoughts of suicide and suicidal behavior. As such, there is a need to be sensitive that these members of our student communities may require specialized supports.

For example, elevated rates of suicidal behavior have been documented in **First Nations, Metis, and Inuit** communities. According to Health Canada, “First Nations youth die by suicide about five to six times more often than non-Aboriginal youth”. Communities with strong cultural continuity, including use of indigenous language and community ownership and control, offer more protection against suicide risk and contagion. First Nations, Metis, and Inuit youth that live in urban centres may not have the benefit of this protection, and may face additional challenges to their cultural identity.

Lesbian, Gay, Bisexual and Transgender, Two-Spirit, Queer and Questioning (LGBTQ2) students are also at heightened risk for suicidal behavior. Data suggest that these students are five to six times more likely to engage in suicidal behavior than their heterosexual peers. While the reasons for this association are complex, a perceived lack of acceptance and peer victimization can be contributing factors.

Suicide has devastating effects on those who are left behind. Research has shown that for each person who has completed suicide, 50 people are affected. For youth, there is an increased risk of peers copying this behaviour or developing secondary mental health symptoms or disorders. Reducing the suicide rate among our youth requires the support of parents, caregivers, school personnel, health care services, and community agencies. These efforts must be directed at suicide prevention, intervention, and postvention strategies.

Key Terms and Understandings

Suicide Prevention: Efforts to reduce the risk of suicidal thoughts and behaviour amongst students in a systematic way.

Suicide Intervention: Practices involved in recognizing and responding to students with suicidal ideation or behaviour; and in supporting individuals who are vulnerable transitioning to and from the system of care.

Suicide Postvention: Support for school communities in responding to attempted, suspected or confirmed death by suicide. These supports are implemented in phases with the goals of reducing potential contagion, addressing stigma and providing support.

SafeTalk: SafeTalk is a three hour training program that prepares helpers to identify persons with thoughts of suicide and connect them to suicide first-aid resources.

ASIST: Applied Suicide Intervention Skills Training is a two day certificate training program designed for those who wish to become more comfortable, confident and competent in helping to prevent the immediate risk of suicide.

See Terms and Understandings for other related definitions.

Purpose of this Protocol

Our Catholic education system is founded on respect for the dignity and humanity of all individuals and the development of human potential, enabling individuals and groups to participate and contribute fully within a diverse society. We strive to create faith-filled, healthy, resilient and nurturing communities of belonging for students, families, and staff to enhance and to promote mental health and well-being. Part of ALCDSB's commitment to mental health and well-being includes providing staff with the tools to identify students at risk of suicide, and to assist them in accessing mental health care. We are also committed to assisting school communities to respond to a suspected or confirmed death by suicide to reduce the negative impact of suicide in our communities.

This protocol outlines the steps that will be taken by school administrators and in-school teams when concerns arise regarding suicidal behaviour among students. It includes strategies to promote student mental health and well-being, and outlines our Board's approach toward suicide prevention, intervention, and postvention. One of the primary goals of the protocol is to promote and support the well-being of all students and to provide additional support to students with vulnerabilities. Another goal of the protocol is to provide directives to staff who are trained in Applied Suicide Intervention Skills Training (ASIST) to deliver suicide first-aid interventions when required. Finally, the information within this protocol will inform the staff members who are undertaking these tasks about how to access support from other School Board personnel.

Objectives

The primary objectives of this protocol are:

- To provide links to resources that promote positive mental health and well-being
- To ensure that ALCDSB staff have the tools they need to identify and intervene early in situations when an individual is expressing suicidal ideation.
- To build awareness, capacity, and establish consistent practices among in-school teams regarding mental health and well-being promotion, suicide prevention, intervention, and postvention.
- To identify the pathways to care, so that staff can assist families and students in accessing support and assistance.

Guiding Principles

- ALCDSB is committed to creating safe and caring Catholic school environments as well as communities that enhance and promote mental health and well-being.
- The safety and well-being of all students are our primary consideration and responses to suicide risk should be considered to be of utmost priority.
- All thoughts of suicide are taken seriously.
- Individuals who disclose suicidal ideation are treated with dignity and respect. Although information received regarding suicidal thoughts and/or behaviours will be treated with the utmost discretion, staff shall report all concerns related to potential self-harm to the school principal, vice-principal or designate.
- When required and appropriate, a suicide risk screening is conducted by a staff member trained in the *Living Works' Applied Skills for Suicide Intervention Training (ASIST)*.
- When a concern related to suicidal risk is present, the individual remains in the presence of a caring adult.
- These guidelines have been developed to provide staff with the appropriate procedures when addressing students who disclose suicidal feelings, ideation and/or behaviours.

1. Positive Mental Health and Well-being Promotion

It is widely known that a safe, healthy, and accepting school climate improves conditions for learning and promotes well-being. In addition, a supportive social environment can have a positive impact on students' learning, mental health, and healthy growth and development. The spiritual well-being and social-emotional attitudes and skills that help students develop and maintain good mental health should be taught explicitly and modeled within our school communities. We can all work together to achieve this outcome by promoting positive mental health for our students and staff. High quality classroom instruction, nurturing understanding, and living our faith provide students with the opportunities to learn and practice living a full and healthy life.

School staff can reference Strategies to Promote Positive Mental Health in the Classroom (Appendix A1) and Building Student Resilience (Appendix A2) for approaches that will foster mentally healthy classrooms and school environments. School staff can also access the Creating and Sustaining Mentally Healthy Classrooms tutorial at <http://smh-assist.ca/blog/2016/11/14/creating-and-sustaining-mentally-healthy-classrooms/>

2. Suicide Prevention

The ALCD SB views suicide prevention as a priority. The promotion of a positive school climate is a crucial component of suicide prevention. Strategies and activities to promote a culture of caring within our schools is the foundation on which our efforts are built. Additional strategies to promote adaptive coping skills, alongside the screening, early identification, referral, and treatment of mental health problems will also help prevent suicide. Suicide prevention also includes suicide risk management which involves early identification of children and youth at risk for suicidal behaviour. We have put in place the following prevention efforts:

- Written protocol for suicide prevention, suicide intervention and postvention.
- Increased literacy and awareness about how to talk to students about suicide (see Appendix B: How to Talk to Students about Suicide).
- In-school training for staff to identify individuals potentially at risk of suicide (i.e. SafeTalk).
- In-school staff trained in *ASIST*, capable of conducting a suicide first aid intervention with students potentially at risk of suicide.
- Nurturing and safe school climate and building positive relationships.
- Promotion of well-being through opportunities for all students to have meaningful engagement in Board/School programs, activities, and events.
- Clear pathways to, from, and through mental health care, with support from School and Board staff to facilitate transitions.
- Sustained collaborative relationships with community partners, such as mental health service providers, hospitals, child welfare agencies and local first responders, including law enforcement.

3. Suicide Intervention

A. Responding to an active suicide attempt (see Appendix C1 Pathway for Students at Risk of Suicide and Appendix C2 Active Suicide Attempt or Medical Emergency)

Should a staff member find an individual in an **active suicide attempt**, the staff member will immediately **call 911** for assistance. The individual will not be left alone at any time. Please see Appendix C2 Active Suicide Attempt or Medical Emergency for directives.

While waiting for emergency services; the staff member will listen empathically and carefully to the individual's message (See Appendix D: "What to do and What Not to do When Faced with a Student Experiencing a Suicide Crisis"). They will send someone to communicate with the principal or their designate.

The principal or designate will:

1. Call for the support of your Caring and Safe Catholic Schools Team.
2. Clear the area of other students. Do not leave the person at-risk alone. Provide or request first aid if required.
2. Call the police if the person-at-risk resists or attempts to leave the school.
4. Advise the student that his/her parent(s) or guardian(s) will be contacted.
5. Regardless of the student's age, contact the student's parent(s) or guardian(s) immediately, stress the immediacy of the situation and communicate that emergency services have been called.
6. Provide the family with information about where emergency services will be taking the student: Provide a contact name, telephone number, address, directions, etc.
7. Communicate to attending emergency services the necessary background information.
8. Ensure that the Superintendent of School Effectiveness and the Director's office is advised.

If the parent(s) or guardian(s) are unavailable, unresponsive, refuses or is reluctant to cooperate and the child is under the age of 16, call

Family and Children Services of Frontenac, Lennox and Addington
1-855-445-3227

Or

Highland Shores Children's Aid
1-800-267-0570

Or

Family and Children's Services of Renfrew County
1-800-267-5878

Regardless of age, ensure that a staff member accompanies or follows the person-at-risk to the mental health facility or hospital, and notify school Superintendent of the successful transfer.

B. Responding to a Potentially Suicidal Student (see Appendix C1)

A student at risk of suicide may seek out support from an adult at school by directly reporting thoughts or feelings about suicide. A student may also provide other indirect, but worrisome warnings that they are at increased risk of suicide. For example, they may share their thoughts and feelings with a peer, or their writing or artwork may include references to or themes about suicide (see Appendix E Suicide Warning Signs). There are many ways that student may let others know that they are thinking about suicide. When a staff member suspects that a student is at increased risk of suicide, he or she will alert the school principal (or designate), either directly or through a designate. The staff member will also consult with one of the school staff who is trained in *ASIST*. This sharing of information is done by staff on a proactive basis to avert or minimize imminent danger of the person at risk. While waiting for the *ASIST* trained staff, the staff member will listen empathically and carefully to any concerns the student may report (See Appendix D What to Do and What Not to Do...). The student will not be left alone at any time.

The *ASIST* trained staff will review the current risk of suicide, provide *suicide first aid intervention*, and develop a Student SafePlan (see Appendix G Suicide Risk Review and Student SafePlan). The staff member will then consult with the principal or their designate to determine when and what type of assistance is required. If they believe **a crisis may be occurring** the following intervention should take place:

1. Advise the student that his/her parent(s) or guardian(s) will be contacted.
2. If the student attempts to leave the school, call the police.
3. Regardless of the student's age, contact the student's parent(s) or guardian(s) immediately, and ask them to come to the school at once. Reassure the parent(s) or guardian(s) that the student is currently safe, but stress the immediacy of the situation.
4. Meet with the parent(s) or guardian(s) when they arrive. Stress that the situation is serious and that immediate action is necessary. A referral/consultation should occur with a Central Mental Health Team member for students who require a higher level of support. The Central Mental Health Team may arrange any of the following options for care:
 - referral to Urgent Consult Clinic at HDH, another Mental Health Service Provider (CMHS, The Maltby Centre, Addictions and Mental Health Services, etc.), or taking the student to the Emergency Department for assessment and planning;
 - accessing emergency services (police or ambulance) depending on which action is the most appropriate given the circumstances (see Appendix F: When Making a Student Referral for Services)
5. Ask the parent(s) or guardian(s) to sign a consent form which will give permission for you to share information with the hospital, Family and Children's Services, or other emergency mental health facility. Fax the consent form to the appropriate community partner (see Appendix **).
6. Telephone the community partner agency and communicate relevant background information, the *ASIST* screening results, as well as what *suicide first aid* has been provided. If possible, fax a copy of the Student SafePlan using the *ASIST* framework to the agency.

7. If the parent(s), guardian(s) and emergency contact are unavailable or unreceptive and the student is in crisis, call the local child welfare agency (see page 5 for contact information).
8. The Principal will ensure that the Superintendent of School Effectiveness is debriefed.

When to Contact Family & Children's Services

Parent(s) or guardian(s) of students considered at immediate risk of self-harm under the age of 16 should always be given the opportunity to respond appropriately to their child's needs before a report is made to Family and Children's Services, unless there is a perceived risk to the student by contacting the parent(s) or guardian(s) (see Child In Need of Protection Policy and Procedure Reporting Child Abuse Procedure).

A report must be made to your local Family and Children's Services when:

- the parent(s) or guardian(s) refuse or are reluctant to cooperate with the school in accessing assistance for the student and/or
- the principal has background information which leads him/her to believe that the parent(s) or guardian(s) will not follow through on seeking immediate assistance for the student.

The above information must be provided to Family and Children's Services as well as the reasonable grounds to suspect that the student is at risk of self-harm.

Parent(s) or guardian(s) of students considered at immediate risk who are 16 years of age or older should also always be given the opportunity to respond to their child's needs.

The police should be notified when:

- the parent(s) or guardian(s) refuse or are reluctant to cooperate with the school in accessing assistance for the student and/or
- the Principal has background information which leads him/her to believe that the parent(s) or guardian(s) will not follow through on seeking immediate assistance for the student.

Parents/guardians of students who are considered at immediate risk of suicide and are 16 or 17 years of age and have not withdrawn from parental control, should always be given the opportunity to respond to their child's needs. If the parent/guardian is not available, is refusing, or is reluctant to cooperate with the school in accessing assistance for the student, the Emergency Contact adult listed on file should be contacted.

Students who are 18 years of age or older, who are considered at immediate risk of suicide should be given the opportunity to self-identify who they wish to be informed of their need for intervention. Otherwise, contact 911 to activate emergency services.

C. Follow Up to Active Suicide Attempts and/or a Potentially Suicidal Student

An *ASIST*[®]- trained staff will consult with the principal or designate to review the existing Student SafePlan or to develop a new Student SafePlan. The caring adult identified in the Student SafePlan has an important role in providing follow-up. Ideally, this person is someone whom the student trusts. This staff member should have an identified and reasonable means of checking in with the student on a regular basis at school, as may be required under the circumstances. The person should:

- Collaborate with the student's mental health care providers and parents/guardians regarding the student's transition back to school.
- Keep in contact with the parent(s) or guardian(s). Regular telephone calls during the first few days will help to facilitate a smooth transition for the student back into the daily school routine.
- Identify a safe place in the school where the student can access assistance or decompress during times of emotional distress. Student Services, Special Education Resource, Youth Worker Office, or administrative office are some suggestions.
- Discuss course load and choices with the student and make any adjustments to accommodate for an increase level of stress. For example, replacing a high demand course with a resource period or temporarily shortening the student's school day may be appropriate.
- An Individual Education Plan may be developed if the student requires access to accommodations to keep pace with course demands, tests, or exams.
- Communicate with classroom teachers and advise them to inform if the student's mood or work habits change.
- Provide student with the Kids Help Phone number (1-800- 668-6868) and other local 24-hour phone crisis line numbers.
- Ensure to have an updated Emergency Contact persons to call in the event that the parent(s) or guardian(s) are temporarily unavailable.
- Ensure that the student feels supported and knows that there are many people concerned about his or her safety and emotional well-being.

Note: Following the initial intervention, the student's thoughts of suicide may return. In such circumstances, a further suicide risk screening may be required and it may be necessary to adjust the Student SafePlan. In each situation, it is important to take the warning signs seriously, and keep parents/guardians, and the student's mental health care providers informed.

Managing Suicide Contagion

A recent Canadian study (Colman, 2013) confirmed that young people are particularly susceptible to the idea of suicide, and that those who know someone who has died by suicide are much more likely to consider or attempt suicide themselves. This effect appears to be strongest for 12-13 year olds (5 times higher rates of suicidal ideation/behavior) but 14-18 year olds are also at heightened risk (2-3 times higher rates of suicidal ideation/behavior). It is for this reason that we sometimes see clusters of suicidal behavior within a school or community. After a death by suicide, there is a period of time, up to two years, when there is a much higher risk of suicide within a community.

Suggestions to minimize the risk of contagion include:

- ▶ Mobilize the School Board team as quickly as possible.
- ▶ Identify and provide support to students and staff who are vulnerable as quickly as possible.
- ▶ Stand strong together with community organizations in the face of pressure to offer high profile events or memorials, which may glamorize a death by suicide.
- ▶ Control rumours quickly and replace these with factual information.
- ▶ Balance the need to collectively grieve with the need to return the school to normal routines.
- ▶ Avoid reactive strategies that are focused on suicide prevention alone – choose whole school positive mental health approaches.
- ▶ Use the strategies outlined in Appendix B: How to Talk to Students About Suicide when talking to students about suicide.

4. Suicide Postvention

Preparing and Responding to a Death by Suicide (replacing Bereavement Protocol Suicide section)

There is no set formula to follow when faced with the need to support the school community following a student's death by suicide. The following outline will help guide administrator's next steps (see Appendix G: Suicide Postvention Administrator Guide). Note that the time frames will vary depending on when the death occurs and when details are confirmed.

This is very difficult work for the school team. Remember that you are not alone, and that you have many colleagues throughout the board who are ready to help you. Take care of yourself, and each other.

A. Immediate Response (within first few hours of the news of student's death)

The principal or designate will:

- Ensure that the Superintendent of School Effectiveness is advised. The Superintendent of School Effectiveness will contact the Director of Education.
- Contact the Mental Health Lead to mobilize an ALCDSB Response Team. The Mental Health Lead will contact the Coordinator of Religious and Family Life Education. They will collaboratively provide support to the school community.
- If the parents do not give permission to release the cause of death as a suicide, respect for their wishes should be maintained (See Appendix **: Sample Announcement for a sudden

- death not declared suicide).
- Request for school Superintendent to arrange for an additional school administrator to be at the school for 2-3 days to handle routine school matters.
 - Maintain communication with Superintendent of School Effectiveness to determine next steps. If the family suggests that the reason for the suicide may be school-related, immediately convey this to the Superintendent of School Effectiveness.
 - Contact all staff members who taught or worked directly with the student and his/her siblings. Touch base with them in person prior to meeting with the school staff team.
 - Request all staff to attend an emergency meeting to support each other, pray, and discuss further details, available supports (e.g. FSEAP) and next steps (see Appendix ** Postvention Scripts and Letters).
 - Adjust the attendance register to ensure 'absence' phone calls are not sent home to the parents of the deceased.
 - Administrators and the in-school team will complete the "Identifying and Supporting Vulnerable Students" worksheet (Appendix H) and determine next steps.

B. Subsequent Response (within 24 hours of the news of the death)

The principal or designate will:

- Refer to ALCDSB Flag Protocol. Memorialization should be consistent with other types of deaths of students.
- Staff should emphasize that the student who died by suicide was likely struggling with a mental health diagnosis such as depression or anxiety which can cause substantial psychological pain that may or may not have been apparent to others (Refer to Appendix ** Sample Announcements).
- Have a staff meeting to share information with ALL staff. Be certain to include all staff from the office to a central location in the school (See Appendix: Sharing critical and appropriate information to all staff). Introduce the Board Response Team.
- Hire 2-3 occasional teachers for the day to cover classes or walk the halls and connect with students.
- School Superintendent will provide Principal with a copy of an announcement for classroom teachers to share with their students. (see Appendix ** Student Announcement – Sample 1).
- Organize a space for the Response Team (order food, and drinks and Kleenex/tissue) to work and meet with students, teachers, and parents (if applicable).
- Begin to identify students who are vulnerable that need immediate support. Encourage staff to indicate to the admin. team if they believe that particular students are especially vulnerable at this time.
- Confirm a media plan with your School Superintendent immediately. Ensure all staff are informed that any inquiries from media are redirected to the Office of the Director. Under no circumstances should any staff communicate or respond to external inquiries regarding this student's death. Be aware that the Ministry of Education will likely be informed.
- The School Superintendent will provide a letter to be distributed to the school community. (see Appendix K: Sample Letter for School Community). The letter could be sent home with students.
- Monitor school based social media to see what students and the community are discussing.
- Generate a list of students in need of additional support (these could be individuals who were close to the student who died or had an immediate connection at the time of the student's death, and other youth who are vulnerable because of recent loss or history with suicide or have ongoing emotional or mental health distress); be certain to share this list with all staff in a private conference room.
- The Principal should monitor and identify staff who may need additional supports and be ready to connect them with people who can provide that support.
- Set up a Memory Opportunity for students to write messages (great opportunity to get a

sense of who is in need). Emphasize to the students that this activity is optional. The space should be set up in an area close to administration office in order to monitor student response.

- Reconnect with the family and discuss funeral plans and arrangements. Determine level of school involvement.
- Find out if the deceased has any siblings enrolled in other schools (including co-terminus boards) and obtain permission from parents to notify the principals of those schools. Identify the family of schools or other schools the deceased student attended. School Superintendent or delegate may communicate with co-terminus boards to share information as they deem necessary.
- Share information with community agencies providing service within the school.
- Continue to monitor school based social media to see what students and the community are discussing.
- Depending on the nature of the death, be prepared for uninformed comments.
- Meet with the Response Team at the end of each day. Share notes on students and develop a plan to ensure students at risk are safe. Connect with parents as needed.

C. In the First Days Going Forward (within 48-72 hours of the news of the death)

The principal or designate will:

- Continue to provide all staff, support staff, and School Superintendent with updated information.
- Be mindful that people grieve in different ways and at different times.
- Return the school to regular routines, to the degree possible.
- Prepare for the funeral and wake (especially if the funeral is during school hours). Do not have a service at the school for fear of glorifying suicide and triggering contagion.
- Continue to monitor vulnerable staff and students.
- Begin long-range planning and refer students in need beyond the immediate grieving period to the Mental Health Team.
- Involve community partners in postvention support. If the death is close to a school holiday period (i.e. Christmas break, summer vacation) work with the Mental Health Team to ensure that community supports are available for students and families when school is not in session.
- Discuss a contingency plan with all staff regarding student work, missed assignments, and assignment deadlines.
- Document actions, where appropriate.

D. During the First Month

The principal or designate will:

- Monitor staff and student well-being.
- Set a time for a 'check-in' with the team to discuss long-term plans for events like graduation, the yearbook (creating a memory page), birthdays, anniversaries, etc.
- Set a time for team reflection and debriefing on the postvention process. Self-care for leaders is important.
- Consider offering information sessions for the parent(s) or guardian(s) in collaboration with the Mental Health Team and community mental health agency.
- Continue documentation of actions, and feedback for future process.
- At the end of one month, debrief/review the process with superintendent and Mental Health Lead.

E. Planning for the Future

The principal or designate will:

- Continue to monitor staff and student well-being.
- Implement recommendations from the reflection and debriefing process. Provide feedback to the Mental Health Lead.
- Share the postvention plan with new staff members.
- Continue to work with the board and community to refine response in the event of future deaths.
- Continue to provide support as needed to siblings of the deceased who may be enrolling in the school.

5. Attending to Staff Well-Being and Self-Care

Suicide prevention, intervention, and postvention is very difficult work. Staff involved in supporting related initiatives may feel anxious or overwhelmed by the weight and complexity of this topic. It is important to work in teams, to communicate clearly and frequently, and to support one another when making and implementing decisions.

School administrators carry a large burden of responsibility during these times, as they oversee support for staff and students, communicate with families, and work to maintain normal operations for the wider student body. The School Superintendent and the Mental Health Lead has a role to play in supporting school leaders and helping with the many tasks and decisions that arise. School administrators are modeling good self-care when they accept this support.

ASIST® trained staff as well as youth workers who support several students as they work through personal crisis events can benefit from team consultation about complex cases, and related collegial support. Additional support to these professionals may be warranted at times. The Mental Health Lead has a role to play in providing ongoing professional learning to ensure staff well-being, so that individuals feel prepared and supported in delivering related services. They need opportunities for ongoing coaching and dialogue about challenges and solutions.

School staff members who worked closely with the student may carry a sense of guilt that accompanies their grieving, and counseling services should be routinely recommended. Information about FSEAP and how to access these supports should be made available to all school staff and the supporting Board team. Postvention is a lengthy process and it may take several years for a school to move forward, particularly if there has been some level of contagion or a suicide cluster has occurred.

STRATEGIES TO PROMOTE POSITIVE MENTAL HEALTH IN THE CLASSROOM

- Focus on creating a safe and positive school climate and a classroom environment in which students feel comfortable expressing their feelings.
- Encourage students to let you know if they or their peers are in trouble, upset, or showing signs of harming themselves.
- Model healthy coping skills and share ideas for managing academic (and other) stress.
- Focus on helping students to develop healthy, adaptive skills that can be considered protective factors (e.g. social, conflict resolution, coping, problem-solving, and help-seeking skills).
- Find ways to increase students' sense of connection to the school (e.g.. By offering them roles as office, classroom or hallway helpers, or as representatives on school committees).
- Be available to listen to students in a supportive way.
- Promote the development of good communication skills, including the ability to be open about emotional difficulties.
- Provide opportunities for students to participate in activities that promote wellness and which decrease physical and mental health risks.
- Find ways to connect students to social or extra-curricular activities.

(Based on information from: CYMIN-MAD, 2011; Joiner & Ribeiro, 2011; Doan et al., 2012, Issue brief 5)

Building Student Resilience

Resilience: The Ability to Cope in the Face of Adversity

“Resilience embraces one’s ability to deal more effectively with stress and pressure, to cope with everyday challenges, to bounce back from disappointments, adversity and trauma, to develop clear and realistic goals, to solve problems, to relate comfortably with others, and to treat oneself and others with respect.”¹ [Brooks, R. & Goldstein, S. (2001). **Raising Resilient Children**. New York, NY; Contemporary Books]

The Core Competencies of Resilience that are identified as necessary to build resilience are the same ones that are useful in learning to manage stress; these core competencies include:² [Reivich, K. & Shatt, A. (2002). **The Resilience Factor**. New York, NY; Broadway Books.]

- **Emotional Regulation:** The ability to stay calm under pressure and express emotions in a way that helps the situation
- **Impulse Control:** The ability to stop and choose whether to act on the desire to take action; the ability to delay gratification and persevere in the face of adversity
- **Causal Analysis:** The ability to analyze problems and accurately identify causes
- **Empathy:** The ability to understand the feelings and needs of another person
- **Realistic Optimism:** The ability to keep a positive outlook without denying reality
- **Self-efficacy:** The belief that one has the ability to persevere when solving problems and handling stress
- **Reaching Out:** The ability to take new opportunities and reach out to others

“Resilience in children and youth does not come from rare or extraordinary qualities, but from everyday, basic human resources such as relationships with competent and caring adults in the family, school and community, cognitive and self-regulation skills, positive views of oneself, and the motivation to effect the environment.”³ [Adapted from **Reaching in reaching out**, available at www.reachinginreachingout.com]

Appendix A2 (con't) Building Student Resilience

Factors that Enhance Resilience: ⁴

[Adapted from **What are the factors that enhance resilience?** Available at www.mindmatters.edu.au]

Individuals Factors	Environmental Factors
<ul style="list-style-type: none"> • Ability to connect • Problem solving / coping skills • Easy temperament • Realistic appraisal of the environment • Capacity for humour • Sense of purpose or mission in life • Intelligence • Sense of personal efficacy • Capacity for empathy • Capacity to self-monitor • Ability to learn from mistakes • Hobbies / creative interests / talents • Spiritual beliefs/ spirituality 	<ul style="list-style-type: none"> • A warm positive relationship with an adult (parent or other) • High (but not unrealistic) parental / school expections • Having family responsibilities • Family traditions / rituals • Adequate parenting and supervision • A caring and supportive school environment • Positive community norms and a sense of caring, commitment, and mutual protection • Opportunities for involvement • Access to resources (people or things) • Extended family support

Low resilience may be a factor when students: ⁵ [CSYN Checkered Flags Guidebook, 2013, page 10]

- Seem easily discouraged
- Have few social ties and supports (both in and out of the school environment)
- Have a difficult time building positive relationships with others
- Lack a sense of belonging
- Do not perceive themselves as having any areas of strength
- Are not well supported in managing their particular challenges

Tips to promote resilience: ⁶ [Strain, P.S. & Joseph G.E. (2004). A not so good job with "good job": A Response to Kohn 2001. *Journal of Positive Behavior Interventions*, 6(4).

- **Thoughts and feelings matter:** It's important to understand students' beliefs and thinking styles and how they influence their emotional responses. Remember to ask about their thinking in addition to their feelings. Try using the phrase, "What are you saying to yourself in your head?"
- **Help students achieve a sense of "mastery," or being able to control outcomes by:**
 - ✓ Offering choices that give them appropriate control over their environment
 - ✓ Providing opportunities that challenge them with e the scope of their abilities.

Appendix A2 (con't) Building Student Resilience

- **Model resilient thinking:** Your students are watching and listening more closely than you think, even when you are not speaking directly to them. Model accurate and flexible thinking by “talking out loud” about your own struggles and encounters with daily stress.
- **Praise for effort, not just achievement:** The way children are praised as well as what they are praised for makes a significant difference in how they learn to respond when faced with challenges or perceived failures. Research has shown that children who are praised for effort and hard work begin to value learning opportunities, whereas children who are praised for their abilities (or personal characteristics such as intelligence) tend to value performance. This sets them up for disappointment and helplessness when they don't perform as well. While they need your encouragement and love it when you recognize their accomplishments, make sure to emphasize and reinforce their effort and persistence, not just the end result. Effort and persistence will lead to successful outcomes.
- **Demonstrate calming and focusing:** Teachers can model and talk about strategies that help them calm down, refocus their attention and put things into perspective. Examples include: taking deep breathes, counting out loud, changing the environment by turning off some lights or putting on quiet music, stretching or choosing a quiet activity.

What can we do now? ⁵ [CSYN Checkered Flags Guidebook, 2013, page 10]

- Maintain appropriate expectations and focus on the “how” of helping a student with vulnerabilities to succeed
- Connect children and youth with external supports / mentors
- Recognize and use students' strengths
- Monitor peer or social networking during class activities to promote inclusivity
- Pair students with vulnerabilities with students who show leadership, in a coaching relationship
- Help develop student self-efficacy
- Promote a community minded, inclusive culture,
- Minimize the impact of economic hardship on a student's experience of school life.
- Cultivate peer relationships through structured activities

Appendix B How to Talk to Students about Suicide

How to Talk to Students About Suicide

In a small group or class setting, students may ask about suicide and/or want to discuss recent events or media coverage. It is important to talk about suicide, but **it is critical HOW we talk about suicide.**

Talking About Suicide Can be Helpful

Talking about suicide in helpful ways can raise awareness of mental health and mental health problems, reduce stigma about mental health concerns, assist us to identify (or self-identify) concerns, encourage/promote coping skills, promote caring and connectedness in our relationships and get help for students in need.

What are helpful ways to talk about suicide?

- ✓ When we talk about suicide, we need to stress the link between suicidal thoughts and behaviours and mental health. For example, “most people who are experiencing suicidal thoughts and behaviours have a mental health problem, but having a mental health problem like depression doesn’t mean that that person will become suicidal. It’s important to know that there is help available for mental health problems and that people can and do get better.”
- ✓ We need to stress that suicide, and the reasons for it, are not simple. For example, say: “Suicide is a complicated reaction to a number of overwhelming factors. There is no one single cause for suicide.” “Suicide is not caused by a single event such as bullying, fighting with parents, a bad grade, or the breakup of a relationship.”
- ✓ Provide clear information about bullying and suicide. For example, “Victims of bullying behaviour frequently experience social isolation from peers, decreased self-worth, loneliness, and withdrawal. Sometimes being bullied can result in new or increased feelings of depression and anxiety. Being the victim of bullying, when added to other major stressors and mental health problems are risk factors for suicidal thoughts and actions.”
- ✓ Talking openly about mental health provides the opportunity to de-stigmatize the topic. For example, list famous people who have a mental illness and who are well or in recovery. You may also choose to let students know that people you care about have a mental illness or a mental health problem.
- ✓ Provide information about mental health problems. Let students know that some feelings require immediate help such as threats of suicide, talking about wishing to die or having a plan.
- ✓ Talk about, provide information and reinforce helpful problem-solving, coping and stress management skills. Ask students about their coping strategies, and encourage them to use strategies that help them to feel better and solve the problem. Discuss stress management strategies.
- ✓ Promote resiliency in students. Help students to identify their areas of strength (skills and abilities), the people in their lives who provide support and understanding, and healthy living skills such as hobbies, sports, exercise, nutrition, proper sleep, and having a positive attitude.
- ✓ If the topic of suicide is featured in curriculum or associated readings, question any portrayal of suicide as romantic, heroic or tragic.
- ✓ Encourage help seeking behaviour. Let students know that help is available, and where they or someone they know can get help. For example, “sometimes we might be unsure of where to turn for help, but there is help available. Here are some websites we can look at: <http://www.ementalhealth.ca> , www.mindyourmind.ca , and www.mytoolkit.ca .”

“There are also phone lines. Here is the KidsHelpPhone: 1-888-668-6868 www.kidshelpphone.ca or the Lesbian Gay Bi Trans Youth Line 1-800-268-9688 www.youthline.ca .”

Appendix B How to Talk to Students about Suicide

“There are people here to help you through any problem, no matter what. Who are the people you would go to if you or a friend were feeling worried, depressed or had thoughts of suicide? Parents, extended family members, and religious leaders can be a source of support and help. There are also people here at school who care about you and are here to help. I am willing to support you and/or there are these people here at our school who can help.” **List people who can help within the school.**

“There are also people in the community who can help such as your family doctor or community mental health agencies such as The Maltby Centre, Children’s Mental Health Services, and YouthHab. Students in our Board also have access to the Mental Health and Addiction Nurse Program, operated by the South East Local Health Integration Network (Former SECCAC,) that can help with mental health and/or substance abuse issues. See more information about these agencies and the MHAN program at: <http://maltbycentre.ca/>, <http://cmhs-hpe.on.ca/>, <http://www.youthab.ca/>, <http://healthcareathome.ca/southeast/en/Getting-Care/care-at-school/mental-health-and-addictions-nurses>

“If you have a friend that you are worried, about tell a trusted adult. Friends don’t let friends get hurt.”

Ways Not to Talk about Suicide Because of Potential Harm:

Watching or showing a video of someone discussing suicidal thoughts or discussing images or media coverage about a specific instance of death by suicide when the coverage is glamorized, sensationalized, or graphic in nature, is known to heighten the risk for students who are vulnerable.

Discussing the means of how someone died by suicide, or the location increases risk for students who are vulnerable.

Do not give permission for suicide to be the sole topic of an essay, debate, play, etc.

Talking with students about suicide in large assemblies has been found to have harmful effects for students and is not recommended. This format “does not provide enough exposure to the messages of suicide prevention, nor do they allow for monitoring of student reactions.”

Additionally, “media depictions of suicidal behaviours or speeches by teens who have made suicide attempts should not be used, as they could have modeling effects for at-risk teens.” As well, there is risk of students being exposed to unsupportive and/or stigmatizing and judgmental comments made by peers.

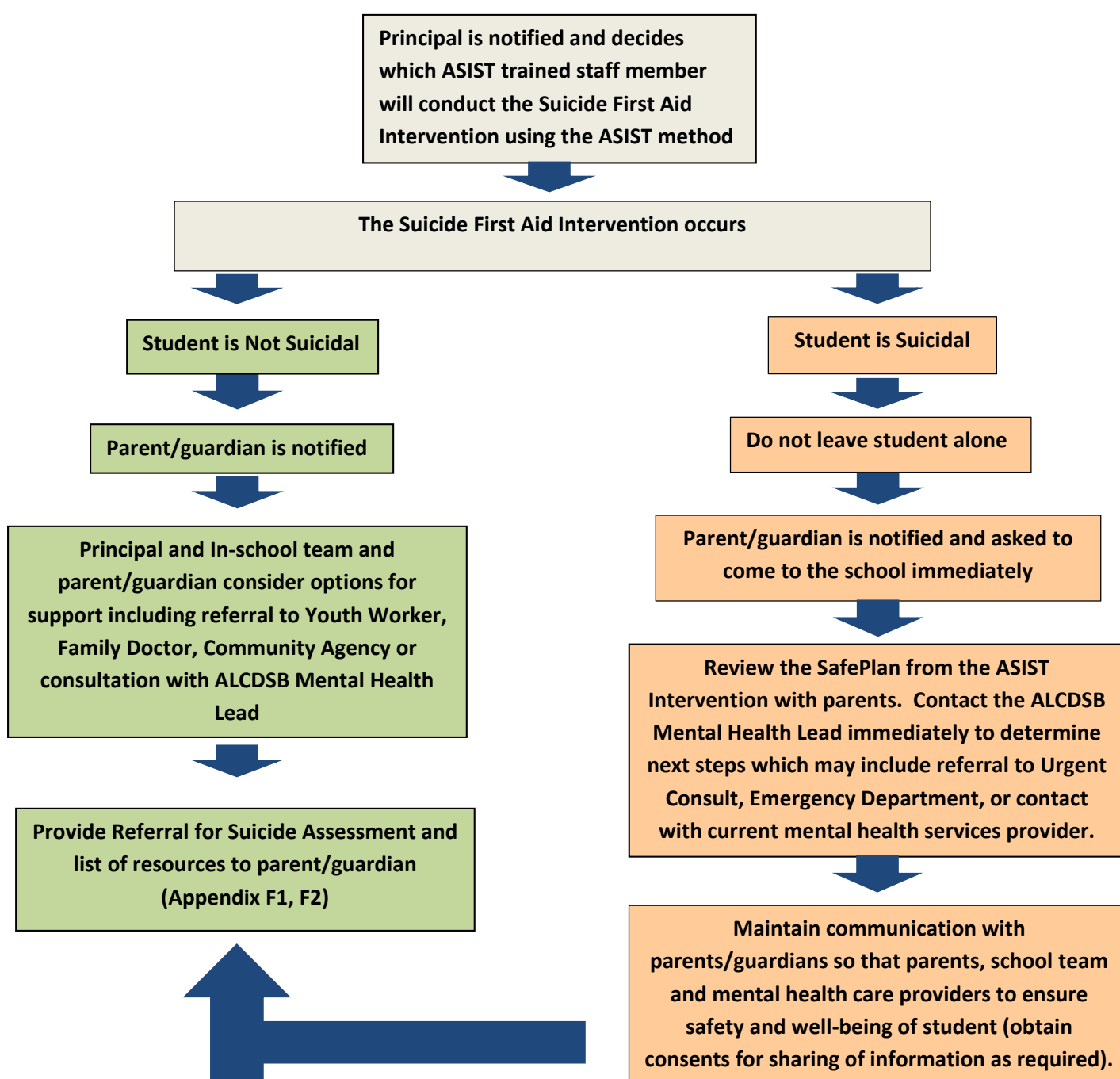
APPENDIX C1

Pathway for Students at Risk of Suicide

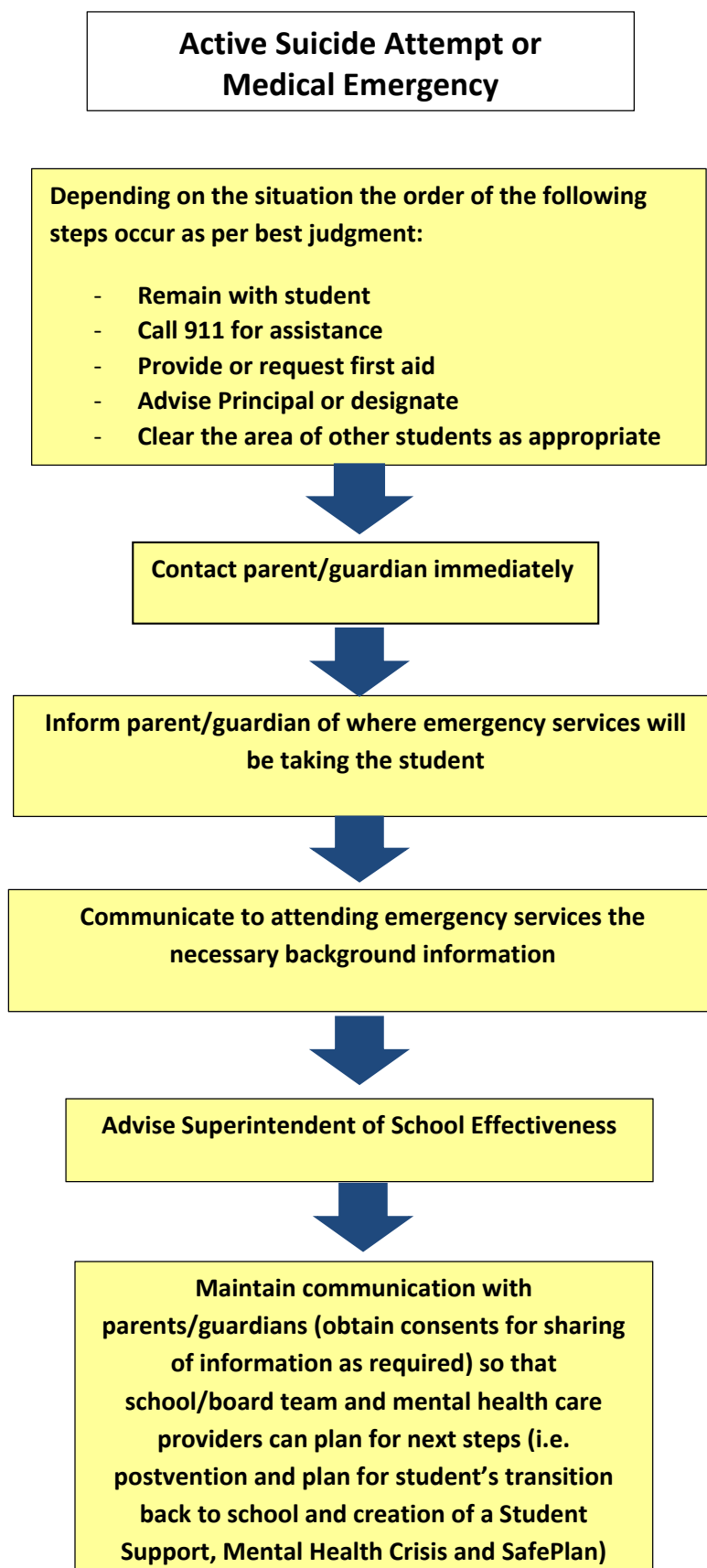
If any staff are concerned about a student at risk of suicide, they must communicate this information to the school Principal or designate immediately.

Principals will share and review the information with staff about Suicide Warning Signs (Appendix D) and this Intervention Flowchart at the beginning of each academic year.

When a staff member identifies a student is at-risk, immediate actions should occur, not leaving the student alone before the Suicide First Aid Intervention begins.



Appendix C2



Appendix D What to Do and What Not to Do When Faced with a Student Experiencing a Suicide Crisis**What to DO:
When Faced with a Student Experiencing a Suicide Crisis**

1. Remain calm, be empathic and always take the student seriously.
2. **Always ensure a student's safety.** The main goal when encountering a student expressing suicidal thoughts or behaviors is to prevent the act from happening. Remain with the student, do not leave them alone.
3. **Send someone for help.** This is essential. Most often the principal or vice-principal as well as the *ASIST* trained staff in the building or closest to the building where the crisis is occurring should be notified first.
4. **Listen.**
 - a. Acknowledge feelings and problems in the student's terms. Try to avoid complicated language.
 - b. Allow the student to express feelings.
 - c. Try to avoid giving advice or opinions. Try and repeat back the feelings that you hear the student expressing ("you sound frustrated" or "you feel hopeless").
 - d. Listen for warning signs such as hopelessness or a fixation with death.
5. **Be direct.** Talk openly about suicide. Do not be afraid to say the word suicide. Do not worry about planting the idea in the student's head. Suicide is a crisis of non-communication and despair; by asking about it you allow for communication to occur and provide hope. Be direct with depressed and/or suicidal students, asking whether the student has been accessing Internet sites, obtaining suicide information from such sites, and talking in suicide chat rooms.
6. **Be honest.** Offer hope, but do not offer condescending or unrealistic reassurance.
7. **Know your limits.** If you feel that you are in way over your head, or if you feel uncomfortable, minimize your level of involvement until someone else arrives.
8. **Make sure that at each stage of the intervention the student knows what is going on.** Do not surprise the student by escorting him/her to a room with an *ASIST* trained staff waiting. Make sure that you explain to the student what events and responses they can expect. Remember a suicide crisis is a chaotic and confusing situation. By not providing and communicating structure in your response, you may unintentionally create more chaos and confusion, thereby increasing the likelihood that the student will refuse to cooperate.

What NOT to DO: When Faced with a Student Experiencing a Suicide Crisis

- 1. Don't ever dare a student to attempt suicide. Avoid phrases such as, "You would never do anything like that..."**
- 2. Don't debate with the student about whether suicide is right or wrong.**
- 3. Don't promise secrecy or confidentiality.** It may be advisable just to let the student know that you don't want to see him or her kill themselves and that you just want to make sure that he or she gets the best help possible, and that maybe you are not the best person to provide such care. Limitations to confidentiality should be explained to the student without pushing him or her away. Issues such as danger to self or others and physical and sexual abuse will not be kept secret. Educators are mandated reporters, which means if they know, or reasonably suspect abuse or neglect, they are required to call NEOFACS for Child Protection Services.
- 4. Don't panic.**
- 5. Don't rush or lose patience with the student.** Realize that you may need to spend some time with this student in order to ensure that he or she will remain safe. Try to have as much privacy as possible when talking to the student.
- 6. Don't act shocked.** If you do so, the student is likely to feel that the situation is so bad that no one can help. This will destroy any chance for rapport and is likely to put distance between you and the student.
- 7. Don't be judgmental.** Avoid offering opinions of right vs. wrong or ethical vs. unethical. Just listen and show concern.
- 8. Don't preach to the student.** Avoid discussing the value of life and how such a tragic act would affect his family and friends. These people may be contributing to the student's suicidal crisis and the student may wish to hurt these people through suicide.
- 9. Never leave the student alone or send the student away.** This may just reinforce feelings of isolation and hopelessness.
- 10. Don't worry about silence during discussion.** Just let the student know that you are there, and you are willing to listen.
- 11. Don't under-react or minimize.** By under-reacting, you communicate that you don't really respect the student's feeling and don't believe that the student is serious. By doing this, you just reinforce the student's feeling that no one understands or cares. Assuming that a student is attention seeking is usually the reason behind underreacting. Even if a student is seeking attention, you should act. The benefits could certainly outweigh the costs.
- 12. If a student is threatening suicide and does have a weapon, never try to physically take the weapon from the student.** This could endanger your life, the life of the student, and the lives of other persons in the school.

Appendix E Suicide Warning Signs

Suicide Warning Signs

- *Actually talking about suicide or a plan**
- *Seeking out ways to harm or kill oneself**
- *Saying things like: "I'm going to kill myself," "I wish I were dead," or "I shouldn't have been born"**
- Withdrawal from friends and family
- Change in eating and sleeping habits
- Loss of interest in pleasurable activities
- Frequent complaints about physical symptoms, often related to emotions, such as stomach aches, headaches, fatigue, etc.
- Loss of interest in things one cares about
- Preoccupation with death
- Exhibiting impulsivity such as violent actions, rebellious behavior, or running away
- Complaining of being a bad person or feeling "rotten inside"
- Making statements about hopelessness, helplessness, worthlessness, or being "beyond help"
- Marked personality change and serious mood changes
- Giving verbal hints with statements such as: "I won't be a problem for you much longer," "Nothing matters," "It's no use," and "I won't see you again"
- Becoming suddenly cheerful after a period of depression-this may mean that the student has already made the decision to escape all problems by ending his/her life
- Giving away favorite possessions
- Difficulty concentrating and a decline in quality of school work

****These signs and behaviors indicate an individual needs immediate attention by an ASIST trained staff.***

Appendix F1 Parent/Guardian Information Regarding Referral for Suicide Risk Assessment

Parent/Guardian Information Regarding Referral for Suicide Risk Assessment

Date: _____

Your child: _____ was referred for an assessment of suicide risk based on the following concerns:

If we felt that your child was at high risk, he or she will be referred to the Urgent Consult Clinic at Hotel Dieu Hospital and they will call you with an appointment within 24 – 48 hours. Please know that a parent/guardian must attend that appointment with the child.

Regardless of the level of risk, we want to provide you with the following recommendations:

1. Please monitor your child closely over the next few days and give them opportunities to “check in” with you.
2. If you have continued or increased concerns about the safety of your child, please take one of the following actions:
 - Contact the crisis line Frontenac Community Mental Health Addictions Services (613-544-4229); Lennox & Addington Addiction and Community Mental Health Services (613-354-7388); Youthab emergency crisis line (844-462-2647)
 - Take your child to the Emergency Department at your local hospital
 - Call 911 if he or she seriously harms himself/herself or if you have immediate concerns about his or her safety.
3. If your child is already connected with a mental health professional/physician, please contact them to provide an update regarding these concerns. With your written consent, we can share relevant information with them.
4. We recommend that you contact the following community agency to obtain additional support for your child: _____. With your consent, we can help with this referral by contacting the agency and providing them with relevant information.

We will continue to provide support to your child at school and would like to meet with you and your child upon re-entry to the school. Please contact the following staff member when your child is ready to return to school or if you have any questions or concerns:

Name: _____

Phone: _____

Appendix F2 Community Resources for Parents/Guardians

Community Resources for Parents/Guardians

Frontenac Community Mental Health and Addiction Services

24-hour Crisis Line 613-544-4229

Main Line 613-544-1356

www.fcmhs.ca

Lennox and Addington Addiction and Community Mental Health Services

24-hour Crisis Line 613-354-7388

Main line 613-354-7521

www.laacmhs.ca

Kids Help Phone

1-800-668-6868

Maltby Centre – Mental Health and Autism Services for children, youth, and families in KFL&A

613-546-8535 or 1-844-855-8340

www.maltbycentre.ca

KAIROS (Substance use and addiction program for youth)

613-548-4535

www.youthdiversion.org

Kingston Police

613-549-4660

Belleville Police

613-966-0882

Quinte West OPP

613-392-3561

OPP – 1-888-310-1122

Family and Children's Services of Frontenac, Lennox, and Addington

613-545-3227

www.facsfla.ca

Highland Shores Children's Aid

1-800-267-0570

www.highlandshorescas.com

Family and Children's Services of Renfrew County

1-800-267-5878

Appendix G Suicide Risk Review and Student SafePlan

Suicide Risk Review and Student SafePlan (ASIST)

Conducting a Suicide Risk Review

- ALCDSB has trained a minimum of 2 staff per school in the *Applied Suicide Intervention Skills Training (ASIST)*. *ASIST* is developed by Living Work's Education Inc. and is intended to support the development of a SafePlan for people at immediate risk of suicide. However, 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 SafePlan.
- The decision to contact *ASIST* trained staff should not be a difficult one. These individuals are available to consult and complete a suicide risk review by completing a suicide first aid intervention.
- Under no circumstances should anyone feel compelled to complete a suicide risk review alone. Options include asking another *ASIST* trained staff or a youth worker to conduct the suicide risk review or co-jointly interview the student.
- Through the use of joint ALCDSB, HPEDSB and Community Agency certified trainers, ALCDSB staff will be kept current. Recommendations to train other staff in *ASIST* will be made by ALCDSB Mental Health Leadership Team on an annual basis to senior administration.

Developing a Student SafePlan

- An initial SafePlan should be created through a conversation between the student and the *ASIST* trained staff. As much as possible, it is important for the student to feel in control of the development of the SafePlan. A student is more likely to commit to and follow a plan that he/she has created. At this point, a SafePlan can be verbal or written as preferred by the student. A SafePlan should include:
 - Disabling any suicide plans.
 - Easing the pain felt by the student.
 - Linking the student to community supports and resources.

- Although the plan is initially developed by the student and a staff person, parent(s) or guardian(s) are the most vital link to keeping their children safe. At this point, parent(s) or guardian(s), additional school staff and other caring adults should participate in the refinement of the SafePlan. The SafePlan is intended to support a student's immediate safety until further and on-going supports are in place. Examples of components of a SafePlan may include but are certainly not limited to:
 - Assessment by a psychiatrist, pediatrician or primary health care physician.
 - Meeting with a community-based mental health worker.
 - Involvement with a crisis support service such as an Urgent Consult Clinic, Pathways Quick Response, Mobile crisis team or local hospital emergency department.
 - Parent(s)/ guardian(s) to keep a watchful eye and invite conversation whenever appropriate.
 - Suggestions to make the environment safe, including removing or securing items that may be used for self-harm.
 - Identifying a caring adult at the school that the student trusts. 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 "go to" person should:
 - Encourage regular "check-ins" with the student.
 - 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. The guidance or resource room or administrative office would typically be the best locations.
 - Discuss 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.
 - Keep in contact with the parent(s) or guardian(s). Regular telephone calls during the first few days will help to facilitate a smooth transition for the student back into the daily school routine. The frequency of home contact would typically decline once the reintegration has been successful.
 - Communicate with classroom teachers and advise them to inform the "go to" person if the student's mood or work habits change.
 - Encourage the student to participate in community based treatment.
 - Provide student with the KidsHelpLine 1-800- 668-6868 number and other 24-hour phone crisis line numbers.
 - If the student is prescribed medication and there is a concern that it may become the means for another attempt, discuss how medication will be handled at home and at school.
 - Ensure to have on hand alternative contact persons to call in the event that the parent(s) or guardian(s) is temporarily unavailable to respond should a new crisis arise.
 - Ensure that the student feels well supported and knows that there are many people concerned about his or her safety and emotional well-being.
 - At times, the SafePlan may include further assessment by a qualified mental health professional. Even in such conditions, it is important to include steps to monitor the student's well-being and means of follow up.

- The SafePlan is to be recorded using the ASIST SafePlan template below, faxed to the partner agency and placed in the OSR as well as in the Suicide Prevention binder located in the administration office. All staff involved with the student as well as the school administration and Youth Worker are to read and sign, acknowledging that they have read the SafePlan. This will ensure that those identified in the plan are familiar and in agreement with the expectations. A written SafePlan will also provide a tool to monitor the student's safety during follow up.

When in doubt always assume a higher level of risk. Consultation with the board mental health staff and/or the school principal / vice principal provides the best opportunity to ensure consideration of all important factors and to develop the best plan of action.

- Board Mental Health Support staff includes Melanie Dunlop, the Mental Health Lead, and Central Support Team Members: Julie Goodman, Psychologist, Judith Wykes, Psychological Associate, LeeAnne Amell, Attendance Counsellor; Barb Meilenner, Youth Worker Supervisor/Attendance Counsellor and Theresa Kennedy, Superintendent of School Effectiveness.

SafePlan	Confirm Actions		
<input type="checkbox"/> Harm to self and/or others is occurring or about to occur <input type="checkbox"/> The person is unable to participate in the intervention	<input type="checkbox"/> Activate emergency response <input type="checkbox"/> Activate 24-hour monitoring	<input type="checkbox"/> Communication made with parent(s) or guardian(s)	
Safety Guards, when present.....	ASK the Student	What and Who	When and How
Suicide planned? <input type="checkbox"/> Yes <input type="checkbox"/> No	How can the plan be disabled safely?	Include suggestions to make the school and home environments safe, including removing or securing items that may be used for self-harm.	
<input type="checkbox"/> Alcohol Concerns <input type="checkbox"/> Drug Concerns <input type="checkbox"/> Medication Concerns	What is needed for safe use or no use?	If the student is prescribed medication and there is a concern that it may become the means for another attempt, discuss how medication will be handled at home and at school.	

Safety guards, when present.....	ASK the Student	What and Who	When and How
<p>Prior suicide behavior?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>What have you learned that might help with safety now?</p>		
<p>Mental health concerns?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>What have you learned that might help with safety now?</p>	<p>List diagnosis, medication and past or present mental health practitioners involvement</p>	

Safety aids when possible...	Decide with the Student	What and Who <ul style="list-style-type: none">• 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• Discuss course load and choices with the student and make any practical adjustments to minimize stress.	When and How
<input type="checkbox"/> Important situational changes	What is doable now?		
<input type="checkbox"/> Strengths available	Which strength can you use now?		

Safety aids when possible....	Decide with the Student	What and Who <ul style="list-style-type: none">• Identify community support and resources (family physician, or another emergency health care facility)• Provide student with the KidsHelpLine number: 1-800-668-6868 available 24 hours a day• Ask parent(s) or guardian(s) to keep watchful eye• Identify caring adult at the school that the student trusts	When and How <ul style="list-style-type: none">• Meeting place & time• Identify frequency & means of communicating with parent• Identify frequency & means of communicating with student• WHO is caring adult that will meet with student? WHO will teachers report to if student's mood or work habits changes
<input type="checkbox"/> Supports needed	Who is able, available, and acceptable?		

APPENDIX****When Making a Student Referral for Services**

- 1. Make sure that you know what problems the student may be having.** Although counseling may be appropriate, if one of the student's problems is that he/she was abused by a therapist in the past, the referral to a counseling center should be carefully chosen. Inappropriate or poor referrals will waste time, resources, and may annoy the student so much that he/she refuses to cooperate further.
- 2. Give the student the opportunity to talk about any reluctance or apprehension he/she may have about accepting the referral.** This can usually provide a good opportunity for you to assess how compliant the student will be with regards to treatment.
- 3. Involve the parent(s) or guardian(s) in the referral.** This will help you make an appropriate referral. For instance, if the counseling center is forty minutes away, and the family lacks transportation, this referral may not be the best. Also, use a referral that matches the family's and student's background, culture, etc.
- 4. Limit the number of referrals to two.** You do not want to overwhelm an already overwhelmed child, youth or his/her family.
- 5. Provide the family with as much information about the referral as possible.** Contact name and number, address, directions, information about cost or insurance coverage. The more information you provide and the easier you make it, the more likely the family is to actually get necessary help.
- 6. Ask the parent(s) or guardian(s) to sign a consent form** which will enable you to consult with the referral agency. Fax the consent form to the agency.
- 7. Follow up with both the referral agency and the family.** Often times, because of rules of confidentiality, a service provider cannot deny or confirm anything about anyone, unless the student or his/her parent(s) or guardian(s) sign a consent to release of information form.

APPENDIX G:

Suicide Postvention Administrator Guide

A. Immediate Response (beginning within first few hours of the news of someone's death)

The principal or designate will:

- Ensure that the Superintendent of School Effectiveness is advised. In turn, the Superintendent of School Effectiveness will contact the Director of Education.
- Contact the Mental Health Lead to mobilize an ALCDSB Response Team. The Mental Health Lead will contact the Coordinator of Religious Education and Family Life Education. These people will support the school community. If the parents do not give permission to release the cause of death as a suicide, respect for their wishes should be maintained (See Appendix Ja: Sample Announcement for a sudden death not declared suicide)
- Begin to delegate tasks. For example, one team member should contact the Mental Health Leader, the Community Policing Officer, and other community supports, if applicable.
- Request for school Superintendent to arrange for an additional school administrator to be at the school for 2-3 days to handle routine school matters.
- Maintain communication with Superintendent of School Effectiveness to determine next steps. If the family suggests that the 'reason' for the suicide is school-related, immediately convey this to the Superintendent of School Effectiveness.
- Contact all staff members who taught or worked directly with the student and his/her siblings. Touch base with them in person prior to meeting with the school staff team.
- Request all staff to attend an emergency meeting to support each other, pray and discuss further details, available supports (e.g. FSEAP) and next steps (see Appendix H: Postvention Scripts and Letters).
- Adjust the attendance register to ensure 'absence' phone calls are not sent home to the parents of the deceased.
- Administrators and the in-school team will complete the "Identifying and Supporting Vulnerable Students" worksheet (Appendix H) and determine next steps.

B. Subsequent Response (within 24 hours of the news of the death)

The principal or designate will:

- Refer to ALCDSB Flag Protocol. Memorialization should be consistent with other types of deaths of students.
 - Staff should emphasize that the student who died by suicide was likely struggling with a mental health diagnosis such as depression or anxiety which can cause substantial psychological pain that may or may not have been apparent to others (Refer to Appendix Jb: Sample Announcements).
 - Have a staff meeting to share information with ALL staff. Be certain to include all staff from the office to a central location in the school (See Appendix: Sharing critical and appropriate information to all staff). Introduce the Board Response Team.
 - Hire 2-3 occasional teachers for the day to cover classes or walk the halls and connect with students.
 - School Superintendent will provide Principal with a copy of an announcement for classroom teachers to share with their students. (see Appendix Jc: Student Announcement – Sample 1).
 - Organize a space for the Response Team (order food, and drinks and Kleenex/tissue) to work and meet with students, teachers and parents (if applicable).
 - Begin to identify students who are vulnerable that need immediate support. Encourage staff to indicate to the admin team if they believe that particular students are especially vulnerable at this time.
- Confirm a media plan with your School Superintendent immediately. Ensure all staff are informed

that any inquiries from media are redirected to the Office of the Director. Under no circumstances should any staff communicate or respond to external inquiries regarding this student's death. Be aware that the Ministry of Education will likely be informed.

- The School Superintendent will provide a letter to be distributed to the school community. (see Appendix K: Sample Letter for School Community). The letter could be sent home with students.
- Monitor school based social media to see what students and the community are discussing.
- Generate a list of students in need of additional support (these could be individuals who were close to the student who died or had an immediate connection at the time of the student's death, and other youth who are vulnerable because of recent loss or history with suicide or have ongoing emotional or mental health distress); be certain to share this list with all staff in a private conference room.
- The Principal should monitor and identify staff who may need additional supports and be ready to connect them with people who can provide that support.
- Set up a Memory Opportunity for students to write messages (great opportunity to get a sense of who is in need). The space should be set up in an area close to administration office in order to monitor student response.
- Reconnect with the family and discuss funeral plans and arrangements. Determine level of school involvement.
- Find out if the deceased has any siblings enrolled in other schools including co-terminus boards and then notify the principals of those schools. Identify the family of schools or other schools the deceased student attended. School Superintendent or delegate may communicate with co-terminus boards to share information as they deem necessary.
- Share information with community agencies providing service within the school.
- Continue to monitor school based social media to see what students and the community are discussing.
- Depending on the nature of the death, be prepared for uninformed comments.
- Meet with the Response Team at the end of each day. Share notes on students and develop a plan to ensure students at risk are safe. Connect with parents as needed.

C. In the First Days going forward (within 48-72 hours of the news of the death)

The principal or designate will:

- Continue to provide all staff, support staff, and School Superintendent with updated information.
- Be mindful that people grieve in different ways and at different times.
- Return the school to regular routines, to the degree possible.
- Prepare for the funeral and wake (especially if the funeral is during school hours). Do not have a service at the school for fear of glorifying suicide and triggering contagion.
- Continue to monitor vulnerable staff and students.
- Begin long-range planning and refer students in need beyond the immediate 'grieving' period to the Mental Health Team.
- Involve community partners in postvention support. If the death is close to a school holiday period (i.e. Christmas break, summer vacation) work with the Mental Health Team to ensure that community supports are available for students and families when school is not in session.
- Discuss a contingency plan with all staff regarding student work, missed assignments, and assignment deadlines.
- Document actions during the crisis period, if possible.

D. During the First Month

The principal or designate will:

- Monitor staff and student well-being.
- Set a time for a 'check-in' with the team to discuss long-term plans for events like graduation, the yearbook (creating a memory page), planting a healing garden, birthdays, anniversaries, etc.
- Set a time for team reflection and debriefing on the postvention process. Self-care for leaders is important.
- Consider offering information sessions for the parent(s) or guardian(s) in collaboration with the Mental Health Team and community mental health agency.
- Continue documentation of actions, and feedback for future process.
- At the end of one month, debrief/review critical incident.

E. Planning for the Future

The principal or designate will:

- Continue to monitor staff and student well-being.
- Implement recommendations from the reflection and debriefing process. Provide feedback to the Mental Health Lead.
- Share the postvention plan with new staff members.
- Continue to work with the board and community to refine response in the event of future deaths.
- Prepare to provide support as needed to siblings of the deceased who may be enrolling in the school.

APPENDIX H: Identifying and Supporting Student with Vulnerabilities

Identifying and Supporting Students with Vulnerabilities

Students can be vulnerable to thoughts of suicide for a number of different reasons.

Exposure to a peer's death by suicide or a suicide attempt, especially when coupled with pre-disposing experiences, may result in students experiencing an increase in their levels of distress and possible imitative behaviour. Schools play an important role in identifying students who are vulnerable. It is not unusual to identify 20-25 or more students per high school.

Step 1: Identifying students who are Vulnerable

One way of identifying students who are vulnerable is to consider the following risk factors:

Geographical proximity – “the physical distance a person is from the location of the incident, including eye witnesses or those exposed to the aftermath”

Psychological proximity – “relates to the level of identification an individual has to a victim....e.g. cultural or subcultural connections such as team members, classmates, those who perceive a unifying characteristic. Youth may connect with a victim who has a similar life circumstance or view the deceased as a role model.”

Social proximity – “refers to the relationship one has with the injured or deceased.....e.g. family members, friends, same social circle, romantic interests, acquaintances.”

Population at risk – “those individuals who have been exposed to a traumatic event or who have one or more pre-existing vulnerabilities that may influence the psychological and emotional impact of the current incident, including presence of mental illness, a history of trauma exposure, prior suicidal behaviour, substance abuse and conflict.” “This also includes those who have a sense of hopelessness and helplessness, recent significant stress or loss and limited social support.”

Additional risk factors: “those who may have facilitated the suicide through supportive actions, failure to identify signs of suicidal intent, a feeling of responsibility for the death.”

Student Name	Grade	Who on staff knows this student best; has the most supportive relationship?
1.		
2.		
3.		
4.		
5.		

Step 2: Checking in with Students who are Vulnerable

Staff who are closest to the identified student arrange to check in with the student.

- ✓ Engage the student in conversation
- ✓ Check for warning signs of suicide or increasing distress
- ✓ Demonstrate support

For example, to engage with students staff may ask:

- How are things going for you?
- How are you doing?
- I know that you have been going through a difficult time...
- I've noticed some changes...
- Can we talk about how things are for you right now?

For example, to check for increasing distress, staff may ask:

- What kinds of things are happening in your life that you're happy about, or pleased with?
- Is there anything that you are unhappy with, or stressed about?
- On a scale of 1 to 10, with one being no stress whatsoever and 10 being the most stressed you've ever felt, what is your current stress level like?

For example, to check for warning signs of suicide:

- Be alert to any indication that the student is talking about suicide or a plan, is seeking out ways to harm or kill themselves, or saying things like "I'm going to kill myself", "I wish I were dead" or "I shouldn't have been born"

For example, to demonstrate support staff may say:

- What would be helpful for you?
- What may I do to be supportive?

If the student indicates that they have no stress, or a moderate level of stress, and there is an absence of warning signs or symptoms of suicide, continue to touch base with the student every week for a few months. This allows you to continue to monitor the student's well-being and communicates to them that they are cared about.

If the student indicates a high level of stress, ask how long they have been feeling this way, and if there have been any recent events that have contributed to their increased stress load. Ask the student about the kinds of things they do to help cope with their stress. Ask the student, 'who are your supports, or who would you turn to for help?'

Step 3: Referring Students who are Vulnerable – Getting Additional Help

Helping Students who are Suicidal or Show Warning Signs of Suicide

Warning Signs of Suicide

Actually talking about suicide or a plan
 Seeking out ways to harm or kill oneself
 Saying other things like: “I’m going to kill myself”, “I wish I were dead,” or “I shouldn’t have been born”

If you observe any warning signs or symptoms of suicide, or a student indicates that they are feeling very distraught, don’t leave the student alone. Notify the principal who will meet with the student and arrange for the student to be screened by an ASIST trained staff. A Student SafePlan will be developed including the student, parent/guardian, and ASIST trained staff. Refer to Appendix E of this protocol.

Helping Students who are highly stressed, but who are not suicidal

Students who are not demonstrating warning signs of suicide may be experiencing high levels of stress. It is helpful to further your assessment by gathering additional information and to discuss the student with the in-school critical incident response team.

Further information about the student can be gathered by:

- Reviewing their attendance record for any changes, and to connect with teachers to determine any changes in achievement
- Review student curriculum to identify and remove any potentially traumatizing or activating activities, assignments, readings, etc.

At the in-school critical incident response team meeting, review the student’s circumstances. It is helpful to distinguish which students are coping and managing, and which students are having difficulty coping and managing.

Coping and Managing	Difficulty Coping & Managing
realistic response to a stressful event(s)	absence of stressful event(s) or response is excessive – feels ‘out of proportion’
temporary/short-lived	usually longer lasting
developmentally appropriate	developmentally inappropriate
normal activities are maintained	significant interference with student’s well-being and normal activities

Students who are coping and managing will benefit from ongoing monitoring and continued strategies that are in place. Continue to touch base with the student every week for a few months.

Students who are experiencing difficulty coping and managing require the ongoing support of school staff and also a referral to the child and youth counsellor. They may also benefit from professional mental health support by referral to community agencies.

Some students at risk for suicide may have recently been seen in an emergency department or crisis

outreach, discharged from hospital and/or are receiving care and treatment in the community. To assist these students, develop a SafePlan. A comprehensive student SafePlan is developed in consultation with the student, their parent/guardian, Youth Worker, Central Board Mental Health Support Team and Community-based Mental Health Services. See appendix E of this protocol.

DRAFT

Appendix M:**Terms and Understandings - Other Related Definitions**

Central Board Mental Health Support staff - includes Melanie Dunlop, the Mental Health Lead, and Central Support Team Members: Julie Goodman, Psychologist, Judith Wykes, Psychological Associate, Leeanne Amell, Attendance Counsellor, Barb Meilenner, Youth Worker Supervisor/Attendance Counsellor and Theresa Kennedy, Superintendent of School Effectiveness.

Contagion - Contagion occurs when suicidal behaviour influences an increase in the suicidal behaviour of others. The effect appears to be strongest for the 1 to 13 year-olds, where those exposed to death by suicide are five times more likely to contemplate it themselves, and 14 to 18 year-olds are 2 to 3 times more likely. (Coleman, 2013) It is for this reason that we sometimes see clusters of suicidal behaviour in a school or community.

Cybersuicide - Interactive suicide notes and cybersuicide refer to use of the internet as a public platform for displaying suicidal ideation and behaviour. It may be associated with web sites that lure vulnerable people and empower them with various methods and approaches to self-harm.

In-School Support Team – Staff members such as Administrators, Youth Workers, Student Success and Guidance staff, Special Education Resource Teachers, ASIST-trained staff, etc.

Pathway to Support/Care- Pathway to support/care practices involve the movement of student support from initial identification of concern to the appropriate level of intervention.

Potential Triggers - Potential triggers are situations that may increase the risk for a person with vulnerabilities to consider suicide.

Protective Factors - Protective Factors are characteristics that decrease the likelihood that someone will consider, attempt, or die by suicide.

Recovery Phase: Recovery is the support for school communities following suspected or attempted suicide. These supports include the Student SafePlan for the identified student and the plan to support students with vulnerabilities.

Suicidal Ideation - Suicidal ideation is defined as having thoughts about suicide. The range of suicidal thoughts varies greatly from fleeting to detailed planning.

Suicide Crisis - Suicide crisis occurs when a student is suspected of being a high risk for suicide, has attempted suicide or has died by suicide.

Student SafePlan - The Student SafePlan is a detailed plan created for students presenting with suicidal ideation which identifies the supports to the student and family to promote safety and emotional well-being. Refer to Student SafePlan template found in Appendix E.

Vulnerabilities - Vulnerabilities are characteristics that enhance the likelihood that someone will consider, attempt, or die by suicide. Refer to Identifying and Supporting Students with Vulnerabilities, Appendix H.

Warning Signs - Warning signs are behaviours and characteristics that someone may harm him or herself in the near future. Information about Warning Signs are found in Appendix C.

~~APPENDIX I:
Key Messages for Communications Office regarding Media-~~

~~APPENDIX J:-
Postvention Sample Script and Letters~~

~~Appendix K:—
Classroom Sample Script~~

~~Appendix L:
Sample Letter for School Community~~

Appendix I through L are in the process of confirmation and approval and will be added to the protocol prior to seeking consultation and formal approval processes.

DRAFT