



# Northeastern Catholic District School Board

## SUICIDE PREVENTION, INTERVENTION, AND POSTVENTION

### APPLICATION AND SCOPE

Every day mental health and well-being promotion and practices are the foundation of suicide prevention. A holistic approach involves thinking beyond just the immediate goal of alleviating distress and working together to harness young people's hope, meaning, belonging and purpose.

There is recognition, however, that there may be children or youth who experience suicidal thoughts or engage in suicidal behaviour. This protocol aims to address the safety and well-being of children and youth in our Catholic school community who may be struggling with suicidal thoughts or actions by ensuring caring adults in our system respond in a consistent and planned approach should the need arise.

### PROCESS

#### 1.0 SUPPORTING RESOURCES

There are a series of quick reference documents, resources, and important information on protective and risk factors (invitations/warning signs) available:

- i) Protective Factors
- ii) Suicide Intervention Chart (Central, North, South)
- iii) Suicide Intervention Chart (Moosonee)
- iv) Student Action Plan/Be Safe
- v) Be Safe Pocket Guide (Central, North, South)
- vi) Be Safe Pocket Guide (Moosonee)
- vii) Suicide Risk Management Review: Active Suicide Attempt (URGENT)
- viii) Suicide Risk Management Review: Potential Suicide Concern (AWARE)

#### 2.0 SUICIDE INTERVENTION AND RISK MANAGEMENT: URGENT RESPONSE

- 2.1 An active attempt is an emergency that requires an immediate response. At no time should a student with suicidal behaviour be left unsupervised at school or released from school to go home alone.
- 2.2 In situations where there has been an **active suicide attempt**, guide student to another area if it is safe to do so or clear area of other students if more appropriate to the situation. Ensure safety of student, self, and bystanders. Get help from another caring adult as the situation requires.
- 2.3 Activate EMS by dialing 911. If alone, get help. A student should not be left unsupervised unless there is no other option available.

- 2.4 Principal or designate is informed of situation including student name and steps taken as soon as possible. Do not leave a message. If unable to reach the principal or designate, advise a Superintendent of Education regarding the situation.
- 2.5 Principal/designate will contact the student's parent/guardian as soon as information pertaining to the situation is available. Communicate facts only.
- 2.6 A caring adult will remain with the student until EMA arrives to provide supportive and empathetic listening. First aid may need to be provided or requested.
- 2.7 Principal/designate debriefs with staff involved once the crisis has passed.
- 2.8 The *Suicide Risk Management Review* is completed. A copy remains at school and a copy is forwarded to the Supervisor of Mental Health and Wellness. The Superintendent of Education is made aware.
- 2.9 Where circumstances required a student to be absent from school due to an admission to a child mental health unit, the Mental Health and Addiction Nurse (MHAN) may already be notified by a hospital staff member (provided consent from the student was obtained) and can assist in the transition from hospital to school. Whenever possible, the student, parent/guardian, MHAN and principal and/or designate shall meet to aid with the transition back to school and empower the student in identifying supports, life promotion strategies and resources available through completion of a *Student Action Plan/Be Safe*.
- 2.10 At the school level, a caring adult shall be designated to check-in with the student following their return to school or class. For more intensive support or follow-up for the student, if needed, consider a referral to available internal and/or external resources.
- 2.11 For any suspicions related to child protection, refer to NCDSB Administrative Procedure APE026 Reporting Abuse.

### 3.0 SUICIDE INTERVENTION FLOW CHART

A student who discloses suicidal thoughts or suicidal intent requires support and intervention from a caring adult. At no time should this information be kept in confidence. The following provisions shall be used:

- i) When an NCDSB staff member becomes aware that a student may be experiencing suicidal thoughts either from the student themselves or from another source, it is imperative that all suicidal disclosure be taken seriously **AND** further explored.
- ii) Principal/designate is notified of situation including student name and steps taken as soon as possible. Principal/designate will notify the student's parent/guardian of any suspected suicidal behaviour and seek their cooperation in helping the student. It is important that all parties maintain communication until the situation is resolved. The parent/guardian may need to present to the school. If a parent/guardian cannot be reached, the principal/designate will act in the best interest of the student.

- iii) A caring adult demonstrates interest and support and connects the student to safeTALK or ASIST trained school personnel. If no such staff is available, it is imperative that an adult remain with the student until further help and support is available and accessed (follow to step (vii) below.
- iv) A trained staff member discusses the concerns openly and frankly with the student:
  - ASK: "Are you thinking about suicide?"
  - LISTEN: "Let's talk about this. I am listening."
  - KEEPSAFE: "Do you have a plan?"
  - CONNECT: "We need extra help."

If the student remains vague, uncooperative and/or discloses YES to having a suicidal plan, follow to step (vii) below.

- v) If student indicates NO when asked frankly and directly if they are thinking about suicide and/or if they have a suicide plan, the student may still require follow-up and care. At this stage, it is important that the student identify supports, and they feel safe otherwise. Follow to step (vii).
- vi) The student completes a *Student Action Plan/Be Safe* with a caring adult, to identify supports, life promotion strategies and resources available. The student will keep a copy of their plan (paper or digital) and one will be kept at school (refer to section 4.0 below). It is important that a caring adult be designated at the school level to periodically check-in with the student.

If the student remains vague or uncooperative and/or cannot identify supports in the *Student Action Plan/Be Safe*, follow to step (vii) below.

- vii) If there is no available trained adult at the school and/or if the student remains vague, uncooperative or discloses YES to having a suicidal plan, the student will require intervention. Unless the parent/guardian confirms intent to seek an alternate suicide risk assessment via their primary care provider, hospital or mental health clinic, the designated adult will inform the following mental health service of the current situation to determine the next steps to be taken:

**North Eastern Ontario Family and Children's Services**

Locations throughout our school district:

- Kapuskasing:** 705-335-2445
- Cochrane:** 705-272-2449
- Iroquois Falls:** 705-232-7000
- Timmins:** 705-360-7100 (Head Office)
- Kirkland Lake:** 705-567-9201
- Englehart:** 705-544-5437
- New Liskeard:** 705-647-1200

NOTE: Any of the above lines called will result in an automated message. The caller will follow the prompts until directed to the appropriate service.

## **Child and Youth Milopemahtesewin Services (Moosonee)**

705-336-2229

- viii) Principal/designate debriefs with staff involved once the crisis has passed.
- ix) The *Suicide Risk Management Review* is completed. A copy remains at school and a copy is forwarded to the Supervisor of Mental Health and Wellness. The Superintendent of Education is made aware.
- x) Where circumstances required a student to be absent from school due to an admission to a child mental health unit, the Mental Health and Addiction Nurse (MHAN) may already be notified by a hospital staff member (provided consent from the student was obtained) and can assist in the transition from hospital to school. Whenever possible, the student, parent/guardian, MHAN and principal and/or designate shall meet to aid with the transition back to school and empower student in identifying supports, life promotion strategies and resources available.

NOTE: A mental health Unit hospital admission may occur in situations when the person is in need of observation, care and treatment or is in danger to themselves or others.

- xi) At the school level, a caring adult shall be designated to check-in with the student following their return to school or class. For more intensive support or follow-up for the student, if needed, consider a referral to available internal and/or external resources.

### **4.0 STORAGE AND RETENTION OF INFORMATION**

- 4.1 The principal/designate completing the Student Action Plan/Be Safe with the student has the responsibility to ensure school-based personnel listed in the plan know their part in supporting the student.
- 4.2 The student will retain a copy (paper or digital) of their plan. If the student has existing plan with an external agency, they may opt to use it.
- 4.3 The *Suicide Risk Management Review* will accompany the Student Action Plan and will be stored in a designated confidential area at the school.
- 4.4 The Supervisor of Mental Health and Wellness will retain an electronic copy of the Risk Management Review for statistical purposes only.

### **5.0 POSTVENTION (Death by suicide)**

- 5.1 A response plan is in place that outlines the steps and actions should a tragedy occur resulting in a death by suicide.
- 5.2 Refer to the NCDSB Tragic Events Protocol for guidance in responding to a death by suicide.

## DEFINITIONS

### **Documentation**

Includes information required following an incident involving an active suicidal attempt or suicide ideation.

### **Postvention**

Response after a death by suicide.

### **Suicide Attempt**

An active, deliberate gesture to end one's life.

### **Suicide Ideation**

Thoughts of suicide which may or may not include a plan to end one's life.

### **Student Action Plan**

A student resource which includes ways to reach out safely.

## RESOURCES

School Mental Health Ontario

NCDSB Protocol for Partnerships with External Agencies

NCDSB Policy

E-20 Response to Tragic Events

E-26 Reporting Abuse

E-34 Safe Schools

NCDSB Administrative Procedure

APE026 Reporting Abuse

## REVIEW CYCLE

As required.

## AUTHORIZATION

**Director of Education:**

*Tricia Stefanie Welty*

**Date:**

October 2021