



Northeastern Catholic District School Board

SUICIDE RISK MANAGEMENT

Administrative Procedure Number: #APE033

POLICY STATEMENT

The Northeastern Catholic District School Board (NCDSB) believes that all people are created in the image and likeness of God and that every person has the right to be treated with dignity, respect and fairness. The Board recognizes that a positive school climate exists when all members of the school community feel safe, included and accepted and actively promote positive behaviours and interactions. The NCDSB is committed to building and sustaining safe Catholic school communities where all members and stakeholders share the responsibility of eliminating violence and discrimination in accordance with our Catholic faith and gospel values.

The NCDSB believes that a safe, accepting, and inclusive learning environment enables students to reach their full academic and spiritual potential.

GENERAL BELIEF STATEMENT

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 procedure 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.

REFERENCES

- NCDSB Policy E-34: Safe, Inclusive, and Accepting Schools
- NCDSB Policy E-20: Response to Tragic Events
- NCDSB Administrative Procedure APE004: Protocol for Partnership with External Agencies
- NCDSB Administrative Procedure APE013: Reporting Abuse
- Pathways Support Toolkit, School Mental Health Assist www.smh-assist.ca
- Life Promotion and Suicide Prevention Framework www.smh-assist.ca
- Youth Suicide Prevention School Board Leadership package www.smh-assist.ca
- Youth Suicide Prevention at School: A Resource for School Mental Health Leadership Teams www.smh-assist.ca
- LivingWorks www.livingworks.net

DEFINITIONS

Suicidal ideation: Refers to thoughts of suicide which may or may not include a plan.

Suicide attempt: Refers to an active deliberate gesture to end one's life.

Student Action Plan: A student resource which includes ways to reach out safely.

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

Postvention: Includes NCDSB response after a death by suicide.

PROCEDURES

1.0 Refer to the following appendices for quick references, resources and important information on protective and risk factors (invitations/warning signs).

- Appendix 1** Protective Factors
- Appendix 2** Flow Chart for Responding to a Suicidal or Potentially Suicidal Student
- Appendix 2A** Moosonee Flow Chart
- Appendix 3** Student Action Plan/Be Safe
- Appendix 4** Pocket Guide-Student Resource
- Appendix 4A** Moosonee Pocket Guide-Student Resource
- Appendix 5** Suicide Risk Management Review: Active Suicide Attempt
- Appendix 6** Suicide Risk Management Review: Aware/Potential Suicidal Concern

2.0 **Suicide Intervention and Risk Management: Urgent Response** (Appendix 2 and 2A)

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.

- 2.1 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.
- 2.2 Activate EMS by dialing 911. If alone, get help. A student should not be left unsupervised unless no other option is available.
- 2.3 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.
- 2.4 Principal or designate will contact the student's parent/guardian as soon as information pertaining to the situation is available and communicate facts.

Note: For any suspicions related to child protection, refer to Administrative Procedure # APE013 Reporting Abuse.

- 2.5 A caring adult will remain with the student until EMS arrives to provide supportive and empathetic listening. First aid may need to be provided or requested.
- 2.6 Principal or designate debriefs with staff involved once the crisis has passed.
- 2.7 The Suicide Risk Management Review (appendix 5) 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.
- 2.8 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 (Appendix 3).
- 2.9 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.

3.0 **Awareness of Student Disclosure of Suicidal Thoughts or Intent** (Appendix 2 and 2A)

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.

- 3.1 When a 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.
- 3.2 Principal or designate is notified of situation including student name and steps taken as soon as possible. Principal or 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 or designate will act in the best interest of the child/youth.

Note: For any suspicions related to child protection, refer to Administrative Procedure # APE013 Reporting Abuse.

- 3.3 A caring adult demonstrates interest and support and connects the student to a 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 3.7**).
- 3.4 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.”
- 3.4.1 If the student remains vague, uncooperative **and/or** discloses yes to having a suicidal plan **follow to step 3.7**.
- 3.5 If a student indicates “no” when asked frankly and directly if they are thinking about suicide **and/or** if they have a suicidal plan, the student may still require follow-up and care. At this stage, it is important that a student identify supports, and that they feel safe otherwise **follow to step 3.7**.
- 3.6 The student completes a Student Action Plan/Be Safe (Appendix 3), 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 4.0). It is important that a caring adult be designated at the school level to periodically check-in with the student.
- 3.6.1 If the student remains vague, uncooperative **and/or** cannot identify supports in their Student Action Plan/Be Safe **follow to step 3.7**.
- 3.7 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

- 3.8 Principal or designate debriefs with staff involved once the crisis has passed.
- 3.9 The Suicide Risk Management Review (Appendix 6) 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.
- 3.10 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 a danger to themselves or others.

- 3.11 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

- 4.1 The principal or designate completing the Student Action Plan/Be Safe (Appendix 3) 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 Risk Management Review (Appendix 5 and 6) 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)

A response plan is in place that outlines the steps and actions should a tragedy occur resulting in a death by suicide. **Refer to Tragic Events Policy E-20** for actions for responding to reactions of staff and students and guidelines for contact with family members and for responding to media requests.

Director of Education: *Glenn Sheculski*

Date: **June 2017**

Protective factors

Many factors can contribute to a person's resiliency in the face of stress and adversity. Caring adults can impact everyday well-being practices and can look for opportunities to enhance protective factors.

PROTECTIVE FACTORS:

Strong **beliefs** about the meaning and value of life;

Strong **connection** to friends, family and other supportive people;

Cultural, religious or spiritual beliefs;

Strong **social** skills;

Good **health** and access to health care;

Hope and optimism for the future;

A sense of **belonging** and **purpose**

Health and **well-being**;

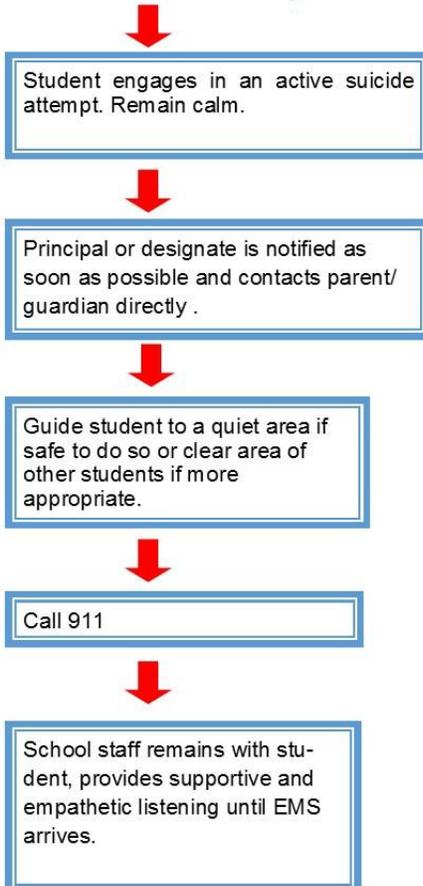
Positive **copng** skills.



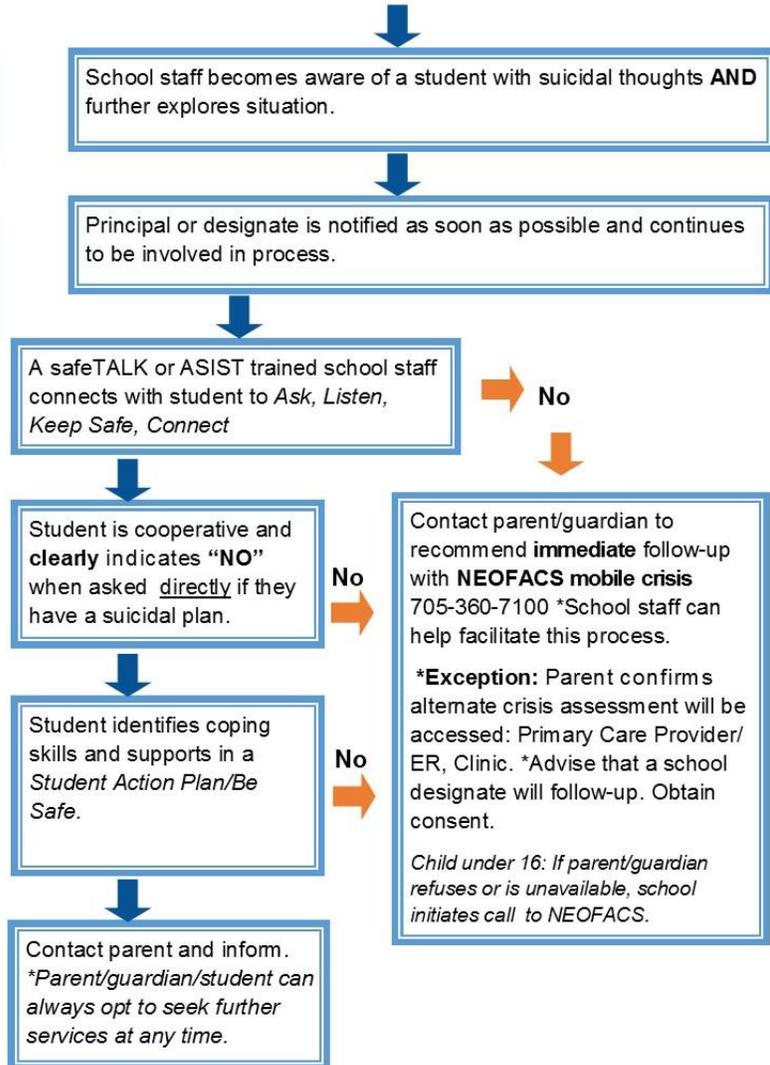
Responding to a suicidal or potentially suicidal student

Refer to Procedure # APE033

Active Suicide Attempt



Potential Suicide Concern



Documentation: 1. Complete a Student Risk Management Review form. A copy remains with principal or designate and a copy is forwarded to Supervisor of Mental Health and Wellness (kmcentee@ncdsb.on.ca); 2. Debrief; 3. Notify Superintendent (active attempts).

Transition Back to School or Class: 1. MHAN in place to help with transition from hospital to school (if occurred); 2. Student, MHAN, Parent/guardian meet with principal or designate (ideal/when possible); 3. Student identifies supports in a Student Action Plan/Be Safe unless an agency plan already exists.

EXPLORE

Copy on back of Flow Chart

ACTIONS

Giving away possessions
 Withdrawal (family, friends, school, work)
 Loss of interest in sport and leisure
 Misuse of alcohol, drugs
 Impulsive/reckless behaviour
 Self-mutilation
 Extreme behaviour changes
 Prior suicidal behaviour

PHYSICAL

Lack of interest in appearance
 Disturbed sleep
 Change/loss of appetite, weight
 Physical health complaints

WORDS

“All of my problems will end soon.”
 “No one can do anything to help me now.”
 “Now I know what they were going through.”
 “I just can’t take it anymore.”
 “I am a burden to everyone.”
 “I can’t do anything right.”
 “I just can’t think straight anymore.”

FEELINGS

Desperate
 Angry
 Guilty
 Worthless
 Lonely
 Sad
 Hopeless
 Helpless
 Disconnected



safeTALK

Tell Ask Listen KeepSafe

PERSON WITH THOUGHTS OF SUICIDE

PERSON WHO WANTS TO HELP

INVITATIONS

Tell
 as clearly and directly as possible

Ask

When someone is [INVITATIONS], they are sometimes thinking about suicide. Are you thinking about suicide?

Listen

Let's TALK about this. I am Listening. ... This is important.

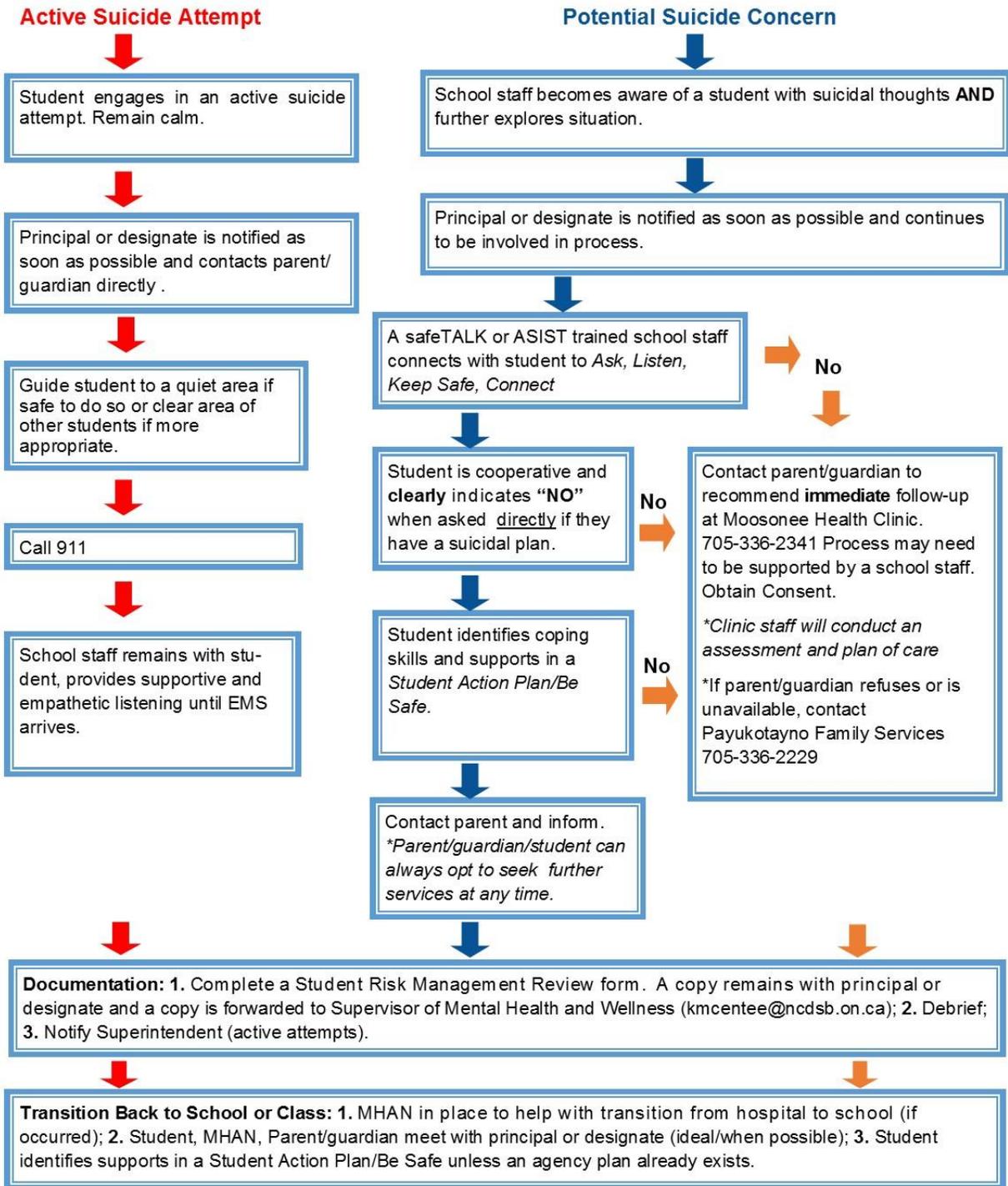
KeepSafe

We need extra help. I want to connect you with someone who can help you KeepSafe.





Responding to a suicidal or potentially suicidal student
Refer to Procedure # APE033





STUDENT ACTION PLAN/Be Safe

STUDENT INFORMATION

Student Name:	DOB:	Grade:
Homeroom Teacher:	Date:	
Parent/Guardian:	Contact #:	

SUPPORTING INFORMATION *Please note that this action plan is not intended to replace professional or emergency advice.*

For student: The information below is intended to empower you to reach out safely. You may also wish to create your action plan by downloading the free Be Safe  app for IOS and Android.

Kids Help Phone: 1-800-668-6868; www.kidshelpphone.ca (Live Chat)

Actions that I will take to help myself cope (list all)

Caring adults that I will access if I need help (list at least 2 names and where to locate)

Caring adults that will check-in with me

Things, people and places that calm me

Important things in my life

People or resources that I can contact when I am not at school

SIGNATURES

Student:	Date:		
Principal or Designate:	Date:		
Parent/Guardian:	Date:		
Student has a copy <input type="checkbox"/>	Parent/Guardian has a copy <input type="checkbox"/>	School has a copy <input type="checkbox"/>	Connected to services <input type="checkbox"/>

Pocket Guide-Student Resource

This action plan is meant to help you "Reach Out" in a crisis.

This action plan will:

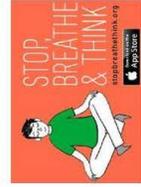
- Inform you about resources in Northeastern Ontario
- Give you options for getting help

Please keep in mind:

- Your safety plan does not replace professional clinical advice or emergency services
- You should complete your Safety Plan with a supportive person when you're not in crisis
- You should keep your plan up to date



You deserve help.



You deserve help.



Connex-Mental Health

1-866-531-2600

Free and Confidential

Connex-Drug and Alcohol

1-800-565-8603

Free and Confidential

Connex- Problem Gambling

1-800-230-3505

Free and Confidential

eMentalHealth.ca

Confidential, trustworthy information

mindyourmind.ca

Explore wellness tips & interactive tools



North Eastern Ontario Family and Children Services

1-705-647-1200

First Nations and Inuit Hope for Wellness Help Line (toll-free, 24/7)

1-855-242-3310

Always There App (Kids Help Phone)

Connect directly with a Kids Help

Phone counsellor 5 days a week

Stress Strategies

www.StressStrategies.ca



Kids Help Phone

1-800-668-6868

Timmins and District Hospital-Crisis Line

1-888-340-3003

Mental Health Helpline

1-866-531-2600

Timiskaming Crisis Response System

1-888-665-888



Moosonee Pocket Guide-Student Resource

This action plan is meant to help you "Reach Out" in a crisis.

This action plan will:

- Inform you about resources in Northeastern Ontario
- Give you options for getting help

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 - Connex- Problem Gambling**
1-800-230-3505
Free and Confidential
 - eMentalHealth.ca**
www.mentalhealth.ca
 - mindyourmind.ca**
www.mindyourmind.ca
- Confidential, trustworthy information
Explore wellness tips & interactive tools



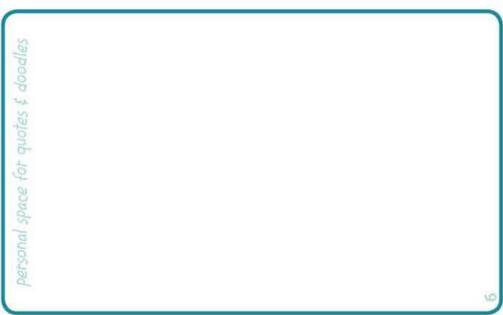
Kids Help Phone
1-800-668-6868

Moosonee Health Clinic
705-336-2341

Child and Youth Milopemahatesin Services
705-336-2229



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- Always There App (Kids Help Phone)**
Connect directly with a Kids Help Phone counsellor 5 days a week
- Stress Strategies**
www.StressStrategies.ca





**Northeastern
Catholic District**
SCHOOL BOARD

Suicide Risk Management Review: Active Suicide Attempt

Please retain a copy at school. This form can also assist with debriefing.

Date:		Student Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
School:		Student Age:	
Y	N	Active suicide attempt Specify method:	
Y	N	Student guided to another area or other students removed	
Y	N	Principal or designate was notified	
Y	N	Parent/guardian was contacted regarding situation If no, reason:	
Y	N	EMS activated If no, reason:	
Y	N	Student was taken to hospital If no, reason:	
Y	N	Debriefing occurred with staff involved in student crisis If no, reason:	
Y	N	Transition back to school plans in place If no, reason:	
Y	N	Superintendent was advised If no, reason:	
Y	N	School is requesting a follow-up from the Supervisor of Mental Health and Wellness School contact person:	
Please forward to Supervisor of Mental Health and Wellness kmcentee@ncdsb.on.ca			
SIGNATURES			
Principal or designate:		Date:	
Staff involved:		Date:	





**Northeastern
Catholic District
SCHOOL BOARD**

Suicide Risk Management Review: AWARE/Potential Suicide Concern

Please retain a copy at school. This form can also assist with debriefing.

Date:		Student Name:		Gender:	
School:		Student Age:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Y	N	Student confirmed as having suicidal thoughts			
Y	N	Principal or designate notified			
Y	N	Parent/guardian contacted regarding the concern If no, reason:			
Y	N	Student was connected to a safeTALK or ASIST trained staff member If no, reason:			
Y	N	Student indicated "yes" when asked directly if they had suicidal thoughts			
Y	N	Student was clear, cooperative and indicated "no" when asked frankly and directly if they had a suicidal plan			
Y	N	NEOFACS mobile services was initiated NEOFACS response time: Location assessment took place:			
Y	N	NEOFACS assessed student and completed a safety plan with the student (student did not require ER visit)			
Y	N	NEOFACS assessed student and recommended child/youth present to ER to assess if need for hospitalization Specify who attended ER with student:			
Y	N	Student/Parent/Guardian opted to seek alternate mental health assessment Specify:			
Y	N	Student identified supports in a Student Action Plan/Be Safe If no, step taken:			
Y	N	Debriefing occurred with school staff involved in student crisis If no, reason:			
Y	N	School is requesting a follow-up from the Supervisor of Mental Health and Wellness School contact person:			
Please forward a copy of the review to Supervisor of Mental Health and Wellness kmcentee@ncdsb.on.ca					
SIGNATURES					
Principal or designate:			Date:		
Staff involved:			Date:		

