



ADMINISTRATIVE PROCEDURE 399	
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Contact	Mental Health Lead

Suicide Prevention, Intervention and Postvention

Purpose

The Renfrew County District School Board is committed to ensuring the safety and well-being of students to the greatest extent possible. The Director, system administrators and school principals are committed to overseeing the conditions to create mentally healthy school communities and responsive environments.

This administrative procedure has been developed to support administrators in adhering to the [Planning Document for Suicide Prevention, Intervention and Postvention](#).

Definitions

See Planning **Document for Suicide Prevention, Intervention, Postvention**: [Section D. 1 - Defining Key Terms](#)

ASIST (Applied Suicide Intervention Skills Training) is an evidenced based *Living Works* suicide intervention program. This two-day skills training program teaches the Pathway for Assisting Life model. The ASIST caregiver uses the Pathway for Assisting Life, which involves: exploring invitations, asking about suicide, hearing the story, supporting turn to safety, developing a safe plan and confirming actions. Individuals who are suicidal are often ambivalent about living and dying and have doubts about whether suicide is a solution to their problems. This ambivalence is an important focus of intervention for people who are risk of suicide.

Death by suicide is self-harming behavior that results in death.

Non-suicidal self-injury is a deliberate attempt to cause injury to one’s body without the conscious intent to die.

Postvention refers to the response and healing activities needed for everyone impacted by a death by suicide.

Response To Intervention (RTI) refers to a tiered approach for providing responsive, evidence based strategies to support the student’s social, emotional and academic needs. **Tier 1** involves evidence based instructional strategies and approaches within the classroom. **Tier 2** involves accessing the school intervention team for additional school support. **Tier 3** involves accessing board and community supports and services.

Safe plan refers to a specific plan that addresses risk and protective factors:

- Safety First refers to situations involving emergency responses, 24 hour monitoring or police intervention for safety.
- Safety Guards refers to specific risk factors and planning for protection, including planned suicide, past suicide behaviour, alcohol/drug use or mental health problems/illness.
- Safety Aids refer to protective factors that may be able to increase safety and support. Crisis line numbers and a recommendation to visit family doctor are always included in the development of a safe plan.

SafeTALK is an evidence based *Living Works* suicide prevention program, which involves three hours of training and teaches four steps “Talk, Ask, Listen, Keep Safe” for responding to a person at risk of suicide.

Safety-for-now refers to a third choice a person at risk has outside of the rigid thinking about life or death. That third choice is safety-for-now, which is supported by a safe plan, confirmed actions and an agreement to follow the plan and keep safe for now.

Suicidal behaviour is self-harming behaviour that includes an intention to die.

Suicidal thoughts (also known as suicidal ideation) includes both thinking about death by suicide and /or planning actions that could result in death.

Suicide attempt is a self-harming behaviour that includes the intention to die. Examples of suicide attempts include, overdose of medication, street drugs, alcohol, or other substances, or life-threatening self-inflicted wounds.

Suicide concern refers to warning signs that may indicate risk but it is unclear if suicide is involved and a further exploration is needed to determine if there is risk of suicide.

Suicide intervention refers to practices involved in responding to individuals with thoughts of suicide or who are at heightened risk of harm to self. Suicide intervention programs prepare staff by teaching a specific set of skills for assessing risk and creating safety.

Suicide prevention refers to the systematic efforts to reduce the risk of suicide and suicidal behavior. Efforts are targeted at mental health promotion that serves as a universal preventative strategy for promoting life. Suicide prevention programs prepare individuals to recognize and respond to risk by creating immediate safety connections.

Suicide risk refers to the determination, based on available sources of information, that an individual is at risk of suicide and is in need of further intervention.

Suicide threat involves the direct disclosure of suicidal thoughts and/or plans for suicide by a student or indirect disclosure through a friend of a student or through other obtained information (e.g., notes, messages, social media and gestures).

Violent threat risk involves risk of harm to others and refers to situations in which information or actions suggest an individual is at risk of serious and imminent violence. For example, possession of a weapon and/or verbal and/or written threats. VTRA protocol is the shared *Violent Threat Risk Assessment Protocol*, detailing the process by which schools can respond immediately to violent threat risk. The protocol can be activated through the school (Principal) or community service provider that is alerted to

the risk.

Background

The District recognizes that a whole school approach is necessary to promote a safe, inclusive, and accepting environment that creates a positive school climate. While suicide interventions and postvention are aimed at specific times when those skills are needed, suicide prevention happens every day. The priority for mental health and well-being is communicated through the Mental Health and Well-Being Strategy and prominently featured in the board and school improvement plans.

Suicide is a leading cause of death among young people. While suicide is a low frequency event, all school boards will be faced with students who are at risk of suicidal thoughts and behaviour, and most boards will, at one time or another, need to respond to a death by suicide. School board planning in suicide prevention, intervention and postvention is essential due to the the inherent safety risks and the coordinated response required among school, home and community.

Guiding Principles:

- Anyone can be at risk
- Suicide has Urgency and Priority
- Safety Comes First
- Respect and Dignity for All

Roles, Expectations & Agreements

All staff are expected to:

- Be alert to warning signs that a person may be at risk of suicide and immediately connect students with trained staff for navigating the Suicide Risk Response Protocol.
- Be aware of and responsive to the guidelines for best practice in mental health awareness and suicide prevention within the school and classroom.

Staff trained in SafeTALK, that are ready, willing and able to support students in the school environment, agree to:

- To support school level response for an initial assessment of suicide concerns.
- To be ready, willing and able to respond to suicide concerns and follow the steps outlined in the protocol.
- To meet with the student to assess risk and determine next steps. All students determined to be at risk of suicide are connected with ASIST trained staff.

Staff trained in ASIST, that are part of the school response team, agree to:

- To support school level planning for suicide prevention, intervention and postvention.
- To be ready, willing and able to support a person at risk of suicide and follow the steps outlined in the protocol.
- To meet with the student at risk of suicide and facilitate next steps for assisting life and creating safety.

The Principal/ Vice Principal is expected to annually:

- Identify staff that require training SafeTALK or ASIST and inform the Mental Health Leader.
- Remind all staff that suicide prevention is a whole school responsibility. It is everyone's responsibility to be informed and alert to risk of suicide.
- Provide all staff with a copy of and review the Suicide Risk Response flow chart and resources for all staff. [Appendix A. Suicide Risk Response Protocol: Reference Flow Chart for All Staff to Know](#)
- Introduce all staff to the SafeTALK and ASIST trained staff that are ready, willing and able to support students within the school environment. (see #1 & #3)
- Provide all staff with a copy and review the Guidelines for Best Practice in Suicide Prevention and Mental Health Awareness.
- Make a copy of the flow charts and resources readily available with the names of school staff trained in SafeTALK and ASIST that are ready, willing and able for school response.
- Provide all ASIST trained staff with a copy of the reference flow chart and resources for trained ASIST trained staff.
- Provide opportunities for trained staff involved in school prevention and intervention to collaborate and role play skills for ongoing learning and development to support their role for prevention and/or intervention.
- Convene a meeting with ASIST trained staff to prepare for postvention and [tragic event response](#).
- Replace updated sections of the protocol and flow charts as needed.

The Mental Health Leader is expected to annually:

- Coordinate and support the delivery of staff training for suicide prevention and intervention.
- Update lists of staff trained in ASIST and SafeTALK after each training session and distribute to Principals, Vice Principals.
- Support the navigation of service pathways and provide consultation/support to school communities in planning for and responding to the school community needs for suicide prevention, intervention and postvention.
- Provide leadership and ongoing consultation for strategic development, school planning, implementation of the protocol and initiatives for suicide prevention, intervention and postvention within board and school communities.

Mental Health Leadership Team is expected to:

- Support and review the strategic development and implementation of the mental health strategy.
- Provide leadership and planning for suicide prevention, intervention and tragic events/postvention at the board and school level.
- Review and update protocol and guidelines as needed.

Identified agencies agree:

- That their agency adds value as a coordinated and planned service pathway for students at risk of suicide.

- That the coordination of services adheres to the respective agency protocols and procedures for responding to children and youth at risk of suicide.
- To communicate, with consent as needed, to support the student's safety and mental health. To communicate to support the student's safety and mental health, with consent or without consent in accordance with privacy legislation. Consent to disclose personal information should be obtained, when and as required by applicable law.
- To collaborate in the provision of services and review/update to the pathways or protocol for supporting student safety and mental health.
- **Identified agencies include:**
 - Mental Health Services of Renfrew County-Pembroke Regional Hospital
 - Phoenix Centre for Children, Youth and Families
 - Champlain Community Care Access Centre
 - Ontario Provincial Police (Renfrew, Killaloe, Upper Ottawa Valley detachments)
 - Family and Children Services of Renfrew County
 - Victim's Services of Renfrew County
 - Children's Hospital of Eastern Ontario, hereinafter referred to as CHEO

Decision Making Flow Chart for Mental Health Awareness Initiatives

Entry Point

Requests may come from different sources. Teachers, parents, students, staff.

All Requests Go to the Principal/Vice Principal

- Staff can use the Decision Support Tool for writing down the initial ideas for the request and to begin reflecting and planning. The Decision Support Tool is submitted to Principal/Vice Principal for review/input.
- Principal/Vice Principal reviews request. The school team that supports tiered mental health/well-being may be consulted.
- After using the Decision Support Tool to reflect, "Is this a good option?"

Yes

Send Decision Support Tool to Mental Health Leader for consultation.

In the case of a guest speaker, proceed with a preliminary call and gather information. Use the sample questions for guest speakers as a guide. Is it still a good option?

Yes

Prepare teachers, students and communicate with parents.

Host the activity.

Complete the Collaborating for Student Mental Health Form and send to Mental Health Leader. This information will be compiled and used to support school and board planning.

No

Send Collaborating for Student Mental Health Form to Mental Health Lead with reflections about why the resource or activity you were planning was not a good idea. This information will be compiled and used to support school and board planning.

(This form has been adapted from School Mental Health Assist - Decision Support Tool: Student Mental Health Awareness Initiatives. Available at: www.smh-assist.ca)
Purple color text boxes have additional supporting resources for making decisions.

Staff member becomes alert to warning signs for risk of suicide and connects the student with **trained staff**. **Safety first responses** are used as needed to support student safety.

Suicide Concern

Stage 1: Preventing Suicide - **SafeTALK and ASIST trained staff** explore concern, ensure safety and report.

Suicide Risk

Stage 2: Intervening with Suicide - **ASIST trained staff**

- Ensure the student is never left alone, unsupervised or released to go home alone.
- Parents/guardians are always informed and asked to respond immediately.
- Principal/Vice Principal is actively involved.
- If a student at risk of suicide cannot be located, Safety First applies for immediate harm, threat, danger.
- If the student is 16 and under, lacking parental involvement for care and decisions, call Family and Children Services.

Life Threatening Suicide Attempt:

- **Safety First Response:** ensure call to 911 emergency.

Immediate Harm/Danger/Threat:

- **Safety First Response:** call Ontario Provincial Police.

Suicide Threat:

- ASIST trained staff assess risk and protective factors for safety planning.

Safety For Now:

Confirmed SafePlan, involved parent/guardian. Support referral to mental health agency and seek consent for contact with identified agency to support after care school planning.

Urgent Care:

Safety for now is not possible due to apparent risk factors.

12 and over, seek consent to involve Mobile Crisis Team Mental Health Services of Renfrew County. **ASIST staff contact mobile crisis team.**



Mental health professionals assess and intervene for stabilization, refer to mental health agencies as needed, advocate and support parents. Emergent cases are sent to Pembroke Hospital emergency dept.

Complete referral for CHEO and HEADS-ED. **Contact School Board Mental Health Leader for service coordination.**



Emergent cases sent to CHEO emergency dept. Urgent cases scheduled within 7-10 days. Non-urgent cases referred to local mental health agency.

Stage 3: After Care School Planning - Principal, Vice Principal reviews documentation, debriefs team and supports planning.

Tragic Event

Principal/Vice Principal leads the School Response

Immediate Coordination of the Crisis

- Use a log to document actions.
- Confirm facts with police.
- Notify Superintendent and alert school response team. [Superintendent notifies Director, Executive Council, School Trustee, Mental Health Leader and Communications dept. Mental Health Leader notifies mental health leadership team and contacts the Principal/Vice Principal to support tragic event response.](#)
- Talk to the family.

First 24 Hours: Coordination of School Response

- Update Superintendent and Communications Dept. [Superintendent updates Director. Director informs co-terminate school board.](#)
- See Postvention considerations for a death by suicide as needed to guide: release of information, managing contagion and media.
- Meet with tragic event response team to plan school response. (ie. scripted communication with staff, students, parents and onsite support). Contact Victim Services of Renfrew County as needed to support needs of school community.

Next 48 - 72 Hours: Monitor and support the needs of students, staff, school

- Tragic event response team continue to support needs of school community.
- Keep staff informed.
- Reconnect with family.

First Month: long term school planning and tragic event response review

- Plan support and/or referrals for students beyond initial response
- Meet with tragic event response team for review and school planning
- May consider involving mental health agencies for information sessions.

Planning for the future: Long term RCDSB Tragic Event Response Planning

- Send review recommendations to Mental Health Leadership Team.
- Continue to monitor and support well-being of school community.

Legal References

Education Act

Ontario Regulation 472/07

Bill 157 “Keeping Our Kids Safe At School Act” -

Bill 13 “Accepting Schools Act”

RCDSB References

Planning Document & Appendix for Suicide Prevention, Intervention, Postvention

School Mental Health ASSIST Resources

- [*Leading Mentally Healthy Schools for School Board level Planning*](#)
- [*Leading Mentally Healthy Schools flipbook for Administrators \(printer friendly version\)*](#)
- [*Organizational Conditions Booklet for School Board Level Planning*](#)
- [*Organizational Conditions Booklet for School Level Planning \(printer friendly version\)*](#)
- [*Decision Support Tool for School Administrators*](#)
- [*Decision Support Tool: Student Mental Health Initiatives*](#)
- [*Decision Support Tool: Evidence Based Mental Health Promotion Programming*](#)
- [*Youth Suicide Prevention: Resource for School Mental Health Leadership Teams*](#)
- [*Pathways Support Toolkit: Preparing School Boards for Collaborative Planning with School Boards*](#)
- [*Supporting Minds*](#)

Ministry Documents

- [*Achieving Excellence: A Renewed Vision for Education in Ontario*](#)
- [*Ontario’s Education Equity Action Plan*](#)
- [*Ontario’s Equity and Inclusive Education Strategy*](#)
- [*Ontario’s Well-Being Strategy for Education*](#)