



ADMINISTRATIVE GUIDELINE

Title: Safe Schools: Suicide Risk Management

Effective Date: May 22, 2018

Responsibility: Superintendent of Education

1.0 Rationale:

The Near North District School Board is committed to providing safe, welcoming and supportive learning environments for staff and students. All school boards promote student well-being and at times are faced with supporting students who are having thoughts of suicide and may need to respond to a student death by suicide. The NNDSB has a Suicide Risk Management Best Practice Guideline that addresses suicide prevention, intervention and postvention as a companion document to this administrative guideline. Effective suicide prevention and intervention is a shared responsibility within a full system of care activated by the Board and community partners.

Purpose:

This guideline addresses emergency and urgent needs where the elevated risk of a student needs immediate attention due to expressed thoughts of suicide or evidence of acts of suicide. The process of assessment of need will ensure that the right students are receiving the quickest access to crisis services and when possible, avoids unnecessary hospitalizations. This guideline describes the role of education in creating a seamless transition to community supports.

Guiding Principles

- The safety and well-being of ALL students is our primary consideration and response to suicide risk is of the utmost priority
- All expressed thoughts of suicide will be taken seriously
- Students who disclose suicidal thoughts and/or behaviours will be treated with discretion, respect and dignity
- Risk identification is responsive and timely
- At no time is a student to be left alone until supports are in place

IMMINENT EMERGENCY RISK – defined as any life-threatening action that requires immediate medical intervention (i.e. taken on overdose of pills)

- ✓ **CONTACT EMERGENCY SERVICES 911**
- ✓ **Notify Principal or Vice Principal as soon as possible**
- ✓ **Parent/Guardian is notified as soon as possible**

Our mission is to educate learners to their fullest potential in preparation for life-long learning.

Urgent Response**Step One – Identification**

School staff may have a student disclose directly their thoughts of suicide or a student may reveal it through social media, behavior, to a classmate, or within writing assignments. Please see the best practice guidelines for warning signs.

- Any warning signs or disclosures warrant prompt attention and before the end of the school day
- In a clear disclosure of suicide thoughts by a student, the staff receiving the disclosure needs to assure the student will not be left alone
- The staff must then report this to the Principal or Teacher in Charge
- All disclosures should be recognized as invitations for help
- At no time should a staff person promise to keep a secret
- SAFETY OVERRIDES CONFIDENTIALITY
- If the student refuses help or to remain at school, then the staff should notify the Principal and consideration be given to contacting emergency services and/or the Children's Aid Society
- A call to the Parent/Guardian should be made as soon as possible

Step Two – Screening for Risk Level

- If there are warning signs, the staff and/or Principal will make contact with NNDSB staff person trained in ASIST INTERVENTION. Staff trained in this intervention are primarily the Child Development Counsellors, Attendance Counsellors, the Mental Health Lead and Mental Health and Addiction Nurses from the LHIN working in our schools
- Any of the staff listed can be contacted should there be a need. The Mental Health Lead is available by cell and can support the process
- The Assist trained staff will ask more in-depth questions to determine if a full crisis assessment is required and start the development of a safety plan

Step Three – Suicide Risk Assessment**Mobile Crisis Response**

- If it is determined that the student requires further assessment, the Mobile Crisis Services from Children's Mental Health (HANDS) is contacted 1-800-668-8555
- A Mobile Crisis Worker will attend the school, is able to meet with the student, and the student's family, and determine the next course of action
- Actions may include hospitalization, linking to services, the development of a safety plan, provision of recommendations for parents and school

Step Four – Ongoing Support/Hospitalization**Intervention**

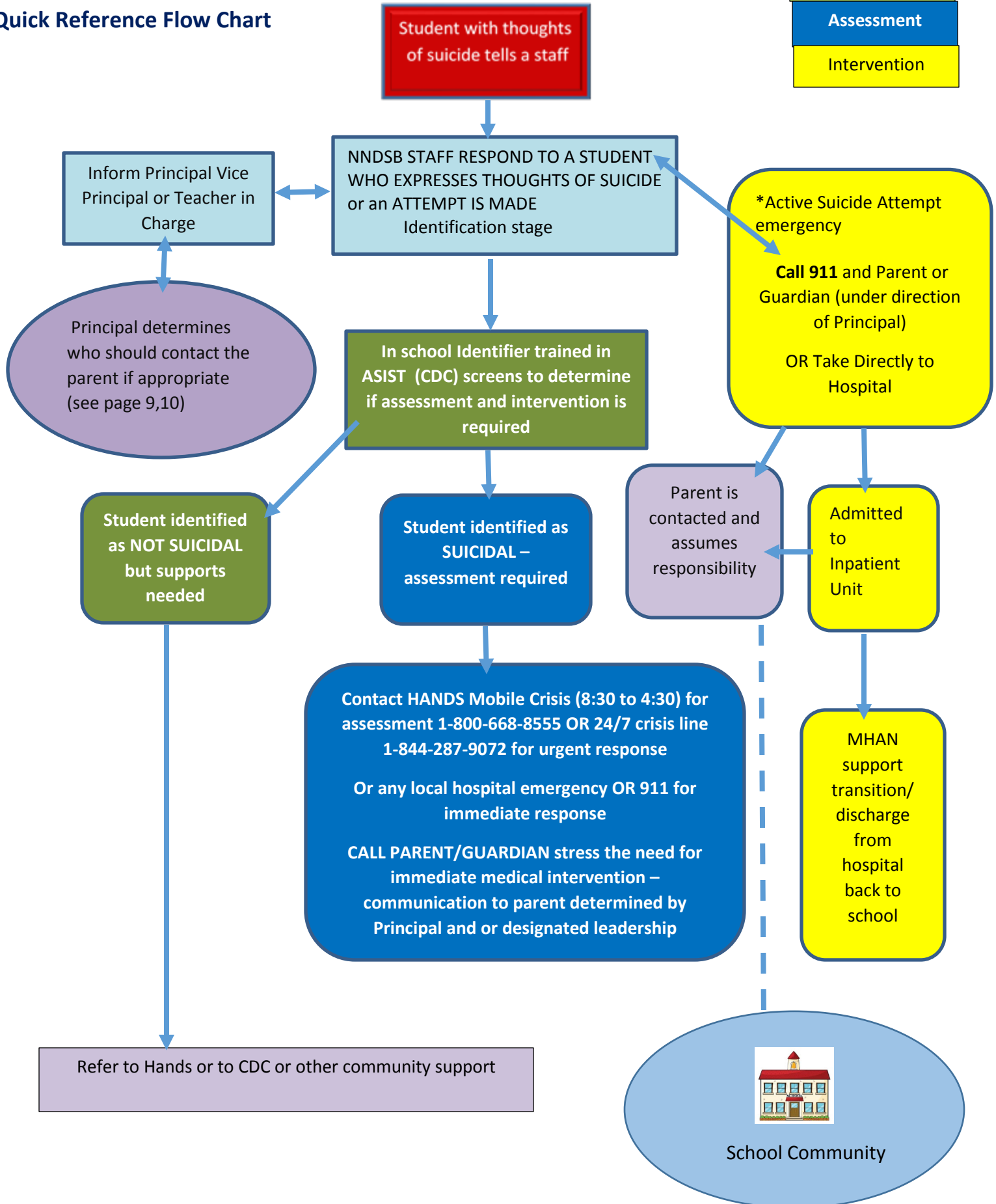
- If the student is hospitalized, the Mental Health and Addiction Nurses are contacted to support the transitions in and out of hospital. Student and family consent are required and should be obtained by the hospital
- If the student is admitted to the Inpatient Ward, connection to the teacher in the hospital program is recommended to share information and any completed school work.
- A school support team should be identified as "go-to" staff should the student feel unwell, to monitor the transition back to school
- If a discharge plan was provided, follow any recommendations

Safety Plan and Wellness Recovery

- Please note that a hospitalization at a time of crisis is limited treatment service that is only focused on stabilization of the immediate crisis.
- Most students will return with ongoing mental health challenges and need to be linked to services and appropriate resources
- See the Suicide Risk Management Best Practice Guideline for more information and suggestions for ongoing support of the student

Identification
Screening
Assessment
Intervention

Quick Reference Flow Chart



Quick Reference Sheet

Step One - Identification of Student at Risk

- * Imminent risk - active attempt - contact 911 and move immediately to intervention stage. This is an emergency
- Student informs staff of thoughts of suicide - Matter is urgent
- Inform Principal of student at risk - Parent contact plan determined by Principal
- Considered urgent and requires risk screening to CDC or Assist trained staff

Step Two - Screening For Risk

- ASIST trained staff (CDC) determines if further assessment is required
- Contact mobile crisis for further assessment - Hands **1-800-668-8555** and indicate it is an urgent matter needing crisis support
- Begin safety planning and/or transition plan to hospital

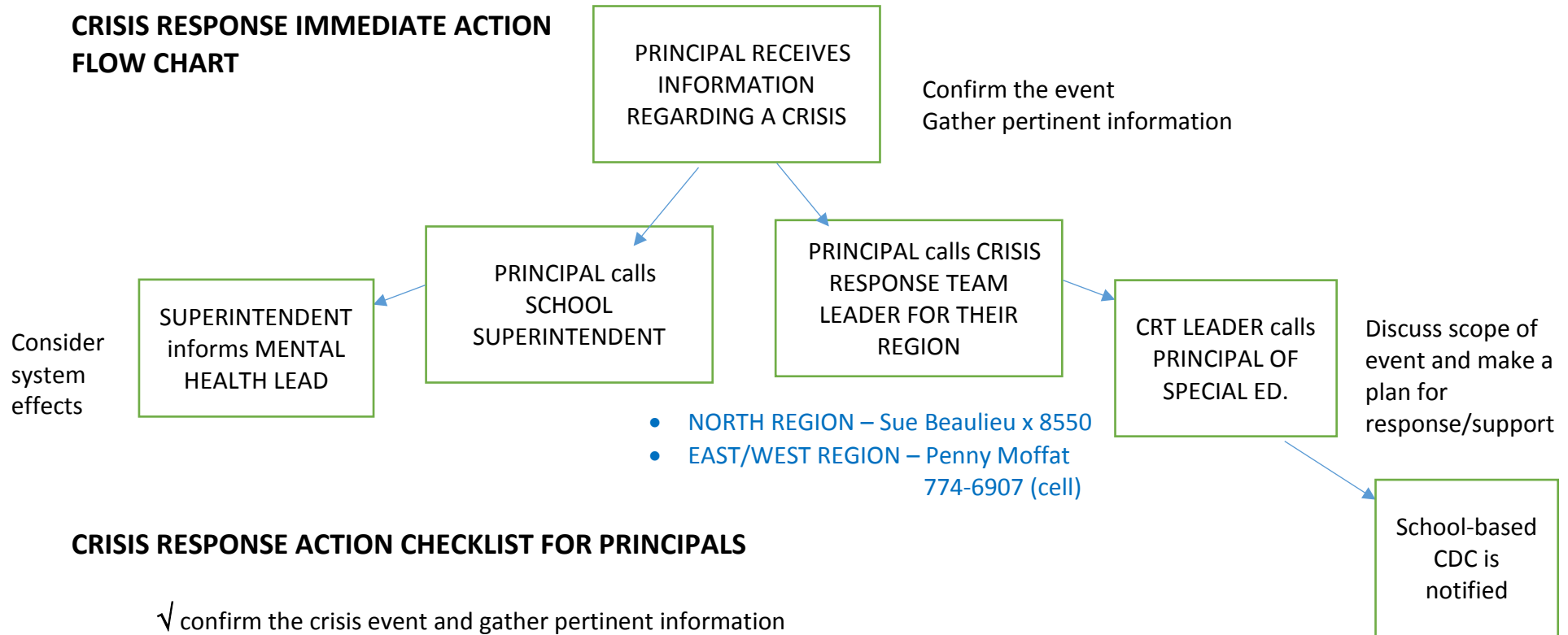
Step Three - Assessment of Suicide Risk

- Mobile Crisis Response is contacted and completes assessment
- Contact parent if not yet informed
- Develop transition plan to hospital and/or safety plan

Step Four - Ongoing Support to the Student

- Form a school support team
- Make referral to Mental Health and Addictions Nurse if appropriate
- Develop a safety and wellness plan
- Link to services and support

**CRISIS RESPONSE IMMEDIATE ACTION
FLOW CHART**



CRISIS RESPONSE ACTION CHECKLIST FOR PRINCIPALS

- ✓ confirm the crisis event and gather pertinent information
- ✓ contact Superintendent and CRT team leader
- ✓ find out what information the family wants shared
- ✓ in order to share information and dispel rumors, develop a communication plan appropriate to the event
 - hold a staff meeting
 - consider sending accurate information out in the form of a letter to parents including information re CRT and contact information for continued student support (see samples in Appendix C)
- ✓ provide room for CRT members to meet with students
- ✓ contact SO for directions regarding any potential involvement of community members, other staff, former staff or media
- ✓ contact family to express condolences on behalf of the staff and follow up with an appropriate expression of sympathy based on consultation with family
- ✓ consider lowering the flag to half-mast until after funeral for the death of a student
- ✓ for a death by suicide, refer to Postvention Strategies in the Suicide Risk Management Best Practice Guideline

Accessing Supports

The Crisis Response Team's role is to stabilize the immediate crisis and to direct those that require it to additional ongoing supports. For some, the crisis may trigger some personal past history that requires further support. It is important to offer and link staff and students to appropriate resources.

Supports for Staff

All board staff have access to an Employee and Family Assistance Program (EAFP) through the Human Resources Department. The Crisis Response Team will highlight these services as well as any local community services. Staff that appear to be struggling will be encouraged to seek out those resources and services.

The EAFP service provider is Shepell and they offer a wide variety of services and resources. Professional counselling under the Employee and Family Assistance Program (EFAP) is accessed voluntarily by the employee and family members, and is strictly confidential. Our EFAP counsellor network is a multi-disciplinary team of professionals who have master's degrees or PhDs in the fields of psychology, clinical social work or educational psychology.

All information is available in the staff portal under Human Resources. The following link takes you to the Shepell site. The direct contact number is: 1-877-890-9052

<https://www.shepell.com/en-ca/>

Follow-Up Supports for Students

If a student is still struggling after a crisis has been stabilized, then consideration should be given to connecting the student to services. The level of service intervention should be matched to the student's needs. Ongoing support and follow-up should now happen at the individual school and community level.

Low level concern

- Inform Principal of the concerns and discuss any school-based strategies with the student that may be helpful and develop a coping plan.

Moderate Level Concern

- Inform Principal and make referral to Child Development Counsellor through the on-line referral portal following the regular referral route process.

High Level of Concern

- Inform Principal and make a third party referral to Hands through the on-line referral portal following the regular referral process or refer to other community services such as Canadian Mental Health Association for older children.