

**LIFE PROMOTION, SUICIDE PREVENTION, INTERVENTION & RESPONSE
PROTOCOL**

**James Bay Lowlands Secondary School Board (JBLSSB)
August 2018**

Many thanks to District School Board North East, Peel District and Hamilton-Wentworth School Boards for sharing their protocols and allowing this protocol to be adapted from theirs.

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Community Referrals:

Payukotyano Counselling/Clinical Services: Phone: 705-336-0058

Toll-Free: 1-888-298-2961

After-Hours: 1-866-615-1681

WAHA Counselling ages 16 and up:

Moosonee Toll Free 1 (877) 336-2164 or (705) 336-2164

Moose Factory (705) 658-4544 ext. 2239

Traditional Healing Program: (705) 658-4544 ext. 2605

Omushkegiskwew House Moosonee Family Resource Centre: 705-336-2456

First Nations and Inuit Hope for Wellness Help Line is 1-855-242-3310.

“There are also phone lines. Here is the First Nations Wellness Help Line: **1-855-242-3310**, KidsHelpPhone:

1-800-668-6868 www.kidshelpphone.ca or the Lesbian Gay Bi Trans Youth Line **1-800-268-9688**

www.youthline.ca .”

JBLSSB Life Promotion, Suicide Prevention, Intervention and Response Protocol

Suicide is complex and often the result of many converging factors. In Canada, it is the second leading cause of death for youth aged ten to 24. There is data to suggest that some groups of students are at increased risk for suicidal ideation and behaviour. This is certainly not to say that all students from these communities are at greater risk. However, there is a need to be sensitive to the possibility that these members of our student communities may require specialized supports.

The James Bay Lowlands Secondary School Board is well aware of the increased risk for suicidal ideation and self harm behaviour within the community and is working hard to minimize that risk for students by offering a caring, safe and inclusive environment.

Lesbian, Gay, Bisexual and Transgender, Two-Spirit, Queer and Questioning (LGBTQ) students are at heightened risk for suicidal behaviour. Statistics suggest that these students are five to six times more likely to engage in suicidal behaviour than their 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 one person who has completed suicide, 50 people are affected. For youth, there is an increased risk of friends copying this behaviour or suffering post-traumatic stress disorder or depression. Reducing suicide rates requires a combination of prevention, intervention, and postvention strategies.

Guiding Principles of JBLSSB Youth Suicide Prevention, Intervention and Response

Key Terms

Life Promotion: “Youth life promotion is an approach based on the belief that all young people are capable of **finding their own path to a holistic and meaningful life**. Because all young people are unique, with unique strengths and potential, each and every one of them will have different ideas of what it means to live a good life, and each will have different ways of achieving that too. Life promotion sets the goal of helping young people do just that: find that place where they’re able to **flourish** despite the challenges they face.” Taken from: <http://www.togethertolive.ca/what-life-promotion>

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 vulnerable students transitioning to and from care.

Suicide Postvention: Support for school communities in responding to suspected or confirmed death by suicide.

Protocol

- JBLSSB is committed to creating safe, inclusive, caring and supportive environments that enhance as well as promote mental health and wellbeing.
- The safety and wellbeing 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.
- Students 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 review is conducted by a staff member or consultant/partner of the school board.
- Where a concern related to suicidal risk is present, the student 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.

Life Promotion, Suicide Prevention

The JBLSSB considers life promotion and suicide prevention a priority. We have set in place the following prevention efforts:

- Written protocols for suicide prevention, suicide intervention and postvention.
- Increased literacy and awareness about “how” to talk to students about suicide (see Appendix A: How to Talk to Students About Suicide, and C: Suicide Warning Signs).
- In-school training for staff to identify potentially suicidal students.
- Positive and safe school climates.
- Opportunities for all students to become involved in school activities.
- Collaborative relationships with community agencies such as mental health services, hospitals, and the police department.

Northern Lights Secondary School has provided many opportunities for the development of resilience and provides an environment with access to many protective factors in preventing suicide.

Links to cultural knowledge are visible throughout the school and there are multiple events throughout the school year that support cultural identity for students.

Relationships have been developed and are ongoing with multiple community partners to provide services for students experiencing emotional and mental health challenges.

Counselling is available at school, with open doors for any student requiring emotional support.

Healthy food options are readily available with low to no cost to students.

Multiple points of access to physical education and activity are available throughout the school year, including hockey, soccer, curling and other extracurricular opportunities and outdoor education.

Suicide Intervention

A. Responding to an active suicide attempt (see Appendix B: Suicide Flowchart)

While waiting for emergency services; the staff member will listen empathically and carefully to the student's message (See Appendix D: "What to Do and What Not to Do"). They will send someone to communicate with the principal or their designate.

The principal or designate will:

1. Clear the area of other students. **DO NOT LEAVE THE STUDENT ALONE.** Provide or request first aid.
2. Call the police if the student resists or attempts to leave the school.
3. Advise the student that his/her parent(s) or guardian(s) will be contacted.
4. 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.
5. **Provide the family with as much information about where emergency services will be taking the student:** Contact name and number, address, directions, etc.
6. Communicate to attending emergency services the **necessary** background information.
7. Ensure that the Supervisory Officer is advised.

Should a staff member find a student in an **active suicide attempt**, the staff member will immediately **call 911** for assistance. The student will not be left alone at any time.

B. Responding to a Potentially Suicidal Student (see Appendix B: Suicide Flowchart)

When a staff member suspects that a student is potentially suicidal (see Appendix C: Suicide Warning Signs), they will send someone to communicate with the principal or their designate, as well as a staff at the school trained in suicide intervention if available. While waiting for the principal, the staff member will listen empathically and carefully to the student's message (See Appendix D: "What to Do and What Not to Do"). The student will not be left alone at any time.

The trained staff, or community crisis worker will conduct a suicide risk review, provide *suicide risk "first aid"* and develop a Safety Plan (see Appendix E: Risk Review and Safety Plan). They 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 resists or 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 to bring the student to the hospital, or to call the police/ambulance (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 enable you to consult with the hospital, or other emergency mental health facility. Share the consent form to the appropriate community partner.
6. Telephone the community partner agency and communicate background information, the screening results as well as suicide risk "first aid" provided. If possible, share a copy of the Safety Plan to the agency.
7. If the parent(s) or guardian(s) are unavailable or unreceptive and the student is in crisis, call Child Protective Services 1-888-702-2981, 705-336-2229.
8. The Principal will ensure that the Supervisory Officer is advised.

If the parent(s) or guardian(s) are unavailable or unreceptive and the child is under the age of 16, call Child Protection Services, Payukotayno 705-336-2229

Regardless of age, ensure that a staff accompanies or follows the student in the transfer to the nearest mental health facility or hospital.

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 Child Protective Services, unless there is a perceived risk to the student by contacting the parent(s) or guardian(s) (e.g. abuse situation).

A report must be made to Child Protection 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 outlined to Child Protection 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 need. 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.

C. Recovery Following Suicidal Behaviour

Students who have been seen in the emergency department or have had a stay in hospital related to suicidal behaviour need special care when they return to school. The principals or designate should:

- Obtain parent(s) or guardian(s) permission to share and receive information with the hospital or community care team.
- Consult with the hospital or community care team about the safety plan and the student's needs at school.
- Obtain parent(s) or guardian(s) permission and student assent to share information with school staff (or selected staff) about their needs at school.
- Ensure student safety during the school day by consulting with a trained staff to review the existing safety plan or develop a new plan that includes a caring adult or "go to" person in 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 (See Appendix E).
- If other students are aware of the situation, monitor vulnerable students as appropriate.

Note: Following the initial intervention, the student may return to thoughts of suicide. In such circumstances, a further risk review may be required and it may be necessary to adjust the Safety Plan. In each situation, it is important to take the warning signs seriously and renew the process of risk review.

"There are also phone lines. Here is the First Nations Wellness Help Line: **1-855-242-3310**, KidsHelpPhone: **1-800-668-6868** www.kidshelpphone.ca or the Lesbian Gay Bi Trans Youth Line **1-800-268-9688** www.youthline.ca."

Suicide Postvention

Preparing and Responding to a Death by Suicide

When a student dies by suicide, it is a special kind of tragic event, requiring some specific actions at the community, board, and school level. The following outline (see Appendix G: Suicide Postvention Administrator Guide) may help guide administrator's next steps. Note that the time frames will vary depending on when the death occurs and when details are confirmed.

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

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

The principal or designate will:

- Ensure that the Supervisory Officer is advised.
- Contact the Mental Health Leader to support a Response Team.
- Contact the Response Team (begin to pull together as much information as possible regarding the student).
- Begin to delegate jobs. For example, one team member should contact the Mental Health Leader, the Police Liaison Officer, and other community supports, if applicable.
- Attempt to arrange for an additional school administrator to be at the school for 2-3 days to handle routine operational matters (new registrations, student discipline, etc.). This colleague can also provide support at the school level (to walk halls, answer questions and connect with students).
- If not received directly from the family, contact the family to 'confirm' nature of death and level of information to be shared with your school community. Reconnect immediately with the Supervisory Officer if the family suggests a connection between the school and the 'reason' for the death.
- Invite all staff to an emergency staff meeting to discuss further details, available supports and next steps (see Appendix H: Postvention Scripts and Letters).
- Contact the teachers, guidance counsellor, and any other staff (e.g. coach, EA, etc.) who taught or worked with the student and his/her siblings. It is good to touch base with them in person prior to meeting as a group.
- Adjust the attendance register to ensure 'absence' phone calls are not sent home to the parents of the deceased.
- Reconnect with the Supervisory Officer to discuss immediate response (see Appendix I: Media Reporting Guidelines and Key Messages).

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

The principal or designate will:

- Ask custodians to lower the school flag (after appropriate notification).
- Have a staff meeting to share information with ALL staff (be certain to include all staff from the office to the cafeteria). Introduce your Response Team.
- Hire 2-3 occasional teachers for the day to cover classes or walk the halls and connect with students.
- Provide staff with a copy of an announcement to take to class (see Appendix J: 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 vulnerable students 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 Supervisory Officer immediately. Be aware that the Ministry of Education will likely be informed.
- With their Supervisory Officer, draft a letter to the school community. (see Appendix K: Sample Letter for School Community). The letter could be sent home with students, posted on the school website and/or sent to local community papers.
- 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 students 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); be certain to share this list with all staff in a private conference room.
- Set up a Memory Table for students to write messages (great opportunity to get a sense of who is in need). The table should be set up in an area close to the guidance department or administration office in order to monitor student response.
- Cover the locker with paper to allow students to write messages – attempts to avoid writing directly on locker.
- Reconnect with the family and discuss funeral plans and arrangements. Determine level of school involvement.
- Share information with colleagues across the board's feeder schools as students in other schools may also be impacted (note feeder schools in particular or other schools student attended).
- Share information with community agencies providing service within the school (i.e. Public Health, mental health services, addiction services, etc.).
- 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 and potentially unfair 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 Supervisory Officer 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 Student Success and Wellbeing 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 Student Success and Wellbeing 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 wellbeing.
- 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 Student Success and Wellbeing 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 wellbeing.
- Implement recommendations from the reflection and debriefing process. Provide feedback to the Mental Health Leader.
- 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.

Managing 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. The effect appears to be strongest for 12-13 year olds (5 times higher rates of suicidal ideation/behaviour) but 14-18 year olds are also at heightened risk (2-3 times higher rates of suicidal ideation/behaviour). It is for this reason that we sometimes see clusters of suicidal behaviour in a school or community. After a death by suicide, there is a period of time, up to two years, where schools are at risk for more suicidal behaviour.

Suggestions to minimize the risk of contagion include:

- ▶ Mobilize the board and community support teams to plan support and communication, with a view to contagion possibilities.
- ▶ Identify and provide support to vulnerable students quickly following a death by suicide.
- ▶ Stand strong together with community organizations in the face of pressure to offer high profile events, memorials, etc.
- ▶ 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.
- ▶ Learn “how” to talk to students about suicide (see Appendix A: How to Talk to Students About Suicide).

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 in decisions.

School administrators carry a large burden of responsibility at these times, as they oversee support to staff and students, communicate with families and the media, and work to maintain normal operations for the wider student body. The Mental Health Leader 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.

Administration and counselling staff as well as child and youth counsellors who support several students as they work through personal crisis events can benefit from team consultation about complex cases, and related collegial support. They often carry very large caseloads of vulnerable students, and this is particularly the case when a school is experiencing postvention. Additional support to these professionals may be warranted at times. The Mental Health Leader and *trained staff* have 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 implementation challenges and solutions.

School staff members who worked closely with the student may carry a sense of guilt that accompanies their grieving, and counselling services should be routinely recommended. 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 involved.

NOTE – Some schools working through postvention have used daily internal memos to keep staff informed about events as they transpire (e.g., on topics like funeral arrangements, communication with the parent community, media issues, interruptions to planned trips or exams), and to signal ongoing support to staff.

In addition, it can be helpful to provide staff with a confidential list of students deemed to be vulnerable, due to proximity in their relationship to the deceased, or pre-existing mental health concerns. Staff are asked to be vigilant to warning signs for all students, but particularly those identified as being at risk.

Community Referrals:

Payukotyano Counselling/Clinical Services: Phone: 705-336-0058

Toll-Free: 1-888-298-2961

After-Hours: 1-866-615-1681

WAHA Counselling ages 16 and up:

Moosonee Toll Free 1 (877) 336-2164 or (705) 336-2164

Moose Factory (705) 658-4544 ext. 2239

Traditional Healing Program: (705) 658-4544 ext. 2605

Omushkegiskwew House Moosonee Family Resource Centre: 705-336-2456

First Nations and Inuit Hope for Wellness Help Line is 1855242-3310.

APPENDIX A**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 First Nations Wellness Help Line: **1-855-242-3310**, KidsHelpPhone: **1-800-668-6868** www.kidshelpphone.ca or the Lesbian Gay Bi Trans Youth Line **1-800-268-9688** www.youthline.ca .”

“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.

“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 their 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 vulnerable students.

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

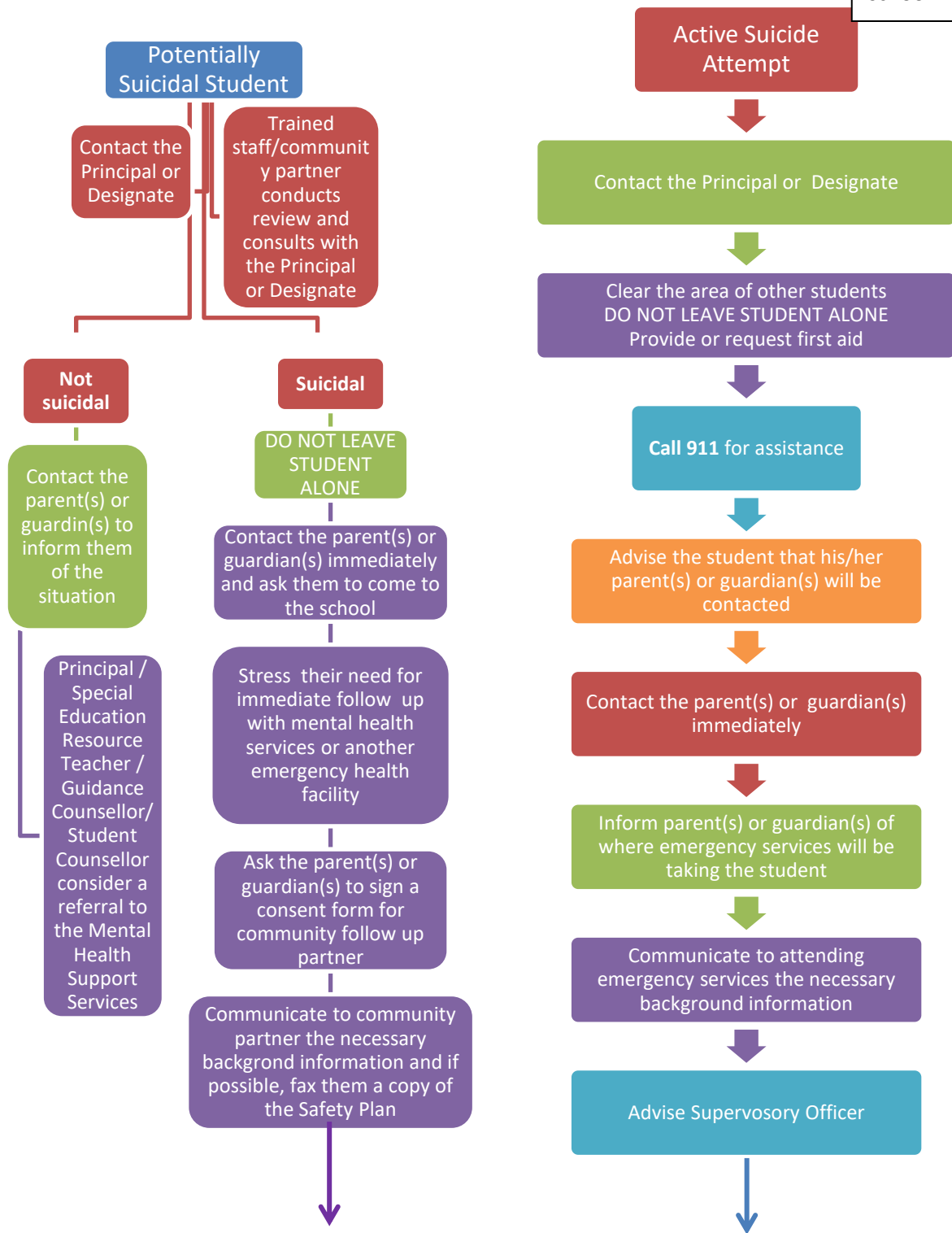
Do not give permission for suicide to be the sole topic of an essay, debate, play, etc.

Talking with students about suicide in large assemblies has been found to have harmful effects for students and is not recommended. In particular, this kind of 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.

Call the police if the student resists or attempts to leave the school

APPENDIX B

SCHOOL SUICIDE INTERVENTION PROTOCOL FLOW CHART



Document actions using the Safety Plan Template

Debrief with staff

Follow up with parent(s) or guardian(s)

Note: A report must be made to Child Protection Services when the parent(s) or guardian(s) refuse or are reluctant to cooperate with the school in accessing assistance for the student.

APPENDIX C**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 behaviour, 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 favourite possessions
- Difficulty concentrating and a decline in quality of school work

**** These signs and behaviors indicate an individual needs immediate professional attention by a trained staff or 9-1-1 should be called.***

APPENDIX D**What to DO:
When Faced with a
Student Experiencing a 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 behaviours 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 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 a 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 Crisis

- 1. Don't ever dare a student to attempt suicide.**
- 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 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**Risk Review and Safety Plan****Conducting a Suicide Risk Review**

- The decision to contact trained staff or community partners should not be a difficult one. These individuals are available to consult and complete suicide risk reviews (see below for list of trained staff and community partners).
- Under no circumstances should anyone feel compelled to complete a suicide risk review alone. Options include asking another trained staff to conduct the suicide risk review or co-jointly interview the student.

Developing a Safety Plan

- An initial Safety Plan should be created through a conversation between the student and the trained staff or community partner. As much as possible, it is important for the student to feel in control of the development of the Safety Plan. A student is more likely to commit to and follow a plan that he/she has created. At this point, a Safety Plan can be verbal or written as preferred by the student. A Safety Plan 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 Safety Plan. The Safety Plan is intended to support a student's immediate safety until further and on-going supports are in place. Examples of components of a Safety Plan may include but are certainly not limited to:
 - Assessment by a psychiatrist, paediatrician or physician.
 - Meeting with a community-based mental health worker.
 - Involvement with a crisis support service such as a 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 Kids Help Line 1-800- 668-6868 number and other 24-hour phone crisis line numbers, First Nations Wellness Line 1-855-242-3310.
 - 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 wellbeing.
- At times, the Safety Plan 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 wellbeing and means of follow up.
 - The Safety Plan is to be recorded using the Safety Plan template below, shared with 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 School Counsellor are to read and sign, acknowledging that they have read the Safety Plan. This will ensure that those identified in the plan are familiar and in agreement with the expectations. A written Safety Plan will also provide a tool to monitor the student's safety during follow up.
 - Board mental health support staff includes the Mental Health Leader/Social Worker and Child and Youth Workers.

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.

Safety Plan

(Completed by trained staff in cooperation with school principal or designate)

Share copy with the partner agency and place in the Suicide Prevention binder located in the administration office)

Student's Name:

D.O.B.: mm/dd/yyyy

Grade:

Gender:

Male

Female

Parent(s) or guardian(s) :

Telephone:

Teacher:

Principal:

School:

Telephone:

School Level Assessment of Concerns

Precipitating Events:

Does the student have a suicide plan?

YES

NO

Contact trained staff

Contact Parent(s) or guardian(s) to update regarding situation

Intervention Plan:

Monitoring Only

_____>

Need for Additional Assessment

_____>

Immediate Action

_____>

Parent Notified

Recommendation made to parent for assessment

Parent to take to hospital

Contact Crisis Response

Call police/ambulance

Principal/Designate:

Name of Staff gathering information:

Signature (s):

Date :

SAFETY PLAN

Full Name _____ Date of Birth _____

Support worker/staff _____

Phone Number _____

Responsibilities (school, work, pets, children, etc.)

Concerns/Diagnosis _____

Pharmacy _____ Phone Number _____

Drug Name	Start Date	How can I ensure safe keeping of my prescription medication?	Harm reduction strategies I can use for alcohol/drug use.

What I can do to help myself cope at school (what has been helpful in the past):

Name 2-3 caring adults at school and what do you need from them if you ask for help:

Things, people and places that keep me safe and calm at school:

Things, people and places that keep me safe and calm outside of school:

Important things in my life:

Things I am good at or that I enjoy:

People and/or resources I can contact when I am in crisis (name and phone number):

NLSS

Consent to Consultation and Sharing Information

Student Name: _____ DOB: _____

I, (print name) _____ hereby give my consent for NLSS, to provide information to mental health professionals with the purpose of supporting the student who was identified as being at risk of self harm.

Included in this consent is circle of care sharing of information between NLSS staff and the student, caregivers/guardians and mental health services for the purpose of:

- External Referral
- Risk Assessment
- Screening
- Information Gathering, supporting student safety plan
- Other:

Student Signature

Date

Principal or Designate

Date

Parent's Signature

Date

School Documentation of Intervention Provided

Completed by principal or designate in cooperation with service provider doing risk review

Student's Name:

Date Of Birth:

Grade:

Gender:

Parents/Caregiver Names:

Contact information:

Teacher:

Principal:

School:

Contact information for school:

School level assessment of concerns:

Precipitating Events:

Does the student have a suicide plan with intention to harm themselves? YES NO

TO DO Checklist:

- Contact trained staff to further assess student?
- If unavailable contact community service that provides suicide risk assessment? (Mental Health Crisis Line for Kinark mobile crisis 705-728-5044)
- Contact parent(s) or guardian (s) to inform them of the situation

INTERVENTION PLAN:

- Monitoring Only: Parent/guardian notified
- Need for Additional Assessment: Parent/guardian provided with referral information
- Immediate Action: Crisis Services Contacted

Principal/ Designate:

Name of staff/service provider gathering information:

Signatures: _____

Date: _____

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

- 1. Make sure that you know what problems the student may be having.** Although counselling 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 counselling 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 counselling center is forty minutes away, and the family lacks transportation, this referral may not be the best. Also, use a referral that matches the families and students background, culture, etc.
- 4. Limit the number of referrals to two.** You do not want to overwhelm an already overwhelmed adolescent 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 release of information form. This signed form will allow you to check on the progress and compliance of the student.

Community Referrals:**Payukotyano Counselling/Clinical Services: Phone: 705-336-0058****Toll-Free: 1-888-298-2961****After-Hours: 1-866-615-1681****WAHA Counselling ages 16 and up:**

Moosonee Toll Free 1 (877) 336-2164 or (705) 336-2164

Moose Factory (705) 658-4544 ext. 2239

Traditional Healing Program: (705) 658-4544 ext. 2605**Omushkegiskew House Moosonee Family Resource Centre: 705-336-2456****First Nations and Inuit Hope for Wellness Help Line is 1-855-242-3310.**

APPENDIX G**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 Supervisory Officer is advised.
- Contact the Mental Health Leader to help mobilize a Response Team.
- Contact their Tragic Events Response Team (begin to pull together as much information as possible regarding the student).
- Begin to delegate jobs. For example, one team member should contact the Mental Health Leader, the Police Liaison Officer, and other community supports, if applicable.
- Attempt to arrange for an additional school administrator to be at the school for 2-3 days to handle routine operational matters (new registrations, student discipline, etc.). This colleague can also provide support at the school level (to walk halls, answer questions and connect with students).
- If not received directly from the family, contact the family to 'confirm' nature of death and level of information to be shared with your school community. Reconnect immediately with the Supervisory Officer if the family suggests a connection between the school and the 'reason' for the death.
- Invite all staff to an emergency staff meeting to discuss further details, available supports and next steps (see Appendix H: Postvention Scripts and Letters).
- Contact the teachers, guidance counsellor, and any other staff (e.g. coach, EA, etc.) who taught or worked with the student and his/her siblings. It is good to touch base with them in person prior to meeting as a group.
- Adjust the attendance register to ensure 'absence' phone calls are not sent home to the parents of the deceased.
- Reconnect with the Supervisory Officer to discuss immediate response (see Appendix I: Media Reporting Guidelines and Key Messages).

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

The principal or designate will:

- Ask custodians to lower the school flag (after appropriate notification).
- Have a staff meeting to share information with ALL staff (be certain to include all staff from the office to the cafeteria). Introduce your Response Team.
- Hire 2-3 occasional teachers for the day to cover classes or walk the halls and connect with students.
- Provide staff with a copy of an announcement to take to class (see Appendix J: 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 vulnerable students 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 Supervisory Officer immediately. Be aware that the Ministry of Education will likely be informed.
- With their Supervisory Officer, draft a letter to the school community. (see Appendix K: Sample Letter for School Community). The letter could be sent home with students, posted on the school website and/or sent to local community papers.

- 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 students 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); be certain to share this list with all staff in a private conference room.
- Set up a Memory Table for students to write messages (great opportunity to get a sense of who is in need). The table should be set up in an area close to the guidance department or administration office in order to monitor student response.
- Cover the locker with paper to allow students to write messages – attempts to avoid writing directly on locker.
- Reconnect with the family and discuss funeral plans and arrangements. Determine level of school involvement.
- Share information with colleagues across the board as students in other schools may also be impacted (note feeder schools in particular or other schools student attended).
- Share information with community agencies providing service within the school (i.e. Public Health, mental health services, addiction counselling, etc.).
- 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 and potentially unfair 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 Supervisory Officer 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 Student Success and Wellbeing 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 wellbeing.
- 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 a 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 wellbeing.
- Implement recommendations from the reflection and debriefing process. Provide feedback to the Mental Health Leader.
- 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**Postvention Scripts and Sample Letters**

*These sample scripts and letters have been generously provided by the **Peel District School Board**, and the **Hamilton-Wentworth District School Board**.*

STAFF MEETING SCRIPT RE STUDENT DEATH
SCHOOL – DATE

We've brought you together for a brief meeting this morning to share some sad news with you. As you may have heard, one of our grade **XX** students, **STUDENT**, died suddenly on **DAY**. We know you join us in extending our deepest sympathy to the **STUDENT** family. I have contacted them to express condolences on behalf of **SCHOOL**.

I want you to be able to support students today, so I will be sharing some information with you in confidence. It appears that **STUDENT** died by suicide. I am sure you understand the sensitivity around the cause of death.

An announcement about **STUDENT's** death will be made class by class and will send a letter home with students today. Some of our students already know about this incident and we expect them to be talking about it at school as they've been doing online. It's important for all of us to avoid speculation about the circumstances and to help curb rumours as much as possible. It's especially important not to discuss this incident near students. I know I can count on your professionalism. If students in your class are upset and need someone to talk to, additional child and youth workers are here today. [[Information about how to contact the workers](#)]. If you see distraught students in the hall, please personally escort them to the [[area](#)] to speak to a support staff.

I know this is a tragic situation that is deeply upsetting to all of us. It's important to take care of yourselves and to be aware of the impact that a tragic situation like this can have on us.

News media may be out in front of our school today. We have no control over what media do, as long as they are off school property. If you see a reporter on school property, please direct them to the [SUPERINTENDENT OF EDUCATION](#).

Our flag is at half-mast to honour **STUDENT's** memory. A memorial table will be set up in the foyer where students can write messages of remembrance and condolence. This is all the information we have at this point. I am sure our thoughts and prayers are with the **STUDENT** family. I know that you will all support and encourage each other today.

Thank you.

FOLLOW UP LETTER FOR STAFF**DATE**

Dear **SCHOOL NAME** Colleagues:

I know that each one of us is affected by the death of **STUDENT**. The shock has had an impact on us all. It's very important for you to take care of yourselves and each other during this time. The students will only do as well as the staff are doing.

We know that people dealing with an unexpected death may experience:

- shock—which can last from a few minutes to a few days
- feeling not themselves for a few days
- a need to express emotional reactions to the loss
- a need to "tell their story" and talk about the events repeatedly
- fear that their feelings and reactions are not normal

Here are some tips from the Mental Health Team to help you deal with your feelings:

- Be patient with yourself. Don't try to avoid grief. You may try to "just forget about it" or feel that you need to "get over it." But, most of the time, feelings won't go away unless you start sharing them. Grief postponed is acceptance postponed.
- Express your thoughts and feelings. Crying is healthy.
- Grief is erratic—it will come and go. If you let yourself deal with the grief, eventually you will feel better.
- Rise above blame. Anger and bitterness are unproductive and deplete energy.
- Let others help you. Make contact with friends, family and colleagues, and share your feelings and thoughts.
- Set realistic expectations for yourself. Reach out and ask for help. Don't assume other people know what you need. It's a sign of strength to ask for help. If you're having difficulty coping with your classes or other responsibilities, talk to me or one of the vice-principals.
- Remember that OTIP offers mental health services to its members (teachers and custodians) through the *Feeling Better Now* program: <http://www.feelingbetternow.com/otip/>
- Be there for others and realize that others are available to help and support you. Helping other people cope with their feelings also helps you deal with yours.

Try to avoid negative coping mechanisms, such as:

- overeating
- excessive alcohol consumption
- taking on more responsibilities or activities to keep busy so you won't have to think
- hesitating to connect with people because you're afraid of bothering them

There can be immediate and sometimes long-term effects from this type of incident. If you find you're persistently experiencing any of the following symptoms or responses, you may want to contact your family doctor, community mental health counseling agency or the *Feeling Better Now* program:

- feeling depressed or sad
- an inability to stop negative thoughts from intruding or repeated thoughts about the event that you can't stop
- difficulty concentrating

- numbness or lethargy
- sleeplessness or wanting to sleep constantly
- recurring dreams or nightmares
- irritability or being overly emotional
- persistent physical discomfort like tremors, shakiness, nausea, stomach aches, headaches
- constant feelings of helplessness

We will be honouring the family's wishes regarding funeral arrangements. In the meantime, this is a time when we all need to take care of and support one other.

Thank you for your incredible work and support during this difficult time.

PRINCIPAL NAME

Principal

NOTE – Some schools working through postvention have used daily internal memos to keep staff informed about events as they transpire (e.g., on topics like funeral arrangements, communication with the parent community, media issues, interruptions to planned trips or exams), and to signal ongoing support to staff.

In addition, it can be helpful to provide staff with a confidential list of students deemed to be vulnerable, due to proximity in their relationship to the deceased, or pre-existing mental health concerns. Staff are asked to be vigilant to warning signs for all students, but particularly those identified as being at risk.

APPENDIX I

Media Reporting Guidelines

From the Canadian Association for Suicide Prevention

News stories, articles, and dramatic presentations on the subject of suicide have come under question in the last few years. The concern has been that such presentations may have stimulated some persons to attempt suicide. There is confusion about how the subject of suicide should be treated to minimize this danger.

As a service to the news media and to the people making public presentation on the subject of suicide, the American Association of Suicidology and the Canadian Association for Suicide Prevention (CASP) offer the following guidelines. These are intended to be general statements to aid in a responsible presentation of information about suicide.

To **discourage imitative or copycat suicides**, it is important to **avoid or minimize**:

- Reporting specific details of the method
- Descriptions of a suicide as unexplainable e.g., “He had everything going for him.”
- Reporting romanticized versions of the reasons for the suicide(s), e.g., “We want to be together for all eternity.”
- Simplistic reasons for the suicide, e.g., “Boy commits suicide because he has to wear braces.”

In addition, the print media can reduce the imitative effect by:

- Printing story on **inside page**
- If story must appear on first page, print it **below the fold**
- Avoid the word “suicide” in the **headline**
- Avoid printing a **photo** of the person who committed suicide

It is important to report a suicide in a **straightforward** manner so that the suicide does not appear exciting. Reports should not make the suicidal person appear admirable, nor should they seem to approve of the suicide.

To encourage prevention of suicide, it is helpful to:

- Present **alternatives** to suicide, e.g., calling a suicide prevention centre, getting counselling, etc.
- Whenever possible, present examples of **positive outcomes** of people in suicidal crises.
- Provide information on community **resources** for those who may be suicidal or who know people who are.
- Include a list of **clues** to suicidal behavior, for example, the warning signs of suicide and what to do (see Appendix D).

KEY MESSAGES FOR MEDIA

OVERALL KEY MESSAGES – NO CONSENT TO DISCLOSE DEATH BY SUICIDE

Yes, the school experienced a tragic loss.

We are respecting the families' wishes for privacy.

Our hearts go out to them at this difficult time.

At this point, we are putting in place supports for students dealing with the death of a classmate:

- This involves grief counselling for students in need, one-to-one talks with a caring adult, extra time with our guidance department, special considerations for exams.

Media can help us help youth by letting them know about these supports.

We are focusing on the positive aspects of STUDENT's life.

OVERALL KEY MESSAGES – FAMILY CONSENT TO DISCLOSE DEATH BY SUICIDE

If the family agrees to talk about the death as suicide, brief factual information can be released. **DO NOT disclose details about the how the death occurred**>

Yes, the school experienced a tragic loss.

Yes, STUDENT died by suicide.

Our hearts go out to STUDENT's family and friends at this difficult time.

At this point, we are putting in place supports for students dealing with the death of a classmate:

- This involves grief counseling for students in need, one-to-one talks with a caring adult, extra time with our guidance department, special considerations for exams.

We know there is a risk of contagion in young people so we are putting in extra supports for vulnerable students. We would ask the media to respect safe reporting guidelines – it is critical to provide only brief factual information. *<may list the warning signs for suicidal behavior>*

Media can help us help youth by letting them know about supports and help-lines. *<Provide information about support in the community, Kids Help Phone, etc.>*

We are focusing on the positive aspects of STUDENT's life.

USE THE OPPORTUNITY IN SPEAKING WITH MEDIA TO HIGHLIGHT SAFE REPORTING GUIDELINES FOR DEATH BY SUICIDE, and MODEL APPROPRIATE LANGUAGE (e.g., "died by suicide" rather than "committed suicide")

FOR QUERIES ABOUT NATURE OF CRISIS INTERVENTION SUPPORTS IN THE SCHOOL:

Our child and youth workers on site will work with teachers, assisting them on how to best support students, as well as helping students who need additional levels of support.

We are helping staff and students understand grief is part of a natural process. Some people may need more support for their distress – and this will be individualized response.

We closely monitor those students who are closest to this loss or have recently experienced loss.

Additional supply coverage including teachers and a principal are present to free up staff so they can support students.

We will support the school for as long as necessary.

We will support the school with communication to its families that respects the privacy of the grieving families and assists parents with their children.

FOR QUERIES THAT IMPLY THE SCHOOL ISN'T DOING ENOUGH IN RESPONSE TO THE TRAGEDY

<why isn't there going to be a memorial at the school? Students report there has been no assembly, why not? Why don't you bring in guest speakers on this topic of suicide?>

In this kind of work there are helpful and harmful actions. An example of a harmful action would be any action that focussed details and speculation on the death and circumstances leading up to it. One of the reasons we do not hold an assembly is the possible contagion effect and other potentially negative consequences. Instead we focus interventions such as small group discussions, individual conversations, and building staff capacity.

COULD THE SCHOOL HAVE DONE MORE TO PREVENT THIS DEATH?

<the question may not be phrased this directly, but could be implied; note that caution is needed in situations where the family does not want the nature of the death reported>

Our school has a long history of a strong, caring culture. Our teachers strive to be caring adults in the lives of our students, providing a listening ear and offering support as needed.

We have a safe and welcoming school program that includes evidence-based anti-bullying initiatives, like restorative practices and Roots of Empathy.

All staff members have been trained in basic mental health literacy, and we have selected some staff members in key positions to receive “gatekeeper training” to help students who report suicidal thoughts and behavior. While educators are not mental health professionals, we do our best to be sensitive to the social emotional needs of our students and to point them in the direction of professional care when issues come to our attention.

We work closely with our community partners to support the children and youth we serve.

APPENDIX J

STUDENT ANNOUNCEMENT – SAMPLE #1

It is best to offer this messaging class by class, when possible; teachers should be prepared to provide support and direct students in need to a child and youth worker after the information is shared.

Good Morning,

It is with great sadness that we share with you the passing of one of our students – **NAME**. S/he was a Grade **XX** student at **SCHOOL** and passed away on **DAY**. **STUDENT** has a **LIST SIBLINGS NAMES and GRADES**.

S/he has been an important part of our school community. **INSERT PERSONAL COMMENT ABOUT THE STUDENT** (e.g., S/he had a love for music, computers and hanging with friends, was a member of the school band, etc.). Many of you have very special memories of him/her. Hold on to those memories and the times shared to support one another in the days and weeks ahead.

A team of child and youth workers is here today to offer support for all staff and students. If you would like to talk to someone today, please know a number of adults are here to help. Please let a teacher or staff member know you want to talk to someone and you will be directed to Student Services.

Our hearts are with the **STUDENT** family during this extremely difficult time. Take care of one another. We need each other right now.

STUDENT ANNOUNCEMENT - SAMPLE #2

Good morning students, this is your principal and I have an important announcement for you. I have some very sad news to share with you today. As you may have already heard, one of our grade **XX** students, **STUDENT**, passed away suddenly on **DAY**.

STUDENT was well-liked by staff and students. He was known for **[insert information about student here]**. S/he was a credit to this school, and his/her death is a loss to us all.

I know this is shocking and very difficult news to hear, and I understand how sad you may feel. It's normal to be upset, but I want you to know that we all deal differently with this kind of news and whatever you feel is ok. If you need to talk to someone today, we have a number of child and youth workers here. They are in the **[location]** and you can go there at any time—just let your teacher know. The workers are here to listen if you want to talk and will be here as long as they are needed.

Our flag is at half-mast today, to honour **STUDENT**'s memory. Please join me in observing a moment of silence in **STUDENT**'s honour. **[moment of silence]**

I'm sure our thoughts and prayers are with **STUDENT**'s friends and entire family. I know that you will all support and encourage each other today.

Thank you.

APPENDIX K

SAMPLE LETTER FOR SCHOOL COMMUNITY

Dear Parents, Guardians and [SCHOOL NAME] students,

It is with deep sadness that we are sharing with you the news of the tragic death of one of our Grade [GRADE] students. This is a great loss for our school community. S/he will be deeply missed.

Students have been informed of this death, which brings grief, shock and sadness. We are striving to support all of our students and staff, knowing that grief is unique for every individual. Please know that grief and sadness are natural emotions to express at this time.

Each of us has supports we can turn to. These may include employee assistance programs, family doctors, religious institution, and strong social networks of friends and family. A school can also offer support.

At this difficult time, [SCHOOL NAME] is offering all students supports that include classroom discussions, one-to-one talks with a caring adult, extra time with our guidance department, special considerations for exams and more.

Our school has received additional supply coverage from teachers and administrators, so that our regular staff members can devote their time and attention to the support of our students. In addition to our caring classroom teachers, child and youth workers are on site to work with teachers on how to assist students in the best possible way. They will also help students who need additional levels of support.

We are facilitating opportunities for students to express their grief, with peer support. One example is a memorial table to express one's thoughts about the loss.

As you can understand, we take this matter extremely seriously. We will closely monitor students and staff who are closest to this loss, or who have recently experienced loss.

If you wish to learn more about what our school is doing, or if your student is in distress and needs more support than you can offer, please contact me.

Our hearts go out to all who have been affected by this loss.

Sincerely,

[SCHOOL PRINCIPAL]