



TCDSB Suicide Intervention Guidelines

APPENDIX C - This document has been created to support staff in their involvement with students who may be at risk of suicide.

TCDSB SUICIDE INTERVENTION GUIDELINES

Guiding Principles

- ❑ The Toronto Catholic District School Board is committed to the Board's mission of providing a safe and welcoming learning environment that is an example of Christian Community.
- ❑ The safety and well - being of all students are our primary consideration and responses to suicide risk should be considered to be of utmost priority.
- ❑ All thoughts of suicide must be taken seriously.
- ❑ Students who disclose suicidal ideation will be 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 secondary school guidance counsellor.
- ❑ When required and appropriate, a suicide risk review should be conducted by a staff member trained in the *Living Work's Applied Skills for Suicide Intervention Training (ASIST)*.
- ❑ Where a concern related to suicidal risk is present, the student will remain 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.

Suicide Intervention Procedures

Phase One: Staff Person is Alerted to Risk of Suicide

- Disclosures of suicidal ideation may be explicit or implicit invitations for help. The presence of any warning sign (risk alert) warrants timely attention. School staff members often have significant connections with students and may become aware that something is seriously wrong in the life of a student. Staff may be alerted to a student's potential for self-harm or suicide in a variety of manners including but not limited to:
 - A verbal disclosure of suicidal ideation from the student;
 - Observation of reckless behaviours that indicate a potential outcome of self-harm;
 - A report from a friend or family member that a student has expressed suicidal thoughts;
 - A student's writing, artwork or social media communications;
 - Repeated expressions of hopelessness, worthlessness, loneliness, helplessness or desperation. (e.g. "I can't go on like this anymore", "I should have never been born", "My problems won't end until I die");
 - Signs of depression such as sleeplessness, social withdrawal, loss of appetite, lost interest in usual activities, change in routine behaviours;
 - Actions such as giving away possessions, self-mutilation, withdrawal from family or friends.

- All reports related to thoughts and/or behaviours of suicide should be taken seriously. Information received by the initial staff person should be treated with utmost importance in a timely manner. Provisions to support the staff person in caring for the student and relaying information will be put in place (e.g. classroom coverage).

- During situations in which a student is at imminent risk to self or others (e.g. taken an overdose of pills), the staff person first alerted to the condition shall call 911. At the appropriate time and as soon as possible, the school principal shall be notified. If emergency services have been contacted, the student's parent(s)/guardian(s) shall also be notified as soon as appropriate and possible.

- In situations where there is a clear disclosure of suicidal ideation (e.g. student confides that he/she is thinking about killing himself/herself), the staff who is first in receipt of that information should ensure that the student remains in the presence of a caring adult at all times.

- ❑ Staff shall treat all disclosures with dignity, respect and confidentiality. However, in this situation, at no time must a staff person promise to keep “a secret” between. Although staff may feel that sharing confidential information is a breach of trust, all disclosures should be recognized as invitations for help. Staff are not able to keep students safe at all times and therefore the support of other caring adults is critical. Safety overrides confidentiality.
- ❑ A staff member, who initially receives a concern related to suicide, should report the information to the designated staff person(s) in the school in a timely manner. In elementary schools, staff should speak with the school principal, vice-principal (or designate in his/her absence). In secondary schools, staff should speak with the school principal, vice-principal or a guidance counsellor. To ensure the safety of the student, it is essential that this conversation occur as soon as possible (e.g. do not wait until the end of the day when the student leaves the building).

Phase Two: Designated Staff Determine Actions

- ❑ In elementary schools, the principal is the designated staff person and must be informed of all concerns related to suicidal risk. In secondary schools, the on-site guidance counsellor, vice-principal and/or principal are the designated staff persons and must be informed of all concerns related to suicidal risk. Regardless of who is initially informed, vice-principals and secondary school guidance counsellors will ensure that the principal is made aware of concerns as soon as appropriately possible.
- ❑ After being alerted to a suicide risk , the designated staff person may:
 - 1) **Contact 911. If the immediate safety of the student, or of others, becomes uncertain (e.g. student refuses to remain at school), the designate staff person may contact emergency services.**
 - 2) **Meet with the student.** If the issues that are brought forward are of concern but not evidently linked to self-harm or suicide, then the designated staff person may choose to interview the student. For example, a student who appears distraught in class and explains that he/she is upset over the sudden death of a relative, may require further support but may have no thoughts of self-harm. (See Appendix A for tips when meeting with a student).
 - 3) **Initiate a suicide risk review.** In situations where there are indicators of self-harm or warning signs (risk alerts) of suicide, the designated staff person should contact a TCDSB staff person who has completed *ASIST training*. (Note: TCDSB staff persons who have completed *ASIST training* include guidance counsellors, psychology staff and school social workers).

Phase Three: Contact Parent(s)/Guardian(s)

- ❑ At this time, contact should be made with parent(s)/guardian(s). The most suitable person to contact the parent(s)/guardian(s) should be decided conjointly between the staff person receiving the original concern, the designated staff person and the principal. Whoever informs parent(s)/guardian(s) should feel comfortable in articulating the concerns and knowledge about the next steps.
- ❑ In situations where emergency services have been contacted, the call to parent(s)/guardian(s) should be made as soon as appropriate and possible.
- ❑ In situations where a concern has been presented, but is not linked to self-harm or suicide, options for follow up should be discussed with the parent(s)/guardian(s). These possibilities include, but are not limited to, a meeting with school board mental health providers such as guidance counsellors, psychology staff and school social workers to determine appropriate supports and/or services.
- ❑ In situations where there are indicators of self-harm or warning signs (risk alerts) of suicide, parent(s)/guardian(s) should be informed of the intention to involve TCDSB staff with *ASIST* training. Parent(s)/guardian(s) are the most vital support in keeping their children safe and should be consulted during the development of a safe plan. In most situations this will involve meeting with staff at the school. If the parent(s)/guardian(s) cannot be reached, a decision may be made to continue to a suicide risk review. In rare situations, parents/guardian(s) do not wish to involve other TCDSB staff; under these circumstances, other options to review risk of suicide should be explored with the parent(s)/guardian(s). The options include but are not limited to:
 - The parent(s)/ guardian(s) escorting the student to a hospital emergency department;
 - An immediate appointment with a primary health care physician;
 - A meeting with a mobile crisis unit;
 - In very infrequent situations, police or child protection may need to be notified to ensure the student's safety.

Phase Four: TCDSB Staff Who Have Completed ASIST Training Conducts a Suicide Risk Review

- ❑ Living Work's Education Inc. has developed the *Applied Suicide Intervention Skills Training (ASIST)*. After completing a standardized two day workshop facilitated by a certified ASIST trainer, participants receive a certificate of completion. *ASIST* is a suicide first aid intervention training that is intended to support the development of a safe plan for

immediate security. The *ASIST* suicide intervention is not intended to replace an on-going therapeutic involvement as continued supports and resources are an essential component of the safe plan.

- ❑ TCDSB staff who have completed the *ASIST* workshop include guidance, psychology staff and school social workers. Although some of these staff may be based permanently in the secondary school, others are assigned to multiple schools. The decision to contact these staff should not be a difficult one. These specialists are readily available to consult and complete suicide risk reviews. Checking the opinion of another professional has many merits and should be considered as the first option when completing a suicide risk review.
- ❑ Secondary school guidance counsellors may have a dual role in this process i.e. being a designated staff person to determine further action required and being a TCDSB staff person trained in *ASIST*. Under no circumstances should anyone feel compelled to complete a suicide risk review alone. Options include asking a school social worker or psychology staff to conduct the suicide risk review or asking these same staff to con-jointly interview the student.
- ❑ Through the use of internal TCDSB certified trainers (and external trainers if necessary), TCDSB staff will be kept current. Decisions to train other staff in *ASIST* will be made by the TCDSB Mental Health Steering Committee on an annual basis.

Phase Five: Develop a Safe Plan

- ❑ An initial safe plan should be created through a conversation between the student and the *ASIST* trained TCDSB staff person. As much as possible, it is important for the student to feel in control of the development of the safe plan. A student is more likely to commit to and follow a plan that he/she has created. At this point, a safe plan can be verbal or written as preferred by the student. A safe plan should include:
 - Disabling any suicide plans;
 - Easing the pain felt by the student;
 - Linking the student to supports and resources.
- ❑ Although the plan is initially developed by the student and a staff person, parent(s)/guardian(s) are the most vital link to keeping their children safe. At this point parent(s)/guardian(s), additional school staff and other caring adults should participate in the refinement of the safe plan. The safe plan is intended to support a student's immediate safety until further and on-going supports are in place. Examples of components of a safe plan may include but are certainly not limited to:
 - Assessment by a psychiatrist, paediatrician or primary health care 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 watchful eye and invite conversation whenever appropriate;
 - Identify a caring adult at the school who the student is comfortable contacting if feeling suicidal. Include the method of contacting this “go to” person and a backup support when necessary;
 - Suggesting to make the environment safe, including removing or securing items that may be used for self-harm;
 - Identify clear sources of stress and remediate (e.g. difficult course load).
- At times, the safe plan may include further assessment by a qualified mental health professional (e.g. accompanying the student to a local hospital’s emergency clinic). Even in such conditions, it is important to include steps to monitor the student’s well-being and means of follow up.
 - The safe plan should now be written. This will ensure that those identified in the plan are familiar and in agreement with the expectations. A written safe plan will also provide a tool to monitor the student’s safety during follow up.

Phase Six: Follow Up

- The caring staff person identified in the safe plan has an important role in follow up. Ideally, this “go to” person is someone with who 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.
- 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 safe plan. In each situation, it is important to again take the warning signs (risk alerts) seriously and renew the process of risk review.
- When supported by a caring community versed in student mental health and well-being, children and youth are more likely to feel safe and secure. When followed, the guidelines provide a process to help ensure the safety and well-being of students.

Appendix A: Tips for meeting with the student

The following are some dos and don'ts to consider when interviewing a student:

DO

- Find a quiet and private place to talk.
- Take time to hear the student. This may mean making alternate arrangements to cover your other responsibilities.
- Remain calm and demonstrate a caring manner.
- Establish rapport with your words and your body language.
- Promise privacy but not confidentiality. You must inform someone if there is potential risk to the student or others. You cannot keep suicidal thoughts or behaviour a secret.
- Listen carefully and avoid interrupting the student. Listen for the feelings behind the words.
- Paraphrase what the student is saying in order to clarify and to indicate your understanding.
- Allow for periods of silence.
- Keep the student's perspective in mind (no matter how unrealistic). It is the student's perception that reveals his/her thoughts and feelings.
- Take charge with respect to asking pointed questions or making arrangements for student safety.

DO NOT

- Do not leave the student unattended.
- Do not judge what the student says in terms of moral or adult standards; don't debate whether suicide is right or wrong or whether life is valuable.
- Do not argue about suicidal behaviour.
- Do not panic if the student admits to suicidal thoughts.
- Do not try to stop the suicidal thinking or behaviour without adding other supports.
- Do not allow yourself to be sworn to secrecy; this becomes a safety issue for the student.
- Do not ignore the student's need to talk.
- Do not make promises or remarks that might be unrealistic.
- Do not assume that the person isn't the suicidal type; anyone can be suicidal.
- Do not discount the student's problems or distress as minor or suggest she/he will get over it or that everything will be all right.
- Do not discuss the interview with staff or persons outside of the school team (unless the team and student agree to involve others).
- Do not give up if the student just shrugs or is uncommunicative. She/he may say more given additional time. You may want to offer a drink and/or small snack.

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