



LL# 1288471

SUICIDE PREVENTION CHECKLIST FOR CHILDREN and YOUTH

Produced by: School Psychologists of St James Assiniboia School Division

Adapted from Chilliwack School District

IMPORTANT DEFINITIONS

Suicidal Ideation

Suicidal ideation is the individual's thoughts of taking one's own life.

Suicidal Behaviour

Suicidal behaviour is any deliberate action that has potentially life-threatening consequences, such as taking a drug overdose or deliberately crashing a car.

Suicidal Threat

A suicidal threat is a verbal or non-verbal communication that the individual intends to harm him/herself with the intention to die but has not acted on the threat.

Suicidal Attempt

A suicidal attempt is an act focused on taking one's life that is unsuccessful in causing death

FACTS ABOUT SUICIDE

Children or youth who talk about suicide may make an attempt.

80% of the people who die by suicide give warning signs that they are thinking about killing themselves.

Many children and youth who are suicidal do not want to die.

Most suicidal people are ambivalent about dying. They just want to stop the overwhelming pain they are feeling.

Asking about suicide does not encourage children or youth to try it.

It is more likely that giving people the opportunity to talk openly about their feelings of hopelessness will reduce the risk of suicide.

Anyone is the 'type'.

People of all personality types, ages, cultures, economic and education levels end their lives. Don't ever dismiss your concerns about suicide because a person is 'not the type'.

The motives for suicide are often deep and long-standing.

While a recent trauma or event may precipitate a move towards suicide, the underlying problems and feelings that lead to suicidal thinking generally have a long history. For example, while it may appear that a person has attempted suicide because of a break-up with a boyfriend or girlfriend, the low self-esteem and feelings of worthlessness that made the break-up so devastating often have deep roots.



RISK FACTORS & WARNING SIGNS *

Risk Factors

The following factors, especially in combination with one another, may increase the likelihood that a child or youth may have suicidal feelings:

- Depression or other psychiatric disorder
- Previous suicide attempts
- Low self-esteem
- Feelings of helplessness or hopelessness
- Conflict at school or with the law
- Abuse or neglect
- Perfectionism
- Gender identity issues
- A traumatic event or recent loss
- Abuse of alcohol or other drugs
- Social isolation
- Recent suicide (or attempted suicide) of family member or friend
- Media coverage of a suicide

Warning Signs

Youth suicide and suicidal behaviour may appear to happen without warning, but in reality people almost always send signals, including:

- Talking or joking about suicide and death
- Increased and/or heavy use of alcohol or other drugs
- Making final arrangements such as giving away prized possessions or saying goodbye to significant others
- Engaging in risk-taking behavior
- Exhibiting CHANGES in school or social behaviour and mood such as:
 - Change in attendance
 - Decline in academic performance
 - Inability to concentrate
 - Failure to complete assignments
 - Lack of interest/withdrawal
 - Change in relationships with classmates
 - Increase in irritability or aggressiveness
 - Wide mood swings
 - Unexpected displays of emotion
 - Despairing/negative attitude
 - Preoccupation with death and suicide (writing about it, drawing images of death)
 - Behavioural changes (a previously social child becomes withdrawn)
 - Sleep disturbance, loss of appetite
 - Loss of interest in previously important relationships
 - Changes in appearance and personal care

***Presence of the factors above does not necessarily mean that there is suicidal ideation, but does indicate a need for further discussion with the student.**



Protective Factors *

- Positive coping skills
- Problem solving skills
- Positive outlook
- Family support
- Physical recreation
- Seeking social support
- Spirituality
- Connection to peers and adults outside the family
- Hope for the future
- Self-acceptance
- Ability to self-regulate
- Access to mental health care
- Academic skills

***Presence of any one or more of these protective factors may reduce risk but does not prevent suicide.**



HOW TO HELP

Ensure child or youth safety.

Do not leave the child or youth alone.

Remain with the child or youth at all times!

DO

Be a Good Listener

Be calm, speak quietly and gently. Look for non-verbal clues that show how the person is feeling and report what you see. For example, say “you seem sad” then wait for a response.

Be Direct

Talking openly is the only way you can find out how serious the person is about ending his or her life.

Show That You Care

Tell the person that you are available to talk about things that may be troubling him/her. Show empathy.

Ensure Help for the Youth

Seeking professional help is a must. Although symptoms of depression can disappear as quickly as they came, they can develop to a point where a person may impulsively see suicide as the only way out.

DON'T

Don't leave the Person Alone!

Don't Minimize

Avoid offering empty reassurances. Don't dismiss the person's problems as trivial. From the person's perspective the problems matter a great deal.

Don't Make Moral Judgments

Don't act shocked or disgusted. Don't tell them they have a lot to live for, argue with them, lecture or punish. Try to remain calm even if what the person tells you is upsetting.

Don't Promise Not to Tell

Explain that only people who need to know in order to help the person feel better will be told, but that you cannot possibly help them all by yourself.

Don't Ignore the Problem

Just because a person may frequently be manipulative, dramatic or attention seeking does not mean they are not also suicidal.



Student Expresses Suicidal Ideation

ASK

“Are you thinking of killing yourself?”

Yes/Maybe

No

“My reason for asking is...” Explore these concerns further with student to develop a better understanding of needs. Continue to Low Risk ACT checklist.

ASSESS

- Continue with assessment of level of risk History/Loss/Plan/Protective factors
- Determine Low/Med/High level of risk

ACT

Low Risk Response

- Ensure safety
- Notify parent/guardian
- Document by completing JHF-E-2 Eight Step Response, send to ESS
- Coordinate follow up

Medium Risk Response

- Ensure safety
- Notify parent/guardian
- Ask parent to follow up with physician
- Document by completing JHF-E-2 Eight Step Response, send to ESS
- Coordinate follow up

High Risk Response

- Ensure safety
- Notify parent/guardian
- Call 911
- Ask parent to follow up with physician
- Document by completing JHF-E-2 Eight Step Response, send to ESS
- Coordinate follow up

Can student’s immediate safety be assured?

Yes

- School staff remains with student at all times

No

Student in building

- Call 911
- Ensure student is supervised until ambulance arrives
- Call parent/guardian

Student not in building

- Call parent/guardian
- Call 911 if location and safety of child is not known

FOLLOW-UP

Safety planning will take place as a school team



ASK → ASSESS → ACT → FOLLOW UP

ASK

Establishing Rapport

- Use open-ended questions to engage the youth and gather more information.
- Remain calm and caring.
- Be open and allow the youth to talk about their thoughts of suicide. This helps to reduce anxiety around stigma and works to convey a sense of acceptance and support.
- Empathize by paraphrasing.
- Maintain good eye contact and an attentive listening posture.

Exploring Current Stressors

- Explore current stressors and events.
- Explore symptoms such as substance misuse, feelings or behaviour, inability to communicate, perceptions and distortions, sleeping and eating irregularities, and changes in mood and energy.
- Remember that it is how the youth feels about a particular stressor that determines the significance of that stress.

Sample statements

- I've noticed lately that you (describe the behavior change).
- Can you tell me more about that?
- It sounds like you might be feeling (helpless, hopeless, alone, etc.) right now.
- Tell me about what has been happening to you.
- What has brought these feelings up now?
- I sense you are really overwhelmed.

ASK: “Are you thinking of killing yourself?”

**1. If No: “My reason for asking is_____.” Explore these concerns further with student to develop a better understanding of needs.
Continue to the next page - Low Risk ACT checklist.**

2. If Yes or Maybe: continue with HLP (History, Loss, Plan).

History/Previous Attempts

- Have you felt like this before?
- Have you made an attempt to kill yourself? What happened?
- Are you aware of or know anyone who has attempted or died by suicide?

Loss/Aloneness

- Do you feel a sense of loss?
- Who do you feel you can talk to?
- What things in your life are worth living for (pets, significant people, goals, etc.)?
- Do you belong to any organizations or groups in the community?

Plan

- Do you have a plan to kill yourself?
- Do you have access to the means (knife, guns, medication, rope, etc.)?
- Have you thought about when you would do it



ASSESS

Low Risk	Medium Risk	High Risk
<input type="checkbox"/> Suicide ideation <input type="checkbox"/> Does not have clear plans/means <input type="checkbox"/> Feels hopeless and/or helpless but has supports in place	<input type="checkbox"/> Indicated suicide intent <input type="checkbox"/> May have a plan/means <input type="checkbox"/> Perceived support <input type="checkbox"/> Suicide ideation <input type="checkbox"/> Future oriented	<input type="checkbox"/> Suicide intent <input type="checkbox"/> Has a plan/means/time frame <input type="checkbox"/> No perceived supports <input type="checkbox"/> Perception of loss/isolation/aloneness

Protective Factors	
<input type="checkbox"/> Positive coping skills <input type="checkbox"/> Problem solving skills <input type="checkbox"/> Positive outlook <input type="checkbox"/> Family support <input type="checkbox"/> Physical recreation <input type="checkbox"/> Seeking social support <input type="checkbox"/> Spirituality	<input type="checkbox"/> Connection to peers and adults outside the family <input type="checkbox"/> Hope for the future <input type="checkbox"/> Self-acceptance <input type="checkbox"/> Ability to self-regulate <input type="checkbox"/> Access to mental health care <input type="checkbox"/> Academic skills

ACT

Low Risk	Medium Risk	High Risk
<input type="checkbox"/> Ensure safety <input type="checkbox"/> Notify parent/guardian <input type="checkbox"/> Document by completing 8 step response, send to ESS <input type="checkbox"/> Coordinate follow up	<input type="checkbox"/> Ensure safety <input type="checkbox"/> Notify parent/guardian <input type="checkbox"/> Ask parent to follow up with physician <input type="checkbox"/> Document by completing 8 step response, send to ESS <input type="checkbox"/> Coordinate follow up	<input type="checkbox"/> Ensure safety <input type="checkbox"/> Notify parent/guardian <input type="checkbox"/> Call 911 <input type="checkbox"/> Ask parent to follow up with physician <input type="checkbox"/> Document by completing 8 step response, send to ESS <input type="checkbox"/> Coordinate follow up



FOLLOW-UP ON EACH RISK LEVEL

Trained personnel (Guidance Counsellors, ESS Social Workers and Psychologists) will follow-up on actions for each risk level and ensure appropriate referrals are in place.

Safety planning will take place as a school team:

Establish a Safety Plan (revisit as often as necessary)

- Suggestions to begin an Action/Safety Plan for the school:
 - “Let’s make a plan for you to feel safer.”
 - Who would you talk to if you feel like this again?
 - Provide resources (see last page)
- Contact the Family Physician (consider counselling and/or pharmacological treatment).
- Family Awareness/Education (i.e. removal of dangerous articles, education regarding danger signs, watching youth at home, etc.)
- Access Mental Health services (individual and/or family). See Resource List attached.
- Involve the school in developing ongoing support and monitoring.
- Maintain contact with the child or youth



Student is in the building
and safety cannot be assured

Student has already self-injured with intent to take his/her life

OR

Student has revealed that he/she has an imminent suicide plan which includes **Lethal means + Availability + Time frame.**

1) Call 911 and ensure student is supervised by school staff at all times!

- Provide first aid assistance as necessary.
- Prepare a list of information for medical personnel that includes the student's name, age, date of birth, address, parent/guardian's name, phone numbers, Manitoba Health Card number, any available information regarding medic alert, or previous suicide attempts.
- Find out which hospital the ambulance is transporting the student.
- **DO NOT PERSONALLY TRANSPORT THE STUDENT.**

2) Call Parent or Guardian

- Ask the parent/guardian to meet you at the hospital emergency room.

3) Report the incident to the school administrator as soon as possible.



Student is NOT in the building and
safety cannot be assured

Student has left the school or has not been at the school

but

**there is legitimate concern that the student
may be in imminent danger.**

- 1. Call 911.** Police will attempt to locate the student if parents are not able to confirm the student's location and safety.
- 2. Call Parent or Guardian immediately.**
- 3. Report the incident to the school administrator as soon as possible.**



RESOURCES

Winnipeg and Manitoba Resources for Mental Health Needs

Crisis/Distress Lines

Kids Help Phone (24 hrs)	1-800-668-6868 www.kidshelpphone.ca Text: HOME to 686868
Manitoba Suicide Line	1-877-435-7170 OR 204-784-4097 www.reasonstolive.ca
Canada Suicide Prevention Service	1-833-456-4566, Text: 45645 Chat: www.crisisservicescanada.ca
Klinic Crisis Line	204-786-8686 or TTY 204-784-4097
Klinic Sexual Assault Crisis Line	204-786-8631 or TTY 204-784-4097
Youth Mobile Crisis Team	204-949-4777 or 1-888-383-2776
WRHA Adult Mobile Crisis Service (24 hrs)	204-940-1781 or 204-779-8902
Crisis Response Centre (for adults), 817 Bannatyne Ave.	24-hour walk-in
Manitoba Farm, Rural & Northern Support Services	1-866-367-3276 (M-F 10– 9) or supportline.ca (online counselling)
First Nations and Inuit Hope for Wellness Help Line	1-855-242-3310

Non-Crisis

Centralized Intake for Child and Adolescent Mental Health Program	204-958-9660
---	--------------

Community/Mental Health Agencies

Anxiety Disorders Association of Manitoba	204-925-0600
Manitoba Schizophrenia Society	204-786-1616
WRHA Community Mental Health Services	204-788-8330
Health Links	204-788-8200
Canadian Mental Health Association, Winnipeg	204-982-6100
Addictions Foundation of Manitoba	204-944-6200

Drop-In Centres

Ndinawe Youth Resource Centre, 472 Selkirk Ave.	
Inner City Youth Alive, 418 Aberdeen Ave.	204-582-8779

Community Health Centres

Klinic Community Health Centre, 870 Portage Ave.	204-784-4090
Nor' West Community Health Centre, 61 Tyndall Ave.	204-940-2020
Nine Circles Community Health Centre, 705 Broadway Ave.	204-940-6000
Family Doctor Finder	204-786-7111
Women's Health Clinic	204-947-1517

Peer Support Groups

Rainbow Resource Centre, 170 Scott St.	204-474-0212
Mood Disorders Association of Manitoba	204-786-0987