

Protocol for Responding to Students At-Risk for Suicide

Part 1: Awareness of Suicidality and Relevant Divisional Support Documents

- The principal will review this divisional Protocol for Responding to Students At-Risk for Suicide on an annual basis with all school staff members.
- It is important to remember that suicide ideation or behaviour may be linked with factors such as isolating behaviour, depression, aggressive or impulsive behaviour, substance abuse, trauma, or having a peer or family member who has died by suicide or made suicide attempts.
- The principal will be in support of training opportunities for staff members in regards to student self-destructive and/or suicidal behaviours.

Part 2: Referral of Suicidal Student to Designated Staff

- Each school should have a Designated Team familiar with processes related to the initial stage of assessment and referral of students at-risk for suicide for further mental health services.
- Designated team members may include guidance counsellors, ESS school psychologists and social workers, principals and vice principals. Teams may also include other school staff.
- It is mandatory that all staff members immediately refer a student they suspect is suicidal or has expressed suicidal ideation to a designated team member.
- Staff members are encouraged to talk to youth they identify as distressed, in a caring and calm manner, ask them if they are thinking of suicide, or killing themselves. If staff members are uncomfortable with asking about suicide, they should personally bring the student to a designated team member to continue the conversation for the initial assessment".
- If the situation is an emergency 9-1-1 must be called immediately.

Part 3: Suicide Risk Assessment

- Complete the risk assessment tool provided on p. 6 of JHF-E-1 Suicide Prevention Checklist For Children And Youth
- Complete JHF-E-2 Eight Step Response for Suicidal Ideation.
- The JHF-E-1 Suicide Prevention Checklist For Children And Youth must be used in conjunction with the JHF-E-2 Eight Step Response for Suicidal Ideation.

Part 4: Notifying Parents/Guardians

- Contact the custodial parents or guardians and ask them to come immediately to the school or in some cases meet at a hospital or mental health clinic/provider. In situations where students are aged 18 or over, the student will be consulted to see if they want their parent, guardian, or another adult contacted.
- If the youth has been determined not to be at immediate risk of suicide, a parent or guardian still needs to be informed.
- Please note there may be exceptional cases in which Child and Family Services and/or Winnipeg Police Services (WPS) are contacted as opposed to contacting parents in order to ensure the safety of the student. An example of an exceptional case is a student at

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imminent risk of harm from the parent. Reasons for consulting with CFS or WPS before contacting parents/guardians should be documented.

- The custodial parent or guardian should leave with the student only after being supported and strongly encouraged to take the youth to a facility/treatment provider of their choice.
- Always provide the youth and parents with 24-hour phone contacts and hotline numbers to access.

❖ The following is a list of recommended providers:

Klinic Crisis Line 204-786-8686 Manitoba Suicide Hotline 1-877-435-7170
Mobile Crisis Unit 204-949-4777 Kids Help Phone 1-800-668-6868

- If a youth has signs and symptoms for suicide and the parent refuses to have their child assessed, it may be necessary to contact Child and Family Services (204-944-4200).

Part 5: Follow-up and providing long-term support.

- Staff must notify School Administration if they become aware that a student has been away from school due to suicidal ideation or a suicide attempt.
- School Administration must then notify appropriate staff members, including school-based and clinical support staff, as well as the student's classroom teachers, so accommodations can be made.

In the event that a student has been away from school due to suicidal ideation or a suicide attempt:

- Staff should request that the parent/guardian notify School Administration of a student's return to school, prior to the student returning.
- The school-based team, in consultation with the parent/ guardian, will determine, whether or not a school intake meeting, school safety plan, exchange of information form, and/or ESS referral is needed prior to the student's return to school.
- Upon returning from hospitalization, intervention, or treatment, school teams will support registered physician/psychologist mental health and medical recommendations.
- Encourage the youth to connect with appropriate support services in the school building (guidance counsellors, ESS school psychologists and social workers)
- School administrators should collaborate with the school and clinical team to determine if it is appropriate to activate the Divisional VTRA protocol.

Note: Importance of bonding, connectedness, and relational support

Research has shown that long-term relational support is one protective factor in minimizing suicidality in youth. It is our practice that all staff members be intentional about developing caring relationships with youth and young adults, especially with youth that are least trusting and have few connections and supportive adult relationships. It is important that staff members have caring conversations with youth during life's ups and downs and not just during a suicide crisis.

References

http://b.3cdn.net/trevor/10a65fa42e6ebddc24_gem6bvseu.pdf
www.sourcesofstrength.org
https://www.gov.mb.ca/healthychild/ysp/ysp_bestpractices.pdf

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