

# LDSB Suicide Response Protocol



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Supporting student  
mental health & well-being

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September 2022

## Guiding Principles

- Students will always be treated with dignity and respect.
- Student safety and well-being is a priority, and response to suicide behaviours, comments and risk is considered to be of utmost priority and will be responded to immediately.
- All disclosures should be recognized as invitations for help. Although information received regarding suicidal thoughts and/or behaviours will be treated with the utmost discretion, it is not appropriate or acceptable to promise confidentiality.
- Staff will be trained and supported to use current best practices to complete suicide risk interventions, and will be accessible to every school to support individual needs of students.
- Our leadership structure is able to guide staff, students and families through this protocol.



**We're Putting  
Wellness First**



**We're Turning  
Innovation into Action**



**We're Committed  
to Collaboration**



**Limestone**  
DISTRICT SCHOOL BOARD

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## Introduction

This protocol is intended to assist all Limestone District School Board (LDSB) staff in knowing how to respond to students who present with suicidal feelings, ideation, or behaviour in order to help keep them safe and address the individual needs of each student. **Every LDSB staff member** needs to be aware of this protocol because a student may choose to reach out to anyone for help.

As part of the Mental Health and Substance Use Strategy, LDSB follows the principles and practices taught in the *Living Work's Applied Suicide Intervention Skills Training (ASIST)*. LDSB aims to have at least one trained staff in every school, as well as trained staff available through Educational Services.

The general principles described in this document apply for all populations. However, some communities, cultures and vulnerable populations (2SLGBTQ+, Indigenous, Black, racialized, and other marginalized youth) may require a different lens through which they are supported.



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**Promoting positive mental health and well-being, and ensuring early and equitable access to needed services, are part of a comprehensive suicide response plan.**

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School Mental Health Ontario

## Key Terms

**ASIST (Applied Suicide Intervention Skills Training):** Training in suicide first aid, that teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety.

**Crisis:** A crisis is contained within the system where it occurs. There are adequate resources within the system to respond to the crisis and there is a high level of predictability concerning who is most likely to be impacted. A crisis is expected.

**Life Promotion:** Takes into account values, interests, culture, history, aspirations, and needs. Life promotion is a well-rounded, holistic approach to suicide prevention specifically designed for Indigenous youth; however, it could have a positive impact on the wider community if more people were aware of its positive message and impact.

**Non-suicidal Self-injury:** A deliberate attempt to cause injury to one's body without the conscious intent to die. This does not include behaviours that are socially sanctioned and done without the intent to decrease emotional pain (e.g., tattooing and piercing).

**Suicidal Behaviour:** Any deliberate action that has potentially life-threatening consequences.

**Suicide Contagion:** The increase of suicides or suicidal behaviour upon a death by suicide.

**Suicide Intervention:** Practices that recognize and respond to students with suicidal ideation or behaviour, and support vulnerable students transitioning to and from professional mental health care.

**Suicide Prevention:** Focus on promoting protective factors and reducing risk factors that can lead to suicidal ideation.

**Suicide Postvention:** Services offered to support and assist school communities affected by, or bereaved by, suspected or confirmed death by suicide. It can also refer to working with someone who has made a non-fatal attempt on their life.

**Suicidal Thoughts/Ideation:** Thoughts of harming or killing oneself that include both contemplating death by suicide and planning actions that could result in death.

**Traumatic Event:** A traumatic event is not contained within the system where it occurs: it affects multiple systems. The system does not have the necessary resources to respond and must rely upon outside resources to respond to the magnitude of the event. The capacity to predict who will most likely be impacted is significantly diminished. A traumatic event is unexpected. **The school Administrator, in consultation with the Superintendent, will determine if the event is a crisis or a traumatic event.**

# Life Promotion and Suicide Prevention Guidelines

As a first step to suicide prevention, **life promotion** is an Indigenous approach that focuses on belonging, meaning, purpose, and hope. Life promotion recognizes the importance of values, interests, culture, ceremony, traditions, history, aspirations, and needs. It encourages individuals to strengthen their connection and relationship to the land, community, self, and spirituality. Life promotion is holistic approach to suicide prevention that empowers and focuses on Indigenous youth; however, it can have a positive impact on the wider community with more awareness of its positive message and impact.

“ Connection to land is not only dependent on the physical territories we find ourselves on, but also on the stories found within them. By rekindling the relationship with those stories, we can begin to understand our own. ”

## Creating Safe Spaces

Safe space refers to a physical and emotional area that ensures a comfortable and secure environment, which is free of perceived ideologies, discrimination, criticism, harassment, or any other form of emotional and physical harm. Safe spaces are created to foster open and honest conversations and promote the usage of safe communication.

**Source:** Strengthening Our Connections to Promote Life: A Life Promotion Toolkit by Indigenous Youth

The Mental Health Lead, Indigenous Education Team, and Educational Services staff members are available to consult with school staff to help guide classroom and school programs related to mental health, mental illness, life promotion, and suicide prevention.

One of the biggest aspects of suicide prevention involves **promoting positive mental health and well-being** for all students. This includes raising mental health awareness, reducing stigma, and building protective factors and coping skills in students. School staff are in an optimal position to notice changes in behaviour and other “warning signs,” and to work alongside parents and guardians to assist students in accessing appropriate supports and interventions.

## Course Content

The *School Mental Health Ontario Decision Support Tool: Student Mental Health Awareness Initiatives* should be referenced when making decisions regarding "suicide prevention" initiatives.

- It is **never** advisable to share high impact videos or stories about suicide with students.
- Messages, stories, videos and images that show or describe methods for suicidal behaviour or that glamourize suicide are particularly **dangerous**.
- Large-scale assemblies **are not** an appropriate format for suicide prevention initiatives.
- If the topic of suicide is related to course material, this material must be handled with sensitivity and it is advisable to inform students and caregivers ahead of time. Students should be able to **opt out** if they choose.
- It is **not** advisable to give permission for suicide to be the sole topic of an essay, debate, play etc. Whenever possible, try to redirect students who are interested in this topic to focus on positive mental health, coping strategies, reducing stigma, seeking help and accessing support.

## What to Look For

Disclosures of suicidal thoughts may be explicit or implicit invitations for help. Staff may become aware of a student's potential for suicide in a variety of ways including, but not limited to:

- A verbal disclosure of suicidal ideation directly from the student.
- A report from a friend or family member that a student has expressed suicidal thoughts.
- A student's drawings, writing or social media communications.
- Expressions of hopelessness, worthlessness, loneliness, helplessness or desperation, (e.g., "My life sucks," "I can't go on like this anymore," "I wish I was never born").
- Signs of depression such as sleep disturbance, loss of appetite, change in routine behaviours, and withdrawing from friends and usual activities.
- Actions such as making final arrangements, giving away possessions, or risky behaviours.

### Youth Specific Warning Signs

- Decline in school grades or attendance
- At-risk of dropping out of school (or already dropped out of school)
- Loss of a relationship or interpersonal conflict
- Posting hopeless comments or mentions of suicide on social media
- Bullying, cyber-bullying
- Knows someone who died by suicide or someone at school died by suicide
- Dissatisfaction with therapy

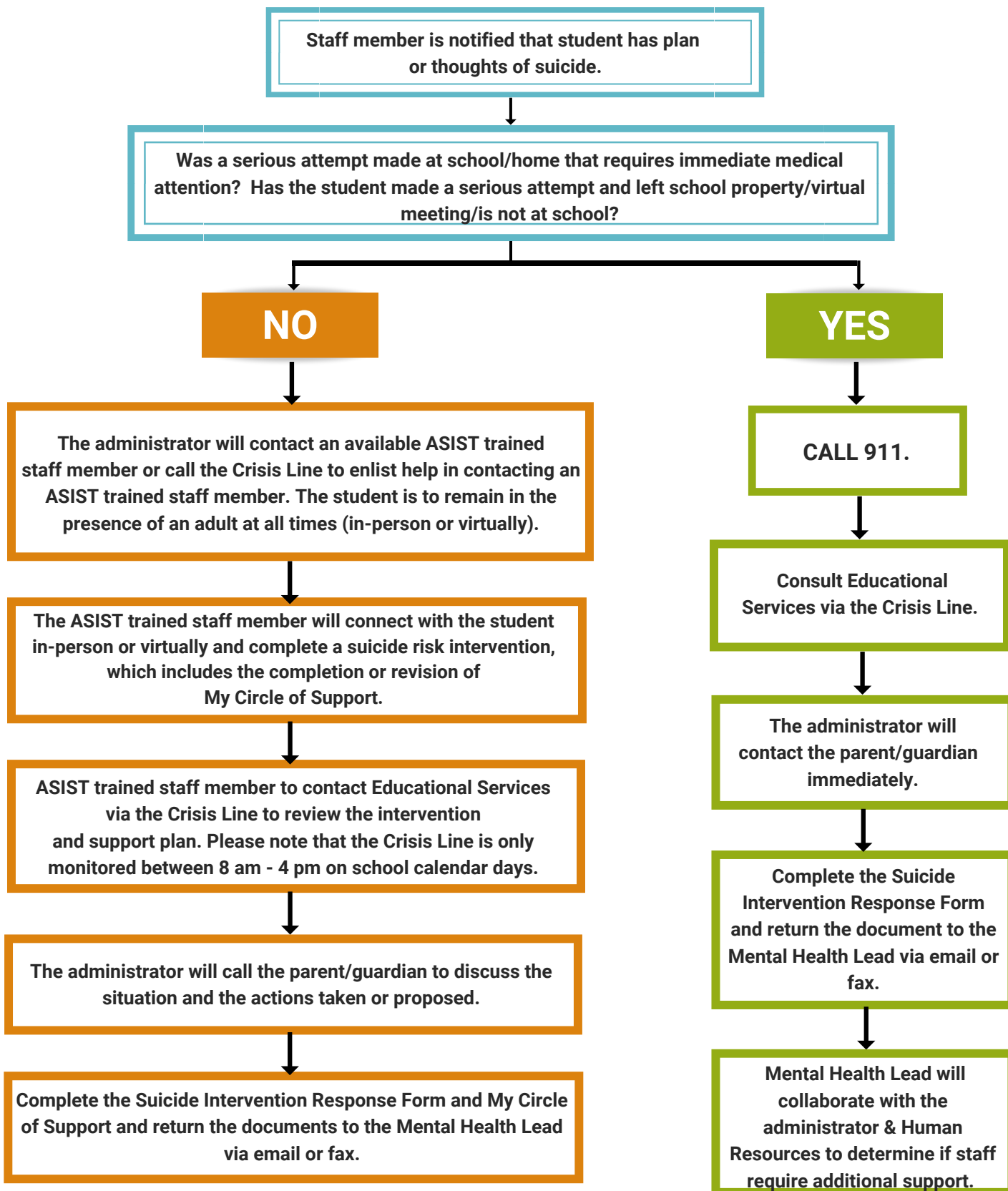
**Source:** Dr. Jennifer McTaggart  
Hamilton Health Sciences

**All invitations related to suicidal thoughts and/or behaviours must be taken seriously and responded to immediately.**

**Where a concern related to suicidal risk is present, the student will remain, at all times, in the presence of a caring adult.**

Although information received regarding suicidal thoughts or behaviours is to be treated discreetly, it is **not** appropriate to promise confidentiality. This information **must** be shared with administration and the parent/guardian.

# LDSB Pathways to Care



# What to Do When There Are Immediate Concerns for a Student's Safety

When a safety risk is immediate, information can be shared with internal and external partners without the consent of the student or parent/guardian. A Release of Information form may be required to speak with mental health care providers following the immediate crisis.

## Immediate Risk

- Active **suicidal ideation**
- Has a **plan**
- Has **means** to this plan
- Has **taken steps** toward this plan
- **Intent** to follow through on the plan

**Source:** Dr. Jennifer McTaggart  
Hamilton Health Sciences



## Call 911 If:

- The student has made an active attempt to take their own life that requires immediate medical attention.
  - Where a concern related to suicidal risk is present, the student will remain at all times, in the presence of a caring adult. Clear the area of other students as appropriate.
- The student has disclosed that they have made an attempt to take their own life and subsequently left school property/virtual meeting, or is not at school.
- The student has disclosed that they intend to make an attempt to take their own life imminently and subsequently left school property/virtual meeting, or is not at school.
- **Contact Educational Services via the Crisis Line\* to determine if further action is required.**
- Complete the **Suicide Intervention Response Form** and return it to the Mental Health Lead via email or fax.

\*The Educational Services Crisis Line is only monitored between 8 am – 4 pm on school calendar days.

Outside of these hours, please call the KFL&A Crisis Line at 613-544-4229 or 911.



# What to Do When There Are Concerns for a Student's Safety

## **If there is no immediate medical emergency**

but suicidal ideation has been reported (verbal, written, third-party or through behaviour) the staff member who initially receives the information will:

- Talk privately with the student. **DO NOT** promise confidentiality.
- As soon as possible, notify the administrator or designate. Where a concern related to suicidal risk is present, the student must not be left alone.
- The administrator will contact an available ASIST trained staff member or call the Educational Services Crisis Line to enlist help in contacting an ASIST trained staff member.
- The ASIST trained staff member will complete a suicide risk intervention, including the development/revision of **My Circle of Support**. Consent of the parent/guardian is **NOT** required to initiate an ASIST intervention.
- **Contact Educational Services via the Crisis Line\* to review the intervention and student support plan and to determine if further action is required.**
- Complete the **Suicide Intervention Response Form and My Circle of Support** and return them to the Mental Health Lead via email or fax.

\*The Educational Services Crisis Line is only monitored between 8 am – 4 pm on school calendar days.

Outside of these hours, please call the KFL&A Crisis Line at 613-544-4229 or 911.

The administrator will call the parent/guardian to discuss the situation and the actions taken or proposed.

As much as possible, it is important for the student to feel in control of the development of the support plan. A student is more likely to commit to, and follow a plan, that they have created. Support plans should focus on not only what students won't do, but also what they are willing to do.

Although the support plan is initially developed by the student and a staff member, the parent/guardian is the most vital link to keeping their child safe and they should be part of the planning whenever possible. The support plan is intended to support a student's immediate safety until further and on-going supports are in place.

**To provide continuing care, a copy of My Circle of Support MAY be retained in the student's OSR with consent from the student and/or parent/guardian.**

## When to Contact a Children's Aid Society

Parents/guardians of students, considered at immediate risk of suicide, should always be given the opportunity to respond appropriately to their child's needs before a report is made to a Children's Aid Society, unless there is a perceived risk to the student by contacting the parent/guardian (i.e., such as an abuse situation).

### **A report must be made to a Children's Aid Society when:**

- The parent/guardian does not provide, or refuses, or is unavailable or unable to consent to services or treatment recommended by school board staff for a student under 16 years of age.
- The administrator has background information which leads them to believe that the parent/guardian will not follow through on seeking immediate assistance for the student.

The above information must be outlined to a Children's Aid Society, as well as the reasonable grounds to suspect that the student is at risk for suicidal behaviour. The Children's Aid Society will determine whether or not their intervention is warranted based upon the information provided.

**For further information, please refer to [Administrative Procedure 341: Child in Need of Protection.](#)**

## Follow Up After an ASIST Intervention



The school staff members identified in **My Circle of Support** have an important role in follow-up. Preferably, these are staff the student has identified as people they trust. Staff members should be consulted and have an identified and reasonable means of checking in with the student, as well as back-up in the event they are unavailable.

Following the initial ASIST intervention, the student may return to thoughts of suicide. In such circumstances it is important to again take the warning signs seriously. A further risk review may be required and it may be necessary to amend **My Circle of Support**.

### School Response Following Non-Fatal Suicidal Behaviour

Students who have been seen in the Emergency Department or have had a stay in hospital related to suicidal ideation and/or behaviour may need special care when they return to school. With this in mind, the following steps should be considered:

- Welcome students back in a non-judgmental way. Consider arranging a school team meeting, including the parent/guardian and student to discuss the discharge and/or support plan.
- A signed Release of Information form is required to share and receive information with hospital staff. Seek to obtain parent/guardian permission to share and receive information with hospital staff. If necessary, consult with hospital staff about implementation of the discharge and/or the support plan at school, and follow it accordingly.
- Inform/involve the most appropriate PSSP staff member. You may also want to request Mental Health and Addictions Nurse involvement to provide support and bridge transitions back to school.
- Ensure student safety during the school day, following the support plan, and some form of check-in and monitoring of well-being throughout the day with a trusted staff member.
- Obtain parent/guardian and/or student consent to share information with selected school staff (e.g., student's subject teachers) about the student's needs at school.
- If other students are aware of the situation, monitor those who may be vulnerable.

## Postvention Guidelines

- Timely communication is critical. Upon learning of the death and following confirmation, the administrator should immediately contact their Superintendent, Communications, and the Educational Services & Safe Schools Lead (who will initiate the procedures outlined in the Traumatic Events Response Guideline).
- It is important to reach out to the family of the student who has died. A sudden tragic death of a young person is always traumatic; death by suicide can enhance the sense of loss and devastation for those most personally impacted. A message of genuine sympathy from the school and offers of support may be helpful.
- One important part of the conversation with the family involves determining their wishes regarding communication about the death with staff and students. In some cases, families may not want the cause of death publicly identified as suicide. Offering families choice in these matters can be very powerful within a context where they feel that they have so little control. The information communicated to staff and students will reflect the wishes of the family.
- Postvention efforts need to take into consideration the cultural diversity of everyone affected by a suicide, including the family, school, and community. This diversity may include differences in race, ethnicity, language, religion, sexual orientation, and disability. Culture may significantly affect the way people view and respond to suicide and death.
- Some staff members who worked closely with the student may struggle with guilt or considerable grief and may require personal follow-up. Administration should use care in sharing the information about the death with staff. This communication should be done separately from communications with students.
- Share factual information with students in a personal way, in classrooms, not through large group assemblies or via announcements. Avoid oversimplified explanations for suicidal behaviour. Address feelings of anger, responsibility and promote help-seeking. Be aware that students may have learned about this first through social media and that misinformation may have been conveyed through this medium.
- Many considerations need to be made when memorializing an individual. Steps should be taken to try to reduce the risk of exposing people to further traumatization. Fundamentally, in cases of death by suicide, schools must consider how to memorialize a member of a school community appropriately, without increasing the risk of suicide contagion for vulnerable individuals. For further direction, please refer to **Administrative Procedure 143 Memorialization**.

**Administrators are encouraged to reach out to Human Resources if they require support to facilitate or participate in a debriefing about a student death by suicide.**

## Postvention Guidelines

- Support in the aftermath of a death by suicide will be provided by the in-school response team for students who need this, but do not assume that all will (large group debriefing is not helpful). Staff requiring support should reach out to their direct supervisor. If widescale support for staff is required, your direct supervisor may connect with Human Resources.
- Allow students to attend funerals with parent/guardian permission, but do not ask them to go. It is recommended that a parent/guardian attend the funeral with students.
- In all cases, the School Board will take the lead role in managing media relations. The LDSB Communications Department should be included whenever media is involved.

**Be attentive to the language that you use. There are many terms which are misleading and stigmatizing.**

SAY THIS...	...INSTEAD OF THIS	WHY
Died by suicide/death by suicide/ lost their life to suicide	Commit/committed suicide	Using neutral phrasing like “died by suicide” helps strip away the shame/blame element and reduces stigma.
Died by suicide/lived through a suicide attempt  Fatal suicide attempt/non-fatal suicide attempt	Successful/unsuccessful suicide  Completed/failed suicide	The notion of a “successful” suicide is inappropriate because it frames a tragic outcome as an achievement or positive outcome.
Is facing suicide/is thinking of suicide/has suffered through suicidal thoughts/has experienced suicidal thoughts	<Name> is suicidal	We don’t want to define someone by their experience with suicide; they are more than their suicidal thoughts.
They are thinking of suicide  They have borderline personality disorder	They’re suicidal  They’re borderline	People-first language shows respect for the individual, reinforcing the fact that their condition does not define them.

These recommendations have been informed by the Canadian Psychiatric Association *Media Guidelines for Reporting on Suicide*.

## Managing Contagion

- Model calmness.
- When developing a support and communication plan, consider there may be an increase in suicide and suicidal behaviours.
- Control rumours quickly and provide factual information.
- Pay attention to students who are having particular difficulty or may be vulnerable. Encourage them to talk with school-based mental health professionals or other appropriate school staff.
- Balance the need to collectively grieve with the need to return the school to normal routines.
- Avoid reactive strategies and those that are focused on suicide prevention alone – choose whole school positive mental health approaches. Be cautious around the use of reactive large-scale suicide prevention events with external “experts” that have potential to re-traumatize vulnerable students and staff without opportunity for follow up (refer to the [School Mental Health Ontario Decision Support Tool](#)).



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**The grief associated with a death by suicide can be very different than what people typically experience following death by other causes. It is important to explore the impact and needs of both the people left behind as well as yourself as a helper.**

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# Taking Care of Yourself Following a Crisis or Traumatic Event

School board staff are an important part of any life promotion, suicide prevention, risk management, and postvention strategy. This is very difficult work and you may feel anxious or overwhelmed by the weight and complexity of this topic. This sense of burden may be exacerbated by personal stressors and worries. Following a student's non-fatal suicide attempt or student death by suicide, you may need help managing your workload, or require help and guidance accessing appropriate professional help (e.g., EAP). Reach out to your supervisor if you need support.

## Reactions to Survival of a Non-Fatal Suicide Attempt or a Death by Suicide of a Student

Reactions to a suicide loss will be different for every person. Some of these reactions may include:

- Shock and numbness
- Deep sadness
- Anger and blame
- Guilt
- Shame
- Relief
- Denial
- Fear
- Depression
- Thinking about suicide

**You are encouraged to reach out to your physician if any of these feelings persist beyond 2 weeks.**

**Source:** Canadian Association for Suicide Prevention

## Responding to Your Feelings Following a Crisis or Traumatic Event

### Family Services & Employee Assistance Program

613-549-5561

1-800-668-9920 (Emergency After Hours)

If you are thinking of suicide or think someone else may be, there is help. **Don't wait.** Call your local crisis line (613-544-4229 or 613-354-7388), the police, or go to the emergency room of your local hospital.

If you are not in crisis, you can find services close to home by searching the Ontario Health Care Options directory or 211.

First Nations and Inuit Hope for Wellness Help Line (1-855-242-3310) or use the chat option.

### BounceBack

Free virtual skill-building program designed to help adults & youth 15+ manage low mood, mild to moderate depression and anxiety, stress or worry.

# Supporting Each Other Following a Crisis or Traumatic Event

We can all support and promote well-being by encouraging self-care and mutual support amongst colleagues. Taking care of ourselves is important so that we can be our best. When we take care of ourselves, we are better able to extend that support to others in challenging situations where emotions may be running high. **Administrators are encouraged to reach out to Human Resources if they require support to facilitate, or participate in, a debriefing about a crisis or traumatic event.**

## Supporting Each Other

### DO

- Prioritize listening over problem solving
- Validate emotions, attitudes, behaviours, etc.
- Provide emotional support
- Provide practical support such as a distraction activity

### DO NOT

- Offer a pep talk
- Say you have been there unless you have
- Gossip
- Act as a counsellor

## Additional Resources

### TEND

Offers evidence-informed tools and strategies to address complex needs of high stress, trauma-exposed workplaces

### ResilientME

Self-guided learning program that focuses on mental health, physical fitness, nutrition, financial fitness, sleep, and social connections.

### ConnexOntario

1-866-531-2600

Free and confidential health services information for people experiencing problems with alcohol and drugs, mental illness or gambling.

For 24/7 crisis support, call **Talk Suicide Canada** at (833) 456-4566 or text 45645 (4 pm - 12 am).



## Content for This Protocol Has Been Informed by the Following Resources:

Youth Suicide Prevention at School: A Resource for School Mental Health Leadership Teams (School Mental Health Ontario), Fall 2013.

Crisis and Trauma Resource Institute: Suicide Prevention, Intervention and Postvention Strategies, 2017.

Strengthening Our Connections to Promote Life: A Life Promotion Toolkit by Indigenous Youth, 2019.

Suicide intervention documents from the following school boards:

Kawartha Pine Ridge District School Board

Durham Catholic School Board

Toronto Catholic School Board

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*If you have questions about this document, please contact the Mental Health Lead.*