Healthy Child Manitoba
Putting children and families first

Best Practices in School-based Suicide Prevention: **A Comprehensive Approach**

2014

Manitoba

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The role of the school in suicide prevention

Preventing youth suicide is an issue that naturally garners support from everyone including parents, policy makers and youth directly and indirectly affected. Schools can play a positive role in suicide prevention because they offer consistent, direct contact time with large populations of young people. There are other important reasons why schools should be involved in suicide prevention:

1. **Maintaining safe and caring school environments is an essential part of schools' overall mission.** All school staff have a role in creating school environments where students feel safe and cared for by adults around them. Promoting positive mental health and suicide prevention efforts are consistent with other efforts and activities aimed at promoting student safety and creating caring environments. Many programs and activities designed to prevent violence, bullying, and substance abuse also reduce suicide risk and promote healthy, caring relationships and resilience.

2. **Students' mental health can affect their academic performance.** Mental health problems can interfere with the ability to learn and can affect academic performance. According to the 2009 Youth Risk Behavior Survey[1]:
   - Approximately 1 of 2 high school students receiving grades of mostly Ds and Fs felt sad or hopeless. But only 1 of 5 students receiving mostly grades of A felt sad or hopeless.
   - One of 5 high school students receiving grades of mostly Ds and Fs attempted suicide. Comparatively, 1 of 25 who receive mostly A grades attempted suicide.

3. **A student suicide can significantly impact other students and the community overall.** Youth may be deeply affected when a suicide occurs and can be susceptible to suicide contagion (copycat effect)[2]. Knowing what to do following a suicide (postvention) is essential to supporting other students' coping and preventing similar tragedies.

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[1] Centre for Disease Control and Prevention, Youth Risk Behavior Surveillance, Surveillance Summaries (2009), MMWR 2010;59 (No.SS-#).

[2] Gould, M.S., Wallenstein, S, Kleinman, M.H., O'Carroll, P. & Mercy, J. (1990) Suicide Clusters: An examination of age-specific effects. American Journal of Public Health, 80 (211-12).

Purpose of this Guide

This guide is intended to provide a framework to help school administrators and their partners develop comprehensive planning for suicide prevention. Information and tools contained in this guide will help schools by:

- identifying and defining the components and principles of a comprehensive, school-based suicide prevention strategy based on research and best practice evidence.
- suggesting ways to integrate suicide prevention messages into activities which support school plans to create safe and caring environments either by enhancing existing programming or by integrating new program elements
- including checklists and self-assessment instruments to help schools choose suicide prevention programming which fit for their student population and evaluate the adequacy of these programs
- providing a list of other resources available online and in print

Contact information

This guide has been produced by Manitoba's Youth Suicide Prevention Strategy - Education Initiatives Task Team (YSPSEITT). The YSPSEITT is co-led by Manitoba Education and Training and the Healthy Child Manitoba Office and includes government, regional and community partners, all of whom are working to support youth suicide prevention work in Manitoba schools and alternative education settings. For support in using this guide, contact:

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Context

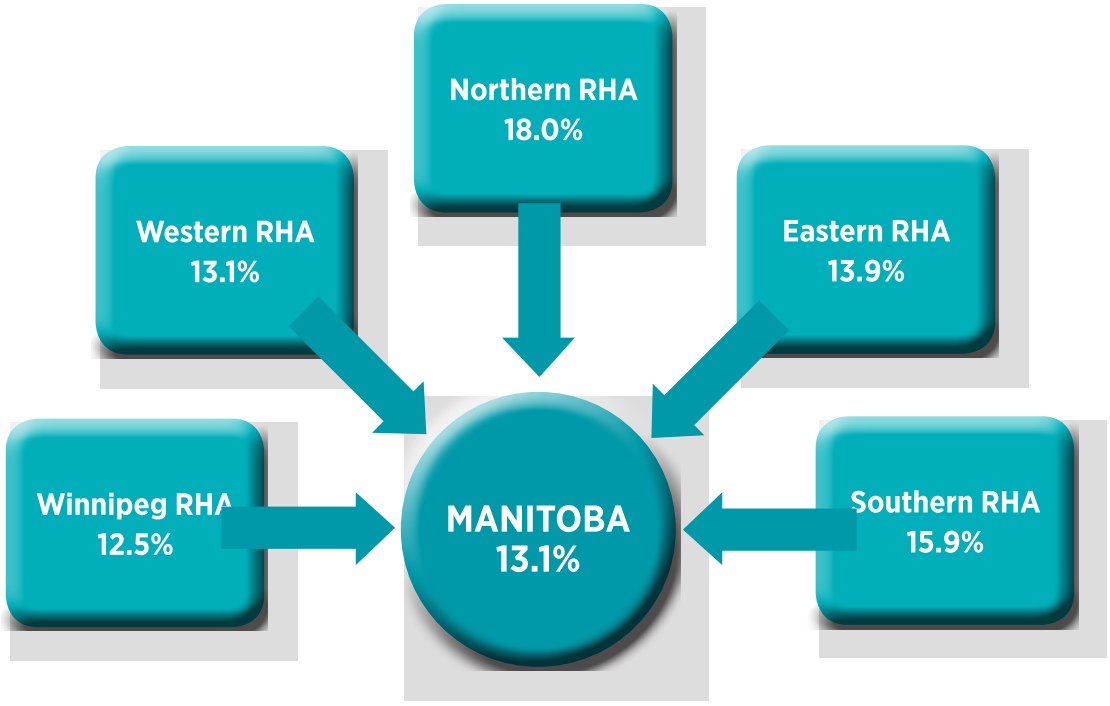
Understanding the needs of your school population is key to developing effective suicide prevention plans and activities. Manitoba has a unique set of demographics. Within the province, geographical areas and even individual communities often have specialized needs. **The implementation of any programming should consider the local context including community demographics, suicide rates, mental health and stress in youth and protective and risk factors.**

Manitoba youth demographics

According to the 2011 Manitoba Health population estimates:

- Youth between ages 10 and 19 account for just over 13 per cent of the Manitoba population (168,746 youth).
- 21 per cent of Manitoba First Nations residents are between ages 10 and 19 (one in five).

Proportion of Youth (age 10 to 19) in each Regional Health Authority (RHA), 2011.



Mental health and youth

According to the 2011 Canadian Community Health Survey, just over three-quarters (77.3 per cent) of youth age 12 to 19 perceive their mental health to be "very good" or "excellent". The rate is slightly lower among females (76.2 per cent) than males (78.3 per cent).

Youth have many stressors in their lives which without adequate coping skills and supports can lead some to develop mental health problems, including suicide thoughts or actions. Many of the stressors youth experience relate to, or occur in the school setting. Although the expectations and the dynamics that occur in the school setting can be the source of significant stress, school can also provide an ideal opportunity for engagement of youth in discussions about mental health and suicide as well as providing ongoing support and resources to enhance protective factors.

Stress in the lives of youth

- balancing relationships with divorced or separated parents
- balancing school, work, social life and family relationships
- bullying
- challenges in relationships at home
- changing bodies/hormones
- changing family dynamics
- change of schools
- choosing a career
- choosing a college/university
- dating and relationship break-up
- difficulties at school
- social media
- facing an environment that may encourage drugs, alcohol, and sex
- getting a part-time job
- getting good grades for college/university
- learning about sexual identity
- learning to accept themselves with or without talents and abilities
- social struggles
- stress of extra-curricular activities and expectations from parents and coaches
- the natural separation from parents that starts to occur
- traumatic experiences (historical or present)

Risk and Protective Factors

Suicide and suicide related behaviours (suicide attempts, plans and thoughts) in youth are influenced by multiple, interacting risk and protective factors.[3]

Risk Factors are the factors or conditions that have been found to be related to a higher risk of suicide among youth. **Protective factors** are the factors or experiences which reduce the likelihood of suicide despite exposure to risk. These factors identify strengths which support resilience and coping. Protective factors do not necessarily 'cancel out' risk factors particularly when immediate risk factors are present.

It is important to note that there is **no specific profile** of a "typical" youth who has thoughts of suicide. Each student has their own unique and personal circumstances which influence how they are impacted by risk factors, although evidence suggests that recognizing, supporting and promoting protective factors is important to reducing suicide risk.

See Appendix A for a more detailed Matrix of Risk and Protective Factors

Risk Factors include:

- Mental health illnesses, particularly mood disorders, anxiety disorders, substance use disorders, eating disorders and disruptive disorders. Co-occurring disorders (more than one disorder and/or in combination with a substance use disorder) are also very common among suicidal youth.
- Previous suicidal behaviour, including prior suicide attempts and behavioural rehearsal.
- Hopelessness, aggression, recklessness and impulsivity.
- Family factors, including high levels of parent-child conflict, parental mental illness and a family history of suicidal behaviour can elevate the risk for suicide among youth.
- A history of childhood physical and/or sexual abuse.
- Stressful life events, especially in combination with existing vulnerabilities. These commonly include: interpersonal conflict, rejection, failure, humiliation, and loss.
- Exposure to a peer suicide is also a potential risk factor among some youth with pre-existing vulnerabilities.
- Sensationalized media reports about suicide and having access to the means for suicide are additional risk factors for youth suicide.
- Older adolescents, males and Aboriginal youth are statistically more likely to die by suicide than females, children or younger adolescents.

[3] Preventing Youth Suicide, Ministry of Children and Family Development , B.C. Government. **www.mcf.gov.bc.ca/suicide_prevention/factors.htm**

Protective Factors include:

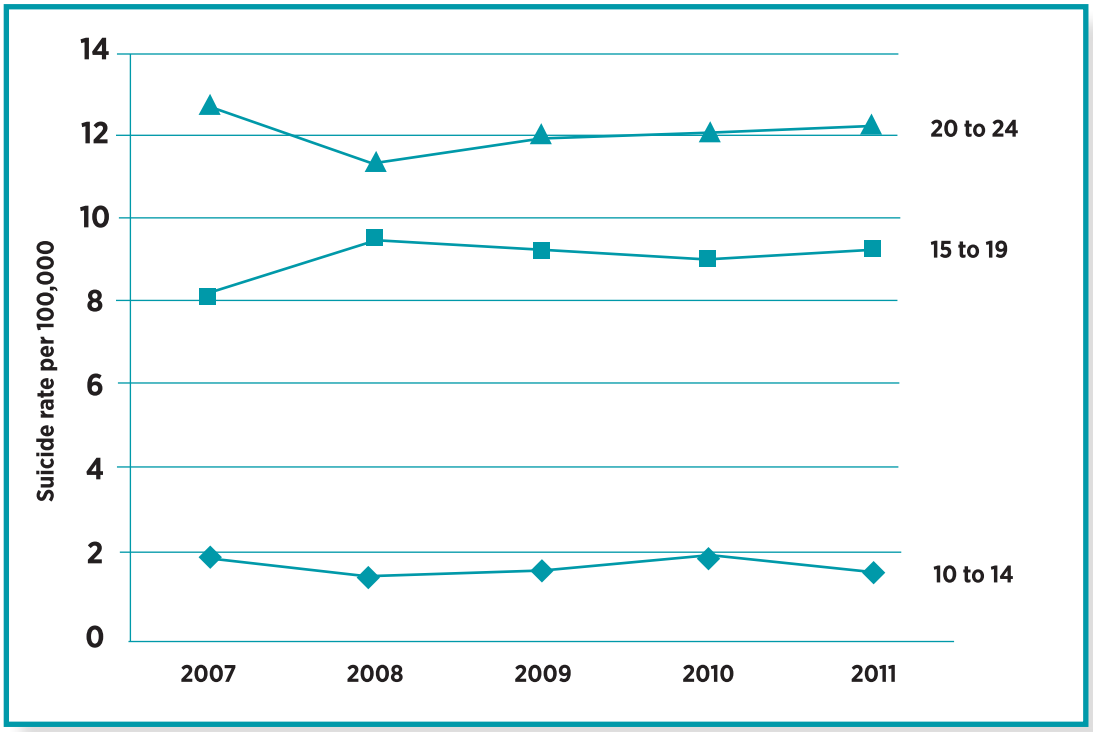
- Strong individual coping and problem-solving skills
- Experience with success and feelings of effectiveness
- Strong sense of belonging and connection
- Interpersonal competence
- Warm, supportive family relationships
- Support and acceptance
- Success at school
- Strong cultural identity
- Community self-determination

Source: **www.mcf.gov.bc.ca/suicide_prevention/factors.htm**

Youth suicide statistics

- Suicide accounted for 5028 potential years of life lost among Manitobans in 2011.[4]
- Suicide is the second leading cause of death for young Canadians between ages 10 and 24.[5]
- In 2011, 227 Canadian youth between ages 10 and 19 died by suicide as did an additional 301 young adults between ages 20 and 24.[6]
- Suicide was the cause of 23 per cent of all deaths among 15 to 24 year olds (almost one in four deaths) and 11 per cent of deaths among 10-14 year olds.[7]
- Suicide rates are five to seven times higher for First Nations youth overall than for non-Aboriginal youth.[8] In some communities however, rates are lower than the national average.
- Males are more likely to die by suicide than females. The suicide rate among Canadian males is more than twice as high as among females between ages 15 and 24. More females attempt suicide than males, and in the last few years, the rate of young females dying by suicide is increasing.

1. Youth suicide rates in Canada by age group, 2007-2011.



Source: Statistics Canada, CANSIM table 102-0551.

[4] Statistics Canada, Table 102-0110 Potential years of life lost, by selected causes of death (ICD-10) and sex, population aged 0 to 74, Canada, provinces and territories. Viewed at: **www5.statcan.gc.ca/cansim/a26**

[5] Statistics Canada, CANSIM table 102-0561. Leading causes of death by selected age groups and sex, 2007-2011. Viewed at: **www5.statcan.gc.ca/cansim/a26?lang=eng&retrLang=eng&id=1020561&paSer=&pattern=&stByVal=1&p1=1&p2=49&tabMode=dataTable&csid=**

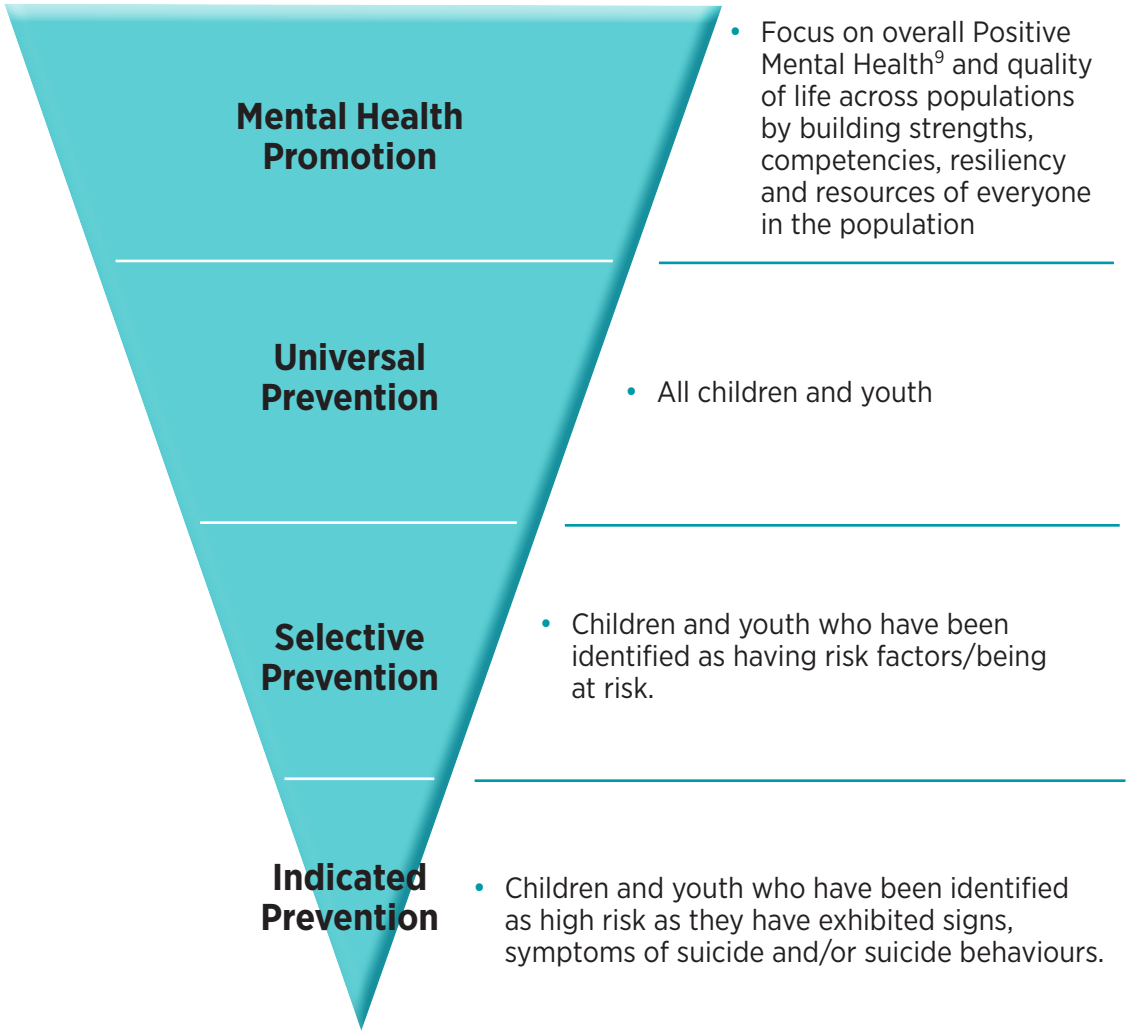
[6] Statistics Canada CANSIM Table 102-0551. Suicide and Suicide rates by sex and age group. Viewed at: **www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/hlth66d-eng.htm**

[7] Statistics Canada, CANSIM table 102-0561. Leading causes of death by selected age groups and sex, 2007-2011.

[8] Health Canada, First Nations and Inuit Health. Acting on What We Know: Preventing Youth Suicide in First Nations. Viewed at: **www.hc-sc.gc.ca/fniah-spnia/pubs/promotion/_suicide/prev_youth-jeunes/index-eng.php**

Planning and programming for youth suicide prevention in schools

The four areas identified below in the inverted pyramid all represent types of prevention efforts. Prevention efforts reduce the prevalence or incidence of suicide or suicide related behaviours. A comprehensive approach should incorporate mental health promotion strategies as well as prevention programs or activities that are geared toward everyone (*universal*), those identified with risk factors (*selected*), and those identified at highest risk for suicide (*indicated*).



Community and school-based intervention, services and supports

[9] Positive Mental Health is defined in the Pan-Canadian Joint Consortium for School Health's Positive Mental Health Toolkit: **www.jcshpositivementalhealthtoolkit.com**

A. Creating a comprehensive approach

School and community prevention programs designed to address suicide and suicidal behaviour as part of a broader focus on mental health, coping skills in response to stress, substance abuse, aggressive behaviours, are most likely to be successful in the long run.

- National Institute of Mental Health

When conducting suicide prevention activities, the principle of **Do No Harm** is of utmost importance. School-based suicide prevention efforts need to be flexible to meet the unique needs and strengths (including cultural) of communities and recognize that due to the diversity in Manitoba as well as the complex nature of suicide, a one-size fits all approach will not be effective. **Avoid reliance on one program.**

Evidence supports a whole-school approach. This, along with the blending of universal and selective prevention, allows a strategy to reach ALL students, including youth who are at increased risk, as well as build resilience in youth presently at no risk or low risk. Whole-school approaches have also been shown to be most effective in bringing about positive changes related to student outcomes across various dimensions. The identification and referral of vulnerable young people to appropriate supports is also an important component of a whole-school approach.

Positive mental health promotion programs, which can be used as a component of a whole school approach, are likely to include components designed to:

- increase awareness of mental health issues among students
- de-stigmatize mental illness
- encourage students to recognize mental health problems in themselves and their friends
- facilitate processes for appropriate help-seeking for students and their peers
- teach self-awareness, coping skills, social skills and problem-solving skills
- increase resilience

The following are **8 key aspects of a comprehensive approach** to school-based suicide prevention:

1. Policies and protocols

A school policy formally recognizes a school's commitment to student suicide prevention. A division-wide policy increases the likelihood that school suicide prevention programming will be effectively and consistently implemented throughout the entire school system.

Developing policies and a protocol for responding to students at possible risk of suicide is the first step of a comprehensive approach. This should occur before implementing strategies to identify students at risk of suicide and training personnel. Establish policies and protocols that will assist in the development and implementation of suicide prevention/mental health promotion programs as well as responding to crisis. These policies should be reviewed annually to ensure contacts are current and content is updated with any new developments.

Two essential components that every school should have in place are:

- **protocols for helping students at possible risk of suicide**
- **protocols for responding to a suicide death (Postvention).**

See Appendix E for a Sample School Policy

See Section C for information specifically relating to Postvention.

Suggestions for educating staff about your school's protocols

- Educate staff about the protocols during staff meetings or in-service trainings.
- Educate new staff about the protocols as part of their orientation.
- Remind staff about protocols during annual evaluations, in newsletters or communications on related issues.
- Include copies of the protocols in teacher handbooks and the school crisis plan.

2. School culture/climate

Adolescents' perceived school connectedness has been identified as a leading protective factor against student suicidal behaviour.[10] Students who feel connected to their school are less likely to experience thoughts of suicide and emotional distress. Schools must be organized in such a way to allow staff to be responsive and encourage student help-seeking.

A positive school climate exists when all students feel comfortable, wanted, valued, accepted and secure in an environment where they can interact with caring people they trust. A positive school climate affects everyone associated with the school: students, staff, parents and the community.

Research has identified 11 key factors (eight specific and three general) that contribute to creating a positive school climate.

[10] Resnick, M.D., Bearman, P.S., Blum, R.W. et al., Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health. JAMA (1997), 278 (823-832).

Specific factors

- continuous academic and social growth
- respect: students and staff have high self-esteem and are considerate of others
- trust: a sense that people can be counted on
- high morale: students and staff feel good about being there
- cohesiveness: a sense of belonging
- opportunities for input: being able to contribute ideas and participate
- renewal: openness to change and improvement
- caring: students and staff feel that others are concerned about them

General factors

- program curriculum, activities, and policies
- process teaching and learning styles, problem-solving, and communication
- resources, materials, and school facilities

Go to the checklist in Appendix I to understand the school climate/culture in your school

For more procedures and practices associated with positive behaviour support:
Towards Inclusion Supporting Positive Behaviour in Manitoba Classrooms
www.edu.gov.mb.ca/k12/specedu/behaviour/behaviour_document.pdf
Towards Inclusion From Challenges to Possibilities – Planning for Behaviour
www.edu.gov.mb.ca/k12/specedu/beh/pdf/BEH_Document.pdf

3. Gatekeeper training:

In suicide prevention, a gatekeeper is someone who:

- knows basic information about suicide
- believes that suicide can be prevented
- learns basic suicide intervention skills
- has the confidence to respond
- can assist in the aftermath of a suicide

Gatekeeper training involves educating natural helpers, or adults who interact with youth as part of their regular day, to recognize warning signs for suicide and know how to respond appropriately to someone with thoughts of suicide. A gatekeeper should be able to provide a link or 'open the gate', between a young person and a mental health professional. Evidence supports this as an effective component of a comprehensive approach. There are different levels of gatekeeper training that provide a range of skills from basic awareness and help-giving to risk assessment and intervention skills training.

ALL school personnel including administrators, teachers, maintenance, food service, coaches, bus drivers, secretaries, aides, educational technicians, other support staff, volunteers, and parents should receive a basic suicide prevention awareness/alertness session that includes:

- a basic intervention to help youth with suicide thoughts and refer them to other resources when appropriate.
- accurate and current information about school, community and provincial resources for help.
- an understanding of the school suicide prevention protocols.
- self-care guidelines

In addition, **a few designated school personnel should be specifically trained in suicide assessment and intervention and available to each school building to identify, intervene, and refer a suicidal youth.** In deciding which staff should be trained at this assessment/intervention level, consideration should be given to key factors such as role of staff person, the ability to stay true to intervention protocols, and the accessibility of the staff person to the students as well as the quality of relationships.

Ongoing teacher/staff in-services provided on topics including suicide warning signs, risk and protective factors, healthy relationships, inclusion and cultural safety will enhance staff's ability to act as gatekeepers in the school environment.

The Suicide Prevention Resource Centre has developed a comparative list of Gatekeeper training programs that are listed in the Best Practice Registry at **www.sprc.org/sites/sprc.org/files/library/SPRC_Gatekeeper_matrix_Jul2013update.pdf**

4. Education and Awareness programs

Education and Awareness programs provide information about youth suicide and are usually aimed at broader groups of students. It is important that other elements of a suicide prevention plan are in place, including the development of suicide policies and protocols and training for staff, **before** education and awareness programs are delivered.

The timing of implementing education and awareness programs is also important. Such programs should not be implemented at times where there is increased risk in the school population due to a suicide or suicide attempt in the school or community.

School-based suicide prevention programs tend to have the following goals in common:

- heighten awareness of the problem
- promote case finding (i.e., teaching teachers and especially other students to identify those who are at risk; increase disclosure of suicidal ideation by decreasing stereotypes that may cause stigma)
- provide staff and students with information about mental health resources – specifically how they operate and how they can be accessed
- improve teenagers' coping abilities by training in stress management or positive coping strategies. [11]

How effective are stand alone school-based suicide prevention programs?

Research suggests that on their own, one-shot primary prevention education and awareness programs may not be as effective as school personnel and mental health professionals would hope. For instance, many studies have found that while general education programs may increase students' general knowledge about suicide and warning signs, they do little to change students' attitudes about suicide and help-seeking behaviours. This finding has held despite efforts such as using better trained instructors or more sensitive instruments. This research has primarily examined suicide knowledge and attitudes and has not looked at actual behaviours.

Reference: **www.smhp.psych.ucla.edu/qf/suicide_qt/suicide_school_involvement.pdf**

A comprehensive school-based suicide prevention plan should not be based solely on any one program. When selecting a program as part of a comprehensive plan, choose programs which:

- highlight that suicide is not a normal response to overwhelming stress but a result of complicated and interconnected factors
- integrate suicide prevention programs into the existing health, social/emotional health or PE curriculum in schools, rather than just added in as a "one-shot" approach
- are implemented by regular school personnel whose role is relevant to the material being presented

Suicide prevention programs often use videos or other media tools. Choosing a video or media-based program requires consideration to content, messaging and the needs of your school population.

See Appendix C for Guidelines for Youth Suicide Prevention Video/Media Selection.

[11] Shaffer, D., Garland, A. Gould, M., Fisher, P., Trautman, P. (1988) Preventing teenage suicide: A critical review. Journal of the American Academy of Adolescent Psychiatry, 27(675-87).

Suicide Prevention: Guidelines for public awareness and education activities

www.gov.mb.ca/healthyliving/mh/docs/spg.pdf

This document was created to support the use of leading and promising practice in public awareness and education efforts for suicide prevention. It is intended to guide and enhance creative and effective education and awareness campaigns. It is hoped that these campaigns will be developed with thoughtful and careful consideration and deliberation of any benefits and risks – with the guiding principle of do no harm.

5. Targeting higher risk youth

The identification and referral of vulnerable young people to appropriate support is an integral component to whole-school approaches to youth suicide prevention. Working with students who are at higher risk of attempting suicide is what is meant by selective or secondary prevention. Secondary prevention can occur individually or in small group sessions as needed.

Understanding what risk and protective factors are present for youth is important to identifying those at highest risk. The individual most at risk is one who has attempted suicide in the past.

There are multiple risk factors which may result in distress and the student being at increased risk for suicide. Risk and protective factors interact in complex ways which make it difficult to understand the profile of a 'typical' youth who is having thoughts of suicide.

See p.7 and Appendix A for more information on risk and protective factors.

A range of responsive support services for high risk students can include:

- groups where they can learn and practise life skills (problem-solving and coping with life)
- student support teams or other school based case management teams that identify, follow and refer at-risk students for needed services
- specialized services or support i.e. substance abuse services
- school-based or school-linked mental health services

School-based Screening tools identify those students at highest risk for suicide and promote help-seeking among those identified. These tools are usually brief, self-report surveys that can be administered by any staff. Once a student is identified 'at risk', a more complete assessment (ideally done by a trained clinician), can occur to understand the level of risk. The disadvantages to using screening tools include possible false positives, fluctuation of individual results, and the significant staff resources needed to follow up on screening results. However, screening tools have had positive results in that young people identified at risk for suicide are more likely to access help.

What do we know about selective prevention and screening tools?

- Evaluation evidence on the effectiveness of selective programs is limited.
- Evidence suggests that selective programs targeting high-risk young people in a school setting are most likely to be effective.
- Although not specifically focused on preventing suicide, selective programs can be effective in addressing risk factors that are strongly associated with suicidal behaviours among young people.
- There is limited evidence on the usefulness of screening tools with youth from diverse ethnic or racial groups.

6. Peer support/student involvement

Students are important stakeholders and should be included in the development of comprehensive suicide prevention programming in the school. Ensure that youth have meaningful involvement in the planning phase by including youth in planning processes and seeking feedback on developing plans.

Most teenagers discuss problems with their peers, and teens who are distressed prefer to confide in their peers more so than non-distressed teens. Schools should be proactive in implementing peer assistance programs. These programs educate students about the warning signs of suicide and procedures to refer at-risk peers to appropriate sources of help.

- Peer support programs have a range of roles for peers, ranging from listening, reporting warning signs of suicidal behaviour to others trained to help, to providing support and referral.
- It is of concern that the negative side effects of peer support programs are rarely examined.
- Caution is required in relation to the safety and efficacy of peer support programs as they may increase the vulnerability of some troubled young people.

Some schools in Manitoba have begun implementing the Sources of Strength program. Sources of Strength describes itself as a comprehensive wellness program that works to use peer leaders to change norms around codes of silence and help seeking. The program is designed to increase help-seeking behaviours and connections between peers and caring adults. Sources of Strength has a preventative aim in building multiple sources of support around individuals so that when times get hard they have strengths to rely on. Efforts to evaluate Source of Strength's efficacy in Manitoba are in the beginning stages.

7. Family partnerships - involving parents/caregivers

The family remains most students' primary system of care and the family-education system partnership is critical, not only to their mental wellness, but also to their academic success. Using the term 'family partnerships' instead of 'parental involvement', communicates to families their important role in working with the school to nurture their child's success both emotionally and academically.

When parents/caregivers are educated on suicide they are more likely to identify and respond to signs of mental health problems, help to create and monitor safe environments for adolescents who are at risk and can be engaged to solve family conflicts or stressors that may be related to adolescent suicide behaviours.

Suicide prevention information and resource materials for parents should include:

a. why the school engages in suicide prevention and the importance of family partnerships
b. suicide warning signs and risk factors
c. available resources to assist troubled youth
d. how to support grieving youth after the suicide of a friend or family member

There are a number of useful websites on the topic of youth suicide prevention that are specifically aimed at parents, including:

- www.sptsusa.org/parents/
- www.sprc.org/resources-programs/suicide-prevention-facts-parents
- www.jasonfoundation.com/get-involved/parent/

Notifying Parents/Guardians

Parents or guardians of a young person identified as being at risk of suicide should be notified by the school and must be involved in subsequent actions. Schools should comply with division policies and provincial legislation regarding parental notification. If the school suspects the student's risk status is the result of abuse or neglect, school staff must notify the appropriate authorities.

Including suicide prevention in other efforts to reach parents

Schools have integrated suicide prevention outreach into other activities by:

- holding a parents' night about student safety that includes suicide prevention
- sponsoring events for the parents of children and youth who will be experiencing school transitions (ie. elementary to middle school) and addressing issues such as anxiety, depression, substance use, and bullying, in addition to suicide
- sending material (ex. a card that fits into a wallet or purse that can be put on the family bulletin board) to the parents of every middle and high school student with information about how to help a child in crisis
- including suicide awareness as part of school orientation, safety days, or other health events at the school that involve parents
- including suicide prevention in parenting classes
- presenting suicide prevention education at a Parent Advisory Council meeting
- preparing information/materials for parents in their first language where there are cultural or linguistic differences
- inviting family-run groups to be part of the larger team that develops the comprehensive suicide prevention approach in your school community

See Appendix D for Guidelines for Notification of Parents/Guardians

8. Community links

Schools and community organizations/services (ex: police, clergy, elders, mental health agencies, crisis services) must work together to establish partnerships and to build common understanding of each others' needs when providing support for students and school suicide prevention efforts. Many schools in Manitoba already have representatives who are part of regional suicide prevention committees.

Information sources to help complete a demographic profile:

- Manitoba Youth Health Survey information has been collected for each participating high school in 2012. Contact your Regional Health Authority for school level data.
- Manitoba Health - Yearly Population Estimates by community, gender age group. **www.gov.mb.ca/health/population/index.html**
- Manitoba Health - Link to Regional Health Authorities. Search for "Community Health Assessments" for a broad range of demographics, determinants of health and health status information at regional level. **www.gov.mb.ca/health/rha/index.html**
- Statistics Canada 2011 Census Information. **www12.statcan.gc.ca/census-recensement/index-eng.cfm**

For a list of Manitoba regional suicide prevention committees see Appendix K.

Ideally, agreements with crisis service providers both in the school and in the community, that outline prevention and intervention services to be provided to the school should be created. Identify who in the community can help implement suicide prevention programming in your school and the roles of school-based and community-based partners.

Completing a demographic profile of your school and community is important to understanding what programs and interventions might work best.

Several schools and agencies throughout Manitoba already provide suicide prevention programs or mental health promotion services. For a regional listing of existing programs visit www.everyonemattersmanitoba.ca

See Appendix H for checklists to help create a community demographic profile and to establish partnerships with community groups outside the school setting.

B. Issues of importance to youth suicide prevention efforts

"With each new day comes new strength and new thoughts."
- Eleanor Roosevelt

Non-suicidal self injury (NSSI)

Non-suicidal self-injury (NSSI) refers to "intentional, self-effected, low-lethality bodily harm of a socially unacceptable nature, performed to reduce psychological distress" (Walsh, 2006, p. 4). Estimates of NSSI among youth range from 14 to 40 per cent in community populations. The relationship between suicide and NSSI is complex. While students who self-injure are at increased risk for suicide (Perrine, Dierker, & Kelley, 2007), many are not suicidal with the functions of NSSI often being quite different from those of suicide. While suicidal individuals typically want to end all feelings, the individual engaging in NSSI typically wants to feel better.

It is important to recognize that suicide and NSSI are distinct. While engagement in NSSI does not necessarily mean that a student is suicidal every student who is identified as engaging in NSSI should be assessed for suicide risk in the initial school-based risk assessment.

As with suicide, it is important that schools have clear guidelines and policies in the form of a response protocol. Clear procedures should outline when school personnel should report a student suspected of self-injuring and to whom. As well, the roles of each member of the school personnel team should be defined. Policies should guide primary assessment, indicate when a student must be referred to outside mental health services and clarify issues relating to parent notification and contact.

NSSI is an issue which may be first identified by teachers or peers at school. School-based mental health professionals are encouraged to enhance their knowledge and skills in assessing, treating and supporting youth who engage in NSSI.

To learn more about responding to and treating non-suicidal self injurious behaviours among youth, go to Interdisciplinary National Self-Injury Network Canada (www.insync-group.ca/professionals.php).

Bullying

Media reports often link bullying with suicide; however, most youth who are bullied do not have thoughts of suicide or engage in suicidal behaviours. Bullying can cause youth to feel depressed and have suicidal thoughts, but unless other factors are present, bullying alone is not likely to result in suicide. Additionally, specific groups have an increased risk of suicide, including Aboriginal and LGBTTQ youth. At higher risk are youth who are already depressed, as well as those experiencing social isolation, trauma or major family problems. Bullying can make an unsupportive situation worse.

While bullying is considered only one of many factors contributing to suicidal thoughts and tendencies, the link between the two can't be ignored. Further, the victim of bullying is not the only one at risk. Those who bully others are also more likely to consider or attempt to take their own lives, while children who bully others and are victims of bullying are the most likely to think about and attempt suicide.[12]

Bullying prevention and suicide prevention share common strategies in three areas: (1) school environment, (2) family outreach, and (3) identification of students in need of mental and behavioural support services (and helping these students and their families find appropriate services).

Prevention recommendations:

The following action steps may help create synergy in addressing both suicide and bullying.

- Start prevention early. Bullying begins at an age before many of the warning signs of suicide are evident. Intervening in bullying among younger children, and assessing both bullies and victims of bullying for risk factors associated with suicide, may have significant benefits as children enter the developmental stage when suicide risk begins to rise.
- Use a comprehensive approach. Reducing the risk of bullying and suicide requires interventions that focus on the needs of young people as well as the environment (especially the school and family environments) in which they live.
- Keep up with technology. Bullying often takes place in areas hidden from adult supervision. Cyberspace has become such an area. At the same time, young people may also use social media and new technologies to express suicidal thoughts that they are unwilling to share with their parents and other adults.
- Pay special attention to the needs of LGBTTQ youth and young people who do not conform to gender expectations. These youth are at increased risk for both bullying victimization and suicidal behaviour. It is essential to respond to the needs of these young people, especially the need for an environment in which they feel safe, not just from physical harm, but from intolerance and assaults upon their emotional well-being.
- Implement and evaluate strategies that have demonstrated effectiveness at increasing protective factors and decreasing risk factors associated with both bullying and suicide.

Adapted from ***www.sprc.org/sites/sprc.org/files/library/Suicide_Bullying_Issue_Brief.pdf***

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[12] Kim, Y., & Leventhal, B. (2008). Bullying and suicide: A review. International Journal of Adolescent Medicine an Health, 20(2), 133–154. Kaminski, J., & Fang, X. (2009). Victimization by peers and adolescent suicide in three U.S. samples. Journal of Pediatrics, 155(5), 683–688. Kim, Y., Leventhal, B., Koh, Y., & Boyce, W. (2009). Bullying increased suicide risk: Prospective study of Korean adolescents. Archives of Suicide Research, 13(1), 15–30.

Manitoba Education and Advanced Learning is committed to supporting school communities in providing safe and caring learning environments.

In October 2013 Bill 18 was proclaimed. This Bill amends The Public Schools Act in the areas of bullying and respect for human diversity.

The Bill defines bullying. The definition recognizes that bullying can take a variety of forms, including cyberbullying. A school employee, or a person in charge of pupils during school-approved activities, must make a report to the principal if they think a pupil has engaged in, or is negatively affected by, cyberbullying.

School boards must expand their policies about the appropriate use of the internet to include social media, text messaging and instant messaging.

The Bill also requires each school board to establish a respect for human diversity policy. The policy is to promote the acceptance of and respect for others in a safe, caring and inclusive school environment. The policy must accommodate student activity that promotes the school environment as being inclusive of all pupils, including student activities and organizations that use the name "gay-straight alliance".

For more information on Safe and Caring Schools initiatives and resources please visit **www.edu.gov.mb.ca/k12/safe_schools/index.html**

Suicide contagion

Suicide contagion refers to a cluster or multiple incidents of suicides or suicidal behaviours that occurs in an accelerated time-frame or defined geographical area . Suicide contagion can happen after a school or community has experienced one suicide. Studies show that adolescents appear to be more vulnerable to suicide contagion. This is largely because young people identify more strongly with the actions of their peers, and because adolescence is a period of increased vulnerability to mental health issues which increase the risk of suicide.[13]

[13] Zenere, F. (2009). Suicide clusters and contagion. Principal Leadership, 10(2)

Who is at risk of suicide contagion?

Following a suicide, those at most risk include young people who:

- have attempted suicide in the past;
- were close friends of family members of the person who died;
- may be part of a 'suicide pact' with the person who died and others;
- witnessed the death;
- are already dealing with stressful life events;
- had contact with the person shortly before they died;
- are preoccupied with thoughts of death and dying; and
- have experienced other losses or suicides in the past.

Avoiding discussion of suicide with young people does not help manage the risk of suicide contagion. Providing permission and a safe place for young people to talk about their feelings can actually reduce distress and may decrease the likelihood that suicide will be romanticized in their minds.

There are a number of ways to reduce the risk of suicide contagion in a school community.

Please refer to Section C for information on suicide postvention and Appendix E for an example of a suicide postvention policy.

Substance abuse

Substance abuse is a significant risk factor for suicidal behaviour among young people. Suicide, depression and substance abuse also have many shared symptoms and those who report substance abuse and suicidality, occurring at the same time, are at particularly high risk for suicide.[14]

Some youth may use alcohol or other substances to self-medicate or cope with the emotional pain that may result from mental illness, family problems or other problems which may also be associated with suicide risk. Research shows that youth who have substance abuse problems are at much higher risk of attempting or completing suicide and having multiple suicide attempts.[15] For a young person who is already dealing with personal or family problems, using substances can increase risk significantly, since being under the influence has an effect on mood, decreases inhibitions and the ability to problem solve effectively.[16] Alcohol and drug use also often have a negative effect on other areas of a youth's life (ex: increasing stress, interpersonal problems) which can increase risk for suicide behaviours (ex: ideation, attempts).

For many youth who struggle with these issues, there may also be a history of school problems (ex: attendance or disciplinary) and possibly learning difficulties. Peer connections (friends who are also abusing alcohol or drugs and who may also be depressed or suicidal) may also contribute to maintaining substance abusing behaviour and suicidality.

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[14] Esposito-Smythers, C. & Spirito, A. (2004) Adolescent substance use and suicidal behavior: A review with implications for treatment research. Alcoholism: Clinical and Experimental Research, 25(5); 77S-88S.

[15] Esposito-Smythers, C. & Goldston, D.B. (2008) Challenges and opportunities in the treatment of adolescents with substance use disorders and suicidal behavior. Substance Abuse, 29(2); 5-17.

[16] Makhija, N & Sher, L. (2007) Preventing suicide in adolescents with alcohol use disorders. International Journal of Adolescent Medicine and Health, 19(1), 53-59.

Prevention recommendations:

1) Understand that a student who is abusing substances (alcohol, street or prescription drugs) may be at higher risk for suicide and should be assessed for suicidality. Connect them to individual help, appropriate assessment and support as early as possible.
2) Enhance protective factors, including school connectedness, which can have the added benefit of improving school performance.
3) Ensure that staff, parents and students are educated about the relationship between substance abuse and suicide.

(SAMHSA 2012) p. 45

Cultural safety in youth suicide prevention

Manitoba is a diverse province with unique strengths and needs. School and community based suicide prevention efforts need to reflect principles of cultural safety and recognize and honour all types of knowledge including traditional and cultural knowledge. Working with students, families and community leaders collaboratively is important when designing and implementing culturally safe suicide prevention activities.

Ensuring that suicide prevention activities reflect culturally safe principles mean that these take into account power imbalances that exist between cultures, institutional discrimination, historical colonization and the structural factors which perpetuate inequities and disadvantages. The concept of cultural safety moves beyond cultural competency models which tend to focus on knowledge of customs and beliefs and how these values influence thinking and attitudes.

Culture is also complex and often changes over time. The 'culture' of a group that shares a common history is not always best captured by an indigenous, ethnic or race definition. 'LGBTTQ', 'disabled', 'isolated' youth are examples of other groups who have specific needs that need to be taken into account when developing suicide prevention approaches.

The following recommendations are made for ensuring that suicide prevention activities effectively respond to cultural needs:

1. Actively show an understanding of and respect for the cultures of students and their families.
2. Be sensitive to risk factors related specifically to particular cultural groups.
3. Create culturally sensitive services that build on a culture's strengths and protective factors.
4. Engage families actively in guaranteeing a young person's safety and in any therapy process.
5. Be sensitive to stigma around issues of suicide, help-seeking and mental health services. It may be useful to offer services in settings not associated with mental health treatment.

(SAMHSA, 2012) p. 51

Choose prevention programs carefully, especially gatekeeper programs and assessment services. Consider whether the program has been used with a demographic similar to your community/school population. Determine whether modifications can be made to tailor the program to best suit the needs of your population. Look for evidence that supports the use of the program with a demographic that is closest to your community demographic.

To create a Community Demographic Profile, use the Checklist in Appendix H.

Monitoring and evaluation

Incorporating evaluation into suicide prevention activities is essential. Planning, process, and outcome evaluation are important components of any comprehensive approach. Ongoing program elements can be monitored regularly (annually or more often) to ensure the program is producing the expected outcomes.

Some programs have been evaluated in Manitoba. Summaries and results of Manitoba research on suicide prevention programming are available on www.everyonemattersmanitoba.ca

Why evaluate?

- to ensure that the program is meeting the key priority to 'do no harm'
- to help determine if the approach is working
- to provide opportunity to demonstrate successes to funders
- to refine your program or approach based on results
- to add to a body of knowledge about what works for (Manitoba) youth

Steps in evaluating a program:

1. Engage stakeholders – Evaluation cannot be done in isolation. Involving community partners, parents, youth and other stakeholders will ensure that various perspectives are understood and considered.
2. Describe the Program – Understanding the program's objectives, activities and intended outcomes will help to focus the evaluation.
3. Evaluation design – Consider the information needs (key evaluation questions), the best techniques for measuring the key evaluation questions and who can help you get the evidence.
4. Gathering and analyzing data – Sources of evidence can be people, documents and observations. Potential sources are surveys, focus groups, personal interviews and documents.
5. Using evaluation findings – Once the data has been analyzed, stakeholders can be brought together to review and interpret the findings, determine recommendations and lessons learned and plan next steps.

The The following link provides information and guidance on evaluating suicide prevention programs.
www.sprc.org/search/evaluation

C. Postvention

> ***" At some point suicide postvention evolves into a prevention response with emphasis being placed on recognition of risk factors and warning signs."***
>
> - New Hampshire National Alliance for the Mentally Ill, 2005

Postvention refers to the activities and processes that are carried out after a suicide has occurred. Postvention responses need to be coordinated and guided by what is known to work best based on evidence. The approach should include identifying youth who are at possible risk, reducing the risks for suicide contagion and subsequent mental health problems and assisting those affected express grief in healthy ways.

When someone in the school community dies by suicide, the school becomes a likely place to provide suicide postvention services.

Types of suicide postvention programs:

- School-based
- Family-focused
- Community-based

Goals of suicide postvention

- Support the grieving process (Hazell, 1993; Underwood and Dunne-Maxim, 1997).
- Prevent imitative suicides (Hazell, 1993; Underwood and Dunn-Maxim, 1997).
  - Identify and refer at-risk survivors (Gould and Kramer, 2001)
  - Reduce identification with victim
- Re-establish healthy school climate (King, 2001).
- Provide long-term surveillance (Gould and Kramer, 2001).

Current knowledge about postvention

- Postvention strategies are directed at peer survivors of a youth suicide as they can be at heightened risk for psychological distress and imitative suicidal behaviours.
- Current evidence on effectiveness of postvention strategies is limited
- A coordinated community response is an important part of an effective postvention response
- Tentative support exists for the effectiveness of post suicide screening efforts in facilitating detection of those at potential risk
- Proximity to the person who died by suicide might not be the only factor to consider in determining potential risk for imitative suicidal behaviour. Other factors include perceived similarities to the deceased – including age, gender and ethnicity.
- It is possible to identify and respond to youth at risk following an outbreak of suicides and suicide behaviours through a standardized and systematic approach to detecting risk and by facilitating referrals for immediate crisis response.

Adapted from: www.mcf.gov.bc.ca/suicide_prevention/pdf/pys_practitioners_guide.pdf

Psychological debriefing, Critical Incident Stress Management (CISM), Critical Incident Stress Debriefing (CISD) are not recommended. These are psychotherapeutic interventions that have been used in schools with students and staff affected by suicide, accidental death or trauma. These approaches do not have evidence which supports their effectiveness or safety with large groups of young people in schools settings.[17] Interventions which involve re-living, re-working or recollecting trauma events in a group may cause harm.

Cultural considerations

- Attitudes toward suicidal behaviour vary considerably from culture to culture.
- While some cultures may view suicide as appropriate under certain circumstances, others have strong sanctions against all such behaviour.
- These cultural attitudes have important implications for both the bereavement process and suicide contagion.

RECOMMENDATIONS

- Avoid the use of school-wide suicide postvention programs that require participation of all.
- Investigate gatekeeper training for school personnel.
- Provide outreach to family survivors of suicide that can inform them about grief counselling available in their communities.
- If suicide postvention programs are implemented in the province conduct methodologically sound evaluations.

Postvention resources:

For an overview of key considerations, general guidelines for action, templates, and sample materials, applicable to diverse populations and communities see:
After a Suicide: A Toolkit for Schools
www.sprc.org/sites/sprc.org/files/library/AfteraSuicideToolkitforSchools.pdf

Other resources:

Manitoba Guidelines:
Kerr M.M., Brent D.A., McKain B., McCommons P.S.A guide for a school's response in the aftermath of sudden death. 4th Edition. (2003).
www.sprc.org/resources-programs/postvention-standards-manual-guide-schools-response-aftermath-sudden-death

See Appendix F for Suicide Postvention Protocol and Appendix G for a Postvention checklist.

[17] Roberts, N., Kitchiner, N., Kenardy, J., & Bisson, J. (2009). Systematic review and meta-analysis of multiple-session early interventions following traumatic events. American Journal of Psychiatry, 166(3), 293-301.
Rose, S., Bisson, J., Churchill, R., & Wessely, S. (2002). Psychological debriefing for preventing post traumatic stress disorder (PTSD). Cochrane Database Syst Rev, 2(2).
Szumilas, M., Wei, Y., & Kutcher, S. (2010). Psychological debriefing in schools. Canadian Medical Association Journal, 182(9), 883-884.

APPENDIX A:
Risk and protective factors matrix

CONTEXT	PREDISPOSING RISK FACTORS	CONTRIBUTING RISK FACTORS	PRECIPITATING RISK FACTORS	PROTECTIVE RISK FACTORS
Individual	• previous suicide attempt • depression or other mental health issues (ex. NSSI, substance use disorder, anxiety, bipolar disorder, conduct disorder) • hopelessness • current suicidal thoughts/wish to die • history of childhood neglect, sexual or physical abuse	• rigid cognitive style • poor coping skills • substance misuse • impulsivity • aggression • hypersensitivity/ anxiety	• loss • personal failure • humiliation • individual trauma • health crisis • homelessness	• individual coping and problem solving skills • willingness to seek help • good physical and mental health • experience/feelings of competence • strong cultural identity and spiritual beliefs
Family	• family history of suicidal behaviour/suicide • family history of mental disorder • family history of child maltreatment • early childhood loss/ separation or deprivation	• family discord • punitive parenting • impaired parent-child relationships • multi-generational trauma and losses among First Nations	• loss of significant family member • death of a family member, especially by suicide • recent conflict	• family cohesion and warmth • positive parent-child connection • adults modeling healthy adjustment • active parental supervision • high and realistic expectations
Peers	• social isolation and alienation	• negative youth attitudes toward seeking adult assistance • poor peer relationships • peer modeling of NSSI • suicidal behaviours	• teasing/cruelty/ bullying • interpersonal loss or conflict • rejection • peer death, especially by suicide	• social competence • healthy peer modeling • peer acceptance and support
School	• long-standing history of negative school experience • lack of meaningful connection to school	• reluctance/uncertainty about how to help among school staff	• failure • expulsion • disciplinary crisis	• success at school • interpersonal connectedness/ belonging
Community	• multiple suicides • community marginalization • political disenfranchisement • socioeconomic deprivation • cultural stress • affects of colonization	• sensational media portrayal of suicide • access to firearms or other lethal methods • reluctance/ uncertainty about how to help among key gatekeepers • inaccessible community resources	• high profile/ celebrity death, especially by suicide • conflict with the law incar-ceration • recent death by suicide • suicide pact	• opportunities for youth participation • availability of resources • community control over local services • cultural/spiritual beliefs against suicide • social capital

Adapted from British Columbia, Ministry of Family and Child Development. Preventing Youth Suicide: A Guide for Practitioners. June 2011 (page 9)
Viewed at: **www.mcf.gov.bc.ca/suicide_prevention/pdf/pys_practitioners_guide.pdf**

APPENDIX B:
Suicide prevention readiness and planning: A checklist for schools/divisions

There are several steps to creating safe and effective school-based suicide prevention efforts. The research is consistent in its message that school-based suicide prevention efforts should be comprehensive and well-understood by staff. One-time events, fragmented or single-session approaches are not recommended. The following checklist provides guidance to schools/divisions in the initial planning and prioritizing of actions within their suicide prevention efforts.

Before you begin

1. Our school understands that effective school-based suicide prevention efforts integrate principles and practices of comprehensive school health programs (i.e. mental health promotion, whole-school approaches) as well as specific suicide prevention content.

   ☐ Satisfactory ☐ Requires Attention

2. School/Division administrative leaders (Trustees, Superintendents, and Principals) are committed to developing and sustaining strategic, systematic and comprehensive approaches to suicide prevention.

   ☐ Satisfactory ☐ Requires Attention

3. School/Division administrative leadership is aware of relevant legislation and subsequent school obligations in this area.

   ☐ Satisfactory ☐ Requires Attention

4. We have a strong understanding of our school/community profile (demographics, strengths and needs, protective and risk conditions) and how these should inform our suicide prevention efforts.

   ☐ Satisfactory ☐ Requires Attention

5. Our school's staff, faculty, and administrators are aware of the challenges and potential roadblocks for implementing and maintaining a school-based suicide prevention program.

   ☐ Satisfactory ☐ Requires Attention

Considerations for school-based suicide prevention planning process

- ☐ All key stakeholders are engaged and involved in the assessment, planning, implementation and evaluation of suicide prevention efforts (staff, students, caregivers and community partners/members).

- ☐ Common understanding is established amongst all key stakeholders about what constitutes effective and safe suicide prevention and essential information is provided to address fear or feelings of ill-preparedness related to suicide prevention.

- ☐ There is shared understanding that suicide prevention is everyone's responsibility and prevention occurs every day through enhancing protective factors/conditions (see matrix) and working to reduce risk factors/conditions.

First Steps: enhancing capacity to respond/intervene

1. Our school(s) has developed suicide response policies, procedures and protocols (ex: what to do when there is a threat of suicide, attempt and/or a death by suicide).

   ☐ Satisfactory ☐ Requires Attention

2. Our school has established mechanisms to disseminate and review protocols with all staff.

   ☐ Satisfactory ☐ Requires Attention

3. Our school has developed a school crisis response plan or team(s) to respond to suicidal behaviours and communicated this to all school staff.

   ☐ Satisfactory ☐ Requires Attention

4. School staff are trained to: provide different levels of suicide intervention including most staff being alert to suicide and smaller numbers of staff being trained to assess and intervene. All staff know where to refer a potentially at-risk student.

   ☐ Satisfactory ☐ Requires Attention

5. Our school has identified and established relationships w/crisis service providers in our community to assist in responding to suicidal behaviours.

   ☐ Satisfactory ☐ Requires Attention

6. Our school has a plan for including Parent Council and families/parents generally in our suicide prevention efforts.

   ☐ Satisfactory ☐ Requires Attention

Before implementing further suicide-prevention education/awareness activities within your school, take steps to address the areas above you indicated "Requires Attention".

(Adapted from JCSH, 2010)

Planning Tools: The Pan-Canadian Joint Consortium of School Health (JCSH) has developed a number of tools to assist schools in creating and sustaining healthy school environments.

This online planning toolkit will generate a report for each school that completes the assessment:
www.healthyschoolplanner.uwaterloo.ca/

The JCSH positive mental health toolkit assists schools in mental health/health promotion efforts and enhancing many key building blocks for school-based suicide prevention efforts.
www.jcshpositivementalhealthtoolkit.com/

The University of South Florida's The Guide is a comprehensive framework for schools to assess their existing or proposed suicide prevention efforts (through a series of checklists). Resources and information can be used to enhance or add to their existing program.
theguide.fmhi.usf.edu/

APPENDIX C:
Guidelines for youth suicide prevention video/media selection

Educational videos that highlight specific helping skills are a component of a comprehensive approach to school-based suicide prevention and are considered to be a universal prevention strategy. Videos or other media are most effective with an accompanying resource/facilitation guide and as part of a larger curriculum on mental health, mental illness and helping friends in distress.

As videos are often marketed and sold separately, here are some guidelines for selection of videos or other media (adapted from www.suicidology.org):

Look for media:

- that teaches, models and emphasizes developmentally appropriate help-giving and help-seeking behaviours. The focus should be on 'how to respond' and/or 'how to get help'. Resources and crisis numbers should be highlighted
- that emphasizes prevention and teaches students that suicide is preventable
- in which the helpers are the main characters and/or the heroes
- that highlights effective treatment for underlying mental health problems with the goal of students realizing that effective treatments for illnesses such as depression are available and an important way to prevent suicide
- which are short enough as to allow time for discussion and debriefing immediately following

Avoid media:

- which depicts someone engaging in suicidal behaviour or that describes methods of suicide as this can increase risk for suicidal behaviour among vulnerable young people[17]
- that primarily portrays previously suicidal or depressed youth describing this behaviour as it could inadvertently glorify or romanticize suicidal thinking and behaviour
- in which the main focus is on someone who has died by suicide
- in which suicide or suicidal thinking is depicted as normal or a common reaction to stress
- showing suicide prevention media to large groups or assemblies of young people. This is a topic best addressed in small groups and with support staff on hand

[23] Gould, M.S., Greenberg, T., Velting, D.M., & Shaffer, D. (2003). Youth suicide risk and preventative interventions: A review of the past 10 years. Journal of the American Academy of Child and Adolescent Psychiatry, 42(4).

APPENDIX D:
Guidelines for notifying parents

Notifying parents and guardians

Parents or guardians should be contacted as soon as possible after a student has been identified as being at risk for suicide. The person who contacts the family is typically the principal, school psychologist, or a staff member with a special relationship with the student or family. Do not contact the parent/guardian if the risk for suicide is related to parent/guardian abuse or neglect. In such cases, it is appropriate to call Child and Family Services (designated intake agency for the area). Staff need to be sensitive toward the family's culture, including attitudes towards suicide, mental health, privacy, and help-seeking. For more information on reporting of child abuse or neglect see **www.pacca.mb.ca**

When contacting the parent/guardian to notify him/her that a student is at risk for suicide, the following guidelines shall be applied:

1. Identify him or herself and his/her position within the school.
2. Inform the parent/guardian that he/she believes the student is at risk of suicide and indicate the warning signs or observed behaviours that support the concern. Request the presence of the parent/guardian at the school immediately if the student is at imminent risk. He/she will inform the parent/guardian that the safety of the student will be maintained until the parent/guardian arrives.
3. Discuss whether the parent/guardian is aware of the student's mental health issues and inquire whether the student has received counselling in the past and/or present. Discuss whether the parent/guardian intends to obtain an immediate evaluation/counselling for the student. Provide the parents with the contact information of mental health service providers in the community if needed. If possible, call and make an appointment while the parents are with the staff person. If the child is receiving ongoing therapy from a community-based mental health professional or faith-based counsellor who is aware of the present signs of suicide and /or observed behaviour related to suicide, indicate to the parents that communication with the counsellor would be helpful to ensure school success.
4. Explain the importance of removing from the home (or locking up) firearms and other dangerous items, including sharps, over-the-counter and prescription medications and alcohol.
5. If the student does not need immediate emergency services, release the student to the parents.
6. Tell the parents that school staff will follow up within 2-3 days. If this follow up conversation reveals that the parent has not contacted a mental health provider:
   - stress the importance of getting the child help
   - discuss why they have not contacted a provider and offer to assist with the process
7. If the parents refuse to seek services for a child under the age of 18 who you believe is in danger of self-harm, inform the parent/guardian of the legal requirement to call CFS and report abuse or neglect if the student is considered to be at risk for attempting suicide and the parent/guardian refuses to provide care necessary for the student's well-being.

8. Document the details of the phone call to the parent/guardian, including the date/time, the response from the parent/guardian, and any information pertaining to follow-up.
9. Contact CFS if unable to make successful contact with at least one parent/guardian of the student by the end of the school day.
10. Send a follow-up letter home to parent/guardian reviewing the concern, school procedures, intended follow up meetings at school, and parental resources.

Supporting parents through their child's suicidal crisis

Family support is critical. When an adolescent experiences a suicidal crisis, the whole family is in crisis. If at all possible, it is important to reach out to the family for two very important reasons:

1. The family may very well be left without professional support or guidance in what is often a state of acute personal shock or distress. Many people do not seek help – they don't know where to turn.
2. Informed parents are probably the most valuable prevention resource available to the suicidal adolescent.

A prior attempt is the strongest predictor of suicide and it is important that the family is aware of the attempt so they can best support the youth. The goal of extending support to the parents is to help them understand how they can intervene appropriately to prevent this young person from attempting suicide again. Education and information are vitally important to family members and close friends who find themselves in a position to observe and interact with the at-risk individual.

The following steps can help support and engage parents:

1. Invite the parents' perspective. State what you have noticed in their child's behaviour (rather than the results of your assessment) and ask how that fits with what they have observed.
2. Advise parents to remove lethal means from the home while the child is possibly suicidal, just as you would advise taking car keys from a youth who had been drinking.
3. Acknowledge the parents' emotional state, including anger, if present.
4. Acknowledge that no one can do this alone – appreciate their presence.
5. Listen for myths of suicide that may be blocking the parent from taking action.
6. Explore reluctance to accept a mental health referral, address those issues and explain what to expect.
7. Provide support to parents in understanding that there are a number of factors that can lead a young person to have thoughts of suicide. Support understanding without minimizing the behaviour.

Adapted from DiCara, C., O'Halloran, S., Williams, L., & Canty-Brooks, C. (2009). Youth suicide prevention, intervention & postvention guidelines. Augusta, ME: Maine Youth Suicide Prevention Program. Retrieved from ***www.maine.gov/suicide/docs/Guidelines%2010-2009--w%20discl.pdf***

APPENDIX E :
Sample school policy

Identification of local and community service providers

- ☐ Identification of a School Emergency Preparedness Team
- ☐ Identification of staff who would normally be involved in the care of at-risk students
- ☐ Identification of mental health service providers to whom students can be referred. *Ex: In house guidance or social work, hospitals or nursing stations, community mental health resources (programs and service providers), spiritual leaders, traditional healers or Elders.*

Suicide

Please refer to Suicide Postvention guidelines and checklist

- **The school's general response to a suicide does not differ markedly from a response to any sudden death crisis.** However, some issues exclusive to suicide require specific attention.
- **Do strive to treat all student deaths in the same way.**
- School administrators must allow students to grieve the loss of a peer without glorifying the method of death.
- Overemphasis of a suicide may be interpreted by vulnerable students as a glamorization of the suicidal act, which can assign legendary or idolized status to taking one's own life.

Suicide threats

General Guidelines: In the event that a staff member has reason to believe that a student may be suicidal, the following actions are to be taken:

- ☐ Take all comments about suicide seriously, especially if details of a suicide plan are shared.
- ☐ Immediately report any concerns to an administrator, the counsellor and the Division Social Work Clinician. DO NOT DELAY!
- ☐ Under no circumstances should an untrained person attempt to assess the severity of suicidal risk; all assessment of threats, attempts or other risk factors must be left to the appropriate professionals.
- ☐ If no trained person is available, consultation with a member of the Divisional Student Services support team is necessary.
- ☐ If the student is in the school, ensure they are immediately placed under adult supervision and not allowed to leave the school.

- ☐ Call a School Emergency Preparedness Team meeting if possible, or when necessary.
- ☐ Designate a Case Manager.
- ☐ When possible, the School Emergency Preparedness Team members should quickly gather to designate the case manager, usually the school counsellor or Division Social Work Clinician.
- ☐ Conduct an initial interview with the student.
- ☐ **The case manager, normally with at least one other staff person who has a positive caring relationship with the student also present, should interview the student on the day of the referral.**
- ☐ **They will determine the extent of suicidal thinking, the potential plan of suicide, the lethality of the plan and the history of the student's suicidal thinking and attempts.**
- ☐ **For cases where there is imminent risk, ensure the safety of the student by continuing to provide adult supervision.**
- ☐ The case manager and other members of the School Emergency Preparedness Team should quickly meet to formulate an initial plan of action.
- ☐ Depending on the seriousness of the case, the Team may wish to consult with other staff members not initially involved or discuss the case with external professionals (ex: physician, mental health worker, etc.) some of whom may have had prior involvement with the student.
- ☐ Plans formulated by the team might include:
  - no further involvement
  - monitoring by a specific staff member
  - referral for follow-up counselling within the school setting or outside
  - asking parents/guardians to immediately come to the school to be part of planning process
- ☐ **Parents/guardians MUST be contacted regardless of the safety plan decided.**
- ☐ **Always include the student in developing the safety plan.**

School re-entry for a student who has attempted suicide

Efforts to respond to suicide attempts and other traumas should be focused on making the student's return to school a comfortable one.

Because a student who attempted suicide often is at greater risk for a suicide in the months following the crisis, it is extremely important to closely monitor his or her re-entry into school and to maintain close contact with parents/caregivers and other supports working with that student.

Assuming the student will be absent for a period of time following a suicide attempt and possibly hospitalized in a treatment facility, the school should follow these steps:

1. Obtain a written release of information form signed by the parents. This makes it possible for confidential information to be shared between school personnel and other supports.
2. Inform the student's teachers regarding the number of probable days of absence.
3. Instruct teachers to provide the student with assignments to be completed, if appropriate.
4. Maintain contact with the student to keep him/her informed of the latest developments in the school and to maintain a positive connection to the school environment.
5. Seek recommendations for aftercare from the student's supports (ex: counsellors, physicians). If the student has been hospitalized, the school counsellor and/or school social work clinician should attend the discharge meeting at the hospital or mental health facility.
6. The school counsellor and/or school social work clinician should convey relevant non-confidential information to appropriate school staff regarding the follow-up plan.
7. Once the student returns to school, the school counsellor and/or school social work clinician should maintain regular contact with him/her. Support persons involved need to establish roles with student.
8. The school should maintain contact with the parents to provide progress reports and other appropriate information and be kept informed of any changes in the aftercare plan.

APPENDIX F:
Suicide postvention protocol

Preparedness is an essential component of effective postvention.

Suicide postvention protocol components

(Adapted from *The Youth Suicide Prevention School-Based Guide: Responding to a Suicidal Crisis: Steps for Schools* (theguide.fmhi.usf.edu/)

1. Verify suicide.
   The school principal should contact the police or medical examiner in order to verify the death and get the facts surrounding the death. It is important to know the facts in order to reduce imitative behaviours and to place focus on means restriction strategies for parents, as well as the school.

2. Notify Superintendent
   The superintendent of the school district needs to be informed of the death. He or she should also be involved in the school's response to the suicide through information dissemination with other school districts and media contacts.

3. Mobilize the Crisis Response Team.
   A death by suicide should not be treated differently than any other type of death. Respond according to local school division policy and practice.

4. Contact the family of the suicide victim.
   Find out if the deceased has any siblings enrolled in other schools or school divisions. If so, then notify the principals of those schools.

   Obtain permission to release the cause of death from the parents. If the parents do not give permission to release the cause of death as a suicide, respect for their wishes should be maintained.

5. Assess the suicide's impact on the school and estimate the level of postvention response.
   Determine what information to share about the death and how to share information about the death.
   - Compile a list of all students who were close to the deceased.
   - Compile a list of all staff members who had contact with the deceased.
   - Update and compile a list of students who may be at risk for suicide (See Appendix A for list of risk factors)

6. Notify other involved school personnel.
   This meeting should be arranged as soon as possible. After this has been done, staff can provide critical and appropriate support for students.
   - Inform all staff about the facts behind the suicide and dispel rumours.
   - Allow time for staff to ask questions and express feelings.
   - Ensure that all staff have an updated list of referral resources.
   - Review the process for students leaving school grounds and tracking student attendance.

- Announce to staff how the school will interact with the media and inform staff who will act as the school's media spokesperson. Remind staff not to talk with the press and refer any questions to the designated media spokesperson.
- Review planned in-class discussion formats and disclosure guidelines for talking to students. Prepare staff for student reactions.
- Remind staff about the risk factors and warning signs for adolescent suicide.
- Provide staff counselling opportunities and supportive services available to them.

7. Contact community support services.

8. Meet with all students in classrooms (small groups).
   Notify students as early as possible following the staff meeting.
   Notify students in small, individual classrooms through staff members or crisis team members.
   - If parents/family of the deceased student give permission, make sure all teachers announce the death of the student to their first class of the day. It is important to describe the deceased as "having died by suicide," rather than as "a suicide," or having "committed suicide." The latter two expressions reduce the person to the mode of death, or connote criminal or sinful behaviour.
   - Disclose only relevant facts pertaining to the student's death. Do not provide details, such as method or exact time and location of suicide.
   - Allow students an opportunity to express their feelings. "What are your feelings and how can I help?" should be the mantra behind the structure of discussion.
   - Explain and predict what students can anticipate as they grieve (ex: feeling angry, guilty, shocked, anxious, lonely, sad, numb, or experiencing physical pain). Express to students there is no one right way to grieve. What is important is to recognize feelings and communicate them.
   - Inform students of the available support services in the school (and outside the school, including family and peer support groups) and encourage them to use them.
   - Re-orient students to ongoing classroom activities.
   - Avoid assemblies for notification and do not use impersonal announcements over the public address system.

9. Memorials.
   Memorialization should focus on prevention, education, and living. Encourage staff and students to memorialize the deceased through contributions to prevention organizations such as a suicide hotline, or a suicide survivors group.

10. Debrief the postvention response.
    Debrief staff (including members of the crisis team) at the end of the day for approximately five days following the suicidal crisis. Provide post-action staff support to school staff involved in student support during the crisis. The staff included could be teachers, bus drivers, monitors, cafeteria staff, etc. The debriefing is ideally led by community mental health or school-based mental health clinicians.

11. Follow up with students who are identified as at-risk.
    Follow up should be maintained as long as possible and provide on-going assessment and monitoring, including Internet use of these students following the death.

Memorials

"A delicate balance must be struck that creates opportunities for students to grieve but that does not increase suicide risk for other school students by glorifying, romanticizing or sensationalizing suicide."

- Center for Suicide Prevention, 2004

Other considerations:

Reschedule any immediate stressful academic exercises or tests if at all possible, however, avoid changing the school day's regular schedule.

Arrange a meeting for parents/caregivers.

Avoid a large parent/caregiver meeting and try to keep the number of parents/caregivers at a minimum.

- Provide parents/caregivers with warning signs for children and adolescents who may be suicidal.
- Provide information about supportive services available to students at the school.
- Provide information about community resources, services, and family support organizations they may wish to utilize.
- Provide information about how to respond to their child's questions about suicide.
- Remind parents/caregivers of their child's special needs during this time.
- Communicate with other students' parents/caregivers through telephone or written notice.
- In a letter to parents or at a meeting, alert parents that their child and other students may choose to use social media and other online venues to communicate about the suicide, and encourage them to monitor their child's Internet use periodically following the death.

Collaborate with students to use social media effectively to disseminate information and promote suicide prevention efforts.

Social media can be used to disseminate important and accurate information to the school community, it can also help to identify students who may be in need of additional support or further intervention, share resources for grief support and mental health care, and promote safe messages that emphasize suicide prevention and minimize the risk of suicide contagion. Some schools (with the permission and support of the deceased student's family) may choose to establish a memorial page on the school website or on a social networking site. Such pages should not glamorize the death in ways that may lead other at-risk students to identify with the person who died. Memorial pages should utilize safe messaging, include resources, be monitored by an adult, and be time-limited, remaining active for up to 30 to 60 days after the death, at which time they should be taken down and replaced with a statement acknowledging the supportive messages that had been posted and encouraging students who wish to further honour their friend to consider other creative expressions. School personnel should also join any student-initiated memorial pages so that they can monitor and respond as appropriate.

APPENDIX G:
Suicide postvention checklist

- ☐ Verify suicide.
- ☐ Notify Superintendent.
- ☐ Mobilize the Crisis Response Team and follow school division crisis response policy.
- ☐ Contact the family of the suicide victim.
- ☐ Assess the suicide's impact on the school and estimate the level of postvention response.
  - Determine what information to share about the death.
  - Determine how to share information about the death.
  - Identify students significantly affected by the suicide and initiate a referral mechanism.
- ☐ Notify other involved school personnel.
- ☐ Contact community support services.
- ☐ Meet with students in classrooms (small groups).
- ☐ Memorials.
- ☐ Debrief the postvention response.
- ☐ Follow-up with students who are identified as at-risk.

APPENDIX H:
Community demographic profile checklist

Compare what is known about your community with what the evidence has shown about the program under consideration. What is the demographic profile of the community where the program has shown success?

Do the demographics and risk/protective factors match?

Things I know about my community:

Demographics:

- ☐ Age group of target participants: _____
- ☐ Number of people in this age group: _____
- ☐ Grade of target participants: _____
- ☐ Number of youth in these grades: _____
- ☐ What is the cultural make up of my community?
  (Break down with as much detail as possible)

_____
_____
_____
_____
_____

Example:
30% - First Nations
25% - Caucasian
15% - Metis
30% - Asian

Risk factors:

- ☐ Suicide Rate: _____
- ☐ Attempted Suicide Rate: _____
- ☐ High School Completion Rate: _____
- ☐ Unemployment Rate: _____

Community level protective factors:

_____
_____
_____

Characteristics of the community or population that has used the program I am considering:

Demographics:

- ☐ Age group of target participants:

_____

- ☐ Grade of target participants: _____
- ☐ Cultural make up of community:

_____
_____
_____
_____
_____
_____
_____

Risk factors:

- ☐ Suicide Rate: _____
- ☐ Attempted Suicide Rate: _____
- ☐ High School Completion Rate: _____
- ☐ Unemployment Rate: _____

Community level protective factors:

_____
_____
_____

Your community may already be doing work in the area of youth suicide prevention and mental health promotion. Check out www.everyonemattersmanitoba.ca for information on youth suicide prevention programs and activities in your region.

Community collaboration tool

Stakeholder chart:

Individual/ Organization	Role in community collaboration process/How can they help?								
Identify the name, organization and role (teacher, counsellor, Elder, etc)	Program Implementation experience	Potential Champion	Youth Peer Leader	Can assist with training	Can assist with resources	Can assist with implementation	Community Leader	Community Elder	Funder

Collaboration plan:

1. _____

2. _____

3. _____

APPENDIX I:
School climate checklist

YES	NO	
☐	☐	Does your school provide opportunities for extra-curricular activities such as after school clubs, activities and student organization meetings?
☐	☐	If yes, are these clubs open and advertized to all students regardless of academic achievement or disciplinary issues?
☐	☐	Are youth involved in decisions related to school issues that impact them?
☐	☐	Does your school discuss safety issues openly?
☐	☐	Does your school provide clean and safe school buildings and grounds?
☐	☐	Does your school ensure high academic standards?
☐	☐	Does your school meet regularly to discuss students who may be displaying worrisome behaviour?
☐	☐	Does your school have policies which define harassment, bullying and cyber-bullying?
☐	☐	Does your school provide curriculum to students focusing on harassment, bullying, tolerance and problem-solving skills?
☐	☐	Are there meaningful school-related roles available to all students?
☐	☐	Does your school have a protocol/system in place to refer students where there is suspected abuse/neglect?
☐	☐	Does your school provide training to staff to help them recognize harassment, bullying and warning signs of students who don't feel safe?
☐	☐	Are there specific safety procedures in place to support the personal safety of students and staff?
☐	☐	Does your school provide adequate supervision to students in spaces and at times when bullying is most likely to occur (between classes in hallways, cafeterias, on buses)?
☐	☐	Are there protocols in place for how to deal with a bullying situation?
☐	☐	Does your school stress to staff the importance of a positive relationship with students?
☐	☐	Does every student in your school have a meaningful relationship with at least one teacher/staff person?
☐	☐	Does your school treat all students with respect, care and support?

APPENDIX J: Program selection checklist

Choosing an existing evidence-based suicide prevention program can be helpful to developing the overall whole school approach. Before selecting a program, complete the following checklist to help you determine if the program is the best fit. First consider what program aspects are needed for your school/community. Next, compare the program you are considering with the program needs in your school/community. Consider the program values and how these fit with your community's values. Even an evidence-based program may not be effective with your population if the needs do not fit with the program being considered.

For a listing of suicide prevention programs, consult up-to-date registries that provide information on useful programs and their evidence base: **www.nrepp.samhsa.gov/** or **www.sprc.org/bpr/section-i-evidence-based-programs**

PROGRAM ASPECTS NEEDED FOR MY SCHOOL/ COMMUNITY	PROGRAM BEING CONSIDERED _____
Community/School Values ☐ _____ ☐ _____ ☐ _____ ☐ _____	**Program Values and Assumptions** ☐ _____ ☐ _____ ☐ _____ ☐ _____
Program Needed For ☐ Age range _____ ☐ Complete Community Demographic Profile checklist	**Program Effective With** ☐ Age range _____ ☐ Demographics
Pyramid Level: Ideal Program Fit ☐ Health Promotion ☐ Universal Prevention ☐ Selective Prevention ☐ Indicated Prevention	**Pyramid Level** ☐ Health Promotion ☐ Universal Prevention ☐ Selective Prevention ☐ Indicated Prevention
Ideal Program Focus Areas ☐ Awareness/Education ☐ Gatekeeper ☐ Screening ☐ Skills Training ☐ Peer Leadership	**Program Focus Areas** ☐ Awareness/Education ☐ Gatekeeper ☐ Screening ☐ Skills Training ☐ Peer Leadership
Ideal Program Principles ☐ Community Based ☐ Consumer Involvement ☐ Culturally Relevant ☐ Evidence Based and Evidence Informed ☐ Flexible ☐ Focuses on Activities with Maximum Impact ☐ Focuses on Youth at Risk ☐ Promotes Mental Health Promotion ☐ Recognizes Traditional and Cultural Knowledge ☐ Sustainable	**Program Principles** ☐ Community Based ☐ Consumer Involvement ☐ Culturally Relevant ☐ Evidence Based and Evidence Informed ☐ Flexible ☐ Focuses on Activities with Maximum Impact ☐ Focuses on Youth at Risk ☐ Promotes Mental Health Promotion ☐ Recognizes Traditional and Cultural Knowledge ☐ Sustainable

APPENDIX K:

Regional youth suicide prevention committees

Winnipeg Suicide Prevention Network

Churchill Suicide Prevention Committee

Interlake-Eastern Regional Suicide Prevention Committee

Parkland Suicide Prevention Task Force

Former Assiniboine RHA / First Nations Suicide Prevention Committee

Brandon Suicide Prevention Implementation Network (SPIN) - www.spinbrandon.ca

Southern Health Suicide Prevention Committee (Former South Eastman)

Central Suicide Prevention Committee (Former Central RHA) - www.areyouok.ca

Hope North Suicide Prevention Committee

The Pas and Area Suicide Prevention and Awareness Committee

Flin Flon / Creighton and Area Regional Suicide Prevention

Committee contact information is listed on ***www.everyonemattersmanitoba.ca***

Links to resources

A Framework for Suicide Prevention Planning in Manitoba
www.gov.mb.ca/healthyliving/mh/docs/suicide_prevention_framework.pdf

Acting on what we Know: Preventing Youth Suicide in First Nations
www.hc-sc.gc.ca/fniah-spnia/pubs/promotion/_suicide/prev_youth-jeunes/index-eng.php

Canadian Association of Suicide Prevention (CASP) Blueprint for a Canadian National Suicide Prevention Strategy
www.suicideprevention.ca/about-us/the-case-for-a-national-strategy/

Reclaiming Hope: Manitoba's Youth Suicide Prevention Strategy
www.gov.mb.ca/healthyliving/mh/hope.html

Suicide Prevention: Guidelines for Public Awareness and Education Activities
www.gov.mb.ca/healthyliving/mh/spg.html

Pan-Canadian Joint Consortium for School Health Positive Mental Health Toolkit
www.jcshpositivementalhealthtoolkit.com/

Youth Crisis Services in Manitoba

Youth Mobile Crisis Team (Winnipeg): 204-949-4777

Manitoba Suicide Line: 1-877-435-7170
www.reasontolive.ca/

Child and Adolescent Treatment Centre and Crisis Line (Prairie Mountain Health and Southern Health - Sante Sud): 204-578-2700 or 1-866-403-5459

Northern Crisis Services for Youth 17 and Younger: 204-778-1472 or 1-999-242-1571

Interlake-Eastern Regional Crisis Services:
Youth Mobile Crisis (M-F 1:30 - 9 pm) 204-482-5376 or 1-877-499-8770
Crisis Stabilization (age 15+) 204-482-5361 or 1-888-482-5361
24 hour Crisis Line: 204-482-5419 or 1-866-427-8628

Manitoba Farm and Rural Support Services: 1-866-367-3267

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