



2.17 Suicide Response

2. School Administration - Administrative Procedure Manual

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 the principal 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 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, usually the divisional 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 the safety planning process

Note: Parents/guardians **MUST** be contacted regardless of the safety plan decided. See Appendix D for guidelines for notifying parents.

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.

Suicide postvention protocol

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.

Goals of suicide postvention

- Support the grieving process
- Prevent imitative suicides.
 - Identify and refer at-risk survivors
 - Reduce identification with victim
- Re-establish healthy school climate
- Provide long-term surveillance

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.

Preparedness is an essential component of effective postvention. A coordinated community response is an important part of an effective postvention response.

Suicide postvention protocol components

1. Verify suicide.
The school principal should contact the police 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
He or she should also be involved in the school's response to the suicide through information dissemination.
3. Mobilize the Crisis Response Team.
A death by suicide should not be treated differently than any other type of death. Respond according to crisis response management.
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
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 (e.g., 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, support staff, etc. The debriefing is ideally led by community mental health or other mental health professionals.
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.

“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.

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.

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.

Suicide Postvention Checklist

- Principal - Verify suicide.
- Notify Superintendent
- Mobilize the Crisis Response Team.
- 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 and how to share information about the death.
 - ✓ Compile a list of all students and staff who were close to the deceased.
- Notify other involved school personnel.
- Contact community support services.
- Meet with all students in classrooms (small groups).
- Memorials.
- Debrief the postvention response.
- Follow-up with students who are identified as at-risk.

This information has been summarized from *Best Practices in School-Based Suicide Prevention: A Comprehensive Approach (2014)*. Healthy Child Manitoba.

Suicide – Fact Sheet

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
- social struggles
- 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
- 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.

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.

Risk Factors include:

- Social isolation
- Use of alcohol and/or drugs
- Stressful events (losses)
- Chaotic family environment
- Exposure to violence (including bullying) in home and environment
- Family history of suicide
- Self-harm and self-injury
- Previous mental health problems and/or suicide attempts

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

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.

Suicide prevention depends heavily on our ability to recognize people who are in distress and may be at risk. Warning signs may include:

- A previous suicide attempt
- Current talk of suicide or making a plan
- Strong wish to die or a preoccupation with death
- Giving away prized possessions
- Signs of depression, such as moodiness, hopelessness, withdrawal
- Increased alcohol and/or other drug use
- Hinting at not being around in the future or saying good bye

These warning signs are especially noteworthy in light of:

- a recent death or suicide of a friend or family member
- a recent break-up with a boyfriend or girlfriend, or conflict with parents
- news reports of other suicides by young people in the same school or community

Other key risk factors include:

- Readily accessible firearms
- Impulsiveness and taking unnecessary risks
- Lack of connection to family and friends (no one to talk to)

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 the principal 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 the student is in the school, ensure they are immediately placed under adult supervision and not allowed to leave the school.

2.17 Suicide Response