

Page 1 of 11

Date of Issue October 15, 2015

Original Date of Issue January 16, 2014

Subject IDENTIFYING AND MANAGING SUICIDE RISK

Suicide Risk Protocol: A Coordinated Community Response For Youth At

References <u>High Risk For Suicide</u>

Contact Student Services – Mental Health

1. Purpose

The Simcoe County District School Board (SCDSB) is committed to the safety, security and well-being of all its students. In fulfilling this commitment, the SCDSB expects all of its employees to be vigilant in identifying students who experience emotional, behavioural and mental health concerns across the spectrum from mild-to-severe and to provide appropriate levels of intervention and support.

The SCDSB recognizes that suicidality among children and youth is a serious and complex concern that requires a deliberate, strategic and prearranged response involving the co-ordination of multiple community partners. The SCDSB is a partner of the <u>Suicide Risk Protocol: A Coordinated Community Response For Youth At High Risk For Suicide</u> within Simcoe County that is intended to identify children and youth who are at high risk for suicide and to provide a coordinated community response to address their needs. The SCDSB continues to work with community partners on the implementation and periodic review of the protocol.

The SCDSB is committed to the well-being of all its students and expects all SCDSB employees to take appropriate measures to identify and support students at risk for suicide.

2. Definitions

- 2.1 Suicide Risk Protocol: A Coordinated Community Response for Youth at High Risk for Suicide Protocol is a guide to the process of identifying children and youth who are at high risk for suicide in Simcoe County and to provide a coordinated and enhanced community service response to address their needs.
- 2.2 Imminent Risk means immediate threat of injury or harm.
- 2.3 High Risk Identifier is a trained clinician/mental health worker who has the skills to identify a youth at high risk of suicide. The High Risk Identifier becomes the service navigator for the youth and their family as they proceed through the protocol.
- 2.4 High Risk Identification refers to a youth who is identified to be at high risk for suicide by a designated High Risk Identifier.
- 2.5 Mental Health and Addiction Nurse (MHAN) delivers school-based mental health nursing services to students. The MHAN will focus on supporting students who are transitioning from hospital back to the school and community. Core elements of the MHAN role include supporting student/parent(s)/guardian(s) and school



Page 2 of 11

understanding of diagnosis, associated symptoms and the impact on learning, medication (intended effects and side effects), monitoring effects of medication and support recommendations.

2.6 A student coping plan (FORM 1) is an individualized written document that helps to support a student at school who is struggling with mental health concerns in an effort to keep them safe in the school environment. A student coping plan documents warning signs and triggers, as well as coping strategies and sources of support for the student within the school environment. This provides the school with explicit ways in which to help support the student's well-being and academic functioning during difficult moments. This is best accomplished by an administrator with the student's input and by also including mental health professionals, family members and other key individuals in the student's life.

3. SCDSB Procedures for Responding to Students Who are Identified at Risk

- 3.1 Should a student behave in a manner that suggests suicide risk or disclose thoughts of suicide to a teacher or to any board employee, that employee is expected to respond immediately and:
 - 3.1.1 Remain calm;
 - 3.1.2 Take the situation seriously;
 - 3.1.3 Listen attentively;
 - 3.1.4 Use language that supports rather than inhibits disclosure;
 - 3.1.5 Reinforce the need to involve others who can help;
 - 3.1.6 Either remain with the student or ensure the student is supervised; and,
 - 3.1.7 Advise the principal or vice-principal.
- 3.2 **In cases of an emergency**, when the student has ingested something, caused significant harm to self/others or the safety of the student is at imminent risk, contacting emergency service (9-1-1) is to be the first response.
 - 3.2.1 Once the student is safe and the emergency response has been initiated, the principal or vice-principal will then immediately notify the school social worker and develop a plan for advising parent(s)/guardian(s).
 - 3.2.2 The area superintendent of education and the manager of social work services is to be informed following contact with the social worker.
- 3.3 In non-emergency circumstances, the principal or vice-principal should immediately contact the board social worker assigned to the school. Together a plan to communicate the risk to parent(s)/guardian(s) and to ensure the student's safety will be developed.
 - 3.3.1 The area superintendent of education and the manager of social work services is to be informed following contact with the social worker.
- 3.4 The board social worker is to be contacted via cell phone. If the social worker is not immediately available:
 - 3.4.1 Leave a voice message indicating that you are calling regarding the Suicide Risk Protocol; and,
 - 3.4.2 Send an email entitled, "Suicide Risk Protocol" so that it can be flagged as needing an urgent response.



Page 3 of 11

- 3.5 If there has been no response within 15 minutes, the principal or vice-principal should contact the back-up social worker who is named on the school social worker's voice mail greeting and repeat the process.
- 3.6 Should neither social worker respond, the principal is encouraged to contact the community Mental Health Crisis Line for support (705) 728-5044 or (905) 310-COPE (2673) in the Bradford area.
- 3.7 The student should never be left unattended until the risk level has been appropriately assessed.

4. SCDSB Social Worker Responsibilities

- 4.1 The board social worker will assist the principal or vice-principal in developing a course of action to determine if the youth is at high risk for suicide.
- 4.2 The student's risk for suicide may be assessed for risk level either internally, in cases where the student is already involved with the board social worker or externally, by a community high risk identifier, in cases where they are not.
- 4.3 Review student safety planning considerations within the school setting with the principal or vice-principal.

4.4 Documentation

It is the social worker's responsibility to maintain documentation related to Suicide Risk Protocol consultations and interventions.

5. Guidelines to Consider When Determining Who is Best Able to Provide Assessment

- 5.1 When determining who is best able to provide assessment of the student's risk for suicide, it is important to first connect the student with the community supports with whom the student might already be involved. The SCDSB social worker will assist the principal or vice-principal in determining whom is the most appropriate High Risk Identifier to utilize:
 - 5.1.1 SCDSB social worker when already involved with the student and available;
 - 5.1.2 Community Mental Health Practitioner (family doctor, counsellor, psychologist/psychiatrist) if one is involved with the student and available;
 - 5.1.3 Crisis Line if there are no community mental health professionals involved with the youth or available to assess that day; or,
 - 5.1.4 Hospital/Police/Ambulance in cases of emergency.

6. Consent to Exchange Information

In cases where an assessment is completed by either an external service provider or internally by the SCDSB social worker or in cases where a coping plan is provided, the student (12 years of age and older) and the parent/guardian (for students under the age of 12), should be asked to provide consent allowing for the exchange of information between the school and the family doctor, hospital or mental health service, whichever is appropriate. This exchange of information will



Page 4 of 11

assist the school staff in providing support and safety planning that may be required upon the student's return to the school environment.

Please reference APPENDIX A flowchart for Identifying and Managing Suicidal Risk Internal Process.

7. Community Follow Up to High Risk Identification

- 7.1 Students identified as being at high risk for suicide by a designated community High Risk Identifier are eligible for service through the Simcoe County Child, Youth and Family Services Coalition sponsored Suicide Risk Protocol: A Coordinated Community Response for Youth at High Risk for Suicide.
- 7.2 In these situations, a High Risk Identifier from an agency providing service at the time of high risk identification, with appropriate consent, will convene a Community Conference within five working days of the identification.
- 7.3 The High Risk Identifier may contact the school regarding the school or board staff's participation in the Community Conference. Schools should consider participating in this conference in order to learn about issues impacting the student's mental health and academic well-being and how best to support the student while at school.
- 7.4 If the school staff are not participating in the Community Conference, it may be appropriate to consider a student coping plan (FORM 1) upon the student's return to school. Guiding Questions for a Student's Coping Plan Meeting is attached as APPENDIX B.
- 7.5 Please refer to APPENDIX C flowchart Responding to High Risk Identifiers who Assess Children and Youth (External Process).

8. Role of the Mental Health and Addictions Nurse

- 8.1 Students returning to school following an admission to a hospital or a mental health facility, as well as students who are released from the hospital without admission, and considered to be at high risk of suicide, can also be referred to the SCDSB's Mental Health and Addiction Nurse (MHAN) to support transition back to the school environment.
- 8.2 The MHAN can provide support regarding medication, navigation of the mental health system, connection with community supports and other medical or mental health concerns.
- 8.3 Should school staff learn that a student with mental health or addictions concerns has been, or will be, discharged from hospital, the school principal or designate is encouraged to contact the student and/or parent(s)/guardian(s) to discuss making a referral to the MHAN.



Page 5 of 11

9. School Follow Up to Low or Moderate Risk Identification

9.1 A student who is assessed to be at low or moderate risk of suicide may still require support and/or safety planning to ensure their well-being. In such circumstances, the principal shall contact the area social worker to consult regarding the necessary follow up with the student. It may be appropriate to develop a student coping plan in these circumstances.

10. Procedures for Responding to Students who are Identified as High Risk Externally

- 10.1 A student may also be identified as high risk for suicide by a designated High Risk Identifier in the community. Where there is concern that a student is at imminent risk of suicide, consent for exchange of information with an external High Risk Identifier is not required.
- 10.2 If the student has already been identified as high risk, the principal or vice-principal must obtain appropriate consent prior to the exchange of information with the High Risk Identifier.
- 10.3 In most cases consent confirms the permission to exchange information. The principal or vice-principal should review and confirm all aspects of the contents of the consent, paying particular attention to any noted "exceptions." The High Risk Identifier may be interested in information regarding student functioning and adaptation that could assist in safety planning and/or provide the school administrator with information to support programming at school.



Page 6 of 11 APPENDIX A

IDENTIFYING AND MANAGING SUICIDAL RISK Internal Process

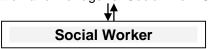
Student behaves in ways that suggest suicidal risk or discloses suicidal thoughts

Staff Member

- Remains calm;
- Takes the situation seriously;
- Listens attentively;
- Uses language that supports rather than inhibits disclosure;
- Remains with the student or ensures student is supervised;
- Reinforces the need to involve others who can help; and
- Informs the Principal/Vice-principal.

Principal/Vice-principal

- Immediately contacts board Social Worker assigned to their school for consultation;
- After consultation with the Social Worker, the Principal contacts the parent(s)/ guardian(s) except in circumstances noted below; and
- Informs Superintendent of Education and Manager of Social Work Services.



- Through discussion with Principal/Vice-principal determines if student presents "at risk";
- Where there is a determination of the student being "at risk", school Social Worker develops a course of action with Principal/Vice-principal so that the level of risk is assessed and to ensure safety of student within the school setting.

Principal/Vice-principal

- Implements a course of action to ensure that an "at risk" student is assessed by a qualified internal or external risk assessor (Social Worker, Mental Health practitioner, hospital staff);
- Seeks and where provided, obtains signed consent to exchange information with the physician, hospital or mental health service to assist with support and safety planning required for the student while at school;
- Students who are identified as "High Risk for Suicide" will be eligible for services through the Child, Youth and Family Services Coalition sponsored High Risk Suicide Protocol for Youth. The Principal/Vice-principal may be contacted by a High Risk Identifier who will provide appropriate consents for exchange of information. The High Risk Identifier will either collect additional information to support their planning or request school participation in a community conference. The Principal/Vice-principal is encouraged to participate in the community conference where appropriate and to obtain support from their school Social Worker during the process, which may include a request from the High Risk Identifier that the school Social Worker/Mental Health Nurse participate in the community conference;
- Consider a referral to the Mental Health Nurse for students who are returning to school following an admission to a hospital/mental health facility or who are discharged but deemed High Risk;
- If High Risk Identifier proposes that a community conference take place in the school, Principal/Vice-principal is encouraged to first consider whether the school is a suitable venue given privacy needs of student/parent(s)/guardian(s).
- Except in circumstances where there are protection concerns or a competent student chooses to participate in a high risk assessment independently, the Principal/Vice-principal will contact the parent(s)/guardian(s) with appropriate consent and provide support for the appropriate course of action to ensure safety and high risk assessment.



Page 7 of 11 APPENDIX B

Guiding Questions for a Student's Coping Plan Meeting

Preparation Recommendations for the Student Coping Plan Meeting

- Brain-storm ideas to support student to re-entry
- Confirm emergency contact information
- Follow regular practice routines for considering IEP or IPRC requests
- Follow regular practice routines for identifying and initiating mental health referrals

Introduction to the Student Coping Plan Meeting

Begin the meeting by stating the purpose using supportive language.

- The purpose of this meeting is to welcome you back to school and find out from you how we can best support your needs?
- How are you doing?
- What is your biggest worry about coming back?

Warning Signs

To better support the student at school, it's important that staff know how to tell if things are becoming unmanageable for that student.

- What are some of the thoughts, emotions or physical feelings you have when things are becoming unmanageable?
- What are some of the moods or behaviours that we might see during this time?

Triggers

It is important to know if there are specific situations, people or places that increase triggers, which make coping unmanageable for the student.

❖ Is there anything at school that makes it more difficult for you to cope? These could be places or people, situations or particular times of the day that are difficult.

Academic Supports

Students with mental health concerns often struggle with academic demands, which can be an added stress. It is important to talk about any modifications that might be helpful, or help to develop a plan to get caught up on work that takes into consideration the student's current coping. This may include shortened assignments, accommodations for time frames or a gradual return to school.

School Supports

It is imperative that when school supports are discussed, specific people and actions are identified in the coping plan. If the student cannot think of their own coping plan, help to prompt them with the following questions:

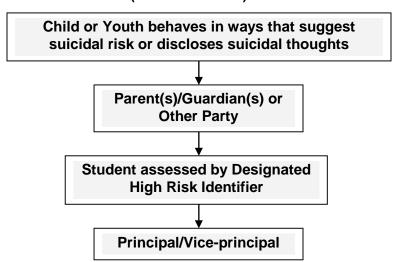
- How can we support you? What do you need from us?
- Who would you identify as your support person here at school?
- ❖ Where would you like your safe spot to be in the school?
- Would you like a check-in plan?
- ❖ Is there need for support during unsupervised time?
- Do you need support administering medication?

Do you have the mental health crisis line number? 705-728-5044 and 905-310-COPE



Page 8 of 11 APPENDIX C

RESPONDING TO HIGH RISK IDENTIFIERS WHO ASSESS CHILDREN AND YOUTH (External Process)



- During the course of assessment, a High Risk Identifier may contact school Principal/Vice-principal to collect information to determine if child or youth is at imminent risk for suicide. When there is a concern of imminent harm to self, the Principal/Vice-principal can share information with the High Risk Identifier that is needed to ensure student's immediate safety.
- If High Risk Identifier determines Child or Youth is at High Risk, the Principal/Vice-principal needs to confirm and/or obtain consent prior to engaging in a discussion to support safety planning and return to school. High Risk Identifier and Principal/Vice-principal should consider school or board (Social Worker or Mental Health Nurse) participation in community conference.



- With proper consent, the principal/vice-principal can engage High Risk Identifier in discussions and, if asked for school staff participation in a community conference, should assess if there is a strong rationale that participation in community conference is warranted. If they have any concerns regarding specific information or supporting participation in community conference, they should defer until they have had an opportunity to consult with the school's Social Worker. Moreover, schools can request that the school Social Worker and/or the Mental Health Nurse participate in the conference.
- If High Risk Identifier proposes that community conference takes place in the school, Principal/Vice-principal is encouraged to first consider whether the school is a suitable venue given privacy needs of student/parent(s)/guardian(s). If hosting the community conference at another venue is impractical, the school Principal/Vice-principal may agree to host community conference at school.
- Principal/Vice-principal notifies Superintendent of Education and confirms plans developed in consultation with school Social Worker.



Page 9 of 11 FORM 1a

STUDENT COPING PLAN

DATE:
NAME OF STUDENT:
DATE OF BIRTH:
GRADE:
PARENT/GUARDIAN CONTACT INFORMATION:
WARNING SIGNS
INTERNAL: (THOUGHTS/ MOOD/EMOTIONS/FEELINGS/PHYSICAL SYMPTOMS)
EXTERNAL: (MOOD/ACTIONS)
SCHOOL TRIGGERS: (PEOPLE, PLACES, ACTIVITIES – STUDENT IDENTIFIED)



Page 10 of 11 FORM 1b

SCHOOL SUPPORTS: (PEOPLE	E, PLACES, ACTIVITIES – STUDE	NT IDENTIFIED)
CONCERN	ACTIVITY/INTERVENTIO	N PERSON RESPONSIBLE
		RESPONSIBLE
IS THERE A NEED FOR SUPPO	ORT DURING UNSUPERVISED TIME	ME?
TIME OF DAY	SUPPORT REQUIRED	PERSON
		RESPONSIBLE
ACADEMIC SUPPORT: (MODIE	ICATIONS, PLAN FOR GETTING	CALIGHT LIP ETC \
CONCERN	MODIFICATION	STAFF PERSON
		RESPONSIBLE
	i l	



Page 11 of 11 FORM 1c

TYPE OF MEDICATION	ORT IN ADMINISTERING MEDIC PURPOSE	DOSAGE
TIFE OF MEDICATION	FORFOSE	DOSAGE
RE YOU CONNECTED WITH	ANY MENTAL HEALTH PROFES	SSIONALS OR OTHER SUPPO
EOPLE AT HOME OR AT SCI		
NAME AND	CONTACT INFORMATION	ROLE IN COPING PLAN
RELATIONSHIP TO		
STUDENT		
		1
ARTICIPANT'S SIGNATURES	S :	
TUDENT		
TODENT		
ARENT		
UPPORT PEOPLE INVOLVED	IN THE COPING PLAN	
NIDDODT DEODLE WYOLVES	AIN THE CODING DLAN	
SUPPORT PEOPLE INVOLVED	IN THE COPING PLAN	
SUPPORT PEOPLE INVOLVED	IN THE COPING PLAN	