



7.0 - Crisis Response Plan

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CRISIS RESPONSE ACTION PLAN – TRAGIC EVENTS

ESTABLISHMENT OF A SCHOOL CRISIS TEAM: WHO SHOULD BE ON THE TEAM?

Each school shall establish a Crisis Response Team to be chaired by the principal.

It is important that the staff be involved in developing a school plan that will address the individual school's needs.

In addition to the school administrator, the Crisis Response Team may include the following personnel:

- School counsellor(s)
- Custodian
- School secretary
- Psychologist and/or social worker
- Workplace Safety and Health representative
- Classroom teacher(s)
- Others (as designated by the principal)

In the planning stage, the Crisis Response Team may include parent representatives and students (at the secondary level).

Team members volunteer for one year or longer.

The commitment for the team may run from September to September. This allows the team to be functioning before school begins in the fall, in case critical incidents have taken place over the summer.

ROLE OF THE TEAM

The major role of the Crisis Response Team is to ensure that the school has established procedures for responding to various crises and that the procedures are followed.

The team has three major functions:

- 1. PREVENTION**
Preparing the school community for a possible crisis.
- 2. INTERVENTION**
Providing services during the crisis.
- 3. POSTVENTION**
Providing debriefing and support until all is back to normal.

MAJOR TASKS

The major tasks of the Crisis Response Team will include:

- a) developing the plan;
- b) collecting information about the tragic event;
- c) communicating the information to staff, students and relevant others;
- d) managing the school during a crisis and making scheduling changes as necessary;
- e) conducting follow-up activities;
- f) annually reviewing and updating the Crisis Response Plan;
- g) annually communicating the plan to the entire staff.

TEAM RESPONSIBILITIES

During a crisis a number of tasks will need to be performed by individuals on the Crisis Response Team or by designated staff members. The duties and responsibilities of these individuals include:

School Administrator:	Coordinates the crisis response and manages the crisis.
First Aid/CPR Responder:	Provides emergency first aid until medical assistance arrives.
School Site Coordinator:	Responds to the site of the emergency and controls access to the area until emergency personnel arrive and assume control and responsibility.
Emergency Personnel Coordinator:	Greets arriving personnel and directs them appropriately; also directs media, parents and divisional staff to the appropriate locations.
Hallway Coordinator:	Coordinates non-classroom staff to monitor hallways, bathrooms and other locations for students and/or outsiders and directs them to the appropriate locations.
Media Assistant:	Under the direct supervision of the school administrator and in most cases the Superintendent's Department, assists in preparation of media statements, arranges interviews and meets the needs of the media.
Parent Coordinator:	Deals with parents who may contact the school via the telephone or in person, sets up a parent center, organizes the release of students to parents during a crisis and informs parents about available counselling services for their children.

Any staff member designated to assist with the crisis response will need a pre-designated substitute to cover their classroom in the event the team is activated.

DEVELOPMENT OF EMERGENCY RESPONSE PLANS

The first task of the Crisis Response Team is to prepare in advance a document which will provide information as to the manner in which the school will respond to a crisis. The key to an effective crisis management plan is structure. When your world is in turmoil, emotions are high and rumours are rampant; the team needs a detailed, sequential plan of action that lets everyone know the team is firmly in charge. A crisis plan has to be simple, concise and flexible.

ORGANIZATION OF THE PLAN

(Adapted with permission from: Developing Protocols: Plans of Action to Help Schools Deal with Death and Dying by Sandra S. Fox, the Good Grief Program)

This document should include answers to the following questions:

Collection and Communication of Information

1. How will the school collect and verify information on the tragic event?
2. What information does the school need?
3. What information can be provided dependent upon circumstances? (e.g. where police were involved)
4. What resources/supports are available within the school?
5. Who is responsible for collecting and communicating information?
6. Who should be informed?
7. How will information be communicated inside and outside the school setting?
8. How will the principal ensure consistency and accuracy of the information to all appropriate people?

Management of Crisis

1. How will the school assist and support students and staff as they express and/or deal with their grief? Their sadness? Their anger?
2. What resources are available, when and how, for students/staff wanting or needing special help with their grief?
3. How will the school be sure support services are available to all students/staff, not only to those who request them?
4. At what point in the grieving process will parents be notified about their child's apparent difficulties with grief?
5. How will the school be honest with students about the loss and grief that accompany the death of a particular child or adult?
6. What information will be provided to parents and students about funeral/memorial service arrangements?
7. What role will the school assume regarding student attendance at the funeral/memorial service?

8. Which staff members will attend and how will classes be covered?
9. Are there ways in which the school may offer assistance to the family?

Bereavement Responses

1. What formal or informal commemoration is acceptable at the school?
2. Who will be responsible for organization?
3. What role will the family play, if any, in commemorative ceremonies?
4. How will the school help students find an acceptable way to remember the life of someone who has died?

A memorial service is not recommended in the case of a suicide.

Follow-Up

1. Who will be responsible for adjusting timetables, seating plans, registers, class lists, computer records?
2. Who will attend to personal property – locker, desks, etc?
3. What type of follow-up activities and discussions should be organized for students?
4. Who will be responsible for coordinating these activities?
5. How will students and/or staff, who may be particularly vulnerable to emotional stress, be identified?
6. Who will support the supporters?
7. How will the school assess the effectiveness of the procedures in responding to the needs that arose during and after the crisis?
8. How will the school deal with anniversary dates?

COMMUNICATION OF THE PLAN

Subsequent to the development of the school's Crisis Response Plan, the principal shall provide the Superintendent's Department and all staff members (including teachers, Clinical Services team, itinerants, teacher assistants, clerks, custodians, public health nurses) with:

- a) A copy of the plan including the names of the Crisis Response Team members and specific responsibilities.
- b) A "telephone tree" – identification of who is responsible to contact various members of staff in the event of a crisis. **Ensure Clinical Support Services is included in your telephone tree.**
- c) A list of staff members who are qualified in CPR, first aid, etc., and the location of all first aid kits in the school.

The crisis response plan should be available in a visible spot in the general office.

CRISIS RESPONSE TEMPLATE

Although crisis intervention is reactive in nature, a well-defined plan should be the basis upon which activities and strategies are implemented. In an effort to assist schools with developing crisis response plans a template has been developed.

This template is designed to assist your team in dealing with the issues arising before, during and after a crisis. Information should be adapted for relevance to each school situation. Elements of the template mandated by provincial legislation must be included in every school emergency response plan.

This template should be considered as a sample; schools must develop their own. The template can be duplicated, used and reworded by your crisis team. Part "A" of the template is designed to be used prior to an incident, Part "B" to be used during and after a critical incident. Ideally, this template will evolve over time, incorporating changes needed to reflect your school. An electronic copy of this template can be obtained on request from the Division Safety Officer.

PREPAREDNESS AND PRACTICE

Irrespective of the type of crisis that you may be faced with (violent act, death, natural disaster, loss, suicide, etc.), being prepared and practiced is essential. Once your school has completed the crisis response template and the crisis team is formed, here are some additional ways your school can enhance preparedness:

- planned rehearsal of the telephone tree;
- entire staff practice drill of an emergency situation;
- review Policy EBC – Emergency Plans;
- staff professional development - education, awareness and skill development;
- awareness of available divisional resource materials;
- availability of professionally trained staff from the Clinical Support Services to assist in 1) prevention, 2) therapeutic supports to students and families, and 3) crisis response.

CRISIS RESPONSE TEAM

Current Members of the Crisis Response Team:

Name	Position	Work Number	Home Number

TEAM RESPONSIBILITIES

The following staff members will assume responsibility for:

Task	Staff Person	Home Phone Number
<p>First Aid/CPR Responder: Provides emergency first aid until medical assistance arrives.</p>	_____	_____
<p>School Site Coordinator: Responds to the site of the emergency and controls access to the area until emergency personnel arrive and assume control and responsibility.</p>	_____	_____
<p>Emergency Personnel Coordinator: Greet arriving emergency personnel and directs them appropriately. Also, directs media, parents and divisional staff to the appropriate locations.</p>	_____	_____
<p>Hallway Coordinator: Coordinates non-classroom staff to monitor hallways, bathrooms and other locations for students and/or outsiders and directs them to the appropriate locations.</p>	_____	_____
<p>Media Assistant: Under the direct supervision of the school administrator and in most cases the Superintendent's Department, assists in preparation of media statements, arranges interviews and meets the needs of the media.</p>	_____	_____
<p>Parent Coordinator: Deals with parents who may contact the school via the telephone or in person, sets up a parent center, organizes the release of students to parents during a crisis and informs parents about available counselling services for their children.</p>	_____	_____

SCHOOL TELEPHONE TREE

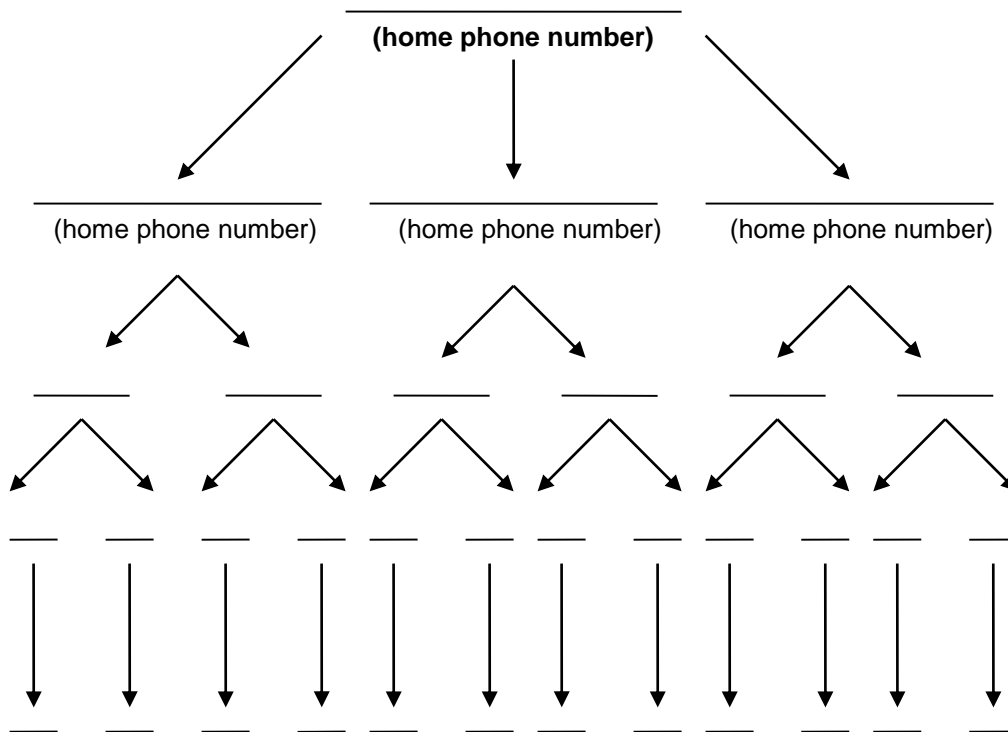
The principal or designate will activate the telephone tree to make other staff members aware of the event. If the staff is to be notified by using the phone tree, the message must be very clear:

1. Accurate, verified information surrounding the event;
2. Notification of a staff meeting indicating date, time, place;
3. Notification of crisis response meeting for those on the team.

Note: Ensure Clinical Support Services is included in your telephone tree.

The telephone tree must be included in the principal's copy of the emergency response plan but does not need to be included in the staff copy. Instead it should be given to each staff member and left at home. Often times the phone tree is used after hours so it is more important to be at home than in the staff copy of the plan.

SCHOOL TELEPHONE TREE



NOTE:

1. If you have a change in number, please let _____ and the person ahead of you know.
2. If the person you are calling is not home, please phone the people they would have phoned.
3. The teacher of the child involved will be phoned by _____.
4. The information to be passed on is:
 - Who is involved.
 - What has happened.
 - When the staff will meet.

DEFINING CRISIS AND TRAUMATIC EVENTS

(Adapted with permission from: J.K. Cameron and G. Woods (2000) Threat Assessment Training Guide, Canadian Threat Assessment Training Board. Lethbridge Community College, Lethbridge, Alberta)

A review of the school crisis literature indicates that crisis and traumatic events should be viewed as part of a continuum. The Traumatic Event Systems Model, developed by J.K. Cameron helps practitioners understand the phenomenology of the aftermath of school shootings, as well as interventions for school and community systems which are impacted by trauma, including suicides, accidental death and natural disasters. The model suggests a school-based crisis response team should distinguish between a crisis and traumatic event in order to plan an effective response.

A crisis has the following components:

- Impacts the immediate school community; is contained within the system where it occurs;
- The school has sufficient resources to respond effectively;
- There is a high degree of predictability concerning who is most likely to be impacted; and
- A crisis is expected.

A traumatic event has the following components:

- A traumatic event is not contained within the system where it occurs; it affects multiple systems;
- The school community does not have the necessary resources to respond and must rely on outside resources to respond to the nature or magnitude of the event;
- The capacity of the school to predict who will most likely be impacted is significantly diminished; and
- A traumatic event is unexpected.

The Traumatic Event System Model further defines crisis and traumatic events by providing the following general principles:

- **Ground Zero** refers to the system (school and community) where the trauma occurs. During a crisis the traumatic response is primarily contained to ground zero but during a traumatic event multiple systems are traumatized.
- **Impact Zone** refers to the geographic area that experiences significant emotional and behavioural changes in response to the trauma at ground zero. During a crisis there is no impact zone.
- **Secondary Trauma Sites** are school or community systems within the impact zone that have an immediate trauma response to the traumatic event so that emotionally and behaviourally these sites function in a similar way to what is occurring at ground zero. The one commonality that secondary trauma sites share is they had poor pre-trauma functioning prior to the traumatic event.

The model has identified the presence of a delayed or sub-threshold response to the traumatic event in schools and communities within ground zero and the impact zone. Research has indicated five critical periods:

Critical Period 1 –

Two weeks following any high profile case

Critical Period 2 –

A month and a half prior to and after the Christmas holiday

Critical Period 3 –

A month to a month and a half prior to the anniversary

Critical Period 4 –

When another high profile case occurs

Critical Period 5 –

Unique to each school community – dealing with their resolved trauma

When school-based crisis response teams are aware of the distinctions between crisis and traumatic events they can play a greater role in the initial response and also play a significant part during the post-tension period.

RESPONDING TO A CRISIS/TRAUMATIC EVENT – PLAN

(Adapted with permission from: Responding to Critical Incidents. A Resource for Schools, Copyright © 2002 Province of British Columbia. All rights reserved. Reprinted with permission of the Province of British Columbia.)

The template is designed for use when a crisis occurs. It outlines a ten-point plan which can be adapted for use with any type of crisis event affecting a school. The ten-point plan includes the following recommended steps:

- Step 1 – gather the facts
- Step 2 – contact the division
- Step 3 – activate the Crisis Response Team
- Step 4 – communicate with staff
- Step 5 – set up counselling centers
- Step 6 – talk with students
- Step 7 – inform parents
- Step 8 – gather funeral information
- Step 9 – review response
- Step 10 – plan remembrance activity

Step 1 – Gather the Facts

1. Principal confirms the crisis incident with appropriate sources of reliable information:
 - immediate family
 - police
 - coroner
 - school division personnel, and/or
 - community resource personnel such as a mental health worker
2. Principal collects information on the crisis incident, including:
 - verification of the details
 - identification of individuals involved, and/or
 - evaluation of the emotional status of the school and, if necessary, responds to the immediate safety needs of students and staff
3. Principal consults with the families affected to determine their wishes concerning public announcements and information for school staff and students.

Step 2 – Contact the Division

1. Principal telephones the appropriate superintendent.
2. Principal arranges for all involved schools and personnel to be informed by telephone. The timing of these calls should be sensitive to the needs of the school community most affected by the incident.

Step 3 – Activate the School Team

1. The principal contacts the members of the Crisis Response Team and calls them together for a meeting. The Crisis Response Team will implement an appropriate plan of action that takes into consideration both the wishes of the family or families and the needs of the school. In brief, at this initial meeting the team should:
 - Distribute the Crisis Response Team Checklist.
 - Determine what needs to be done.
 - Clarify each person's tasks.
 - Ensure that confidentiality is maintained until information is shared with the whole staff and family privacy issues have been clarified.

2. The Crisis Response Team notifies the rest of the staff including secretarial, custodial and other support staff of a special staff meeting. If the incident occurred during an evening or weekend, a scripted telephone tree message can be used to call staff to a meeting before the next school day. The Crisis Response Team should not discuss the incident on the telephone unless it is already widely known in the community. Those using the telephone tree should:
 - Ensure that each person understands the message about the staff meeting by asking them to repeat the message back to the caller.
 - Avoid leaving a message on an answering machine/voice mail or with a child.
 - Reassign telephoning responsibility for people who may be most affected by the incident.

3. Before the start of the school day, if possible, the Crisis Response Team should:
 - Determine further details of the event.
 - Ensure that the predetermined media contact person (usually the Superintendent) is provided with detailed information necessary to effectively carry out the role.
 - Determine the family's wishes regarding personal property if the incident has been a sudden death or suicide, and ensure that personal property is secure.
 - Decide what course of action will be used to deal with potential "shrines" created by classmates of the deceased after a student death. It is important to establish a protocol on this matter. Allowing a "shrine" in one instance, but not in the next, may raise questions of fairness and favouritism that can escalate emotions and introduce conflict unnecessarily.
 - Assess whether substitutes will be needed and advise the appropriate person to contact them.
 - Identify members of the school community that may be most affected by the incident and plan support for these people.
 - Assess need for additional counselling support in the school and ask Clinical Support Services or Student Support Services to assist in making the necessary arrangements.
 - Plan a meeting to inform staff.
 - Prepare a written statement for the staff meeting.
 - Decide whether a letter will go home with students informing parents of the crisis.

4. During the school day the Crisis Response Team should:
 - Supply a brief, written statement for office staff to use in referring incoming queries or media calls. A script helps to ensure that callers are redirected to the official media contact person – the Superintendent.
 - Contact other nearby schools, such as feeder schools, which may be affected.
 - Activate plans for drop-in counselling centers and assign counsellors and other staff as appropriate.
 - Contact required outside resource people as appropriate; for example, mental health services, police liaison officer and community liaison officers.
 - Prepare the letter to parents if one is needed.

Step 4 – Communication with Staff

1. Inform all staff of the crisis at an emergency staff meeting prior to the start of school, if possible. In addition to teachers, be sure to inform secretaries, custodians, educational assistants, itinerant staff such as therapists, cafeteria staff, bus drivers, crossing guards and lunchroom supervisors of the meeting. After the meeting, inform all staff who were unable to attend the meeting.
2. Carefully structure the staff meeting in order to assure staff that the team's plans are in place. All members of the Crisis Response Team should attend. Discuss the following in the meeting:
 - Advise staff to deal with students to a level of their comfort.
 - Reassure staff that they will be supported in their efforts to give comfort to students and that additional help is available to anyone who needs it, staff or students.
 - Provide them with written directions for the day as soon as possible during or after the meeting.
 - Introduce any outside people or the community support staff who are in attendance at the meeting and may be present in the school providing support to staff or students.
3. Develop a plan for the day with the staff:
 - Maintain a regular school schedule, if possible.
 - Cancel special activities, if necessary.
 - Carefully state the information which should be given to students during class discussion and provide all staff with additional copies of agendas for class discussions to use with students.
 - Inform the staff of the counselling services that are available to staff, students and parents. In the case of a sudden death or suicide, consider assigning a counsellor to visit the scheduled classes of the deceased.
 - Identify students who are closest friends or relatives of the deceased or injured and make plans to inform them with additional sensitivity and support. Identify students at risk, those who are vulnerable to stress or changes in routines, and make specific plans for each student. This task can be assigned to a key staff member such as a counsellor, resource teacher or child care worker.
 - Ensure that staff members who are absent get information. Make plans to assist substitute teachers with classroom discussions.
 - Plan for informing students who are absent. In the case of students who might be at risk, telephone their parents immediately.

4. Additional staff meetings may be needed:
 - Keep staff informed throughout the day by calling short update meetings during breaks.
 - Gather information about student and staff needs throughout the day.
 - **Provide all staff with information about plans for a debriefing meeting at the end of the day.**

Step 5 – Set Up Crisis Counselling (Mandatory)

Plans for the designation of counselling centers in case of a crisis must be in place as part of the overall crisis response plan. When a traumatic event occurs, there is not sufficient time to carefully discuss how this service will be organized. Specific rooms or areas of the school can be designated for dealing with a potentially large number of people who are grieving or experiencing high levels of stress following a critical incident. Counsellors, social workers and psychologists can be used to triage the individuals most affected by the traumatic event or crisis.

Some ideas suggested by schools who have planned and used this type of service following a school critical incident include;

- Individual students can take a break during the day to visit the counselling centers to get support in dealing with their emotional reactions to the death or traumatic incident.
- It is important that support be available to students, at the moment they need it, in a private and supportive setting.
- Small group counselling sessions may be helpful if personnel assigned to the centers have experience and training in counselling.
- Staff in the centers should have written information to give to students, such as normal stages of grief and guidelines for how to arrange for support from mental health workers.
- Large groups of students should not be allowed to congregate in the centre.
- Schools should consider calling on elementary and secondary counsellors from neighbouring schools, when possible, to augment available counselling personnel. Call the Student Services consultant to arrange for additional counselling supports.
- Clinicians have access to materials and resources that would be beneficial to staff when dealing with grief counseling, e.g. grief kits.

Step 6 – Talk With Students

1. Be sure there is a teacher in each classroom as the students come in for the day or the first period class.
2. Give information on the critical incident in a low-key and factual manner, including:
 - what happened
 - when and where the events occurred
 - who was there at the time of the incident
 - what happened after the event
 - who might be seriously affected by the incident because of their relationship with people directly affected by the traumatic event, and

- what is going to happen next. In the case of a sudden death, try to have information available on the funeral arrangements.
3. Give the students the opportunity to react, discuss, and ask questions.
 - Allow time for the students to express their feelings. Keep in mind that reaction times may vary.
 - Give students permission to express what they uniquely feel. Listen and be empathetic.
 - Consider using activities to help students process their grief, such as art, poetry or creative journal writing.
 4. Once the talk seems to be over, begin the regular class routines with flexibility to respond to more questions throughout the day.

Teachers will need to be prepared to hear some unusual questions and to handle these questions in a matter-of-fact manner. They will need to model, by their behaviour, that the critical incident is serious while at the same time show warmth and understanding for all students. Teachers should watch carefully for individual students who are having a hard time coping to ensure they get access to help in the counseling centre. It is better to over-refer than under-refer. Teachers should not try to second guess the level of grief of a student or staff member, as people respond to trauma and grieve differently.

Following a critical incident, a child may report other traumatic events in their lives such as child abuse. All staff should be clear on the protocol for reporting child abuse and neglect and be prepared to take action to get help for the student in areas which may seem unrelated to the current trauma situation.

Step 7 – Informing Parents

Send a letter home with the students to inform parents of the incident, if appropriate. In general, parents who are well informed are better equipped to support their children at home.

Information shared in such a letter should be carefully worded to ensure that personal and family privacy is respected. As this letter is a written record, disclosure of personal information is covered by the Freedom of Information and Protection of Privacy Act and the Youth Criminal Justice Act.

Step 8 – Gather Funeral Information

In the case of a death, inform staff and students of plans for funeral arrangements. Many types of crisis incidents involve sudden death: accidents, suicides, natural or physical disasters, or sudden acute health events. The school will need to provide information to the whole school community about formal occasions such as funerals or memorial services.

- When appropriate, students and staff should have the opportunity to attend the funeral.
- Decisions about allowing funeral attendance should be governed by the wishes of the family. Student and staff attendance at the funeral can provide support for the family if

that is the family's choice. Students should be informed of the family's wishes regarding attendance at the funeral service.

- The funeral service can help peers understand and accept the death of a friend or colleague and can help to provide closure.
- Ensure that students who plan to attend the funeral are prepared by helping them anticipate what happens at funerals.

Step 9 – Team Review (Mandatory)

After each use of the Crisis Response template, the Crisis Response Team must meet to review the events while they are still recent, at the end of the day and again within two weeks. This will serve several purposes: improve the plans, raise staff skills about the use of the template and tie up loose ends and concerns following the crisis. The meeting should include:

- A review of how well the template guided the actions of staff. Identify improvements that can be made in the school plan for future situations.
- Re-evaluation of how well the actions taken as part of the plan were carried out. Appropriate changes can be made for next time, including additional training, if needed.
- Ensuring that counselling for the Crisis Response Team members is available for staff who feel that they still need to deal with their own feelings about their role in the critical incident.
- A plan to write letters of appreciation to all who helped.

Step 10 – Remembrance Activity

Family wishes should guide planning of a remembrance activity after a crisis incident which involved a student or staff death.

- Schools are cautioned against holding a large assembly to honour the deceased because of the potential for group hysteria. Large assemblies are not recommended for acute grief situations.
- Students or staff may wish to express their grief and sympathy by contributing something in the name(s) of the deceased: a scholarship fund, school landscaping, a school plaque, books for the library, construction of a showcase or some other appropriate means. Caution should be taken when establishing a permanent or highly visible memorial to remember a student who completed suicide.
- Staff may need to provide leadership to students wishing to establish an appropriate remembrance, as judgment of peers may be impaired following a traumatic event.

CRISIS RESPONSE GUIDELINE FOR PARENTS

(Reprinted with permission from: Child Guidance Clinic, 2002)

Every parent, at one time or another, worries about something bad happening to their child. A motor vehicle accident, life-threatening illness, physical or sexual assault can leave children, as well as their parents, with overwhelming feelings of anxiety, fear and helplessness. While parents search for schools and communities which will provide safe and orderly environments for their children, there are many events which can occur either directly to a child, or around him, which may affect the child's feelings of safety and security. Examples of such events include school bomb threats, fires and floods in the community, school bus accidents, shootings, and intruders.

Crisis events, such as the ones mentioned above, typically occur suddenly, with little or no time to prepare physically or emotionally. They are unpredictable and outside the range of normal expected life experience. Feelings are overwhelmed and typical methods of coping are no longer effective. In these situations, children and their parents require extra support and need to learn new ways of managing their feelings.

Below are several suggestions to help you and your child in the event of a crisis. Additional support is also available from your School Crisis Response Team.

1. Limit amount of media exposure your child has about the event.
2. Take your child's lead on when, what and how much to say.
3. Answer your child's questions honestly and with basic facts appropriate to his or her developmental age and level of understanding.
4. Don't worry about not having all the answers.
5. Encourage your child to talk about his or her concerns related to the situation and provide reassurance without denying the seriousness of the situation.
6. Listen to your child's fears, feelings and thoughts.
7. Encourage feeling expression through drawing, writing and play, as well as talking.
8. Reading children's books about similar incidents can provide a good beginning for discussions of your child's feelings.
9. Spend extra time with your child to help re-establish feelings of safety and security.
10. Stay close to your child; your physical presence will be reassuring and will give you an opportunity to monitor his or her reactions.
11. Provide extra support at bedtime; e.g. night light, special stuffed toy, extra story, siblings sleeping in the same room, more cuddle time.
12. Physical affection can be very comforting to your child.

13. Resume normal routines at home as soon as possible.
14. Avoid unnecessary changes which could cause additional stress.
15. Be patient; your child may ask the same questions over and over as they seek reassurance and deal with their confusion and fear.
16. Find support for your own personal fears and anxieties, as your reactions will influence your child's reactions.
17. Monitor your child's reactions and request assistance from your school support team if you are worried or want further advice.

CRISIS RESPONSE TEAM CHECKLIST

The following items are listed to assist you. The checklist is by no means exhaustive and not all items may apply to your particular crisis.

- Verify information.
- Alert Crisis Response Team (CRT) using the phone tree, set meeting time and place.
- Inform Superintendent's Department of crisis.
- Develop fact sheet for staff.
- Inform Director of Extended Clinical Support Services.
- Inform Student Support Services Consultant.
- Inform staff and hold special meeting for staff.
- Obtain permission for release of information as needed (from parents and/or police).
- Listen to radio/television for coverage information.
- Inform students of the event.
- Prepare information to be sent home with children.
- Prepare media release if necessary.
- Notify neighbouring schools, schools of siblings, day cares, school resource officers (SRO).
- Arrange a place for parents/community members to gather at school.
- Ensure absent staff members are informed.
- Provide staff with written directions for the day.
- Provide copies of handouts from this binder as requested/required.
- Arrange for substitute coverage.
- Assign extra personnel to answer telephones/talk to people who enter school.
- Set up crisis counselling centre and alert support staff to be on hand.
- Provide refreshments, snacks, tissues and art supplies for the crisis counselling centre.
- Schedule a Crisis Response Team meeting to update and debrief plan.
- Schedule a staff meeting to inform/debrief staff members.
- Complete accident form.
- Consider counselling supports for the principal, counsellor, and Crisis Response Team.
- Send expression of condolence/support to family.

- _____ Determine the family's wishes regarding personal property.
- _____ Rearrange class seating, and/or classes as required.
- _____ Deactivate student record .
- _____ Discuss with and prepare students for funeral attendance.
- _____ Discuss and plan remembrance activity.
- _____ Schedule a Crisis Response Team Review meeting to discuss handling of the crisis.
- _____ Send thank you letters to those that helped.

COLLECTION AND VERIFICATION OF INFORMATION

Information gathered by: _____

Verification Source

- Parent(s) or Guardian(s)
- Family member
- Police
- Friend or family

Permission Requested From Parent/ Guardian for the Release of Information

_____ **Not granted**

_____ **Granted . . . restrictions**

_____ **Granted**

Child's Name: _____

Birthdate: _____ Telephone No.: _____

Address: _____

Parent(s) or Guardian(s): _____

Emergency Contact Person: _____

Date of Occurrence: _____

Time of Occurrence: _____

Person(s) present at time of occurrence: _____

Location of occurrence: _____

Details of occurrence: _____

COMMUNICATION OF INFORMATION

To Superintendent:

Person(s) Responsible:

To Staff (method):

Person(s) Responsible:

To Staff (who may have been absent):

Person(s) Responsible:

To Students (method):

Person(s) Responsible:

To Parent Advisory:

Person(s) Responsible:

To Parents (method):

Person(s) Responsible:

To Director of Extended Clinical Support
Services

Person(s) Responsible:

To Other Principals (siblings):

Person(s) Responsible:

Preparation of written announcements for
staff, students, parents (if required):

Person(s) Responsible:

COMMUNICATING WITH THE MEDIA

1. Call made to the Superintendent's office, Pembina Trails School Division. Person responsible for calling:

2. Spokesperson appointed to deal with the media:

3. Time and location to meet the media:

4. Person(s) responsible for answering the telephone:

5. Message to be given over the telephone:

MANAGEMENT OF CRISIS

1. Use of other (non-school) personnel

Purpose: _____

Personnel to be Contacted: _____

Person(s) Responsible for Calling: _____

Time and Date Needed: _____

2. Crisis Response Kits, Elementary and Secondary, call Student Support Services Consultant (phone 204.488.1757).

Person(s) Responsible for Calling: _____

3. Establishment of Crisis Counselling Centre: _____

Staff Involved: _____

Person(s) responsible for the organization of the Crisis Counselling Centre:

4. Timetable Changes: _____

Person(s) Responsible: _____

5. Hallway Monitoring: _____

Person(s) Responsible: _____

Locations to be monitored: _____

Time: _____

6. Other Plans: _____

Person(s) Responsible: _____

IDENTIFICATION OF STUDENTS REQUIRING COUNSELLING

Identify students requiring counselling. List names:

Name	Room Number	Grade	Name of Counsellor Assigned

BEREAVEMENT RESPONSE

1. What type of formal or informal commemoration will be organized?

2. Who will be responsible for the commemoration event?
Person(s) Responsible: _____
3. Who will contact the family regarding participation in the commemorative event?
Person(s) Responsible: _____

A memorial service is not recommended in a case of suicide.

FOLLOW-UP

1. Removal of name from school records (timetables, registers, computer lists, class lists, etc.)
Person(s) Responsible: _____
2. Removal of personal property (lockers, desks, gym):
Person(s) Responsible: _____
3. Plan for anniversary date (announcements, notices or events):

Person(s) Responsible: _____

An early morning meeting of the Crisis Response Team may be necessary because of reactions by those involved and because of new information received.

Further plans for the day and the week would be discussed.

DAY 2

DAY 3

REVIEWING, UPDATING, SHARING THE CRISIS RESPONSE PLAN

The Crisis Response Plan will be shared at a staff meeting.

Date of the staff meeting: _____

Person(s) responsible for presentation of the plan:

REHEARSAL OF THE CRISIS RESPONSE PLAN

Aspects of the Crisis Response Plan can be rehearsed, e.g. telephone tree

Part(s) of the Crisis Response Plan to be rehearsed: _____

Person(s) responsible for coordinating rehearsal plan:

CRISIS RESPONSE CHECKLIST – DEATH/SUICIDE

The following checklist serves as a guide for a Crisis Response Team to assist with the identification and coordination of necessary responses. It is not meant to be an all-inclusive listing of possible actions, as it is recognized that each situation presents with some unique circumstances that must be taken into consideration.

- Family contacted by Administrator or Designate; establish clearly the information family wishes to be shared
- Call members of School Crisis Response Team (activate phone tree if required)
- Activate phone tree for clinician contact (call Director of Extended Clinical Services to assist)
- Call Superintendent SAT Link for school
- Activate staff phone tree or call staff meeting to share information and remind staff all media requests are handled through Superintendent
- Contact pertinent parents/community members (e.g. teacher's class or parents of child's classmates)
- Prepare letters to parent community and determine distribution
- Prepare support packages for teachers (e.g. script for students, developmental stage information, copy of community letter suggestions for classroom activities)
- Set up counselling area – based on situation and needs
- Identify children/staff at risk
- Contact feeder schools where child/staff have attended
- Contact schools where siblings attend
- Identify process for sharing information in each classroom
- Arrange and plan removal of personal items; desk and locker, etc.
- Ensure individual's personal email account is deactivated
- Determine type and timing of remembrance activity (if appropriate)
- Provide follow-up for identified teachers and students as required
- Consider contacting/emailing schools in Family of Schools (in consultation with family)
- Provide for debriefing by Crisis Response Team (2 to 3 weeks post-incident)

DEATH – DEALING WITH DYING AND ANTICIPATORY GRIEF

(Adapted with permission from: *Anticipatory Grief: Strategies for the Classroom* by Janice DeFrances Van Dexter in Therese A. Rando (Ed.) *Loss and Anticipatory Grief*. Originally published in 1986 by Lexington Books, Lexington, MA. Currently only available through Therese A. Rando, Ph.D., the Institute for the Study and Treatment of Loss, 33 College Hill Road, Bldg. 30A, Warwick, RI 02886 USA.)

Society has a strange way of telling its children about life. Death is excluded. We think that by omission we can let children keep their innocence of life. In fact, we are keeping them from truly understanding life. Statistics indicate that one out of every six children will lose one parent through death before they reach age eighteen. A teacher must provide support and guidance for that child. When a parent or family member is suffering from a terminal illness, the teacher must deal with the child's anticipation of loss and his/her passage through various stages of denial, anger and acceptance.

What Do I Do?

<ul style="list-style-type: none">• Inform the principal.• Together with the family, establish an agreement around the issue of confidentiality.• Share information and develop strategies through the school support team.• Continually remind yourself that the child will go through feelings of helplessness, ambivalence, guilt, anger and depression.• Each person's grief is unique and a child's home environment and upbringing will bear most significantly on his/her ability to cope.• A good means of allowing the child to deal with his/her feelings and discover normalcy is to provide story books dealing with loss, illness, anticipatory grief and death. This "bibliotherapeutic" process consists of three stages:<ol style="list-style-type: none">a) Identification – the reader identifies with the main character.b) Catharsis – as a result of the ID there is release of emotional and psychological tension.c) Insight – new insight into the reader's problem is gained via the process of "working through".	<ul style="list-style-type: none">• Through a teacher's modeling of appropriate grieving behaviour, permission and support is given legitimizing the child's grief.• If a child cannot or will not talk about his/her loss, respect that right. Provide other avenues to express what he/she feels, e.g. working with clay, dancing to music, writing a story or poem, engaging in physical activity.• Guilt is normal – talk to the child about it.• Be aware of the child's developmental stage and intellectual and emotional limitations.• Encourage the child to take care of him/herself – eat properly, get enough sleep and exercise.• Help the child break down the mourning experience into parts so that he/she can deal with it and assimilate it a little at a time.• Give hope and encouragement. Life goes on. Encourage the child to remember the happy moments and to cherish them. No one can take away his/her memories.
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Contact with the Family of the Deceased

Parental distress is great and parents may be understandably reluctant to discuss the death of their child with a person unknown to them. Therefore, it is important that, if possible, the designated contact person be someone with whom they are familiar (e.g. principal, classroom teacher).

When you contact the family by phone, you would first express the sympathy of yourself and your staff. In this initial conversation, you may or may not be able to confirm the details concerning the death. You may wish to offer to call again at a later time to see if the school community could be of assistance. **It is important to clearly establish the wishes of the family concerning the school's involvement.** If you have procedures you intend to follow, indicate these to the parents. Invite their involvement if appropriate. Leave a number where you can be reached. In some situations, it may be necessary to confirm that a death has occurred.

Sample Language for Call to Family

Death of Student or Staff

<ul style="list-style-type: none">• This call needs to center on caring for family and their needs.• "I wondered what we could do to help you during this difficult time ..."• "It is not easy for me to call you but I wanted you to know that we at the school are thinking about you ..."	<ul style="list-style-type: none">• "We've been thinking about you and wondered what we here at school can do to help ..."• "Perhaps if we give the students some information that may stop some of them from calling you directly unless you want to hear from them ..."
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Rumours, Verification of Death or Accident

<ul style="list-style-type: none">• "Some of the students arrived at school with some rumors about Sally and we wanted to check them with you ..." <p>"We wondered how you would like us to handle this with staff and students and what information you would be comfortable having us share ..."</p>	<ul style="list-style-type: none">• "We'd like to be supportive of you and we don't want to do anything to upset the family ..."
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Suggestions for Teachers/Others Who Lead Class Discussions

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- There is no “right way” to talk about death or any other tragedy.
- If the death was a result of suicide, in consultation with the Crisis Response Team, discuss and verify what information the family wishes to be shared.
- Classroom discussions will vary in length depending on:
 - **how well the students knew the deceased;**
 - **if they were directly affected; and**
 - **the age of the students.**
 - Some discussions may be as brief as a few minutes or continue for a class period.
 - Avoid euphemisms such as “passed away”, “gone”, “at sleep”, “gone to heaven” which may confuse the student.
 - Avoid the general statement, “if you need anything, let me know.” Students may find it difficult to verbalize their own needs and will require assistance to find a better way to describe the support they want. It is better to say “would it help if I...?”
 - Avoid saying “I know just how you feel.” It is more empathetic to say, “You must be having a lot of feelings right now ...”
 - Be simple and straight forward.
- Feelings of students will vary from student to student and will change over time.
- Acknowledge that you may not have all the answers, but you are sharing all the verified information you have, and will share information as it becomes available/is necessary.
- Dispel rumours and discourage conjecture. Review the facts and assure that all available information is being shared.
- Acknowledge significant cultural or religious beliefs that may be expressed.
- Note that help is available for students and where they could go to talk about their feelings.
- Review the supports the students have (family, significant adults, teacher, counsellor, school psychologist and a school social worker).
- It is very helpful to channel the feelings of the class into appropriate expressions of concern. Refer to the section on, “Suggestions for Classroom Activities After a Loss”.
- Discuss death in terms the student can easily understand.

Class Discussion

The class discussion has 3 components:

<p>1. Sharing the script of available information from the principal/Crisis Response Team;</p> <p>2. Responding to the feelings of the students; and,</p>	<p>3. Concluding by focusing on the strengths and supports the students have.</p>
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Sample class discussion:

<p>Beginning Script</p> <ul style="list-style-type: none"> • "Something very sad has happened. A grade 7 student has died in a car accident. This kind of sad news is hard to accept. You will probably have many feelings in the next while. You could be sad, angry, confused, depressed, afraid, or have no feelings at all for some time. When I've felt like this, it has helped me to talk to someone. Sharing my feelings made it easier, although not less painful, to deal with the tragedy. If you'd like to talk about the situation, I'd be glad to take time to do that. I'll try to answer any questions as well as I can". <p>Responding</p> <ul style="list-style-type: none"> • "Some of you feel angry that _____ died. What can you do with your angry feelings?" • "It is okay that some of you are very sad as a result of hearing about _____ death and some may not have known her." • "Because _____ died, you may be reminded of others that you cared for who have died." 	<ul style="list-style-type: none"> • "It's okay to forget _____ sometimes when you work and play." • "It's okay to cry – it's all right". <p>3. Concluding</p> <ul style="list-style-type: none"> • "Over time the pain of missing _____ won't hurt so much. That's the way it should be. It doesn't mean that you loved _____ any less." • "Class is almost over, and it seems there's more to talk about. Perhaps we can set aside some time tomorrow." • "A letter will be going home today to let your parents know about _____ death and how we are dealing with it here at school." • "Counselling is available today. The school counsellor and Clinical Support Services team are here to help you. They will listen to your feelings and concerns. You can access counselling whenever you need to; just let me know before you go."
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Script for Teachers – Informing Students about a Death or Other Tragic Event

Dear Staff:

Your students need to know that a (death/loss/accident) has occurred. Please be aware that you have the choice as to whether you want to be the one to tell your students. If you don't feel comfortable in doing so, please let your administrator or a member of your School Crisis Response Team know. Arrangements can be made for someone else to take your class, while you get the support you need. If you feel that you can lead the discussion, here are the facts and some guidelines for discussion:

Share only the facts that have been scripted for you. Additional Information will be provided to you and the students, as soon as possible. **You can begin with, "I have something sad to share with you."** Then share the scripted information provided by the School Crisis Response Team that is listed below:

In leading the discussion, you can say **"I am feeling very sad about what has happened. I would like to spend some time talking about the (death/crisis/accident)."**

Take some time for informal discussion, and let the students know there is counselling available, if they need further discussion. Often it is helpful to have the discussion in a circle or with younger children, on the carpet. After the discussion and depending upon the age of the students, you may want to modify your curriculum plans for today, but try to end the day with some form of routine activity. Some students benefit from drawing or writing about their feelings, but all expressions of grief/loss should be accepted. The Crisis Response Team will be sharing other ideas for appropriate classroom activities, as more factual information surrounding this tragedy becomes available.

Please identify any students that you feel are experiencing a severe emotional reaction, and pass their names to the Crisis Response Team within the next two hours (or recess). A counselling area has been set up in the following area of the school: (list place; e.g. in the resource room)

The following activities/programming has been cancelled for today: (list below)

If you need any support, please let the office or the Crisis Response Team know. Thank you in advance for supporting your students and fellow colleagues.
(Please feel free to reprint this page for staff.)

LETTERS TO PARENTS OF CLASSMATES:

The principal, in consultation with the Crisis Response Team, will decide if a letter to parents of other students enrolled in the school is appropriate. The letter may be directed to all parents, parents of students at the deceased's grade level or parents of classmates.

In the event of a tragic event involving students, a similar letter with modifications would be appropriate.

Although the students may or may not have been close to the deceased, the feelings of grief for previous losses can be "triggered" by the death. Parents need to know that a tragedy has occurred so that they can support the young person at home.

SAMPLE MODEL #1

Letter to Parents of Students Informing them of the Death of a Student/Staff Member (On School Letterhead)

Date:

Dear Parent/Guardian:

I regret to inform you of the death of _____.

_____ was a (student/teacher) at _____. (He/she) was a student in grade _____. (He/she) taught _____ and has been on staff at _____ for _____ years. The cause of death is reported to be _____.

Funeral arrangements are pending but will be shared with your son/daughter as they become available.

Each person responds to death in his/her own way. If your son/daughter is showing signs of particular distress please contact his/her teacher. Resource personnel are available at the school to help students deal with the death.

I trust this information is useful in helping you support your son/daughter at this difficult time.

Yours sincerely,

The School Principal

SAMPLE MODEL #2

Letter to Parents of Students Informing them of the Death of a Student/Staff Member

Date:

Dear Parent/Guardian:

Today, we have been able to confirm that (name of student or teacher), a grade (list grade and identify student or teacher status) has died suddenly. The reported cause of death was (describe cause). While we are shocked and saddened by the news of this tragedy, we wanted to share how we have handled this situation at school.

Since many students and staff were affected by the death, the School Crisis Response Team was activated and the overall school crisis plan was followed. Directed by myself as the school principal, the team consists of several specifically trained school staff including our Clinical Support Services team. The classroom teachers were asked to share the news concerning the death and acknowledge student feelings in a supportive manner, according to the age of your child. In addition, a counselling centre was set up in the (list place), where those students most affected could receive further supports. It is hoped that by providing a supportive place for expressions of grief, the students and staff will be able to understand and cope with the loss.

Just as we have encouraged students to express their feelings here at school, we also encourage you to discuss the death at home. Listening to your child and acknowledging their feelings will be helpful. As each child and their experiences are different, the need for discussion and support will also vary.

Should you have any questions about your child's response or need any assistance, please feel free to call the school. If a member of the Crisis Response Team is not available to take your call, please leave your name and number, and your call will be returned as soon as possible.

Yours sincerely,

The School Principal

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WAYS TO COMFORT OTHERS:

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To comfort a grieving child:

- **Be yourself.** Show your natural concern and sorrow in your own way and own words.
- **Be there.** Spend time with the child walking, reading, talking.
- **Listen.** Be sure to have good eye contact. Use simple, direct words. Let the child be angry or express other feelings.
- **Explain things.** Give information about what's going to happen. Keep promises made. Be as predictable as possible.
- **Comfort the child.** Don't assume that a seemingly calm child is not grieving. If you can, be a friend to whom feelings can be confided and with whom tears can be shed.
- **Complete** a remembrance activity. Draw a picture or send a note.

To comfort a grieving adult:

- **Be there.** Attend the funeral, visit, call and spend time with those grieving. Particularly after the initial attention subsides, bring food, do errands.
- **Listen.** Grieving people need to talk about the sudden vacuum in their lives. Allow them to know that you wish to hear about their experiences. Don't force conversation, allow the grieving person to lead. Don't attempt to tell the grieving person how he/she feels. Ask (without probing), but realize you can only know what you are told.
- **Avoid** talking to others about trivia in the presence of the recently grieving person, even if this is done to distract the bereaved.
- **Don't** take away pictures, clothing, student belongings and/or desk too quickly. Acknowledge the death.
- **Send a note.** Notes can share personal memories – keep them short and simple.
- **Give a gift.** Donate a collection of poems, a book to the library in memory of the deceased, a gift to a related charity.
- **Extend an invitation.** Consider what the person likes to do. Bereaved people often decline invitations or cancel at the last minute. Don't give up. Ask again. Don't forget the person after time has passed.
- **Encourage the postponement of major decisions.** Whatever can wait should wait until after the period of intense grief.

STAFF GUIDELINES FOR DEALING WITH DEATH:

Do's

1. Feel comfortable asking for help. This experience need not be handled alone.
2. Develop an environment in which students feel perfectly safe to ask any questions, and completely confident of receiving an honest answer.
3. Use correct terminology related to death (e.g. avoid euphemisms – “gone on a long journey,” etc.).
4. Listen and empathize. Make sure you hear what is said and not what you think the student ought to have said.
5. Allow the students to express as much grief as they are able or willing to share with you.
6. Share your own feelings and tell about your own memories of the child but don't idealize the dead child.
7. Say “I don't know” when you don't know.
8. Recognize that classroom routines and management may be disrupted. This is natural – be flexible.
9. Maintain a sympathetic attitude toward the student's age-appropriate responses.
10. Organize activities that will allow students to tangibly express their grief (e.g. memorials, letters, etc.).

Don'ts

1. Don't force a child to participate in a discussion about death.
2. Never link suffering and death with guilt, punishment and sin.
3. Don't be judgmental; don't lecture. It's all too tempting to make a point or moralize.
4. Don't force a “regular day” upon grieving students, but at the same time don't allow the class to be totally unstructured. Offer choices of activities, e.g. letters, journals and discussion.
5. Don't say “I know how you feel” unless you truly do.
6. Don't force others to look for something positive in the situation.
7. Don't feel you must handle this alone. Ask for help.
8. Don't expect “adult responses” from children and teenagers. Their grief responses may seem inappropriate to you (e.g. giggling).

Note: It may be useful to provide a copy of this for each staff member.

GENERAL REACTIONS TO DEATH/CRISIS

The aftermath of a death/crisis may result in a variety of emotional reactions on the part of students. Classroom discussions may generate additional reactions not only on the part of students who were close to the victim but among students who are at risk for suicide as a result of other reasons. It is important to identify those students in need of additional help and/or referral to a community agency. The general considerations listed below may be helpful in making decisions about which students need additional assistance. (When in doubt, consult with a member of the Crisis Response Team.)

- Crying is a normal reaction; however, if a student is unable to control crying, he or she may be in need of additional support and/or counselling.
- Students who are exhibiting no visible signs of emotions may be responding appropriately, depending on degree of closeness to the deceased. Among students who were closer to the victim, some numbness of feeling is appropriate initially. It is the emotionally over-controlled students who require attention: for example, the student who was very close to the victim but is exhibiting no emotional reaction to loss.
- Anger is also a normal response. However, if most students in a classroom are displaying sadness while one student is exhibiting anger, this may indicate a need for further assistance for that student.
- Many students may be affected who had little or no contact with the deceased. Students who have experienced a loss over the past six months to a year or who have experienced a traumatic event or have witnessed acts of violence may display emotional reactions in response to this current stressor.
- Other individuals who are normally emotionally unstable or who are individuals with exceptional needs may have strong reactions to a suicide or a death and may require assistance.

Grief Reactions and Interventions Differ by Age/Cognitive Development

Early Childhood 3-5 Years

Common Beliefs of this Age Group	Fears	Suggested Intervention
<ul style="list-style-type: none"> • Death is temporary and reversible. • The dead maintain all the qualities of being alive. For example, they see, hear, eat, play and need to keep warm. • There is a magical connection; children conclude that an angry thought or wish may have resulted in the death. • Life is associated with movement and death with lack of movement. 	<ul style="list-style-type: none"> • Children at this age fear loss of love, protection and abandonment. • Fear personification of death, skeletons, ghosts, graveyards, haunted houses, “bad people,” darkness and being alone, Halloween. 	<ul style="list-style-type: none"> • Be reassuring, “Yes _____ was 5 when he/she died, but that doesn’t mean that you will die when you turn 5.” • Reassure them that their caregivers are unlikely to die. • Reassure them they will be looked after. • Talk about what death means and what the dead person can no longer do in terms of bodily functions, feelings and awareness. Don’t push children to understand. Provide simple explanations, but accurate information to their level of understanding. • Address their concerns about the physical comfort of the deceased. • Painting, drawing, stories and other commemorating activities will help students express what they can’t describe verbally.

It may be helpful to reprint this page for staff and parents.

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Grief Reactions and Interventions Differ by Age/Cognitive Development

Middle Childhood 5 – 9 Years

Common Beliefs of this Age Group	Fears	Suggested Intervention
<ul style="list-style-type: none"> • Many children shift to accepting death as permanent by eight or nine years of age. • Children at this stage are still magical thinkers in terms of wishes and fears. • Death is an external event. If you're careful and don't do anything wrong, it can be avoided. • Death is remote. • Children at this stage may be very curious about cessation of bodily functions and fascinated with the physical details. • Concepts such as afterlife, universality or finality of death may still be confusing for some. 	<ul style="list-style-type: none"> • Children at this age are becoming concrete thinkers and fears of death increase as its finality is understood. • They fear abandonment. • Fears may be manifest in regressive behaviours. 	<ul style="list-style-type: none"> • If children inquire, give biological details such as absence of pulse, breathing and cessation of other bodily functions. • Relate this death to previous death experiences such as the death of a class pet or grandparent. • Reassure students that they did not cause the death by their thoughts or actions, nor was it a punishment for them or for the dead person. • Clarify confusing concepts such as life after death, finality or universality of death while maintaining respect for a variety of beliefs. • Reassure children that they will be looked after and accept that their level of concept and understanding is a concrete view.

It may be helpful to reprint this page for staff and parents.

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Grief Reactions and Interventions Differ by Age/Cognitive Development

Late Childhood 10 Years and Up

Common Beliefs of this Age Group	Fears	Suggested Intervention
<ul style="list-style-type: none">• Children at this stage are ready and able to understand as much about death as adults are able to tell.• They are becoming more aware of the effect of death on others.• Generally, children at this stage are in transition from concrete to abstract thinking, so they may see death as part of the continuum of life, although they may still perceive it as painful and frightening. They may try to cover up feelings and fears.• They are developing their independence from parents but are not yet fully established individuals.	<ul style="list-style-type: none">• These children become anxious about their own mortality.• They are concerned with their own security and about the impact death has on others.• Concerns may manifest in regressive behaviours, acting-out, withdrawal or endless questions.	<ul style="list-style-type: none">• Be reassuring.• Be respectful of their questions and desire for accuracy.• Teach that it is normal to feel sad, angry or lonely.• Share that it is all right to cry openly and talk about death.

It may be helpful to reprint this page for staff and parents.

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Grief Reactions and Interventions Differ by Age/Cognitive Development

Adolescents

Common Beliefs of this Age Group	Fears	Suggested Intervention
<ul style="list-style-type: none"> • Adolescents start to examine the meaning of life and death. • They may question our social customs or rituals and are concerned about how others react. • They may glorify an event or person. • Death is an aberration which may cause feelings about injustice. • They may avoid any typical adult signs of mourning such as crying. • Their energy can appear to come in great spurts and their responses can be unpredictable. 	<ul style="list-style-type: none"> • Adolescents experience both anxiety and denial about their own mortality, "It can't happen to me!" • An initial reaction to the death of a teacher may be anxiety about goals interfered with. 	<ul style="list-style-type: none"> • Help students to recognize the signs of grief. • Allow them to express their grief as they see fit, even if it seems inappropriate to adults. • Encourage them to get adequate rest and food in order to cope with the stress of loss. • Encourage them to stay involved in normal activities.

It may be helpful to reprint this page for staff and parents.

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Grief Reactions and Interventions Differ by Age/Cognitive Development

Adults		
Common Beliefs of this Age Group	Fears	Suggested Intervention
<ul style="list-style-type: none"> • Variety of grief responses is mostly due to how previous losses have or have not been resolved. • Although adult cognition allows an older person to reason abstractly, the degree to which personal support systems (e.g. friends, family, religion, etc.) are firmly in place can determine the nature of their grief. • Some people are more vulnerable to the effects of death, particularly those who have experienced loss, relocation, death, war or natural disaster. 	<ul style="list-style-type: none"> • Perceived need to remain “in control” often causes adults to circumvent the natural grief process. • Potentially unhealthy responses include such behaviours as: <ul style="list-style-type: none"> ▪ over-activity ▪ avoidance of grieving ▪ indecisiveness ▪ suppression of all feelings ▪ development of the deceased’s symptoms ▪ increased isolation ▪ increased frequency of real physical disease ▪ self-defeating behavior ▪ depression 	<ul style="list-style-type: none"> • Create an environment that is supportive and caring of others. • Colleagues should be watchful of severe grief-response and share concerns with the Crisis Response Team or administrator. • Ensure those people deeply affected are receiving appropriate support. • Encourage adequate rest and food in order to cope with the stress of a loss.

It may be helpful to reprint this page for staff.
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Guidelines for Clinicians and Counsellors Conducting Group Intervention/Debriefing

(From Trauma in the Lives of Children by Kendall Johnson, Alameda, CA: Hunter House, © 1989, used by permission of the publisher.)

When a death or tragic event affects an entire group of students, such as a classroom, effective intervention can be provided in a group situation. Group intervention, also known as debriefing, is basically structured group discussion. The purpose is to develop understanding and increase feelings of personal control among students, while maintaining group cohesiveness. While group interventions vary depending on the group and situation, they follow five sequential steps.

1) Introduction:

The introduction sets the tone for the session. Talking about death/tragic events is difficult, and the group needs to feel secure and respected. The leader needs to complete the following:

- a) the reason for the group (e.g. death of a student/teacher),
- b) expectations in terms of the format and sequence of events in the group, and
- c) outline of rules for group participation.

General rules may include the following: confidentiality – “what’s said in here stays in here”, non-judgmental listening – “no put downs”, opportunity to express verbal feelings or not to share, no interrupting and to speak only for yourself. If the group intervention occurs in a classroom setting, often it is helpful to have the students sit in a circle. In some situations it may be necessary for the school to set up an additional room, specifically designated for group intervention.

2) Facts:

The next step is for the group to understand the facts and realize that they are not alone in this experience. In order to decrease the compounding effect of any rumors and alleviate any misconceptions, the School Crisis Team often provides a fact sheet/script for the leader. The leader needs to complete the following:

- a) allow students to explore and reach agreement on the facts,
- b) allow each student several opportunities to describe the death/tragic event from their own perspective, and
- c) guide discussion so that the students realize that they were similarly affected and have a shared perspective.

3) Feelings:

Once the facts have been established, the students are encouraged to explore their feelings in a supportive context. The leader needs to complete the following:

- a) allow each student several opportunities to share or not share their feelings about death,
- b) begin with feelings they experienced when they heard of the death/tragic event and move to what feelings they have right now, and
- c) remind the group that it is their job to listen in a supportive and caring manner.

4) Teaching:

It is important for the group to learn that it is normal to experience differing emotions and that their own personal experiences/feelings are also normal. The leader needs to complete the following:

- a) provide information regarding normal reactions to the death/tragic event, and anticipated reactions later,
- b) validate personal experiences, and
- c) provide information regarding further personal counselling supports and how to obtain them (e.g. available crisis counsellors, the school psychologist, counsellor, and a specific designated area for individualized supports etc.).

5) Closure:

Group interventions can be a very powerful and affirming experience for participants. The leader needs to complete the following:

- a) allow each student to summarize or make final comments,
- b) in conjunction with the group, develop a plan of action for the class in order to regain a feeling of at least partial control over fate (see section on Suggestions for Classroom Activities),
- c) offer the possibility of further discussion at a later date on an individual or group basis,
- d) if a school letter is being sent home to inform the parents/guardians concerning the death, tell students that it is being written, and
- e) try to resume some form of normal routine at the end of the session/day. While most of the group will likely be able to resume some form of normal routine, it is essential that the leader identify any group participant that may require more intensive supports to the crisis team for further follow up.

Schools may wish to provide a copy of this outline to group leaders.

Counselling Drop-in Centres

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Setting up a temporary drop-in center following a death or other critical incident is an effective way to support students, particularly those considered high risk. Usually the counselling center is supported by the school counsellor and the Clinical Support Services team, but additional staff can be quickly accessed via the Coordinator of Clinical Support Services. The duration of the service depends on the specific school situation. The following guidelines and suggestions are offered:

Guidelines for setting up a drop-in counselling centre

- 1) Provide a drop-in counselling centre all day the first day that news of a critical incident such as a sudden death is disseminated.
- 2) Ensure that more than one counsellor/facilitator is in the centre at all times. Other staff should be available for relief purposes. Counselling in the centre may be with individuals or small groups.
- 3) Staff who provide counselling in the centre should organize themselves to maintain continuity in spite of the “drop-in” process, so that adults may consult with each other about identifying high risk students as well as for general support and help.
- 4) Record the names of students who attended the centre.

Suggestions for staff in the drop-in counselling centre

- Accept all responses from students and permit them to express their reactions in a way that is individually appropriate.
- Let the students express feelings about other personal losses such as deaths in their families or other traumatic events. A critical incident may bring up painful memories or unresolved emotions from the past.
- Listen to the students express their feelings without making judgments. Be empathetic and encourage them to discuss how they are feeling.
- Be genuine. Do not try to convince students that you understand their feelings. Say “I want to understand your feelings.”
- Provide opportunities for students to discuss feelings of guilt related to the tragedy. They may need
- ~~reassure them that they are not responsible.~~ “I understand where you are coming from.”
- Discuss the facts and the critical incident and encourage them to ensure that confidential information and that of family members is not revealed in the counselling center.
- Remember that critical incidents can spark disclosure of child abuse or other ways that students are at risk.
- Carefully monitor the student's response to other staff. Do not reinforce the student's unwise decision, especially if you are feeling overwhelmed by the intensity of the problems.
- Be vigilant to any expression of suicidal thoughts. Remember that a well thought-out plan to commit suicide is a significant danger sign which should signal immediate action for staff and/or family. Seek immediate assistance, and do not

leave the student alone until you have it.

Suggestion for Classroom Activities After a Loss

- Classroom discussion
- Writing a eulogy
- Designing a yearbook page commemorating the deceased
- Honouring the deceased by collecting memorabilia for the trophy cabinet
- Writing stories about the victim or the incident
- Drawing pictures of the incident
- Debating controversial issues
- Investigating laws governing similar incidents
- Creating a sculpture
- Creating a class banner in memoriam
- Building a fitness course, a sign for the school or a bulletin board in memory
- Discussing ways to cope with traumatic situations
- Discussing the stages of grief
- Conducting a mock trial if laws were broken
- Starting a new school activity such as SADD unit if a child was killed by a drunk driver
- Encouraging students to keep a journal of events and of their reactions, especially in an ongoing situation
- Placing a collection box in the class for notes to the family
- Urging students to write the things they wish they could have said to the deceased
- Practicing and composing a song in memory of the deceased
- Discussing alternatives for coping with depression if suicide is involved
- Analyzing why people take drugs and suggesting ways to help abusers, if substance abuse related
- Writing a reaction paper
- Writing a “where I was when it happened” report
- Discussing historical precedents about issues related to crisis
- Reading to the class (contact school Librarian for resource materials)
- Encouraging mutual support
- Discussing and preparing children for funeral (what to expect, people’s reactions, what to do, what to say)
- Directing energy to creative pursuits, physical exercise or verbal expression when anger arises
- Creating a class story relevant to the issue

Suggestions for School-Based Remembrance Activities/Responses

It is appropriate for school administration in conjunction with the School Crisis Response Team to plan for some form of a school-based remembrance activity.

Remembrance activities are a way of allowing students, staff and others within the community to recognize the deceased person's importance to the school community. This is a critical part of the healing process that allows for grieving to take its natural course. A remembrance activity benefits the staff and students as it gives them an opportunity to work through and share their feelings in a healthy way. Each school-based response will vary according to the specific situation surrounding the death, who has been most affected, the family wishes, the community response and other variables specific to school history.

Note: While formal school assembly and memorial services have been widely described within the literature, current Canadian practice leans toward a remembrance activity, rather than a formal large group memorial. Large assemblies are discouraged for acute grief situations due to a potential negative outcome (group hysteria, difficult to manage and predict), particularly in regard to suicides.

Planning efforts for a school-based remembrance should consider the following:

- the wishes of the family must be respected at all times
- sensitivity needs to be exercised with respect to the deceased survivor's cultural and religious background
- input from all affected school staff, students, support staff and community

Suggested School-Based Remembrance Activities:

- attendance at the funeral
- family visit by administration
- family visit by staff members that were particularly close to the deceased family
- donation to a charity
- gift of flowers, fruit basket, food
- memory book for the family
- a box filled with cards, notes, drawing, photos from staff and/or students
- acknowledgement by parent council to family (card/donation/food)
- establishment of a commemorative award
- establishment of a memorial fund
- books for library (in memory of)
- yearbook recognition
- school plaque
- school landscaping
- moment of silence

A Formal School Memorial Service

While the Canadian practice of a formalized, school-wide memorial service is limited, should it be appropriate for the specific school situation, the following guidelines are offered:

Planning efforts should consider the following:

- It is important to remember that the wishes of the bereaved family must be respected at all times.
- Check with the family concerning the appropriateness, type and format of the service.
- Invite the family of the deceased to the service.
- Consider the need to send a typed copy of the service to the family, with an accompanying letter of sympathy.
- Be culturally aware and sensitive. It may be necessary to consult school division community liaison officers/workers or other knowledgeable community personnel.
- Obtain input from the school staff, student body, support staff and community.
- Determine level of student involvement during the service.
- Consider inviting other people within the school, division and community: school support staff, parent councils, school trustees and superintendents, and other appropriate guests.
- Collect remembrances of the deceased which can be shared with the audience: visuals, anecdotes, testimonials, etc.
- Avoid holding the service at the end of the day and immediately releasing a school full of emotionally charged students. After the memorial service the students should be brought back to their classrooms to discuss their reactions and feelings. Time should be allowed for comfort and transition.

Components of a School Memorial Service

The memorial service or address is intended to focus on the value of the life lived and to provide factual information.

The components in a memorial address may be:

1. **Explanation that this is a special address regarding the death of a member of your school community:** The address should be brief with a minute of silence observed at the end.
2. **Clarification of facts:** Name, age, grade level, date and manner of death. If the manner of death is being investigated (e.g. murder, suicide), consult with the police regarding what can be shared.
3. **Background of the student:** Names of schools recently attended, extra-curricular activities, hobbies, favorite subjects, part-time jobs, etc.
4. **Personal remarks:** Relay some of the positive remarks of staff/students. The deceased will always be remembered. If there is no personal information, speak in general terms about the loss of a young life and the value of the brief time spent together. Invite the student body to participate in memorial activities (e.g. creation of a visual display, assembly, etc.).
5. **Concluding Remarks:** Recognize the emotions arising from the situation, the need to support one another, the “normalcy” of grief responses (e.g. tears) and the importance of recognizing the value of the person’s life. End by giving factual funeral arrangement information and request that all stand for a minute’s silence in memory of the deceased.

Postvention / Evaluation

General Guidelines:

It is impossible to predict the length of a long-term reaction to a tragic event. A few weeks after the crisis is over, there may be some students and staff who will be affected deeply and will need continued support or counselling. However, for most of the school, life will be back to normal. During this time period, the Crisis Response Team needs to organize a meeting to discuss current supports in place and the general effectiveness of the plan. The following may be used as a guide:

- ensure those people deeply affected are receiving continued support
- remember that certain things may trigger an intense reaction after the crisis (e.g. birthdates of the deceased and of the grievers, holidays, anniversary dates of the crisis, certain music, etc.)
- obtain feedback from various people involved in the response effort, prior to the postvention evaluation meeting
- determine what worked well and what didn't, and make changes accordingly
- identify and implement modifications needed in the plan
- thank and give feedback to those who helped the school cope with the crisis
- ensure that the Crisis Response Team receives appropriate debriefing

General School Guidelines for Responding to Suicide

Youth suicide is a multifaceted societal problem involving social, psychological and biological factors. Schools, in partnership with mental health professionals/agencies can assist students in learning about, and effectively dealing with, the problems of suicidal ideation and behaviour.

As schools develop their own procedures for dealing with suicide, the following general guidelines are suggested:

- Effective school plans for dealing with suicide encompass prevention, intervention, and postvention strategies.
- Prevention involves programs that educate students regarding coping and problem solving strategies for living, and that educate students in the specific topic of suicide at appropriate points in their education.
Prevention also involves staff and parent programs to develop awareness and strategies for assisting students.
- Intervention involves the early recognition of suicide potential, direct contact with the student involved and referral to specially trained staff for assessment and care.
- Postvention involves the continuation of any required long-term supports and the review/evaluation of the overall response.
- All staff have responsibilities (albeit different ones) for dealing with suicide potential.
- Doing nothing places the schools in more jeopardy than doing something. Suicidal ideation and behaviour can mean death in cases where proper intervention efforts are not initiated and carried out.
- Dealing with suicide in a sensitive educational context does not lead to, or cause, further suicidal behaviours. "Copycat behaviour" does not occur when effective programs and services are in place.
- If considering remembrance activities, large assemblies are discouraged for acute grief situations due to potential negative outcome (group hysteria, difficult to manage and predict), particularly in regard to suicide.

Crisis Response Team Involvement

The activation of the Crisis Response Team is determined by the principal. The scope and sequence of its involvement is determined by the specific circumstances surrounding the suicide attempt or threat. Crisis team involvement may include some of the following:

- Keeping a member of the team with the student at all times
- Talking with the student privately, assessing the level of risk
- Developing a specific plan of action
- Checking confidential records in the school (e.g. Clinical Support Services, medical card, cumulative file, etc.)
- Contacting the parents/legal guardians and recommending contact with family physician
- Contacting a non-school based agency that may already be involved
- Referral to a non-school based agency
- Identification of appropriate emergency counselling supports
- Referral to a hospital, if needed
- Arranging transportation of student and staff members to a non-school based facility, if needed
- Implementing a plan to deal with the student body, siblings, and friends
- Coordinating, monitoring or follow-up with non-school based facilities/agencies, if they are involved
- Arranging of debriefing for staff/students involved
- Follow-up with student's classroom teacher, if he/she is not directly involved in the incident
- Ensuring that the documentation process is followed
- Making contact with non-school based agencies (e.g. Child & Family Services), if the student is high risk and it is the opinion of the crisis team that the parent/guardian will not seek immediate and appropriate intervention
- Arranging for postvention/evaluation of the crisis response

Best Practices in School-based Suicide Prevention:

A Comprehensive Approach

2014

Healthy Child Manitoba

Putting children and families first

.....

Manitoba

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The role of the school in Suicide prevention

Prevention; 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 youth people. There are other important reasons why schools could 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 care in 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:
 - 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 of hopeless.
 - One of 5 high school students receiving grades of mostly D's and F's 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.

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 the guide will help school 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 Advanced Learning 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 using this guide contact:

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Context

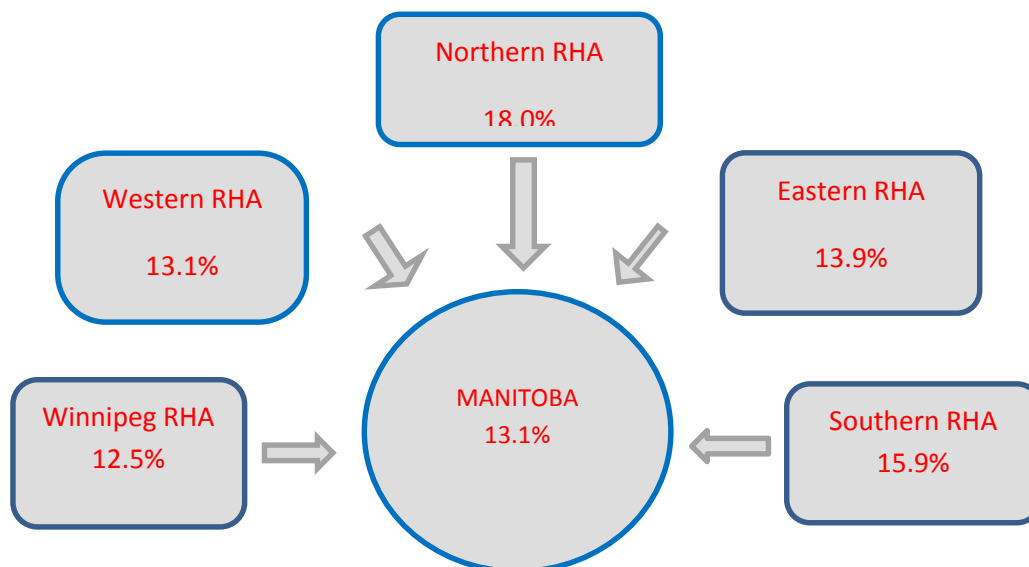
Understanding the needs of your school population is key to developing effective suicide prevention plans and activities. Manitoba has a unique set of demographics. Within the province, geographical areas and even individual communities often have specialized needs. **The implementation of any programming 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 accounts 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/hormone
- 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)

Adapted from:

Youth Suicide Prevention Website-“What is so stressful about being a youth?”

http://www.youthsuicide.ca/adult_questions/reasons.htm

Risk and Protective Factors

Suicide and suicide related behavior (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 behavior, including prior suicide attempts and behavioral rehearsal.
- Hopelessness, aggression, recklessness and impulsivity.
- Family factors, including high levels of parent-child conflict, parental mental illness and a family history of suicidal behavior 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.
http://www.mcf.gov.bc.ca/suicide_prevention/factors.htm

Protective Factors include:

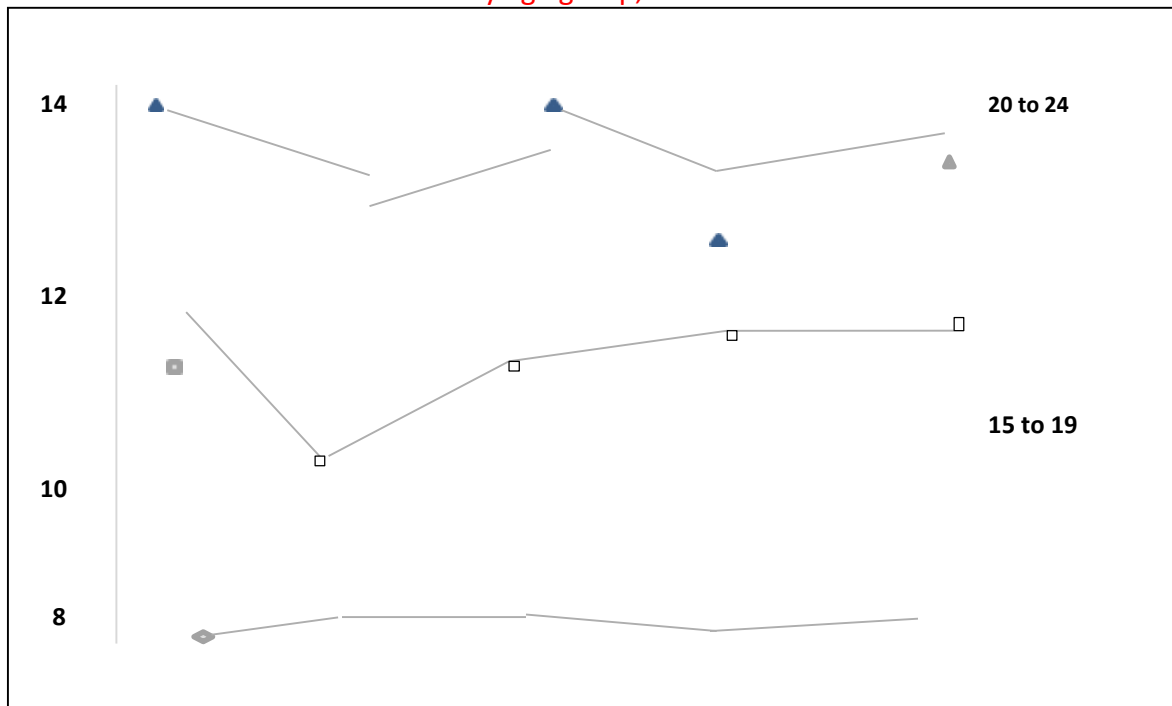
- Strong individual coping and problem-solving skills
- Experience with success and feelings of effectiveness
- Strong sense of belonging and connection
- Interpersonal competence
- Warm, supportive family relationships
- Support and acceptance
- Success at school
- Strong cultural identity
- Community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

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

Youth suicide statistics

- Suicide accounted for 4,100 potential years of life lost among Manitobans in 2007.⁴
- Suicide is the second leading cause of death for young Canadians between ages 10 to 24.⁵
- In 2009, 227 Canadian youth between ages 10 and 19 died by suicide as did an additional 277 young adults between ages 20 to 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 1—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, 2005-2009.



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: <http://www5.statcan.gc.ca/cansim/a26>

5 Statistics Canada, CANSIM table 102-0451. Leading causes of death by selected age groups and sex, 2005-2009. Viewed at: <http://www5.statcan.gc.ca/cansim/a26>

6 Statistics Canada CANSIM Table 102-0551. Suicide and Suicide rates by sex and age group. Viewed at: <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/ccsto1/hlth66d-eng.htm>

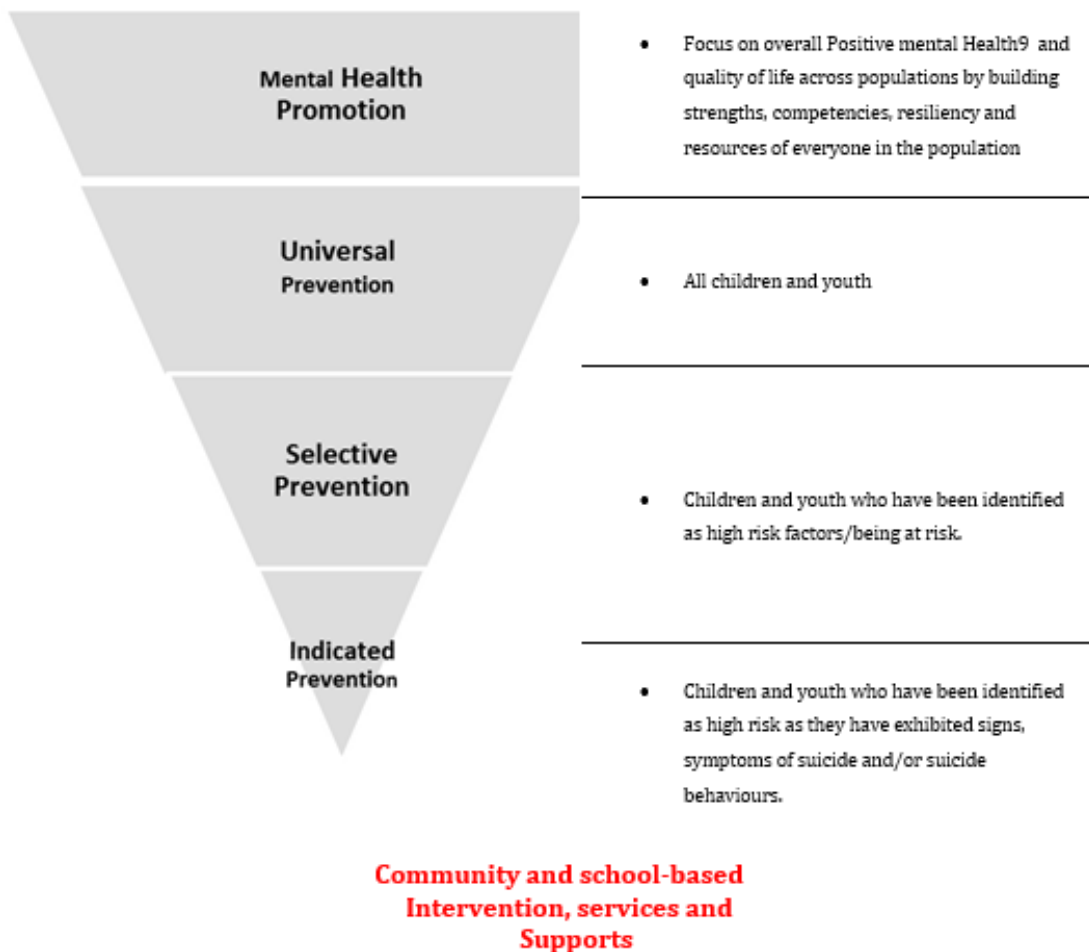
7 Statistics Canada, CANSIM table 102-0561. Leading causes of death by selected age groups and sex, 2005-2009.

8 Health Canada, First Nations and Inuit Health. Acting on What We Know: Preventing Youth Suicide in First Nations. Viewed at: http://www.hc-sc.gc.ca/finiah-spinia/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 behaviors. 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*).



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 behavior 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 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 commitments 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 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 crises. These policies should be reviewed annually to ensure contents are current and content is updated with any new developments.

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

- Protocol for help in 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 behavior.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, and 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 91997), 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 other 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 behavior support:

Towards Inclusion Supporting Positive Behaviour in Manitoba classrooms
http://www.edu.gov.mb.ca/k12/specedu/beh/pdf/BEH_Document.pdf

Towards Inclusion from Challenges to Possibilities - planning for Behaviour
http://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 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 the 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

http://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 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:http://smhp.psych.usca.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 required 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

<http://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 practice 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 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. Source 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:

- <http://www3.suicideinfo.ca/youthatrisk/ForParents/tabid/637/Default.aspx>
- <http://www.yellowribbon.org/Msg-to-Parents.htm>
- http://www.nasponline.org/resources/crisis_safety/suicideprevention.aspx
- http://www/cprf.ca/publication/pdf/family_09_eng.pdf

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 (i.e. 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, and crisis services) must work together to establish partnerships and to build common understanding of each other's 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.
<http://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.
<http://www.gov.mb.ca/health/rha/index.html>
- Statistics Canada 2011 Census Information
<http://www12/stratcan.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 program 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.everyonematters.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-suicide 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, & Kelly, 2007), many are not suicidal with the functions of NSSI often being quite different from those of suicide. While suicidal individuals typically want to tend 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 (<http://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 LGBTTTQ 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 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 behavioral 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 LGBTTTQ youth and young people who do not conform to gender expectation. 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 http://www.sprc.org/sites/sprc.org/files/library/Suicide_Bullying_issue_Brief.pdf

12kim, Y. & Leventhal, B. (2008). Bullying and suicide: A review, *International Journal of Adolescent Medicine and Health*, 20 (2), 133 –154

Kaminski, J., & Fang, X. (2009). Victimization by peers and adolescent suicide in three U.S. samples. *Journal of Pediatric Psychology*, 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 are committed to supporting School Communities in providing safe and caring learning environments.

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

The Bill defines bullying. The definition recognized that bullying can take a variety of forms, including cyber bullying. 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, cyber bullying.

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 other 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 http://www.edu.gov.mb.ca/k12/safe_schools/iindex.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.³³

13 Zenere, F. 92009). 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;
- 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.

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); 775-885.

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 Machida, 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 prescriptions drugs) may be at a 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 valued 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. 'LGBTQ', '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 cultures of 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. Determination whether modifications can be made to tailor the use of the program with demographic that is closest to your community demographic.

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

Monitoring and evaluation

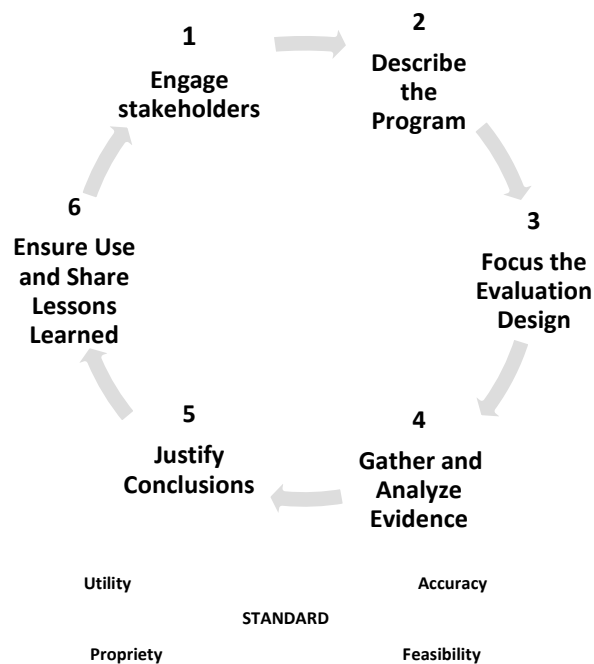
Incorporating evaluation into suicide prevention activities is essential. Planning, process and outcome evaluation are important components of any comprehensive approach. Ongoing program elements can be monitored regularly (annually or more often) to ensure the program is producing the expected outcomes.

Some programs have been evaluated in Manitoba. Summaries and results of Manitoba research on suicide prevention programming are available on [www. Everyone matters.ca](http://www.Everyone.matters.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 following links provide information and guidance on evaluating suicide prevention program including a framework for evaluating programs in First Nations communities.

http://www.sprc.org/search/apachesoif_search/evaluation%20tools

<http://www.socialsciences.uottawa.ca/crecs/eng/documents/EvaluationFramework-NAYSPS-07-10-26.pdf>

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, 2015

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).
 - 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 behaviour.
- Current evidence on effectiveness of postvention strategies is limited
- A coordinated community response is an important part of in-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 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 within city.
- 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 crises response.

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

Psychological debriefing, Critical Incident Stress Management (CISM), Critical Incident Stress Debriefing

(CIDC) are not recommended. There 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 with supports their effectiveness or safety with large groups of young people in schools settings.¹⁷ Interventions which involve re-living, reworking 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 these 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 counseling 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 suicide: A Toolkit for Schools

<http://www.sprc.org/sites/sprc.org/files/library/AfteraSuicide/Toolkitforschools.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). <http://www.starcenter.pitt.edu/files/document/Postvention/pdf>

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

¹⁷ Roberts, n., Kitchiner, n., Kenardy, j., bison, 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., Bison, J., Churchill, R., & Wessely, S. (2002). 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	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Rigid cognitive style • Poor coping skills • Substance misuse • Impulsivity • Aggression • Hypersensitive/anxiety 	<ul style="list-style-type: none"> • Loss • Personal failure • Humiliation • Individual trauma • Health crisis • homelessness 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Family history of suicidal behaviour/suicide • Family history of mental disorder • Family history of child maltreatment • Early childhood loss/separation or deprivation 	<ul style="list-style-type: none"> • Family discord • Punitive parenting • Impaired parent-child relationships • Multi-generational trauma and losses among First Nations 	<ul style="list-style-type: none"> • Loss of significant family member • Death of a family member, especially by suicide • Recent conflict 	<ul style="list-style-type: none"> • Family cohesion and warmth • Positive parent-child connection • Adults modeling healthy adjustment • Active parental supervision • High & realistic expectations
Peers	<ul style="list-style-type: none"> • Social isolation & alienation 	<ul style="list-style-type: none"> • Negative youth attitudes toward seeking adult assistance • Poor peer relationships • Peer modeling of NSSI • Suicidal behaviours 	<ul style="list-style-type: none"> • Teasing/cruelty/ bullying • Interpersonal loss or conflict • Rejection • Peer death, especially by suicide 	<ul style="list-style-type: none"> • Social competence • Healthy peer modeling • Peer acceptance & support
School	<ul style="list-style-type: none"> • Long standing history of negative school experience • Lack of meaningful connection to school 	<ul style="list-style-type: none"> • Reluctance/uncertainty about how to help among school staff 	<ul style="list-style-type: none"> • Failure • Expulsion • Disciplinary crisis 	<ul style="list-style-type: none"> • Success at school • Interpersonal connectedness/belonging
Community	<ul style="list-style-type: none"> • Multiple suicides • Community marginalisation • Political disenfranchisement • Socioeconomic deprivation • Cultural stress • Affects of colonization 	<ul style="list-style-type: none"> • Sensational media portrayal of suicide • Access to firearms or other lethal methods • Reluctance/uncertainty about how to help among key gatekeepers • Inaccessible community resources 	<ul style="list-style-type: none"> • High profile/celebrity death, especially by suicide conflict with the law incarceration • Recent death by suicide • Suicide pact 	<ul style="list-style-type: none"> • 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: http://www/mcf.gov/bc/ca/suicide_prevention/pdf/phys_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

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

This online planning toolkit will generate a report for each school that completes the assessment:

<http://www.healthyschoolplanner.uwaterloo.ca/?page=102>

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.

<http://www/jcshpositive.mentalhealthtoolkit.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.

<http://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 other 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 emphasized 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 people¹⁷.
- 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

¹⁷ 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. So not contact 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. 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/counseling 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 on going therapy from a community-based mental health professional or faith-based counselor who is aware of the present signs of suicide and /or observed behaviour related to suicide, indicate to the parents that communication with the counselor would be helpful to ensure school success.
 - Explain the importance of removing from the home (or locking up) firearms and to other dangerous items, including sharps, over-the-counter and prescription medications and alcohol.
 - If the student does not need immediate emergency services release the students to the parents.
 - 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 to why they have not contacted a provider and offer to assist with the process.

- 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.
- 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.
- Contact CFS if unable to make successful contact with at least one parent/guardian of the student by the end of the school day.
- 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's 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 really 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 <http://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 students' 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 counselor 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 facts 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 counselor or Division a 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 buy specific staff member
 - Referral for follow-up counseling 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. Counselors, physicians). If the student has been hospitalized, the school counselor and /or school social work clinician should attend the discharge meeting at the hospital or mental health facility.
6. The school counselor 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 counselor 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 component

(Adapted from The Youth Suicide Prevention School-Based Guide: Responding to a Suicidal Crisis: Steps for Schools (http://the_guide.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 division 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 divisions 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 accordingly 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 counseling 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 memorize 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 down to increase suicide risk for other school students by glorifying, romanticizing or sensationalizing suicide.”

-Centre 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) many 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 an 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:
SUIKIDE POSTVENTION CHEKCLIST

- 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.everyonematters.ca for information on youth suicide prevention programs and activities in your region.

Community collaboration tool

Stakeholder chart:

Individual/ help? Organization	Role in Community collaboration process/How can they								
	Identify the name, organization and role (teacher, counselor, 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

Collaborative 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 advertised 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 have policies which define harassment, bullying and cyber-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 valued 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: <http://nrepp.samhsa.gov/> or <http://www.sprc.org/bpr/section-i-evidence-based-programs>

PROGRAM ASPECTS NEEDED FOR MY SCHOOL/COMMUNITY	PROGRAM BEING CONSIDERED
Community/School Values <ul style="list-style-type: none"> ▪ _____ – ▪ _____ – ▪ _____ – ▪ _____ – 	Program Effective With <ul style="list-style-type: none"> ▪ _____ – ▪ _____ – ▪ _____ – ▪ _____ –
Program Needed For <ul style="list-style-type: none"> ▪ Age Range _____ ▪ Complete Community Demographic Profile Checklist 	<ul style="list-style-type: none"> ▪ Age Range _____ ▪ Demographics
Pyramid Level: Ideal Program Fit <ul style="list-style-type: none"> ▪ Health Promotion ▪ Universal Prevention ▪ Selective Prevention ▪ Indicated Prevention 	Pyramid Level <ul style="list-style-type: none"> ▪ Health Promotion ▪ Universal Prevention ▪ Selective Prevention ▪ Indicated Prevention
Ideal Program Focus Areas <ul style="list-style-type: none"> ▪ Awareness/Education ▪ Gatekeeper ▪ Screening ▪ Skills Training ▪ Peer Leadership 	Program Focus Areas <ul style="list-style-type: none"> ▪ Awareness/Education ▪ Gatekeeper ▪ Screening ▪ Skills Training ▪ Peer Leadership
Ideal Program Principles <ul style="list-style-type: none"> ▪ Community Based ▪ Consumer Involvement ▪ Culturally Relevant ▪ Evidence Based and Evidence Informed 	Program Principles <ul style="list-style-type: none"> ▪ Community Based ▪ Consumer Involvement ▪ Culturally Relevant ▪ Evidence Based and Evidence Informed

<ul style="list-style-type: none"> ▪ Flexible ▪ Focuses on Activities with Maximum Impact ▪ Focuses on Youth at Risk ▪ Promotes Mental Health Promotion ▪ Recognizes traditional and Cultural Knowledge ▪ Sustainable 	<ul style="list-style-type: none"> ▪ 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 Are Suicide Prevention and Awareness Committee
- Flin Flon / Creighton and Area Regional Suicide Prevention

Committee contact information is listed on www.everyonematters.ca

Links to resources

- A Framework for Suicide Prevention in Manitoba
http://www.gov.mb.ca/healthyliving/mh/docs/suicide_prevention_framework.pdf
- Acting on what we know: Preventing Youth Suicide in First Nations
http://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. <http://www.suicideprevention.ca/blueprint/>
- Reclaiming Hope: Manitoba's Youth Suicide Prevention Strategy
<http://www.gov.ca/healthyliving/mh/hope.html>
- Suicide prevention: Guidelines for Public Awareness & Education Activities
<http://www.gov.mb.ca/healthyliving/mh/spg.htm>
- Pan-Canadian Joint consortium for School Health Positive Mental Health Toolkit
<http://www.jcshpositivementalhealthtoolkit.com/>

Youth Crisis Services in Manitoba

- ❖ Youth Mobile Crisis Team (Winnipeg): 204-949-4777
- ❖ Manitoba Suicide Line: 1-877-435-7170
- ❖ Child and Adolescent Treatment Centre and Crisis Line (Prairie Mountain Health and Southern Health – Santé 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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Popular Myths Regarding Suicide

Knowing the difference between suicide facts and popular myths saves lives. It is essential that school personnel knows the facts, recognize the signs of danger and be able to take appropriate actions.

Myth: *People who talk about suicide don't really do it.*

Fact: The truth is that before committing suicide, people often threaten very directly to kill themselves or make thinly veiled comments about such things as wishing to be dead; they are a burden to their family and friends; that everyone would be better off without them. Such threats and remarks should always be taken seriously. They are a very strong sign.

Myth: *Talking about suicide encourages it. The best thing to do is ignore it.*

Fact: Not talking about suicide makes it impossible to prevent. It is the censorship surrounding the subject; the taboo that prevents many teenagers from communicating suicidal thoughts and seeking help before it's too late.

Myth: *An unsuccessful suicide attempt is not serious and is a means to get attention.*

Fact: Four out of five people who commit suicide have made at least one previous attempt. It may be true that in some cases a suicide attempt is an attempt to get attention or a cry for help, but if the person does not get that attention or that help, the next attempt might be fatal.

Myth: *Suicide is an impulsive act and occurs without warning.*

Fact: Teenagers have a different concept of time from adults. Everything has a sense of urgency about it. Because adolescents are impulsive and may react impulsively, a suicide attempt can often be triggered by a seemingly trivial event. In fact, most teenagers who attempt suicide have thought about it many times beforehand. It is like part of a script that they have already acted out in fantasy. The initial response of family and friends is surprise and shock but danger signals always precede a suicide attempt and are tragically recognized in hindsight.

Myth: *Suicide is inherited and runs in the family.*

Fact: Suicide does not "run in the family". It is an individual pattern.

Myth: *Suicidal people are crazy. Suicide is the act of a psychotic person.*

Fact: Studies of hundreds of suicidal notes indicate that although the person is distressed and extremely unhappy, he/she is not necessarily mentally ill.

- Myth:** *Suicidal people are committed to dying.*
Fact: Most suicidal people are undecided about living or dying. They "gamble" with death, leaving it to others to save them. Almost no one commits suicide without letting others know how he/she is feeling. Example: "Maybe if I stayed in school I'd still be able to graduate with the rest of you guys."
- Myth:** *Suicide is a lower class phenomenon.*
Fact: Suicide is represented proportionately among all levels of society.
- Myth:** *There is a certain "type" of person who commits suicide.*
Fact: Never assume that the person is not the "type". People of all kinds end their lives. Attention to this one rule would save thousands of lives each year.
- Myth:** *Most people who complete suicide leave a note.*
Fact: Less than one third of people who complete suicide leave a note.
- Myth:** *Suicide rates are higher during national or religious holidays.*
Fact: Research shows the rate of suicide and depression are suppressed during these times.

Suicide Risk and Protective Factors

(Adapted and reprinted with permission from: The National Youth Violence Prevention Resource Center)

Suicide is a complex behaviour that is usually caused by a combination of factors, in the absence of protective factors. Researchers have identified a number of risk factors associated with a higher risk for suicide and protective factors that may reduce the likelihood of suicidal behaviour (these may vary by age, gender, ethnicity and geographic location):

Risk factors for suicide completion include:

- previous suicide attempts
- mental disorders or co-occurring mental and alcohol or substance abuse disorders
- family history of suicide
- stressful life event or loss
- easy access to lethal methods, especially firearms
- exposure to the suicidal behaviour of others
- incarceration
- family history of mental or substance abuse disorders
- history of physical and/or sexual abuse
- low level of communication with parents
- certain cultural and religious beliefs about suicide
- lack of access to or unwillingness to seek mental health treatment

Protective factors include:

- individual's genetic or neuro-biological makeup
- attitudinal and behavioural characteristics
- learned skills in problem solving, impulse control, conflict resolution and non-violent methods of handling disputes
- family and community support
- access to effective and appropriate mental health and clinical services
- support for help seeking
- restricted access to highly lethal methods of suicide
- cultural and religious beliefs that discourage suicide and support self-preservation instincts
- resiliency

The research suggests that one promising prevention strategy is to promote overall mental health among school-aged children by reducing early risk factors for depression, substance abuse, aggressive behaviours and by building resiliency. Youth directly benefit from an overall enhancement of academic performance and a reduction in peer and family conflict. Families and schools are encouraged to access professional clinical supports to ensure students receive the support they require when circumstances increase the risk of suicidal ideation.

Recognizing Warning Signs of Suicidal Ideation

The importance of recognizing warning signs of suicidal ideation is crucial. People under stress and in crisis/trauma situations do provide clues that indicate they are hurting and in trouble.

No one profile or checklist exists for identifying a suicidal adolescent. Suicide, like much of human behaviour, is difficult to predict. Despite experts' best efforts, even they cannot say if or when a person will attempt suicide, but they have identified several warning signs which, particularly in combination, demand immediate concern and attention.

The following list of warning signs is not all-inclusive, but it provides a base for what to look for in suicidal adolescents.

1. Suicidal threats

Suicidal threats can be classified into two categories:

- veiled/disguised threats
- specific desire-to-die threats

Veiled/disguised threats may include "sometimes I just want it to be over with", "I can't take it anymore", "the world would be better off without me." These veiled/disguised threats are like little teasers – **but they must be heard.**

A specific desire-to-die statement leaves no doubt about the adolescent's intentions. "I'm going to kill myself." "I'm going to commit suicide." These direct threats require immediate attention. These direct threats require referral to competent mental health professionals. People who talk about suicide do attempt suicide and do commit suicide.

If there is **ANY** reason to believe a student is threatening suicide, the principal, counsellor or designated person should be contacted immediately.

All information pertaining to a potential suicide is to be considered confidential and is to be shared only on a need-to-know basis.

At NO TIME is a student at-risk to be left alone.

2. Sudden changes in behaviour

This category of suicidal warning signs reflects the concept that people behave according to how they feel about themselves. When adolescents are experiencing stress, problems and traumatic events in their lives, behaviours change.

Changes in eating behaviour are common. Often the adolescent reduces the amount of food eaten. In some instances the adolescent binges on food.

Changes in sleeping behaviour may be another warning sign. The adolescent may sleep an inordinate amount of time. Excessive sleeping allows the individual to avoid stress and conflicts. Insomnia is another warning sign of people in stress.

The adolescents considering suicide often will change dress and personal appearance. This change primarily results in an attitude of not caring what he/she looks like. Personal hygiene and grooming reflect their feeling of depression and low self-esteem. They quit caring about what they look like.

The suicidal adolescent's grades may drop and school attendance becomes sporadic. Educators, parents and adolescents are in an excellent position to observe these two changes.

The suicidal adolescent often demonstrates changes relative to activities that once were important to them. They become disinterested and drop out of these activities. This change is the adolescent's attempt to become isolated.

3. **Depression and isolation**

The suicidal adolescent will be depressed (Peck et al., 1985). This depression is often expressed by changes in behaviour. The depression may be demonstrated by the adolescent's choosing isolation from friends and family. One of the difficulties in perceiving adolescent depression centres on the fact that adolescents often show their depression in ways that are different from how adults show their depression. The adolescent who is displaying acts of defiant, aggressive and rebellious behaviour may be expressing his/her depression.

Depressed people often have a negative view of themselves, they distort reality and they have a negative view of the future (Glagsbrun, 1976).

4. **Giving away valued possessions**

In some cases the suicidal adolescent will give valued possessions to their friends. The obvious process is that the young person has decided to commit suicide, but before they implement that decision they want their friends to have their most valued treasures.

5. **Getting their house in order**

Another warning sign revolves around "getting their house in order," taking care of unfinished business. The adolescent will often patch up old quarrels, make amends for past mistakes. They are taking steps to put their affairs in order. Such behaviour is

particularly alarming when other warning signs also are present.

6. **Previous suicide attempts**

People who have made serious suicide attempts are at the highest risk for actually killing themselves (National Institute of Mental Health, 1986). If a male teen has attempted suicide in the past, he is more than thirty times more likely to complete suicide, while a female with a past attempt has about three times the risk. Approximately one third of teenage suicide victims have made a previous suicide attempt (National Youth Violence Prevention Resource Center, 2002).

7. **A Loss in their life**

A loss in an adolescent's life is often a contributing factor to suicidal behaviour. The loss in their life may include a break-up of a love relationship. This type of loss is extremely difficult for many adolescents. Aylward (1987) found that a break-up in a love relationship was a contributing factor in 26% of suicide attempts and completed suicides.

Loss can also be the death of a family member. Adolescents may have a concept of death that is different from the adult's concept of death. As people continue to have longer life expectancies, many young people will not have experienced the death of grandparents and/or other family members. They don't comprehend the finality of death.

Loss of a parent through divorce also may be a factor in adolescent suicide. Any significant loss should be recognized as a possible contributor to depressive behaviour and suicidal ideation.

Community Resources Phone List

Addictions Foundation of Manitoba	204.944.6200	Hope Centre Health Care.....	204.589.8354
• Youth Treatment Programs	204.944.6235		
Adolescent Treatment Centre (MATC)	204.958.9660	Ikwe-Widdjiitwin Inc.....	204.987.2780
Andrews Street Family Centre	204.589.1721	(24 Hours Crisis Line).....	1.800.362.3344
Aurora Family Therapy Centre	204.786.9252	Klinik Community Health Centre	
Behavioural Health Foundation –		Evolve (Family Violence) (Counselling)	204.784.4090
Adult and Family Program.....	204.269.3430	Klinik Crisis Line	204.786.8175
• Kirkos House (Girls)	204.261.6111	Klinik Drop in Service	204.784.4067
• Selkirk Healing Centre (Boys)	204.482.9712	Mobile Crisis Unit.....	204.946.9109
Child and Adolescent Mental Health	204.787.3379	Macdonald Youth Services/ Youth Resource Centre & Shelter.....	204.477.1722
• Intake	204.958.9660	Manitoba Adolescent Treatment Centre: Centralized Intake Service.....	204.958.9660
• Children's Hospital Emergencies	204.787.2306	Manitoba Emergency Measures Organization.....	204.945.4772
Child Protection Branch		Manitoba Poison Control Centre.....	1.855.776.4766
• CFS General Authority	204.945.6964	Manitoba Suicide Line	1.877.435.7170
• First Nations of Northern CFS Authority	204.942.1842	Mount Carmel Clinic (Sage House).....	204.943.6379
• Métis CFS Authority.....	204.949.0220	Native Addictions Council of Manitoba.....	204.586.8395
• First Nations Southern Manitoba CFS Authority	204.783.9190	New Directions for Children, Youth, Adults and Families.....	204.786.7051
Child Protection Centre	204.787.2811	Rossbrook House.....	204.949.4090
• Intake.....	204.787.2040	Street Connections Program	204.940.6000
Compassionate Friends	204.787.4896	The Office of the Children's Advocate	204.988.7440
CONTACT Community Information	204.287.8827	Toll free	1.866.263.7146
Toll free	1.866.266.4636		
Gambling Helpline.....	204.944.6382		
Toll free	1.800.463.1554		
Health Links	204.788.8200		
Toll free	1.888.315.9257		

STREET/YOUTH GANGS

Gangs, as defined by the Winnipeg Police Service is “a group, consorting together, on a formal or informal regular basis, to engage in unlawful activity”. Reasons for youths involved in street gangs include identity, protection, fellowship, intimidation.

Intervention

- In case of an emergency, contact the Winnipeg Police Service (911).
- If you have information about potential gang activity, recruitment at your school, particular individuals suspected of gang involvement or affiliation, contact the Organized Crime Unit, Crime Division at 204.986.3916.
- Take pictures or videos of suspected gang members or unknown persons coming to the school or loitering on the premises and keep on file.
- Promote anti-violence alternatives for resolving conflicts, peer mediation programs, peer counselling, esteem building programs.
- Become familiar with gang symbols and paraphernalia.
- Provide support to staff and students affected by gang violence. (e.g. Winnipeg Police Service, Victims Services at 204.986.6350.)
- Remove graffiti immediately. The 3 R's of Graffiti:
 - 1. Read**
 - 2. Record:** The graffiti for your records.
 - 3. Remove:** Inside graffiti – should be removed by a custodian
Outside graffiti – should be removed by calling the Facilities & Operations Department, Pembina Trails School Division at 204.488.1767.

SEARCHES: LOCKERS, DESKS, PERSONAL EFFECTS & VEHICLES (POLICY JIHA)

Search and seizure of prohibitive materials:

- A student's locker, desk, his/her personal effects or vehicle may be searched by school or school division officials where there is reasonable cause to believe that a school division regulation, rule or discipline has been breached or a violation of a law has occurred and that the search will reveal evidence of the breach or violation.
- Whenever an administrator or designate decides to search a locker or desk of a student, the personal effects of a student or a student driven vehicle, the school administrator or designate must have reasonable suspicion that:
 - a student is in violation of the law or a school or division rule, or
 - poses a threat to the proper order and discipline, health or safety of the school, and
 - that evidence of such a violation will be found in the location or on the person of the student searched.
- The search shall be conducted by two adults. At least one must be a school administrator or designate. Sensitivity to gender issues is expected.
- In situations involving more than one student, there must be prior consultation with the superintendent before a search is undertaken. At no time should random searches be conducted.
- Student lockers and/or personal property on school premises may be subjected to search by police officers upon presentation to school authorities of a proper search warrant

Lockers and desks:

- School lockers and desks remain the property of the school division even when they are used by students. Lockers are subject to an administrative search in the interest of health, safety and the general welfare of students, staff or school property.
- Random searches should only be undertaken following receipt of advice from legal counsel.
- A search shall not be conducted in an excessively intrusive manner. The student will be informed and present, where reasonably possible in the circumstances, when a locker search is conducted. If it is not possible for the student to be present, the student shall be informed, as soon as practicable, of any items removed from his/her locker or desk.
- Should an inspection result in the discovery of any materials which are inappropriate, the school administrator or designate has the authority to remove the material(s) or seal the locker or desk for the purpose of seeking the solicitor's advice or contacting the Winnipeg Police Service.
- Following any search or seizure, the school administrator or designate will determine whether or not the results warrant the involvement of Winnipeg Police Services. Illegal or contraband materials found or seized shall be turned over to the authorities for final disposition.

Students' personal effects:

- Personal effects that can be searched may include but are not limited to: purse, wallet, backpack, book bag, outer clothing, and electronic devices.
- Staff will not directly search the student(s) but will require them to empty the contents of pockets and/or personal effects.
- Under no circumstances will a staff member conduct a body search; but, if there is reason to believe a police search is required, students may be detained by the school administrator or designate under close supervision.
- If a student refuses a search of personal effects, the school administrator or designate will advise the student and the student's parents/guardians that the Winnipeg Police Service will be contacted.
- Following any search or seizure, the school administrator or designate will determine whether or not the results warrant the involvement of Winnipeg Police Services. Illegal or contraband materials found or seized shall be turned over to the authorities for final disposition.

Student driven vehicles:

- Vehicles brought by students and parked on school property are subject to inspection by school authorities at any time a school authority has reasonable suspicion that a student has breached a regulation, rule or discipline of the school or division, or violated the law and that a search will reveal evidence of such a breach or violation.
- Refusal by a student, parent/guardian or owner of the vehicle to allow access to a motor vehicle on school premises at the time of a request to search the vehicle shall be cause for termination, without further hearing, of the privilege of bringing the vehicle on to school premises, and may result in a report of the refusal to the Winnipeg Police Service.
- Routine patrolling of student parking lots and inspection of the outside of student automobiles is permitted at all times.
- Following any search or seizure, the school administrator or designate will determine whether or not the results warrant the involvement of Winnipeg Police Services. Illegal or contraband materials found or seized shall be turned over to the authorities for final disposition.

Police involvement:

- School authorities will cooperate with police:
 - when they present the school administrator or designate with a properly executed search warrant;
 - as part of a search following an arrest;
 - as part of a search for weapons only following a detention based on reasonable suspicion that the student has engaged in criminal conduct for which the police are investigating; or
 - if exigent (urgent, pressing) circumstances exist such as where there is a risk of physical harm to individuals.