



Suicide Prevention

#200.47

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Last Reviewed/Revised:	Date of last review OR N/A
Responsibility:	Superintendent of Education
Next Scheduled Review:	2026-2027

PURPOSE:

Brant Haldimand Norfolk Catholic District School Board is committed to fostering mental health and well-being of all students. Suicide, in all levels of intervention (from responding to a suicide attempt, to suicidal ideation or behaviour, or in dealing with suicide postvention) places Catholic educators in very emotionally difficult situations. It is important for all staff to recognize warning signs, and all thoughts of suicide must be taken seriously. When required and appropriate, a suicide risk review should be completed by a staff member trained in a Board-approved suicide intervention training.

Our Catholic faith calls us to be concerned for the mental, physical, social, and spiritual well-being of the student. Our faith also calls us to a deep respect for the dignity and uniqueness of the individual person since we are all made in the image of God. (Genesis 1.27)

APPLICATION AND SCOPE:

This procedure aims to provide school teams with best practices and guidelines for the prevention, intervention and postvention of students at risk to suicide. The procedure will assist Elementary and Secondary Administrators in establishing a pre-determined, on-site team prepared to intervene when a student presents as ‘at risk’ for suicide, educating staff and students on the warning signs of suicide and how to report and get help regarding incidents of suicidal comments, gestures or depression to the Administrator or designate.

REFERENCES:

- [Compassionate Care Response Guidelines.pdf](#)

FORMS:

- N/A

APPENDICES:

- Appendix A: Major Warning Signs for Risk of Suicide
- Appendix B: Responding to Students at Risk to Suicide
- Appendix C: Crisis Support Helpers in your Community
- Appendix D: Suicide Incident Report
- Appendix E : Student Support Plan

DEFINITIONS:

Non-Suicidal Self-Injury

A deliberate attempt to cause injury to one’s body without the conscious intent to die.



Suicidal Ideation

Thoughts that include both contemplating death by suicide and planning actions that could result in death.

Suicide Attempt

Self-harming behaviour that includes an intention to die.

Death by Suicide

Self-harming behaviour that results in death.

Suicide Prevention

Efforts to reduce the risk of suicidal thoughts and behaviour amongst students in a systematic way.

Suicide Intervention

Practices involved in recognizing and responding to students with suicidal ideation or behaviour.
Practices involved in supporting vulnerable students transitioning to and from mental health care.

Suicide Postvention

Support for school communities in responding to suspected, attempted, or death by suicide.

ADMINISTRATIVE PROCEDURES:

Responsibilities

Superintendents:

- Review the administrative procedure, as needed, to ensure guidelines align with current best practice in recommendations for the prevention, intervention and postvention of students at risk to suicide.
- Monitor the implementation of this procedure.

School Administrators:

- Implement procedures regarding suicide prevention, intervention and postvention.
- Identify staff members who will make up the Compassionate Care Response Team (CCRT).
- Post the Compassionate Care Response Team (CCRT) Members sheet in the staffroom and include a copy in the staff manual.

All Staff:

- Report any incidents of suicidal comments, gestures or depression to the Administrator or designate who will activate the Compassionate Care Response Team (CCRT).
- Be familiar with the location of the Compassionate Care Response Team (CCRT) Members sheet posted in the staffroom and included in the staff manual.
- Be familiar with the warning signs of suicide and identify when a student is in need of intervention (Appendix A).

Compassionate Care Response Team (CCRT):

- Elementary and Secondary schools will establish a pre-determined, on-site team prepared to intervene when a student presents as 'at risk' for suicide. Lead by the Administrator, this team may include Special Education Resource Teacher, Guidance, Chaplain, Student Success Teacher, Social Worker or Child and Youth Worker. Each team will have at least one member ASIST trained (the ASIST trained member will be identified on the "Responding to Student at Risk to Suicide"). Under no circumstances should anyone feel compelled to complete a suicide risk review alone. Asking a school social worker to conduct the suicide risk review or asking these same staff to conjointly interview the student is an acceptable request.



Procedures

The administrative procedure will provide a consistent school response to this serious occurrence. Suicidal gestures and comments must be taken seriously and responded to immediately every time.

1.0 Suicide Attempt: Medical Emergency at school (on school property/school related event): (Refer to section 3.0 if the student is not at school)

Any staff member who is made aware of a student who is in imminent/immediate danger resulting of self-harm or suicidal attempt shall:

- Call 911 for an ambulance and provide First Aid where necessary.
- Student is not to be left unattended.
- Confidentiality does not apply when a person is expressing thoughts of harming themselves or others. When there is a risk that student's well-being and safety may be endangered, information will be shared appropriately to the extent necessary to ensure the student's well-being and safety. Staff shall treat all disclosures with respect, dignity, and confidentiality; however, safety supersedes confidentiality.
- Notify Administrator or designate.
- Parent/caregiver is contacted by either the Administrator or police (parents/caregivers play a key role in support and safety planning and will be contacted to be part of the safety planning).
 - Be advised: when police respond to a 911 emergency, the police have authority over the scene; school staff are to follow police direction. If the police indicate they will make the parent/caregiver contact, the school will co-operate. If the police advise the school to contact the parent/caregiver, the administrator or designate will do so (do NOT leave information via voicemail, email or text).
- Administrator to inform social worker and the school Superintendent of medical emergency.
- Social Worker to provide support to school community as required and notify Mental Health Lead/Senior Social Worker.
- Mental Health Lead/Senior Social Worker will dispatch additional members of Student Support Services team, if necessary.

Follow up:

- Student shall be re-integrated into the school (at the discretion of the administrator) based on appropriate medical permission and a plan for support. Supports can include Student Support Services, Mental Health and Addictions Nurse (MHAN), community mental health agencies, community crisis services, etc.
- A re-integration meeting involving the student, their family, school, and any community supports is advisable where supportive roles are defined.
- When there is a student suicide, suicide attempt, or threat of suicide, all students within the school community must be monitored carefully. There is an immediate heightened risk of contagion among those who are vulnerable, often heightened through social media.

2.0 Suicidal Ideation or Behaviour

Any staff member who is aware that a student is making suicidal comments, expressing suicidal thoughts or gestures shall:

- Not leave student unattended.
- Notify Administrator or designate.
- Access a member of Compassionate Care Response Team (CCRT) for assessment. If not available, utilize the following supports in this order:
 1. School Social Worker
 2. School Child and Youth Worker



3. Community Crisis Response Workers (see Appendix C for crisis support in your community)

2.1 Immediate Risk

If deemed at 'immediate risk' for suicide by a member of the CCRT:

- Do not leave the student unsupervised.
- Administrator or designate to notify caregiver that student needs to be placed in their care. They are advised to seek immediate assistance from a hospital Emergency Department.
- If the student is under 16 years of age and there are concerns that the parent or caregiver may not provide adequate protection for the safety of the child, the appropriate child protection service must be contacted.
- If no parent/caregiver is available to take the student to the Emergency Department and the CCRT has deemed the student to be at immediate risk, 911 services should be called. A member of the CCRT or representative from the school should meet the student at the hospital and provide hospital/crisis personnel with the pertinent information.
- School staff should stay with the student at the hospital until the parent/caregiver or community crisis team has arrived.

Follow up:

- Student shall be re-integrated into the school based on appropriate medical permission and a plan for support. Supports can include Student Support Services, MHANs, community mental health agencies, community crisis services, etc. As much as possible, it is important for the student to feel in control of the development of the safety plan. A student is more likely to commit to and follow a plan that he/she/they/them has created. At this point, a safety plan can be verbal or written as preferred by the student. A safety plan should include disabling any suicide plans and easing the pain felt by the student.
- A re-integration meeting involving the student, their family, school, and any community supports is advisable where supportive roles are defined.

2.2 Low Risk/On-Going

If deemed as 'low risk' for suicide by a member of the CCRT:

- Create a *Student Support Plan* with the 'low risk' student. (Board employees use appendix D, Community Crisis teams will use their own support plan).
- The Administrator or designate will be notified of the support plan and provided with a copy. This copy is NOT to be kept in the Ontario Student Record (OSR), but in a safe space accessible by the administrator and/or support personnel.
- The Administrator or designate will notify School Social Worker of incident and assessment outcome.
- Administrator or designate will contact parent/caregiver. Consultation with the Social Worker occurs before the discussion with the parent/caregiver for the Social Worker to assist in communicating with the parent/caregiver.

Follow up:

Following the initial intervention, the student may return to thoughts of suicide. In such circumstances, a further risk review may be required, and it may be necessary to adjust the safety plan. In each situation, it is important to again take the warning signs (risk alerts) seriously and renew the process of risk review.

- Support, as identified in the Student Support Plan, to be acted upon.



- School Social Worker to provide parents/caregivers and student with information for ongoing support and further pathways to care. Can include Student Support Services, community services, MHANs.
- Where risk appears 'on-going', a meeting involving the student, their family, school and any community supports is advisable where supportive roles are required.

3.0 If the student is not at school/on school property:

Some examples of this situation may include:

- A third-party report that a student has made a suicide attempt off school property or outside school hours.
- The student communicates an intention to attempt suicide imminently, and is not at school, or refuses to remain at school.
- Any staff member who is made aware of a student who is in imminent/immediate danger resulting of self-harm or suicidal attempt shall:
 - Attempt to determine the location of the student.
 - Call 911 for an ambulance.
 - Contact parent/caregiver.
 - Confidentiality does not apply when a person is expressing thoughts of harming themselves or others. When there is a risk that student's well-being and safety may be endangered, information will be shared appropriately to the extent necessary to ensure the student's well-being and safety. Staff shall treat all disclosures with respect, dignity, and confidentiality; however, safety supersedes confidentiality.
- It is essential that an adult (parent/caregiver) makes contact with the student in person and confirm their welfare, then follow up with the school.
- If this is not possible, the police should be contacted to request a welfare/wellbeing check or a call to a Child Welfare Agency for a child under the age of 16 (if parent/caregiver or emergency contact cannot be contacted).
- Inform the Administrator of the situation and steps taken to determine immediate safety of the student.

4.0 Suicide Postvention

Following a death by suicide, the primary purpose of Postvention is to ensure student safety (prevention of further suicides) and to call on our Catholic tradition to help students and staff to cope with the tragedy. (Refer to *Compassionate Care Response Guidelines* for additional information and resources in the event of a death by suicide).

First 24 Hours

1. Administrator to inform Superintendent.
2. Administrator/Superintendent or designate to verify the death, confirm the facts, and talk with the student's family personally.
3. Superintendent to inform Mental Health Lead and Senior Social Worker.
4. Compassionate Care Response Team (CCRT) will be mobilized through Administrator.

Next 48-72 Hours

1. Restore school to regular routines.
2. Consult the Board Compassionate Care Response Guidelines for further information.
3. Administrator or designate will liaise with bereaved family.



4. CCRT will monitor staff and student wellbeing and involve community partners in postvention support, as needed.
5. Administrator to document any action taken.

During the First Month

1. CCRT will monitor staff and student wellbeing.
2. Plan for school events of relevance (consider acknowledgements when planning for yearbook, award nights, graduation, etc.).
3. Conduct a critical incident review.
4. Consider offering information sessions for parent community with mental health agency.
5. Continue documentation of actions.
6. Schedule a Compassionate Care Response Team debriefing.

Planning for the Future

1. Continue support and monitoring of students and staff.
2. Implement recommendations from the critical incident review, in consultation with the Superintendent and Mental Health Leadership team.
3. Assess current suicide prevention strategies and enhance as needed.
4. Share the postvention plan with new staff members.
5. Continue to work with community to refine response for future.
6. Continue documentation of actions.
7. Schedule a Compassionate Care Response Team debriefing.



Major Warning Signs for Risk of Suicide

Staff may be alerted to a student's potential for suicide in a variety of ways, including and not limited to:

- A verbal disclosure of suicidal thoughts from the student.
- A report from a friend or family member that a student has expressed suicidal thoughts.
- A student's writing, artwork.
- Information shared by other students such as social media communications or notes.
- Repeated expressions of hopelessness, worthlessness, loneliness, helplessness, or desperation ("I can't go on like this anymore, I should never have been born, my problems won't end until I die").
- Signs of depression such as sleeplessness, social withdrawal, loss of appetite, loss of interest in useful activities, change in routine, behaviours or appearance.

The Canadian Mental Health Association identifies the major warning signs of suicide in their brochure *Preventing Suicide*. The major warning signs spell IS PATH WARM and are as follows:

- I** Ideation: thinking about suicide
- S** Substance use: problems with drugs or alcohol
- P** Purposelessness: feeling like there is no purpose in life or reason for living
- A** Anxiety: feeling intense anxiety or feeling overwhelmed and unable to cope
- T** Trapped: feeling trapped or feeling like there is no way out of a situation
- H** Hopelessness or Helplessness: feeling no hope for the future, feeling like things will never get better
- W** Withdrawal: avoiding family, friends or activities
- A** Anger: feeling unreasonable anger
- R** Recklessness: engaging in risky or harmful activities normally avoided
- M** Mood change: a significant change in mood

Link: [Preventing Suicide - CMHA National](#)



Responding to Students at Risk to Suicide

Compassionate Care Response Team (CCRT) Members

Access **one** of the following staff members to assist with student expressing suicidal tendencies:

*Please note ASIST trained members with a **

_____	_____
_____	_____

Please post in staff room

Date of Posting: _____MM/DD/YY_____

For additional support see: Response to Risk of Student Suicide

If the above members are unavailable, utilize the following supports, in this order:

o School Social Worker _____

o School Child and Youth Worker _____

o Community Crisis Response:

- o **Brant:** Integrated Crisis Services 519-759-7188 or 1-866-811-7188
- o **Haldimand Norfolk:** Child and Youth Crisis Service 1-866-32REACH or 1-866-327-3224
- o **Six Nations:** Mobile Crisis Services 519-445-2204 or 1-866-445-2204



Crisis Support: Helpers in Your Community



If you or someone you know is experiencing a mental health or addiction crisis and require **EMERGENCY** assistance, call **9-1-1** or go to the nearest **HOSPITAL**.



Brant

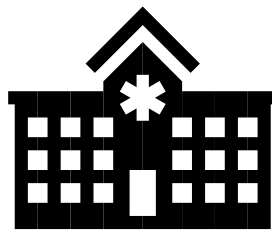
Brantford General Hospital
Go to ER Department

Haldimand-Norfolk

Norfolk General Hospital
Go to ER Department

Haldimand-Norfolk

West Haldimand General Hospital
Go to ER Department



Hamilton

McMaster Children's Hospital
Go to ER Department



If you or someone you know is experiencing a mental health or addiction crisis and need **SUPPORT**, contact:

CALL & TEXT 

Kids Help Phone

Call: 1-800-668-6868 or
Text: "CONNECT"
to 68-68-68
www.kidshelpphone.ca



Haldimand-Norfolk

**Crisis Assessment & Support
Team (CAST)**
Call: 1-866-487-2278
*24/7 helpline
*for 16/older & families

Good2Talk-ON

Call: 1-866-925-5454 or
Text: "GOOD2TALKON"
to 68-68-68
*24/7 helpline
*for post-secondary students



Brant

Integrated Crisis Services
Call: 519-759-7188 or
1-866-811-7188
*24/7 helpline
*for all ages

Indigenous Support

Six Nations Crisis Services
Call: 519-445-2204 or
1-866-445-2204
*24/7 helpline
*for youth 18/under & families
identifying with Indigenous culture

ConnexOntario

24/7 Helpline
Call: 1-866-531-2600
www.connexontario.ca (**English**)
www.connexontario.ca/fr (**French**)
*for adults & youth

Indigenous Support

**First Nations & Inuit Hope for
Wellness 24/7 Helpline**
Call: 1855-242-3310
*for First Nations & Inuit people
*Languages: Cree, Ojibway,
Inuktitut, English & French



Haldimand-Norfolk

Child & Youth Crisis Service
call 1-866-327-3224
*24/7 helpline
*for youth 18/under & families



Appendix D

Suicide Incident Report

To be completed by school administrator or designate and stored in confidential file (NOT OSR).

Student/School Information

Student Name		Date of Incident	
Teacher		Grade	
School		Principal	
Parent(s)/Caregiver(s)			

Description of Event

Action Taken

Notified: <input type="checkbox"/> Parents <input type="checkbox"/> Compassionate Care Response Team (CCRT) <input type="checkbox"/> Social Worker

Outcome of Intervention *In consultation with Social Worker*

Risk Level	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Immediate
Recommendations:	
Student Support Plan Completed <input type="checkbox"/> No <input type="checkbox"/> Yes <i>See attached</i>	



Student Support Plan

To be completed by ASIST trained person – attach a copy to Suicide Incident Report, copy to parent(s)/caregiver(s)/student

Respond Immediately

<input type="checkbox"/> Student in imminent danger	<input type="checkbox"/> Emergency response call 911
<input type="checkbox"/> Student is unable to participate in the intervention	<input type="checkbox"/> Emergency response call 911

Protect

Confirm Actions - Who, When, What, How, Where
<input type="checkbox"/> Suicide planned <i>Disable plan</i>
<input type="checkbox"/> Substance use/abuse <i>Plan for safe/no use</i>
<input type="checkbox"/> Prior suicide incident(s) <i>Safety measures</i>
<input type="checkbox"/> Mental health issues <i>Safety measures</i>

Support

Confirm Actions - Who, When, What, How, Where
<input type="checkbox"/> Situational changes <i>Realistic plans</i>
<input type="checkbox"/> Student strengths <i>Use now</i>
<input type="checkbox"/> Support people <i>Available and appropriate</i>