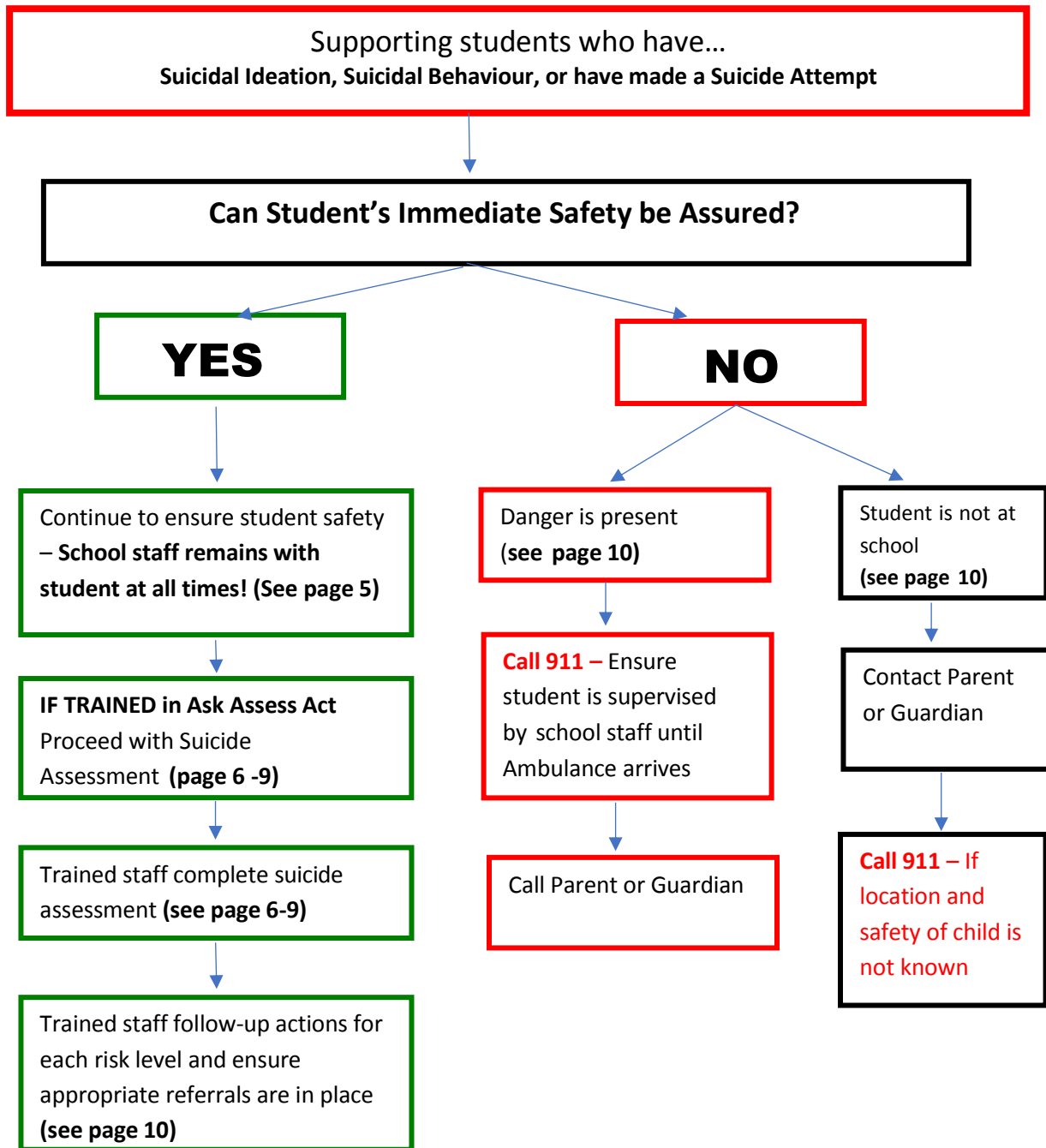


Appendix 7: Suicide



IMPORTANT DEFINITIONS

Suicidal Ideation

Suicidal Ideation is the individual's thoughts of taking his/her own life.

Suicidal Behaviour

Suicidal behaviour is any deliberate action that has potentially life-threatening consequences, such as taking a drug overdose or deliberately crashing a car.

Suicidal Threat

A *suicidal threat* is a verbal or non-verbal communication that the individual intends to harm him/herself with the intention to die but has not acted on the threat.

Suicidal Attempt

A *suicidal attempt* is an act focused on taking one's life that is unsuccessful in causing death.

FACTS ABOUT SUICIDE

Students who talk about suicide may make an attempt.

80% of people who commit suicide give warning signs that they are thinking about killing themselves.

Many students who are suicidal do not want to die.

Most suicidal students are ambivalent about dying. They just want to stop the overwhelming pain they are feeling.

Asking about suicide does not encourage students to try it.

It is more likely that giving students the opportunity to talk openly about their feelings of hopelessness will reduce the risk of suicide.

Anyone is the "type".

People of all personality types, ages, cultures, economic and education levels end their lives. Don't ever dismiss your concerns about suicide because a student is "not the type".

The motives for suicide are often deep and long-standing.

While a recent trauma or event may precipitate a move towards suicide, the underlying problems and feelings that lead to suicidal thinking generally have a long history. For example, while it may appear that a student has attempted suicide because of a break-up with a boyfriend or girlfriend, the low self-esteem and feelings of worthlessness that made the break-up so devastating often have deep roots.

Supporting students who have...

Suicidal Ideation, Suicidal Behaviour, or have made a Suicide Attempt

POSSIBLE WARNING SIGNS

Presence of these warning signs do not necessarily mean that there is suicidal ideation, but does indicate a need for further discussion with the student.

Who is at risk?

The following factors, especially in combination with one another, may increase the likelihood that a student is experiencing suicidal feelings:

- Depression or other psychiatric disorder
- Previous suicide attempts
- Low self-esteem
- Feelings of helplessness or hopelessness
- Conflict at school or with the law
- Abuse or neglect
- Perfectionism

Warning Signs

Youth suicide and suicidal behaviour may appear to happen without warning, but in reality students almost always send signals, including:

- Talking or joking about suicide and death
- Increased and/or heavy use of alcohol or other drugs
- Making final arrangements such as giving away prized possessions or saying goodbye to significant others
- Engaging in risk-taking behavior

Exhibiting CHANGES in school or social behaviour and mood such as:

- Change in attendance
- Decline in academic performance
- Inability to concentrate
- Failure to complete assignments
- Lack of interest/withdrawal
- Change in relationships with classmates
- Increase in irritability or aggressiveness
- Wide mood swings
- Unexpected displays of emotion
- Despairing attitude
- Preoccupation with death and suicide (writing about it, drawing images of death)
- Behavioural changes (a party animal becomes withdrawn)
- Sleep disturbance, loss of appetite
- Loss of interest in previously important relationships
- Changes in appearance and personal care

Can Student's Immediate Safety be Assured?

YES

Contact school's trained suicide assessment personnel listed below and see information on **page 6**.

These staff in your school or contracted counsellors trained in administering a suicide risk assessment.

Name	Phone/Email

WHAT SHOULD YOU DO UNTIL TRAINED PERSONNEL ARRIVE?

Continue to ensure student safety. Do not leave the student alone.

School staff remains with the student at all times!

DO

Be a Good Listener

- Be calm, speak quietly and gently.
- Look for non-verbal clues that show how the person is feeling and report what you see. For example, say “you seem sad”, then wait for a response.

Be Direct

- Talking openly is the only way you can find out how serious the person is about ending his or her life.

Show That You Care

- Tell the person that you are always available to talk about things that may be troubling him/her.
- Show empathy.

Ensure Help for the Youth

- Seeking professional help is a must!
- Although simple depression can disappear as quickly as it came, it can develop to a point where a person may impulsively see suicide as the only way out.

DON'T

Don't Minimize

- Avoid offering empty reassurances.
- Don't dismiss the person's problems as trivial. From the person's perspective the problems matter a great deal.

Don't make Moral Judgments

- Don't act shocked or disgusted.
- Don't use reverse psychology.
- Don't tell them they have a lot to live for, argue with them, lecture or punish.
- If what the person tells you makes you feel angry, control those feelings.

Don't Promise Not to Tell

- Explain that only people who need to know in order to help the person feel better will be told, but that you cannot possibly help them all by yourself.

Don't Ignore the Problem

- Just because a person may frequently be manipulative, dramatic or attention seeking does not mean they are not also suicidal.

Don't leave the Person Alone!

EIGHT STEP RESPONSE FOR SUICIDAL IDEATION

STEP 1: Student Information

School:		Date:
Student Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female
Grade:	Date of Birth:	Age:
MOE Designation:	Community Agency Involved with student:	
Parent/Guardian:		Phone:
Address:		Teacher:
Initial Referral From:		Date of Referral:
Student Assessed by:		Phone:
Administrator:		

STEP 2: Suicide Risk Assessment Interview

- Ask questions to determine if there is a risk of self-harm.
- Ask questions to determine if there is a risk to others. If so, consult with the principal about doing a threat assessment.

STEP 3: Assess Level of Risk

- Low Risk: Consult with a Counselling Colleague and School Administrator
- Medium Risk: Consult with CYCP 604-557-2095, Counselling Colleague, and School Administrator
- High Risk: Consult with CYCP 604-557-2095, School Administrator and VP of LSS 604-504-4610

NEVER LEAVE A HIGH RISK STUDENT ALONE

- If the student is assessed as high risk and must be transported to the hospital, contact parents to do so or an ambulance. **Do not transport the student.**
- Prepare a list of information for medical personnel that includes the student's name, age, date of birth, address, parent's name, phone number (home/work/cell), BC Care Card number, and any available information regarding medic alert, and information pertaining to previous suicide ideation or attempts.
- Do not personally transport the student. Call 911 if transportation is required immediately.

If the student reports having taken an overdose in the past few hours, call 911 and contact the parents immediately. Have an ambulance transport the child immediately to the hospital.

STEP 4 – Parent Notification and Information

- Notify the Parent/Guardian in all cases.
 - Record the date and time parent/guardian was contacted

 - Give the 24 Hour Crisis Line phone numbers to parent and/or student as appropriate 1-877-820-7444
 - Advise parent to lock up anything that could be used by the child to hurt him/herself (i.e. weapons, medications, poisons, ropes, razor blades).
 - Advise parents to take the child to the hospital if he/she refuses to keep him/herself safe.
- If there is a concern regarding parental reaction contact MCFD at 604-870-5880 and record date contacted*

STEP 5 – Initial Safety Plan

- If high or medium risk the student is only released, as to your discretion, into the care of an adult who has been advised of all the information in Step 4.
- Advise the student of supports that will be put into place.
- Inquire whether other students are involved. Is anyone else at risk? Or, has anyone been bullying or threatening the student?
- Have the student make a list of supportive people he/she can contact if needed (parent, relative, teacher, counsellor, YCW).
- Contact the student’s current therapist or community agency if applicable. Do not leave information pertaining to suicidal behaviour on an answering machine. If the student is connected to CYMH contact their office 604- 870-5880.
- Ensure CYCP (Child and Youth Crisis Program) has been contacted by this time if the risk is medium or high, or if you require further consultation 604-557-2095.

STEP 6 – School Administrator Notification

- Inform the school Principal and/or Vice Principal of the plan to support the student.

STEP 7 School Safety Plan and Follow up

- With the student’s outside agency, parents, and school staff (care team) create a detailed plan to ensure support and safety.
- Inform referring person that the student is receiving support.
- With principal’s consent, inform key school staff of essential information to ensure support of safety plan.
- Follow-up with student’s community agency and/or CYCP on an ongoing basis.
- Make plans for short-term and long-term follow-up at school.

Follow-up details and plan:

Step 8 – District Administrator Notification

- Place a copy of the 8 Step form in school mail to the Director of Instruction: Learning Support Services at CORE if medium or high.
- Place a copy of the assessment in the student’s red folder.

General Observations/Notes

ASK

Establishing Rapport

- Use open-ended questions to engage the youth and gather more information.
- Remain calm and caring.
- Give permission for the youth to talk about his/her thoughts of suicide. This helps to reduce anxiety around stigma and works to convey a sense of acceptance and support.
- Empathize by paraphrasing.
- Maintain good eye contact and an attentive listening posture.

Exploring Current Stressors

- Explore current stressors and events.
- Explore symptoms such as substance misuse, feelings or behaviour, inability to communicate, perceptions and distortions, sleeping and eating irregularities, and changes in mood and energy.
- Remember that it is how the youth feels about a particular stressor that determines the significance of that stress.

Sample statements

- I’ve noticed lately that you (describe the behaviour change).
- Can you tell me more about that?
- It sounds like you might be feeling (helpless, hopeless, alone, etc.) right now. Is that correct?
- Tell me about what has been happening to you.
- What has brought these feeling up now?
- It sounds like that was very important to you.
- I sense you are really overwhelmed.

ASK: “Are you thinking of killing yourself?”

1. If “No”: “My reason for asking is . If you were to become suicidal what would you do to help yourself?”
2. If “Yes” or “Maybe” continue with HLP (History, Loss, Plan).

H - History/Previous Attempts

- Have you felt like this before?
- How close have you come to killing yourself? What happened?
- Do you know anyone who has committed suicide?

L - Loss/Aloneness

- Do you feel a sense of loss?
- Who do you feel you can really talk to?
- Is there anything in your life that makes you want to live (pets, significant people, goals, etc.)?
- Do you belong to any organizations or groups in the community?

P - Plan

- Do you have a plan to kill yourself?
- Do you have access to the means (knife, gun, medications, rope, etc.)?
- Have you thought about when you would do it?

ASSESS

Low Risk	Medium Risk	High Risk
<ul style="list-style-type: none"> • Suicide ideation • Does not have clear plan/means • Feels hopeless and/or helpless, but has support in place 	<ul style="list-style-type: none"> • Indicates suicide intent • May have plan/means • Perceived support • Future investment 	<ul style="list-style-type: none"> • Suicide intent • Has plan/means/time frame • No perceived supports • Perception of loss isolation/aloneness

ACT

Low Risk Response	Medium Risk Response	High Risk Response
<ul style="list-style-type: none"> ▪ Ensure safety ▪ Notify parent/guardian ▪ Call ACRP and/or the student's CYMH counsellor as needed ▪ Document carefully by completing the eight step assessment ▪ Coordinate follow-up services* 	<ul style="list-style-type: none"> ▪ Ensure safety ▪ Notify parent/guardian ▪ Call ACRP and/or the student's CYMH counsellor ▪ Ask parent to contact family physician ▪ Document carefully 	<ul style="list-style-type: none"> ▪ Ensure safety ▪ Call 911 for medical emergency ▪ Contact ACRP 604-557-2095 ▪ Notify parents/guardians ▪ Ask parent to notify family physician ▪ Document carefully

FOLLOW-UP

Trained personnel will follow-up on actions for each risk level and ensure appropriate referrals are in place.

Follow-up Services to Consider

- Establish a Safety Plan (revisit as often as necessary). Examples:
 - WHO ARE YOU PREPARED TO TALK TO IF YOU FEEL LIKE THIS AGAIN?
 - WHAT WOULD HELP (phone numbers for Crisis Line, community supports)
 - LET'S MAKE A PLAN FOR YOU TO FEEL SAFER.
- Contact the Family Physician (consider counselling and/or pharmacological treatment).
- Family Awareness/Education (i.e. removal of dangerous articles, education regarding danger signs, watching youth at home, etc.)
- Consult with a Mental Health Therapist or seek private counselling (individual and/or family).
- Involve the school in developing ongoing support and monitoring.
- Maintain contact with the child or youth.

Can Student's Immediate Safety be Assured?

NO

Student is not in the school building

***Student has left the school or has not been at the school but there is legitimate concern that the student may be in imminent danger.

1. **Call Parent or Guardian immediately.**
2. **Call 911 – police will attempt to locate the student if parents are not able to confirm the student's location and safety.**
3. **Call the local Adolescent Crisis Response program.**

REFERENCES

SUICIDE – What You Need to Know – A Guide for School Personnel; British Columbia Ministry of Education (<http://www.bced.gov.bc.ca/specialed/docs/suicide.pdf>)

