

# LIMESTONE DISTRICT SCHOOL BOARD SUICIDE RISK ASSESSMENT PROTOCOL

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## SUICIDE RISK ASSESSMENT PROTOCOL



- Intervention Strategies
- Historical perspective
- Community Partnerships
- Updating our existing protocol
- School Mental Health ASSIST
- Flowchart
- Tools
- Case Study



## SCHOOL RESPONSE TO SUICIDE



- Four components:
  - Administrative Foundation
  - Prevention
  - Intervention
  - Postvention



## WHAT IS THE ADMINISTRATIVE FOUNDATION?



- The administrative foundation is the support and commitment of the school board to address the range of needs of students who might be at risk for suicide.
- This includes attending to protocols and processes, role clarity, community partnership, training needs, etc.
- Efforts need to be systematic, intentional, and explicit



## HELPFUL INTERVENTION STRATEGIES



SCHOOL MENTAL HEALTH ASSISTANT

### Identification and Referral

- Ensure staff aware of warning signals
- Ensure clear protocol at school level
- Provide immediate and calm support to the student
- Ensure safety and supervision
- Facilitate assessment and care
- Contact parent/guardian
- Document actions



## HELPFUL INTERVENTION STRATEGIES



SCHOOL MENTAL HEALTH ASSISTANT

### Supporting Vulnerable Students

- Ensure staff understand role and limits of competence
- Support staff with caring adult role
- Identify vulnerable students
- Work with clinical staff, when involved
- Create a school safety plan for each student, as needed
- Implement and monitor plans, as needed



## INTERVENTION STRATEGIES TO AVOID



SCHOOL MENTAL HEALTH ASSISTANT

- Peer intervention models with inadequate adult supervision and monitoring
- Recruitment of gatekeepers who are uncomfortable/ unready for the role
- Counseling of high risk students by unqualified professionals



## HISTORICAL PERSPECTIVE



Existing suicide risk assessment protocol included:

- Training for Counselling and Psychology staff in risk assessment and documentation
- Crisis line
- Staff guide provided annually in staff handbook
- Community partnership as part of our Community Risk Threat Assessment Protocol



## UPDATING OUR PROTOCOL



- Identify Existing Teams (Board, School, Critical Incident Response)
- Clarify Roles, as needed
- Updating protocols for intervention
- Updating tools/templates for intervention
- Select and implement prevention strategies
- Stage capacity-building efforts
- Communicate the suicide strategy to staff
- Monitor, evaluate and refine the strategy



## COMMUNITY PROTOCOLS



- Hotel Dieu Hospital Child and Adolescent Psychiatry, Urgent Consult Clinic
- Pathways for Children and Youth, Quick Response
- Community Threat Assessment Protocol



## HDH UCC CLINIC DATA



Statistical data from April 2014 to March 2015

- Average 30 assessments per month
- Average wait time for an assessment is 48 hours
- Referral sources – School Boards: 7%
- Course track: Academic 31%, Applied 25%, Mixed 12%, Locally Developed 8% and Not in school 24%
- Disposition after initial assessment
- Outcomes



## SUICIDE ASIST




Applied Suicide Intervention Skills Training (ASIST)

- Train the Trainer model
- Updated training for all counselling and psychology staff
- Initial training for “go-to educators”
- Part of a community-wide youth suicide prevention initiative
- Staff training, both present and in the future



# STAFF RESOURCES




**For ALL staff:**


- Responding to Suicidal Risk in Students: A Staff Guide
- Flowchart

**For staff conducting risk assessment:**

- Interview Questions/Questionnaire
- Risk assessment, documentation, and storage guidelines



# STAFF GUIDE



**Responding to Suicidal Risk in Students: A Staff Guide**

**Know what to watch for!**

Changes in behaviour, friends, and normal activities	Changes in physical health and/or hygiene
Low energy, poor concentration	Deteriorating school performance
Increased absenteeism	Marked personality change
Increased risky behaviour	Prolonged negative mood or attitude
Feeling worthless, helpless, or hopeless	Comments about suicide and/or dying

**Please DO the following:**

<ul style="list-style-type: none"> <li>• Stay calm and listen</li> <li>• Take the situation seriously</li> <li>• Be patient, compassionate, and non-judgmental</li> <li>• Remember the need to involve others promptly</li> <li>• Seek support from principals/designates</li> </ul>	<ul style="list-style-type: none"> <li>• If there was an attempt, ensure the student is accompanied to the hospital by an adult</li> <li>• Ensure parent/guardian is contacted</li> <li>• Discharge the event</li> <li>• Ensure student is with an adult at all times</li> <li>• Never agree to secrecy</li> </ul>
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When contacting Educational Services talk to personnel directly, do not leave a voicemail message. Contact Educational Services on the Crisis Line 615-542-4371.

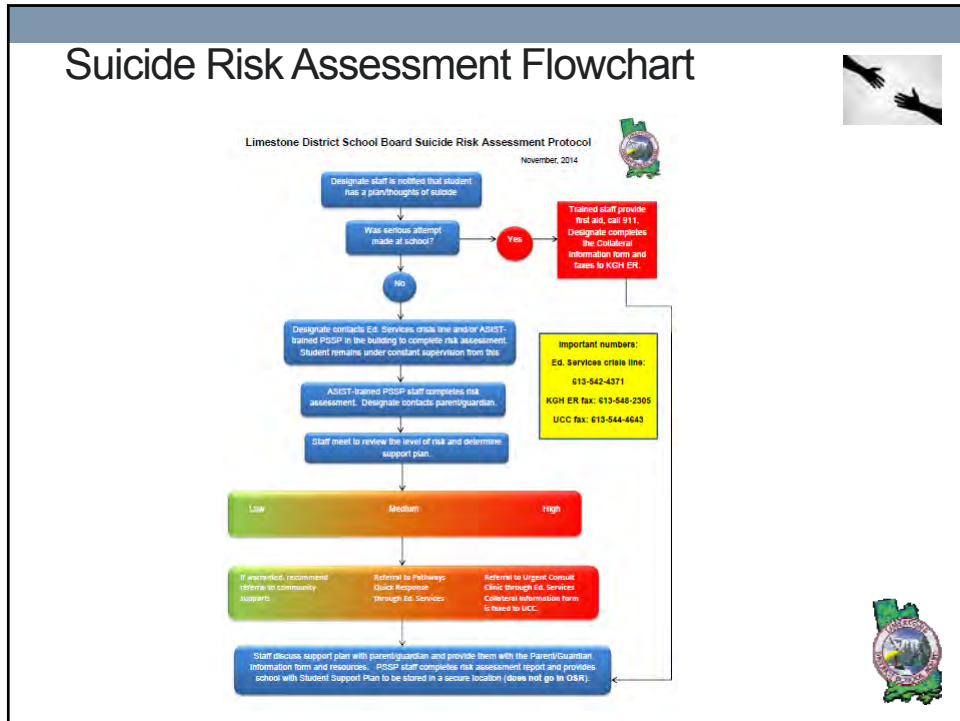
**Attempt:** a student makes an attempt at school or returns to school having made an attempt

- Call 911
- Notify principal/designate
- Contact parent/guardian
- Accompany the individual and/or police to the hospital when the parent/guardian is unavailable or unable to attend to a travel failure

**Red flags or Concerns:** a student discloses suicidal thoughts or makes any suggestion or plan for student safety

- Notify principal/designate
- Contact Educational Services Crisis Line 615-542-4371
- Seek suicide risk assessment with an ASST/ trained staff member
- Contact parent/guardian to discuss concerns and develop plan for support
- Refer to Suicide Risk Assessment Flowchart and, in consultation with Educational Services refer to:
  - Hunt Donor Hospital Urgent Care/ Clinic or Pediatric ONAL Response





- ## DOCUMENTATION
- Parent/Guardian Information Form
    - Resource sheet for Parent/Guardian
  - Risk Assessment Report
    - Documentation for Ed. Services
  - Student Support Plan
    - Documentation for School



## NEXT STEPS



- Ensure all staff are aware of the protocol
- Continue providing Suicide ASIST training for administrators, “go-to” educators, and community members
- Seek feedback regarding the protocol
- Share protocol with larger community, parents



## THANK YOU!



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