

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:

<p>Changes in behaviours, friends, and normal activities Low energy, poor concentration Increased absenteeism Increased risky behaviour Feeling worthless, helpless, or hopeless</p>	<p>Changes in physical health and/or hygiene Declining school performance Marked personality change Prolonged negative mood or attitude Comments about suicide and/or dying</p>
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Please DO the following:

- Stay calm and listen
- Take the situation seriously
- Be patient, compassionate, and non-judgemental
- Reinforce the need to involve others who can help
- Seek support from principal/designate
- If there was an attempt, ensure the student is accompanied to the hospital by an adult
- Ensure parent/guardian is contacted
- Document the event
- Ensure student is with an adult at all times
- Never agree to secrecy


When contacting Educational Services talk to personnel directly, do not leave a voicemail message. Contact Educational Services on the Crisis Line 615-542-4371.

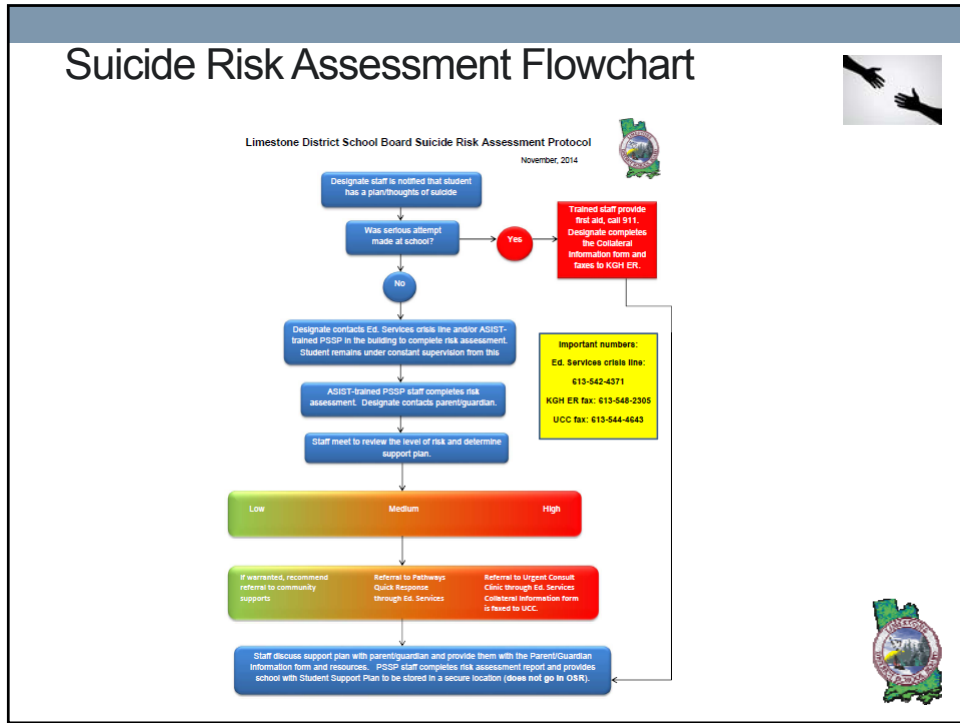
Attempt: a student makes an attempt at school or returns to school having made an attempt

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

Disclosure or Concern: a student discloses suicidal thoughts or behaviors suggests concern for student safety

- Notify principal/designate
- Contact Educational Services Crisis Line 615-542-4371
- Seek outside risk assessment with an ASIST-trained staff member
- Contact parent/guardian to discuss concern and develop plan for support
- Refer to Suicide Risk Assessment Flowchart and, in consultation with Educational Services, refer to Hout Dam Hospital Urgent Care/ Clinic or Parkway Quick 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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