

LOCAL PROTOCOL AGREEMENT SUICIDE PREVENTION

INVOLVING

School District No. 48 (Howe Sound) and Ministry of Children and Family Development (MCFD), Vancouver Health Authority, Medical Advisory Committees

REGARDING

Students who are at risk for suicide.

PURPOSE

The purpose of this protocol is:

1. To aid school personnel in recognizing, responding and referring students who are potentially suicidal.
2. To clarify roles and responsibilities of school personnel, other professionals, parents and caregivers in relation to assisting potentially suicidal students.

GUIDING PRINCIPLES

1. The safety and well-being of children and youth is the primary consideration.
2. Educators and health professionals have a responsibility to intervene to protect children and youth from imminent harm, including self-harm.
3. When a student discloses suicidal thoughts or there is perceived risk for suicide or self-harm, exceptions to the normal requirements of confidentiality arise (FOIPPA and CFCSA).
4. Information related to suicide risk should be shared with relevant professionals, caregivers and parents/guardians, solely for the purpose of keeping the student at perceived risk alive and safe.
5. Collaboration – between school staff, CYMH and other professionals, the child's/youth's parents and caregivers, significant peers and in most cases, the child/youth – is the most effective way to prevent suicide.

SAMPLE PROTOCOL

NOTE: WHILE CLINICAL ASSESSMENTS AND THE DEVELOPMENT OF TREATMENT PLANS REMAIN THE RESPONSIBILITY OF PROFESSIONAL MENTAL HEALTH PRACTITIONERS, SCHOOL-BASED PERSONNEL DO HAVE A RESPONSIBILITY TO TAKE PROMPT AND EFFECTIVE ACTION WHEN FACED WITH A STUDENT AT RISK FOR HARM, INCLUDING SELF-HARM.

The following information can be used as a guideline to:

- (A) assist school personnel to determine the level of risk (i.e. low/medium vs. high/imminent) when a student has disclosed suicidal thoughts or there is perceived risk for suicide or self harm
- (B) decide on the appropriate course of action based on the level of perceived risk

Indicators of Low/Moderate Risk

- recent crisis or loss
- symptoms of depression (e.g. sleep and appetite disturbances, diminished concentration, loss of interest and energy, feelings of guilt or worthlessness)
- infrequent, vague or no thoughts of suicide
- no specific plans for suicide
- no access to the means for suicide
- no known previous attempts
- has some interpersonal support
- evidence of hope or plans for the future
- willing to accept help

Indicators of High/Imminent Risk

- recent crisis or loss
 - symptoms of depression (e.g. sleep and appetite disturbances, diminished concentration, loss of interest and energy, feelings of guilt or worthlessness)
 - high level of agitation
 - delusions or hallucinations
 - substance abuse
 - specific and/or persistent thoughts of suicide
 - has a plan for suicide
 - has access to the means for suicide
 - known previous attempts
 - no interpersonal support
 - hopelessness
 - impulsive
 - unwilling to seek or receive further help
 - has already initiated self-harming action (e.g. swallowed pills, cut wrists). **If this is the case, call 911 and arrange for student to be taken to hospital.**
- In general, males are at greater risk to die by suicide than females while females are more likely to attempt suicide

SAMPLE PROTOCOL

- Asking a student directly if he/she is considering suicide will not “plant the idea” in his/her head. It is the only way to establish whether an actual risk for suicide exists.

If initial assessment suggests LOW or MEDIUM RISK, proceed as follows:

- ♦ Provide support and reassurance to the student.
- ♦ With the student’s knowledge, ensure that the Principal or Vice-Principal is informed as well as the School Counsellor, District Psychologist and the student’s parents/caregivers.**
- ♦ Refer to CYMH Intake Worker as soon as you become aware of a potential risk for suicide.
- ♦ Give the student and parents the key phone numbers for after-hours support (see below).
- ♦ Document decision-making and actions taken.

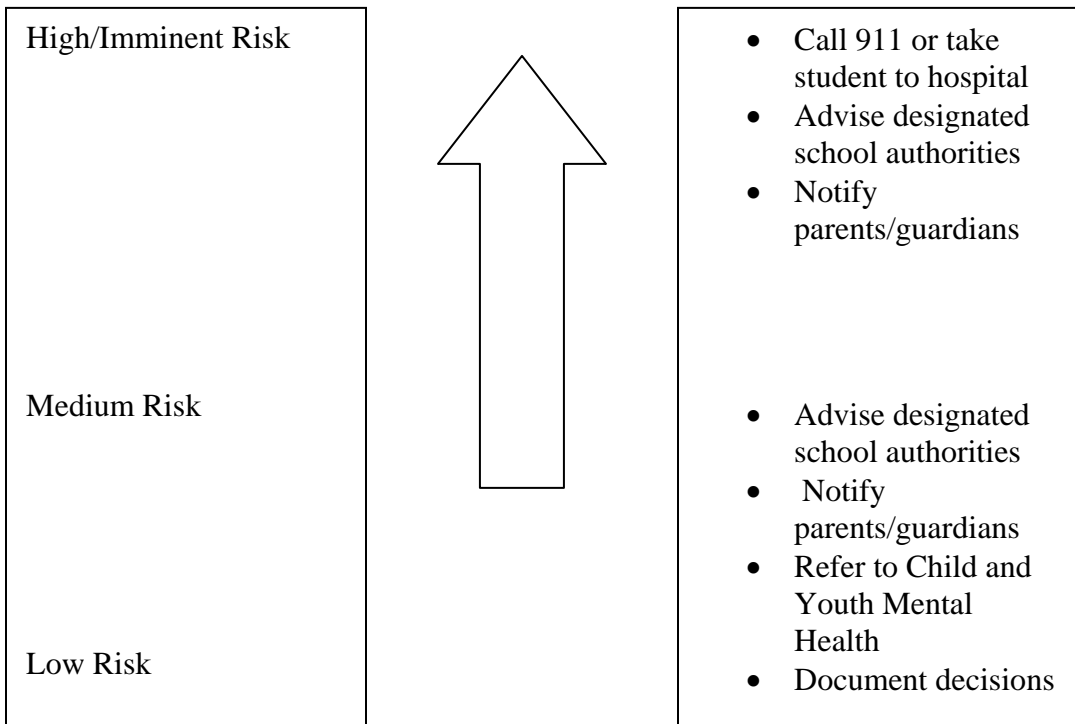
If initial assessment suggests HIGH OR IMMINENT RISK, proceed as follows:

- ♦ Never leave a suicidal student alone.
- ♦ With the student’s knowledge, ensure that the Principal or Vice-Principal is informed as well as the School Counsellor, District Psychologist and the student’s parents/caregivers. **
- ♦ In collaboration with School Counsellor and/or District Psychologist, ensure the student is taken to the local hospital emergency department.
- ♦ Stay with the student until a parent or guardian arrives and/or until they are seen by an emergency room physician or the Crisis Stabilization Team.
- ♦ Give the student and parents the key phone numbers for after-hours support (see below).
- ♦ Document decision-making and actions taken.

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**If you believe that parent(s)/caregiver(s) are unable, for whatever reason, to ensure the safety of their potentially suicidal child/youth, then an MCFD Protection Intake Worker must be informed (CFCSA section 14 reporting requirement).

Action According to Suicide Risk Level



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KEY PHONE NUMBERS (modify for each community)

Emergency Numbers		
XXXX General Hospital XXX-XXX-XXXX	Local Health Care Centre XXX-XXX-XXXX	1-800-XXX-XXXX
Crisis Stabilization Team XXX-XXX-XXXX (Available 7 days per week 10am to 10pm)	Crisis Intervention and Suicide Prevention (free call) XXX-XXX-XXXX. Available 24 hours per day, 7 days per week.	
Non-Emergency Numbers		
Child and Youth Mental Health Services XXX-XXX-XXXX		

SAMPLE PROTOCOL
TERMS AND SIGN-OFF
(Modify partners as appropriate to community)

Regardless of the date of execution and delivery of the agreement, the term of this Agreement starts on the _____ day of _____, 20 ____ and continues until a Party has given to the other Parties at least _____ days written notice that this agreement is to end and the period of notices has elapsed.

The Parties have indicated their agreement with this protocol by signing as follows:

Signed on behalf of the Ministry of Children and Family Development by its authorized representative on the _____ day of _____, 20 ____.

Signed: _____

Print Name: _____

Print Title: _____

Signed on behalf of the Board of School Trustees of School District No. XX by its authorized signatory on the _____ day of _____, of 20 _____.

Signed: _____

Print Name: _____

Print Title: _____

Signed on behalf of the XXXXX Health Authority by its authorized representative on the _____ day of _____, 20 ____.

Signed: _____

Print Name: _____

Print Title: _____

Signed on behalf of the Medical Advisory Committee by its authorized representative on the _____ day of _____, 20 ____.

Signed: _____

Print Name: _____

Print Title: _____

Key Resources During Office Hours

- ◆ XXXX Medical Clinic (XXX-XXX-XXXX)
- ◆ General Hospital (XXX-XXX-XXXX)
- ◆ Crisis Stabilization Program (XXX-XXX-XXXX)
- ◆ RCMP
- ◆ MCFD
 - Child Protection (XXX-XXX-XXXX)
- ◆ CYMH (XXX-XXX-XXXX)

After Hours

- ◆ Hospitals
- ◆ Ambulance
- ◆ Crisis Stabilization Program (10 am to 10 pm; 7 days per week) – XXX-XXX-XXXX)
- ◆ 24 hour Crisis Centre Vancouver (Distress 23-hour): Free Call: XXX-XXX-XXXX)
- ◆ 1-800-XXX - XXXX
- ◆ Kids Help Phone: Free Call: (XXX-XXX-XXXX)
- ◆ RCMP

Some Internet Resources

A good website for youth in B.C. who might be worried about themselves or a friend is <http://www.youthinbc.com>

For parents worried about a potentially suicidal youth, a good (American) website is

<http://www.yellowribbon.org/>

and a good (Canadian) website is

<http://www.suicideinfo.ca/>