SCHOOL MENTAL HEALTH-ASSIST

ÉQUIPE D'APPUI POUR LA SANTÉ MENTALE DANS LES ÉCOLES

YOUTH SUICIDE PREVENTION AT SCHOOL:

A RESOURCE FOR SCHOOL MENTAL HEALTH **LEADERSHIP TEAMS**

SCHOOL MENTAL HEALTH-ASSIST
ÉQUIPE D'APPUI POUR LA SANTÉ MENTALE DANS LES ÉCOLES

This Resource has been developed through School Mental Health ASSIST.

School Mental Health ASSIST is a provincial implementation support team designed to help Ontario school boards to promote student mental health and well-being. It is part of a commitment by the Ministry of Education to Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy. This team provides leadership, resources, and coaching support to boards through Mental Health Leaders and Superintendents with responsibility for student mental health.

School Mental Health ASSIST offers resources in three main areas:

1. organizational conditions for effective school mental health
2. educator mental health capacity-building and
3. selection and implementation of evidence-based mental health promotion and prevention programming.

This Leadership Package is organized according to these three theme areas because dealing with youth suicide effectively requires consideration of board and school conditions, professional learning, and programming. It is considered a "literacy level" resource. Basic information about youth suicide can be found in the "awareness-level" slide deck released by School Mental Health ASSIST in December 2012, "Suicide prevention, intervention and postvention in schools: An overview for Board Leaders".

For more information about School Mental Health ASSIST, visit us at:
smh-assist.ca
or contact Kathy Short, Director for School Mental Health ASSIST at:
kshort@hwdsb.on.ca

Special Acknowledgements

School Mental Health ASSIST would like to thank the following groups and individuals for their careful review of, and contributions to, this resource:

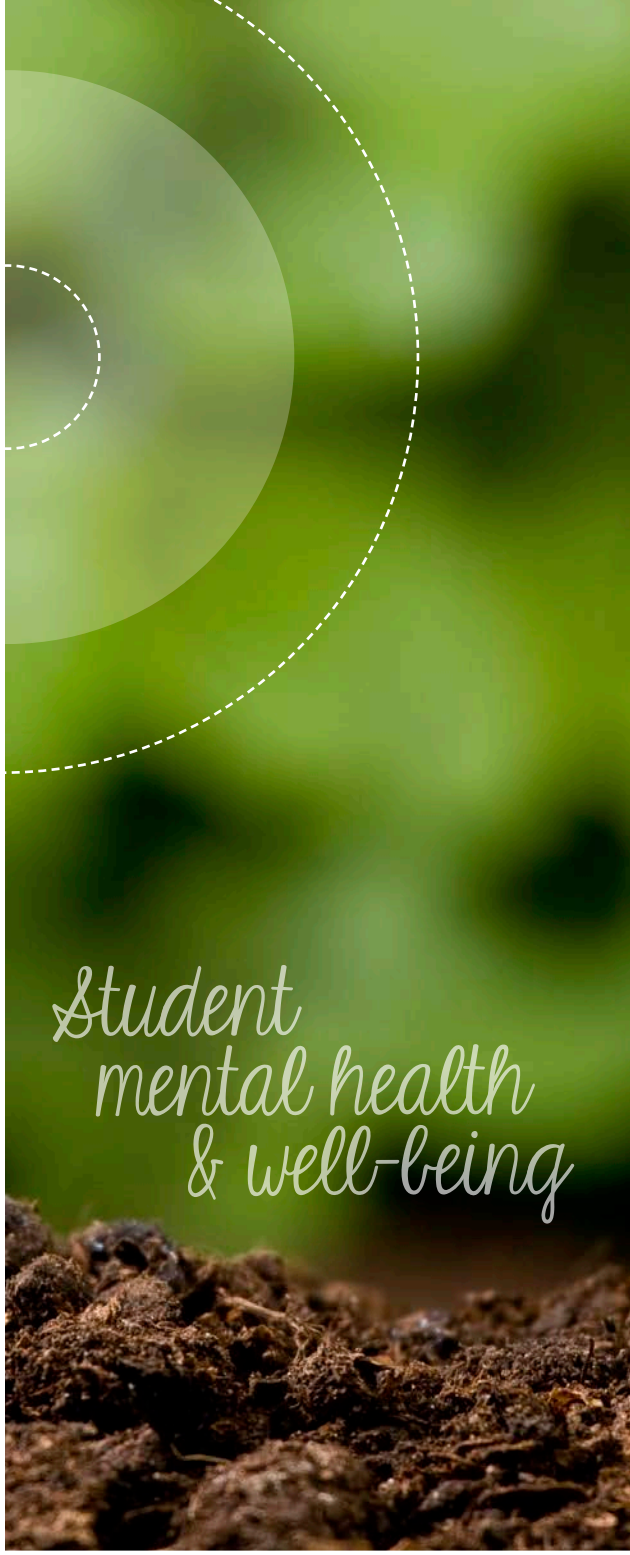
- *Association of Chief Psychologists with Ontario School Boards*
- *Ontario Association of School Board Chief Social Workers*
- *Michelle Bates, Mental Health Leader, Hamilton-Wentworth District School Board*
- *Ernie Gibbs, Centretown Community Healthy Centre, Ottawa*
- *Sarah Cannon, Parents for Children's Mental Health*
- *David Hoy, Chief Social Worker, Hamilton-Wentworth District School Board*
- *Jack Kamrad, Chief Psychologist, Peel District School Board*
- *Sarah Lennox, Corporate Communications, Hamilton-Wentworth District School Board*
- *Maureen Mackay, Mental Health Leader, Peel District School Board*
- *Ian Manion, Ontario Centre of Excellence for Child and Youth Mental Health*
- *Ontario Ministry of Education*
- *Jamie Nunn, Secondary Principal, Hamilton-Wentworth District School Board*
- *Deirdre Pyke, Social Planning and Research Council, Hamilton*
- *Brenda M Restoule, Ph.D., C.Psych, Native Mental Health Association of Canada*
- *Jim Van Buskirk, Chief Social Worker, Peel District School Board*

Table of Contents

Youth suicide is a complex, emotionally-charged, and sadly prevalent problem in Canada. It is the second leading cause of death amongst young people, accounting for roughly 17 to 20% of adolescent mortality. Virtually all school boards in Ontario will be faced with students who are at risk for suicidal behaviour, and most boards will, at one time or another, need to respond to a student death by suicide. Given this reality, it is important to be prepared.
This resource is designed to offer information and practical strategies that can support you in building or enhancing your youth suicide safety net at both the board and school level. It is written for use by the Board Mental Health Leadership Team, and most specifically the Superintendent responsible for student mental health, the Mental Health Leader, and the Chief Psychologist/Social Worker in the board (and/or other school mental health professionals in leadership roles). Some of the information can be translated by this team for use by school administrators, and, indeed, some of the sample protocols and scripts are for use at the school level.

Note that the general principles described in this document may not apply for all populations. In some communities and cultures, and working with certain vulnerable populations, a different lens is required. Board Mental Health Leadership Teams are encouraged to engage with partners in their community to ensure that the directions adopted are compatible with the broad range of experiences and cultures of the students and families that the board serves.

While it is recognized that most boards provide services for vulnerable students, and critical response / tragic events teams in place, a comprehensive review of the elements outlined in this Leadership Package can be helpful in ensuring preparedness, particularly in the context of recent high profile events and the increasing influence of media/social media. We hope that you find this a useful resource.

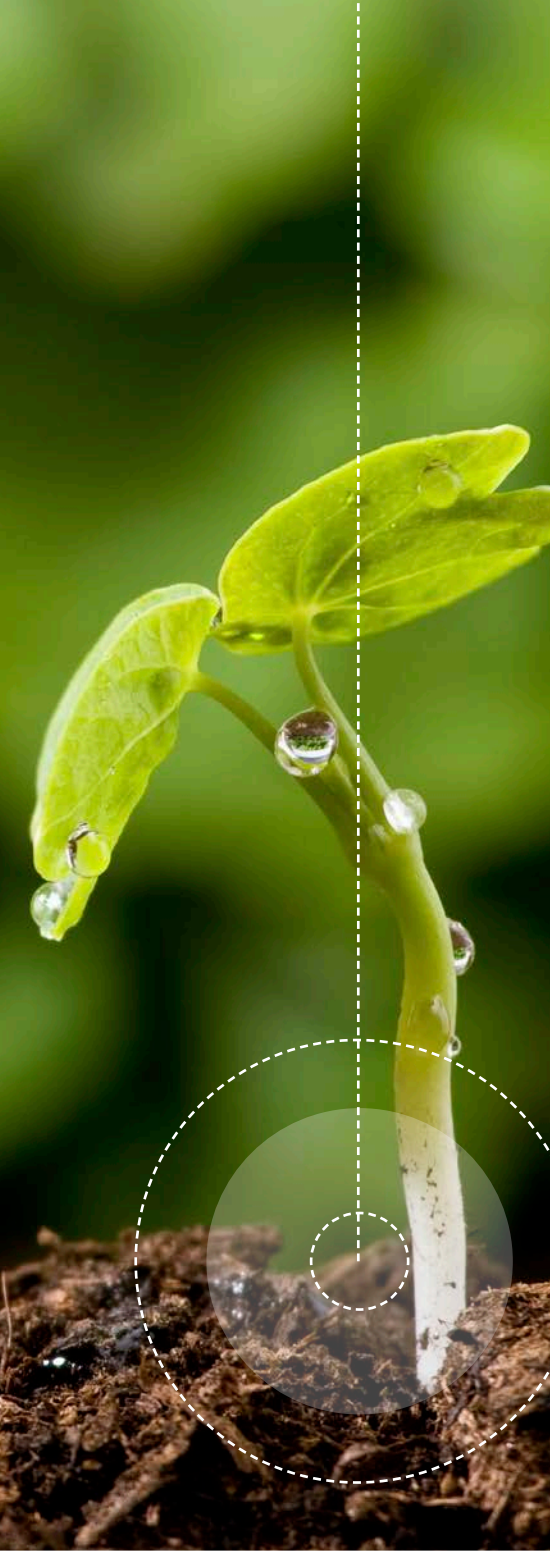


A. Provincial and Community Context

1. Ontario Youth Suicide Prevention Plan

The Ministry of Children and Youth Services (MCYS) is leading the development and implementation of the Ontario Youth Suicide Prevention Plan. Promoting positive mental health and well-being, and ensuring early and equitable access to needed services, are part of a comprehensive suicide prevention plan. As such, cross-ministerial efforts to proactively support child and youth mental health, through the direct service enhancements and investments in early identification / intervention that are part of Ontario's Comprehensive Mental Health and Addictions Strategy, have been foundational to this effort.

At the same time, community mobilization and capacity-building related to the problem of youth suicide requires special focus. MCYS is providing a number of resources and supports to bolster the response in local communities. For example, a key component of the Ontario Youth Suicide Prevention Plan includes the development of a community mobilization guide aimed at supporting local efforts related to suicide prevention, risk management, and postvention.



Together to Live (togethertolive.ca) was developed by the Ontario Centre of Excellence for Child and Youth Mental Health (The Centre) in partnership with passionate people and organizations across the province as part of the Ontario government's youth suicide prevention plan and comprehensive mental health and addictions strategy. It is meant to be a community mobilization guide of evidence-informed practices to help committees build their own plans for suicide prevention, risk management and postvention. This website is the culmination of ideas and input from a variety of stakeholders from across Ontario. In addition to this resource, the Centre has a team of suicide prevention coaches who assist communities to mobilize the knowledge from the website. The Centre is also organizing regional mobilization forums to stimulate conversation and to share knowledge on this topic.

Key Terms

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

Suicide Risk Management: Practices involved in recognizing and responding to students with suicidal ideation or behaviour; and in supporting vulnerable students transitioning to and from care

Suicide Postvention: Support for school communities in responding to suspected or confirmed death by suicide

2. Community Leadership and Collaboration

It is often said that "it takes a village to raise a child" and this couldn't be more true in the case of suicide prevention, risk management, and postvention. While school boards certainly have a role to play in mental health promotion, and in recognizing vulnerable students and supporting them to access needed mental health services, effective suicide prevention and intervention is only possible when the full system of care is activated and shares responsibility for children and youth in our communities.

As noted in sections below, a large part of suicide prevention involves bolstering mental health and well-being for all children and youth which requires a thorough understanding of how the social determinants of health affect both their vulnerabilities and resiliency factors. Working as a community towards healthy environments for children and youth is a critical component of suicide prevention; reducing risk factors (e.g., previous suicidal behaviour, social isolation/ rejection, racism, heterosexism, homophobia, transphobia, addiction, etc.) and building protective factors (e.g., recreation/physical activity, problem-solving / coping skills, positive cultural identity, accepting and LGBTQ inclusive communities, social belonging, etc.) . In some cases, addressing underlying inequities, cultural and economic disintegration and intergenerational trauma is part of the longer-term work that is required in this complex area.

Schools offer a natural forum for delivering mental health promotion and prevention programming, as part of regular campus life. While many school boards are equipped to implement this programming with the help of staff mental health professionals, in many cases it can be helpful to include the perspectives and support of community partners in this work. Public health, for example, plays a significant role in mental health promotion in many communities in Ontario. Through the

good work of the Student Support Leadership Initiative and Working Together for Kids' Mental Health, many mental health promotion and awareness-building resources were developed and shared within communities (e.g., Bounce Back).

In some communities, a wholistic approach that includes co-ordinated efforts that include cultural leaders is an essential first step to promoting a strong cultural identity which ultimately supports good mental health. This can include helping youth to connect with their community, the land, youth leaders, and elders through positive recreational activities. Funding through the National Aboriginal Youth Suicide Prevention Strategy (NAYSPS) has provided some support for this type of population health approach. The program framework is described here: **http://www.hc-sc.gc.ca/fniah-spnia/pubs/promotion/_suicide/strat-prev-youth-jeunes-eng.php**

By way of example, Naotkameganning First Nation (formerly Whitefish Bay) has developed a Youth and Elder Camp, focusing on traditional teachings and experiences for youth, using NAYSPS funding. The Black River Camp occurs every summer and is designed to promote generational learning within a fun recreational setting. Beyond the annual camp, there is a Youth/Elder Support Network that allows for enhanced support throughout the year.

A critical part of **suicide risk management** involves early identification of children and youth at risk for suicidal behaviour. Certainly, school staff are in a very good position to notice changes in behaviour and other signs of suicide risk. Later sections of this Leadership Package provide guidance in this regard. At the same time, there are others in the lives of children and youth who, with appropriate information and training, can also support early detection efforts. For example, coaches and recreation leaders often play a significant role in the lives of young people. Faith/spiritual leaders, elders, cultural practitioners, and congregations can also be watchful for signs of difficulty. And, perhaps most importantly, families and young people themselves can benefit from knowing about warning signs and places to find help.

The other essential aspect of **suicide risk management** involves a clear pathway to support. Early identification is only useful if, once identified, vulnerable students can quickly access needed mental health intervention. Sometimes, this intervention needs to occur on an urgent basis, in the case of young people who have attempted suicide, or are at imminent risk of harming themselves. Clear co-ordination of protocols with emergency services is important and in many communities this is straightforward, triggered by a call to 911 or to a mobile emergency response unit (it is acknowledged, however, that in more isolated and remote communities, emergency service protocols are not straightforward at all and may look quite different). At other times, the situation is not an emergency, but there

In the Spotlight… Bounce Back…in the greater London area

As part of Mental Health Week 2013, area school boards, in partnership with public health, local child and youth mental health agencies and health centres launched a community mental health awareness effort called Bounce Back. This approach is focused on themes of resilience, and includes stigma reduction and information about help-seeking. Resources include a School Toolkit with sample announcements, activities, and handouts.

www.mentalhealth4kids.ca/healthlibrary_docs/Bounce%20Back%20Booklet.pdf
tiny.cc/8v8w8w

is elevated risk and mental health care is needed quickly to prevent suicidal behaviour. These situations are more difficult to navigate, particularly when the demand for such services is high. Protocols for risk assessment that minimize false positives and false negatives help to ensure that the right children and youth are receiving quick access to limited services. While it is impossible to create risk assessment guidelines that cover all possible scenarios, working in partnership with emergency and high risk service providers, and staff mental health professionals, school boards can create standards that help in situations where critical decisions need to be made quickly. Sometimes, this involves assistance from community mental health providers who can help families and school board staff create short-term safety plans that allow them to provide needed supports until the student can enter treatment.

In the Spotlight…Thunder Bay Suicide Prevention Task Force

The Thunder Bay Youth Suicide Prevention Task Force is a community collaborative that was formed out of a call-to-action in 2007, based on the growing need to address youth mental health issues and tragic events, such as suicide. Members on this committee include school boards, mental health agencies, health care facilities, and volunteer advocates from the community. The Task Force takes part in a variety of community and public education events, and has implemented a Fanout Protocol, which provides immediate support from community agencies to schools following a tragic event or suicide. View the resources and watch a helpful video for coaches, here:

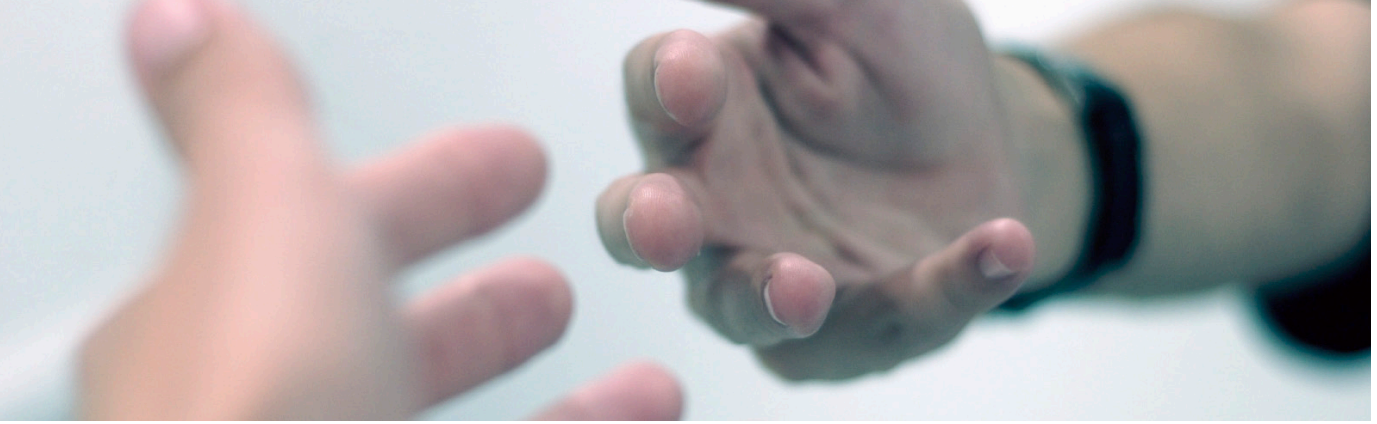
www.heresthedeal.ca

Finally, a community response is needed in cases where a death by suicide has occurred. Postvention is more than a school responsibility, as healing needs to embrace those beyond the school walls. In addition, with increasing media attention to death by suicide, and vigorous social media activity, it truly does take a village to help to reduce the risks of contagion (see more on contagion in sections below). In some circumstances where a young person dies by suicide, quite unfortunately, there is a sense of blame and/or guilt in not being able to prevent the tragedy. In these cases, it is especially important to stand together and strong as a community, to support one another through the days and months of grieving. Schools should not be singled out to shoulder the responsibility for the death and needed postvention. Preparing for postvention with community partners before any such events occur can contribute to a unified and systematic response. The Thunder Bay Suicide Prevention Task Force provides an example of thoughtful collaboration in the areas of prevention, risk management, and postvention.

B. Creating Organizational Conditions for Youth Suicide Prevention, Intervention, and Postvention

In order to effectively support student mental health and well-being generally, boards and schools need to attend to the organizational conditions upon which strategies and programs rest. That is, the vision, infrastructure, roles, and processes that ground services need to be examined and consolidated as a first step in co-ordinated student support. While this foundational work is less visible than higher profile events and initiatives, it is deemed an essential part of ensuring systematic and seamless mental health service delivery.

Through research and consultation, School Mental Health ASSIST has identified ten such practical conditions that form the underpinning of effective support for student well-being generally. For example, meaningful and visible **commitment** to student mental health and well-being on the part of senior and school administrators is an essential first foundation. Similarly, having a **clear and focused vision** for student mental health that aligns with the board and/or school plan allows for effective decision-making about priorities when resources are limited. And, having a **board mental health strategy** facilitates a strong and co-ordinated action plan that should yield achievable



and measurable outcomes. For more information about these conditions, visit the School Mental Health ASSIST website, or review Leading Mentally Healthy Schools: A Resource for School Administrators. These same conditions warrant consideration within the specific area of youth suicide prevention, risk management, and postvention. While all ten conditions are relevant in this context, some are particularly pertinent and will be highlighted here.

1. Mental Health Leadership – Board and School Planning related to Youth Suicide

A board mental health leadership team can be instrumental in the development and implementation of a general mental health strategy and action plan. Most typically this team includes the Superintendent responsible for student mental health, the Mental Health Leader, the Chief Psychologist and Social Worker or other school mental health professionals in leadership roles, and representatives from various parts of the organization (school mental health staff, principals, teachers, educational assistants, students, families, human resources, etc.). Members of this team have a role to play in planning related to youth suicide, but there are others who also have much to contribute. For example, those who provide critical incident / tragic events response have an important perspective on the topic of youth suicide, as do school staff who have worked through risk management and postvention, community mental health professionals, mental health personnel who work with marginalized populations, and members of corporate communications / public relations departments – all of whom may or may not be part of the central mental health leadership team. It is recommended that a small working team, comprised of members most knowledgeable about present and best practices related to youth suicide, be created to review and consolidate the youth suicide safety net in a board. Convened in a time-limited way, this team can confirm roles and protocols for risk management and postvention. Over the longer term, they may have involvement in the selection and implementation of suicide prevention programming for the board. Listening to the voices of families and students affected by youth suicidal behaviour is a helpful part of this review and co-ordination process. Ad hoc participation of other key players, like community responders, can also contribute to the development of a well-founded youth suicide safety net.

Part of the difficult work of this board-level youth suicide working team is to understand current practices and roles, and to identify any areas of gap or duplication of service. This can be challenging when roles and processes have

Ten Conditions for Effective School Mental Health

1. Commitment
2. Mental Health Leadership
3. Clear and Focused Vision
4. Communication/Shared Language
5. Assessment of Initial Capacity
6. Standard Processes
7. Systematic Professional Learning
8. Board Mental Health Strategy
9. Broad Collaboration
10. Ongoing Quality Improvement

been in place for many years. At the same time, in light of the changing world in which our young people find themselves, with immediate and impactful influences from media and social media, it is our responsibility to ensure that our responses are the best that they can be for our most vulnerable students. Senior administration support for courageous conversations and related change is essential in these cases. The case example highlighted demonstrates the need for ongoing role clarity in this difficult area of work.

Note that school-level leadership teams that are focused on mental health generally, and youth suicide within this focus, are also needed. Most often, these teams are part of existing leadership structures, and include members such as Principals/Vice-Principals, Guidance Counselors, Student Success Leaders, Special Educators, School Mental Health professionals, and community/family partners. This team can contextualize board-level directions for their local school setting. For example, they can identify the school-level individuals who will provide staff in-service training, conduct suicide risk assessments, assist with crisis intervention, and help with student transitions back to school following hospitalization. This team also has responsibility for sharing the protocol with their staff and community to ensure that everyone is aware of the suicide intervention and postvention protocols for the school, as outlined below.

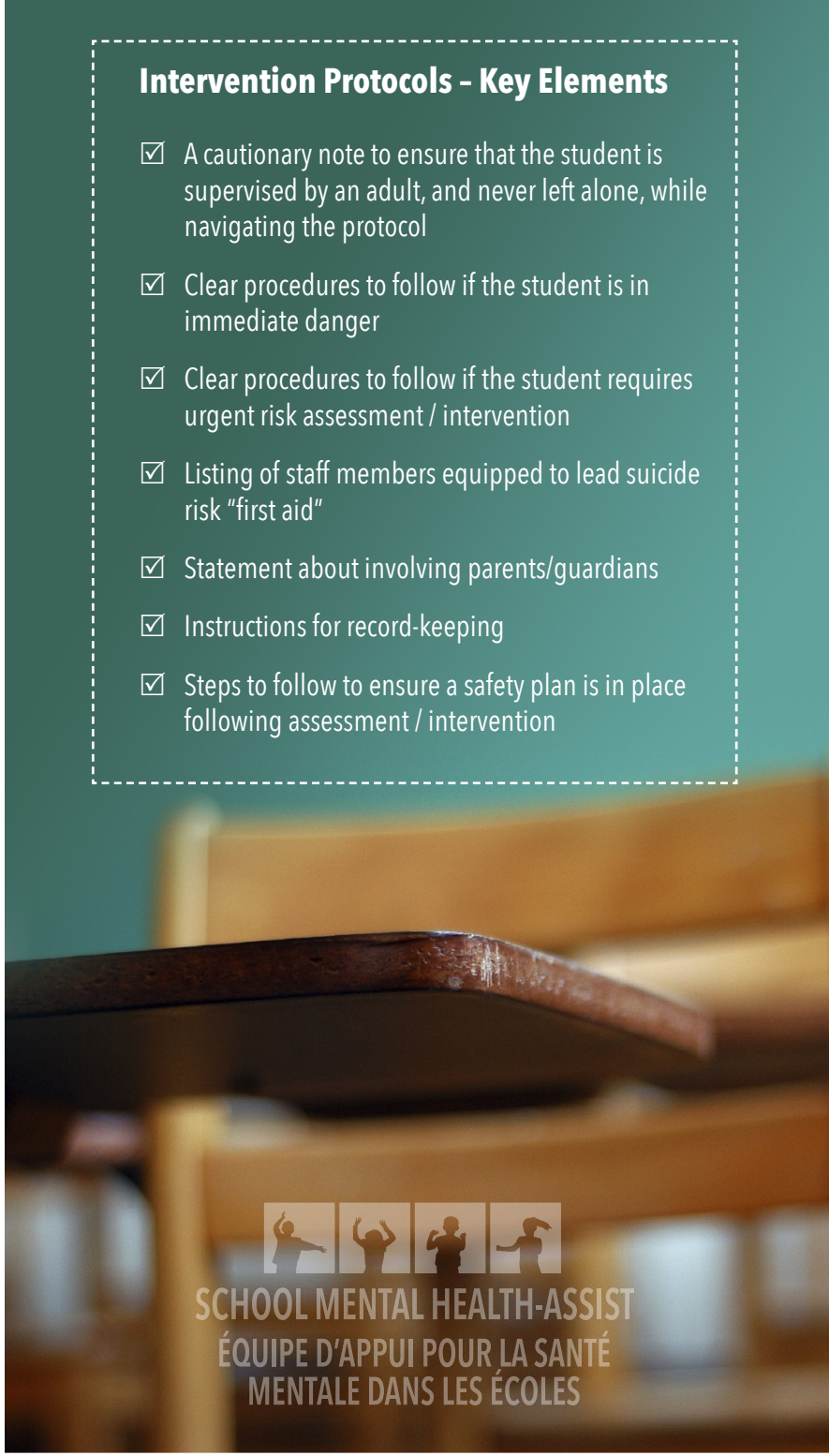
2. Standard Processes – Protocol Development

Boards need to establish clear protocols that can be quickly employed by schools for suicide risk management and postvention. While less urgent, procedures for considering and selecting youth suicide prevention strategies can also be helpful in ensuring a coherent approach to decision-making.

Suicide Risk Management – Boards and schools need to think through a clear step-by-step response that will be enacted when staff become aware of student suicidal ideation or behaviour. These protocols can be established by the Board Suicide Working Group / Board Mental Health Leadership Team, and then contextualized by the School Mental Health Leadership Team for use locally. Contextualization may include, for example, tailoring the board suicide risk management protocol to include local emergency telephone numbers and names of staff members who are trained to provide suicide first aid. Issues of privacy and confidentiality need to be considered within the protocol. Staff need to understand how to talk with students about privacy, and limitations to confidentiality in life-threatening circumstances, so that they can explain this clearly to students in crisis. There are particular privacy and confidentiality concerns relating to disclosing sexual orientation and gender identity of LBGTQ students, and how this may impact safety within their families, school and community environments, and access to mental health services.

Intervention Protocols – Key Elements

- ☑ A cautionary note to ensure that the student is supervised by an adult, and never left alone, while navigating the protocol
- ☑ Clear procedures to follow if the student is in immediate danger
- ☑ Clear procedures to follow if the student requires urgent risk assessment / intervention
- ☑ Listing of staff members equipped to lead suicide risk "first aid"
- ☑ Statement about involving parents/guardians
- ☑ Instructions for record-keeping
- ☑ Steps to follow to ensure a safety plan is in place following assessment / intervention



- Case Example – Compassion Fatique Following Tragic Events

In one Ontario board, it was found that the Tragic Events Team that was developed many years ago was being stretched to a breaking point by the demand on the service. The Social Workers who performed this important work were not able to keep up with their regular case load in their assigned schools. With further inquiry, the suicide working group learned that the job of the Tragic Events Team had evolved to include many components that were not part of the original mandate , which was a primary focus on support to vulnerable students (e.g., now expanded to dealing with media, working with school staff, etc.). The suicide working group recommended that the Tragic Events Team focus on its primary mandate, and that others in the organization carry other pieces of the postvention response. For example, a member of the public relations department would work with a member of the mental health leadership team to respond to all media needs following a tragic event, and the school principal would lead support to staff, with help from the Chief Psychologist. The Chief Social Worker began to work towards a way to refresh and support the Tragic Events Team.

As students may share their concerns with any caring adult in the school (e.g., through threats, art work, journaling), all staff need to be aware of the appropriate response. Most often, the staff member would bring the student to the attention of a colleague trained in suicide "first aid" and/or risk assessment. The protocol needs to include how and when parents/guardians are engaged. Detailed plans for ensuring student safety and quick access to emergency services in the community also need to be articulated. It is critical that the protocol states that at no time should a student with suicidal intent or behaviour be left unsupervised at school, or released from school to go home alone. Each time a student expresses suicidal ideation or behaviour, the procedures that were followed should be recorded immediately and the incident report should be stored securely (note that this does not belong in the OSR, but such reports could be kept in the Social Work or Psychology office in a secure physical or electronic file).

Student return to school after emergency assessment and/or hospitalization also requires a clear discharge and safety plan. A designated professional should be available to greet the student and to meet to discuss the discharge and safety plan with the student, his/her family, and ideally, the overseeing mental health professional. Ongoing monitoring and the need for communication with selected staff and students (e.g., the student's subject teachers, coaches, siblings, friends) should also be discussed as part of the transition protocol.

Sample suicide risk management protocols are provided in Appendix 1, courtesy of several Ontario boards. Suicide Postvention – Following a student death by suicide, there are a number of actions that must be taken at a board and school level to help students and staff to cope with the tragedy, and to prevent the possibility of contagion. Some recommended actions are listed below.

Postvention – Some Recommended Actions

- Timely communication is critical. Upon learning of the death, the principal should immediately contact their Superintendent, public relations (to help with media coverage if this is a potential concern), the Chief Social Worker/ Psychologist (who will enact the tragic response team), the school trustee, and the school mental health leadership team.
- It is important to reach out to the family of the student who has died. A sudden tragic death of a young person is always traumatic; death by suicide can enhance the sense of loss and devastation for those most personally impacted. Caring, compassionate gestures from the school can make a difference, and can, in fact, be an anchor in the storm for families. A message of genuine sympathy from the school , and offers of support, are helpful (even if the family can't find the right words to indicate this).
- One important conversation to have with families involves determining their wishes regarding communication about the death with staff and students. In some cases, families may not want the death discussed as suicide at all, which can make postvention work difficult. Sometimes, families will allow this only with selected individuals who may be at greatest risk during the postvention period. There may also be a need for discussion about particular protocols, like whether the family would like the flag flown at half-mast or not, and about how best to support siblings in the coming weeks. Offering families choice in these matters can be very powerful within a context where they feel that they have so little control. These are very difficult conversations to have with families, and school administrators and families may appreciate the support of a board mental health professional.
- While postvention is difficult for education professionals, a death by suicide is particularly devastating for families.
- Communication with staff needs to occur with considerable sensitivity. A memo, followed by a staff meeting is recommended. Some staff members who worked closely with the student may struggle with guilt or considerable grief and may require personal follow-up.
- Share factual information with students in a personal way, in classrooms, **not through large group assemblies or via announcements.** Avoid oversimplified explanations for suicidal behaviour. Be aware that students may have learned about this first through social media and that misinformation may have been conveyed through this medium.
- Use scripts to ensure that messages are appropriate and consistent.
- Provide counseling support for students or staff who need this, but don't assume that all will (large group debriefing is not helpful).
- Allow students to attend funerals with parent/guardian permission, but do not ask them to go.
- Be careful not to glamourize or vilify the student who died by suicide. Be cautious around the use of reactive large-scale suicide prevention events with external "experts" that have potential to re-traumatize vulnerable students and staff without opportunity for follow up.
- Give careful consideration to requests to memorialize the student, respecting cultural practices and at the same time being mindful of the risk of contagion for vulnerable students.
- Be aware of media guidelines for suicide prior to agreeing to interviews with reporters.
- Postvention is stressful work. Be attentive to your self-care as a leader, and model this for others.

Sample suicide postvention protocols are provided in Appendix 2, and sample letters and scripts are found in Appendix 3, courtesy of several Ontario school boards. Note that postvention, and related grieving, can go on for months and can transcend the academic year. Long-term support may be required.

Suicide Prevention – There are many programs in the marketplace falling under the banner of suicide prevention. In the desire to 'do something' in response to the complex issue of youth suicide, school boards often introduce programs designed to build awareness and skills in this area. Recent reviews of the literature, however, point to the relative lack of evidence supporting many of these programs. Suicide prevention strategies geared toward Aboriginal children and youth have been found to be most successful when they include components to build on cultural identity and cultural knowledge. In these cases it is important for school boards to involve the Aboriginal community in the development or introduction of such suicide prevention programs. A protocol for evidence-based decision-making can be helpful in ensuring a thoughtful process for choosing programming that is research-informed and meets local needs. School Mental Health ASSIST is available to provide evidence-based information to help boards with the selection protocol.

3. Communication / Shared Language

Communication with Professionals - Youth suicide prevention, risk management, and postvention is complex work, and involves many individuals at various levels within the board and school, and in the wider community health and mental health system. In working through protocols and program selection, it is important to involve key stakeholders in decisions. For example, in creating or updating a postvention protocol for the district, board mental health leaders are wise to bring together a group of school administrators, mental health professionals, and members of the community, some of whom have lived through postvention, to advise on the development of the protocol. Similarly, in creating plans for transitions to and from care in cases of suicidal behaviour, school boards and community agencies/hospitals need to work together to create coherent procedures that attend to high-quality risk assessment practices ensuring that the right students receive the right treatment at the right time. Once protocols are established, school board leaders need to communicate clearly with school administrators about expectations and supports to ensure that every school is prepared. Offering materials to assist with staff level information-sharing can go a long way to providing consistent messaging within and across schools in the district (e.g., slide decks, fact sheets, etc.). Because youth suicide is a challenging topic, communication needs to be handled sensitively, using accessible shared language. Communicating with the board's partners about the procedures can be helpful in ensuring a cohesive community response.

Communication with Families – There are many occasions when school staff will need to reach out to families to communicate about youth suicide, being mindful that in some cultures it would be appropriate to include members of the extended family in communication. This can occur when a student is at risk and a conversation with the family is needed to discuss a potential concern. Educators are in a good position to notice when there is a worrisome change in student emotional behaviour, and sharing their observations with parents can be a helpful way to acquire or enhance support for the student at school. Listening to the voices of families in these situations is critical, as they are the experts on their own children. In many cases, this is an opportunity for the family member to describe support strategies that work at home that can be reinforced at school.

Following a student death by suicide, it may be necessary to connect with the parent community as a whole to help with coping and with monitoring for warning signs in their own children. Proactive information sharing with families, within the context of general, culturally-relevant mental health and well-being may also be part of a comprehensive suicide prevention strategy. In all cases, preparation for these conversations is necessary, to ensure that messages are conveyed as intended and that information shared is based on local observations and the wider research literature. For educators, having a mental health professional, elder, cultural practitioner, and/or a mental health professional with experience working with particular marginalized populations, as a coach or participant in these conversations can be very helpful.

Communication with Students – In cases in which students express suicidal ideation or behaviour, teachers should refer to the board suicide risk management protocol

(see above). There are also times when it is appropriate to connect with groups of students about youth suicide (e.g., following a high profile death by suicide covered in the media). How this is done is extremely important. It is never advisable, for example, to share high impact videos or stories about suicide with students. Messages that describe methods for suicidal behaviour, or glamourize suicide are particularly dangerous. Instead, school staff can provide factual information, drawing links to mental illness and the social determinants of health, and describing the complex nature of this behaviour. They can talk about healthy ways of coping, and where to get help when students, or their peers, are struggling. When suicide is offered as a topic of study as part of coursework, this material has to be handled with sensitivity and students should be given the opportunity to opt out of engagement with this subject (alternate assignments and readings should be offered). For some, the material may be too close, and therefore risky to their well-being. Appendix 4 provides an overview of how to talk with students about suicide, from the Hamilton-Wentworth District School Board. Engaging student leaders, outside of these times of crisis, to discuss their information needs and preferred methods of communication for young people can be a helpful strategy.

4. Broad Collaboration - Working with board and community partners

Determining roles at the school and system level related to suicide prevention, risk management, and postvention is important and challenging work but it is essential to ensure a clear pathway to care for students in need. Board Mental Health Leadership Teams need to determine expectations for all staff in this area, for those more likely to come in contact with students in need ("gatekeepers"), and for those who provide more formal risk assessment and intervention services (regulated mental health professionals). In addition, there may be important roles for Superintendents, public relations departments, and human resources departments, particularly related to postvention services. Good collaboration across departments and schools helps in defining and enacting suicide protocols within the board.

Also, as noted above, partnership with communities and relevant agencies is an essential foundational element for suicide prevention, risk management, and postvention. Together, communities can offer mental health promotion initiatives to bolster resilience, can be watchful to identify children and youth in distress, can work through specific processes for helping vulnerable students with transitions to and from treatment, and can come together for postvention efforts. The example highlighted from West Carleton, in response to four youth deaths by suicide within two years, shows the power of community to heal and grow from tragedy. Similarly, the Peer Helper Training Project in Kenora offers an example of an indigenous community – school board partnership in the area of youth skill-building. In partnership with the Kenora Chiefs Advisory, the KCDSB co-created a two day workshop for students interested in peer mentoring and tutoring. The curriculum was brought to life by a host of guest facilitators who presented in their areas of expertise, including First Nations traditional teachings, traditional learning styles, and actions to take when you are worried about a friend in need.

Note that Ontario's Comprehensive Mental Health and Addictions Strategy contains several elements that support this type of collaboration (e.g., in some communities Service Collaboratives work on consolidating transition protocols across sectors; Mental Health and Addiction Nurses serve as a conduit between schools and hospitals). From a First Nation Inuit and Metis (FNIM) perspective, the document, Honoring Our Strengths, offers instructive insight into system change and collaboration. http://nnadaprenewal.ca/wp-content/uploads/2012/01/Honouring-Our-Strengths-2011_Eng1.pdf Also, the soon to be released First Nation Mental Wellness Continuum Framework speaks to collaborative partnerships from a wellness perspective. See Section A.2 for more detail about collaboration possibilities.

In the Spotlight… The Story of the Community of West Carleton

This paper documents one community's response to a youth suicide crisis. The steps towards mobilization, and experiences with the Community Helpers program, are described.

www.phac-aspc.gc.ca/mh-sm/mhp-psm/pub/community-communautaires/pdf/comm-cap-build-mobil-youth.pdf

5. Systematic Professional Learning – Building Capacity for Suicide Prevention, Risk Management, and Postvention

Capacity-building is a key organizational condition for suicide prevention, risk management, and postvention. Because of the importance of this foundational element, it is described in detail in the section below. Note that the focus for capacity-building in this document is on professional learning and development. Strengths-based community capacity--building is a related important construct that is part of the wider national strategy particularly geared toward First Nation and Inuit communities in this area.

The Peer Helper Training Project

This NAYSPS-funded project provides Peer Helper Training to students through skill-building sessions that include indigenous aspects (e.g., Grandfather Teachings, using the medicine wheel in daily life). It is led by the Kenora Chiefs Advisory, and is supported by the KCDSB.

http://www.kenorachiefs.ca/?page_id=41

C. Building Capacity to support Youth Suicide Prevention, Risk Management, and Postvention

School Mental Health ASSIST has identified that different audiences within schools and school boards have different professional learning needs in the area of student mental health and well-being. Some individuals need only an awareness level of information, others who work more closely with students need mental health literacy, and those who work with our most vulnerable students need expertise. In the area of suicide prevention, risk management, and postvention, different staff members have different training needs, depending upon the role they play. It is suggested that all staff need basic awareness about suicide, those staff members who volunteer to take on a bridging or gatekeeper role need more specific professional learning, and mental health professionals who support students at highest risk require intensive training, as per below:

Mental Health Awareness	Mental Health Literacy	Mental Health Expertise
Basic information about suicidal ideation and behaviour, key warning signs, board and school protocols for action	Deeper working knowledge related to identification of risk, referral pathways, and talking with students until professional help arrives	Skills and knowledge related to risk assessment, transitions to and from emergency care, safety planning and ongoing support
All Staff	Some Staff (Gatekeepers)	Few Staff (SMH professionals)

It is recommended that expertise level training is delivered first, to ensure that those working with vulnerable students on risk assessment and transitions to and from care are prepared and confident in their role. When gatekeeper training is introduced, the volume of referrals for risk assessment can increase, so protocols and personnel need to be in place to account for this. Finally, once gatekeepers are adequately skilled in their role, all staff can receive awareness training so that they can play a supportive role should they become aware of a student at risk.

These three levels of training are described below, capacity-building in: (1) risk assessment, intervention, and postvention services for trained mental health professionals (expertise), (2) identification, verification, and referral practices for gatekeepers (3) general suicide awareness for all school staff. Note that general suicide awareness


Collaboration &
Communication

training can also be extended to other audiences, including families and students. The more "eyes and ears" sensitive to the warning signs, the more likely students at risk will be identified and will receive preventive support.

1. Continuous Professional Learning for School Mental Health Professionals (Expertise Level PD)

School mental health professionals serve our most vulnerable students. Most typically, Social Workers and Psychological Consultants provide or support prevention services for at-risk students (including support for attendance, case management, skill development groups, psychoeducational assessment, etc.), and brief interventions / service navigation support for those with identified mental health problems. Registration with a College / Regulatory Body is required for independent practice as a Social Worker or Psychologist/Psychological Associate in Ontario schools. Specific training prepares school mental health professionals for this responsibility, but **ongoing job-embedded learning and supervision/consultation is required to ensure that practices are current and evidence-based.**

Despite their sophisticated level of training overall, working with students exhibiting suicidal behaviour may or may not be an area of comfort for all school mental health professionals. While many School Social Workers and Psychological Consultants are highly skilled in the area of suicide risk assessment and intervention, and/or tragic events response, those who practise in areas where this concern emerges infrequently may feel hesitant in this clinical area. As systems become overwhelmed with the number of students coming forward with suicidal ideation and behaviour (e.g., in response to heightened mental health awareness and media attention to high-profile deaths by suicide), there is pressure on these professionals to assume more responsibility for risk assessment and intervention. This can cause discomfort on the part of these professionals, as they feel that suicide prevention and intervention is something they "should" know and are expected to perform proficiently, but the reality is that this is a very challenging area of work that requires ongoing practice and support. Even amongst those who work in communities where death by suicide is sadly common, and their skills are well-honed, professionals struggle with their sense of competence and can feel overwhelmed by the intensity of the work. While it could be argued that all risk assessment and intervention should occur in clinic/hospital settings, where they exist in school boards registered school mental health professionals can play an important triaging and transitioning role within the system of care. Job embedded learning and support is essential to ensure that these professionals grow in confidence and skill so that they can perform needed functions effectively. In addition, because of the emotional intensity of this work and the high level of skill required, even those who have extensive training and practice supporting students demonstrating suicidal behaviour benefit from ongoing professional learning and team consultation.

The kind of capacity building support that school mental health professionals require in suicide prevention, risk management, and postvention work is much different than would be provided to educators, in terms of both content and delivery. From a content perspective, after an overview of basic information to ensure shared language, school Social Workers and Psychological Consultants require a focus on:

- assessment and support for non-suicidal self-injury
- suicide risk assessment
- school safety planning
- understanding the needs of vulnerable and marginalized student populations, including culturally competent and safe support practices (e.g., LGBTQ students, Indigenous students, newcomers)
- postvention services

Professional learning needs to be delivered thoughtfully, over time, in a differentiated manner. Opportunities for self-study using on-line modules and/or readings (with dedicated time for study and reflection) can supplement face-to-face sessions delivered by credible experts in the field. While information can be offered in large group formats, opportunity for smaller group dialogue, with practice examples and rehearsal, is essential. Following initial training sessions, school mental health professionals benefit from regularly-scheduled coaching/supervision/consultation support. At times, enriching one's practice by partnering with a cultural practitioner can be a helpful direction for some professionals and communities. A "rounds" format has been found to be helpful in some school board departments. In ideal situations, the professional learning is offered across departments, and includes allied professionals involved in the system of care (e.g., MCYS Workers in Schools, Mental Health and Addictions Nurses,). Note that School Mental Health ASSIST is working with McGill University and University of Guelph on a module to support expertise-level learning in the complicated area of non-suicidal self-injury.

"Gatekeeper Training" is the term used in the area of suicide to describe a type of 'first aid' instruction offered to those who serve as intermediaries between students and mental health professionals. It is often gatekeepers who learn first about a student at risk, and these individuals can help the student navigate the pathway to care.

It is recognized that not all school boards employ registered mental health professionals. In some cases, the functions described above will be performed by Child and Youth Workers or others with a background in social services. Depending on training and experience, some of these workers may be providing services related to suicidal behaviour and would benefit from the sorts of capacity-building supports described above. In other circumstances, community/hospital personnel will have primary responsibility for these services, particularly risk assessment, as this requires specialized expertise. Mental Health Leaders in school boards can work with School Mental Health ASSIST to create a professional learning plan that is tailored for the needs of the mental health professionals in their board.

2. Gatekeeper Training (Literacy Level PD)

Mental Health professionals have specialized skills that prepare them for suicide risk assessment and intervention. Other school staff, such as Guidance Counselors, Student Success Leads, and Special Educators, are not expected to perform these sorts of clinical functions, but they still can play an important role as bridges to service for students at risk. Gatekeeper training is specialized professional learning for staff who are in a position to offer assistance when a student appears to be at risk or has engaged in suicidal behaviour.

This training usually covers:

- Warning signs and risk/protective factors, with a view to identifying risk for suicidal behaviour
- Culture-specific issues related to suicide, including factors for vulnerable and marginalized populations like Indigenous, LGBTQ, and newcomers

- Ways to approach and talk to students at risk about suicide
- Strategies for reducing risk and keeping a student safe until help arrives
- Local referral pathways to ensure student safety and support, including an understanding of culturally based services for vulnerable and marginalized populations, including Indigenous, LGBTQ, and newcomers

Gatekeeper training can be offered in several ways, including on-line courses, face-to-face workshops from a certified facilitator, and via materials for delivery by school board staff. There are several commercially-available training programs available to Ontario school boards. Research in this area shows that gatekeeper training programs can improve educator knowledge and sense of confidence in this area. While there is a lack of evidence to show that these programs actually reduce the rates of suicidal behaviour, they may enhance service access for vulnerable students, thereby reducing risk. Note that the best training programs include opportunities for behavioural rehearsal of the helping skills taught.

In some communities, basic gatekeeper training programs should be modified or enhanced to address the needs of special populations. If programs are adapted to ensure cultural-appropriateness, it is a good idea to consult with the program developers to ensure that active ingredients are maintained. Including members of the community to be served in the revision process is critical. There are also some packaged training programs designed to support specific populations.
To learn about available gatekeeper training programs, visit sites like the Substance Abuse and Mental Health Services Administration (SAMHSA) registry of best practices (http://nrepp.samhsa.gov/), or contact School Mental Health ASSIST for help with the selection process.

3. Staff Awareness Training (Awareness Level PD)

As noted above, all school staff need a basic awareness about youth suicide. As trusted adults in a student's life, educators may become aware of suicidal ideation or behaviour as part of their daily work. For example, a student may offer a cry for help through an entry in a journal assignment, or a piece of art, or a quiet conversation. Alternatively, a teacher may notice a worrisome change in behaviour that could signal a deeper problem. By being alert to warning signs, school staff can play an important role in detecting and preventing suicidal behaviour amongst students. They can, in fact, save lives in doing so.

Staff awareness training is not as intensive as gatekeeper training. It is typically briefer, and covers basic information about youth suicide with a focus on risk/protective factors and warning signs. In addition, sharing information about the associated school and board strategies and protocols during awareness training can help alleviate anxiety by reassuring school staff that they are part of a larger system of care and are not expected to shoulder the full responsibility for youth suicide risk. While packaged awareness programs are commercially available, Mental Health Leaders and other board mental health professionals have a number of resources that can be used to compose a workshop that meets local needs.

Note that AFTER staff are trained, schools may wish to extend this suicide awareness presentation or related materials to the parent community. Involving families in this way is very helpful in increasing the number of caring adults who are able to be watchful for warning signs, and know the pathway to care if a child appears to be at risk. This sort of engaging outreach also provides a forum for sharing information about the community/board/school youth suicide strategy. This is particularly powerful when community mental health leaders, including mental health professionals who work with vulnerable and marginalized populations, and parents/guardians and family members join the school in planning and communicating the messages.

D. Selecting and Implementing Appropriate Youth Suicide Prevention Programming

Only **AFTER** board and school conditions are prepared, and capacity-building with staff has been completed, should programming for students be introduced. In this way, caring adults can be prepared if the prevention programming elicits help-seeking behaviour amongst student participants.
Suicide prevention programming for youth has an important role in a comprehensive board/school strategy because research indicates that students are more likely to tell a peer than an adult when they are struggling emotionally (YouthNet, 2009). It is important, therefore, that students are aware of the warning signs for suicidal behaviour so that they can notice when a friend or classmate (or themselves) might need help. SAMHSA identifies three main types of suicide prevention programming for youth:

1. Suicide awareness curricula
2. Skill development for students at risk
3. Peer helper initiatives

1. Suicide Awareness Curricula

Educators can increase the knowledge of students about suicide warning signs and help-seeking through explicit instruction in this area. This content is included in the current Ontario Secondary School Health and Physical Education Curriculum, where it is embedded in the coverage of mental health promotion within the Healthy Active Living Education courses. This curriculum includes emotional health and skills for managing stress and enhancing personal mental health, common mental health problems, warning signs for suicide, and sources of support for help as needed. In some Social Sciences and Humanities courses and Technological Education (Health Care) courses, there are more opportunities for students to learn about mental health.

Some schools and board may wish to complement this instruction, or offer it in different classes or grades, with a packaged program of information related to suicide awareness. There are several such packages available (see SAMHSA, for example, for a listing or consult with SMH ASSIST about an approach that would be appropriate for your board). It is recommended that the material be presented within the context of general mental health and well-being (e.g., creating a sense of belonging amongst peers, building skills for resiliency, noticing signals of distress). Note that while there are some data to suggest that suicide awareness curricula can enhance knowledge and might bolster protective factors, there is no indication that these programs serve to prevent suicidal behaviour. Still, appropriately conveyed, this type of programming seems to have some benefit within an overall comprehensive strategy.

2. Skill Development for Students At Risk

Most deaths by suicide are associated with serious mental health problems (primarily depression, but also substance use, conduct disorder, psychosis, etc.) and related social determinants of health. A key strategy for suicide prevention is to identify students at risk for mental health problems, and to provide targeted prevention and early intervention using evidence-based techniques. Some boards that have school mental health professionals will have the capacity to provide brief Tier 2 interventions, and others will need to rely on community partners for this service. Usually these interventions would be offered to individual students, but at times a group approach may be most fitting (particularly if the focus is on prevention with students with mild to moderate risk).

Describing these intervention techniques in detail is beyond the scope of this document. Briefly, preventive interventions focus on skill development in areas like problem-solving, coping, and resilience. Ways to manage self-injurious behaviour and suicidal ideation may also be covered. Usually school-based interventions occur in 6 to 12 sessions and students requiring more in-depth intervention would be referred to community services. Contact SMH ASSIST for information about evidence-based interventions.

In addition to strictly preventive approaches, research indicates that students who attempt suicide are at later increased risk for subsequent attempts. The transition back to school following admission to the emergency department or hospital can be very challenging for students and their families. At the same time, there is evidence to suggest that the response offered to a young person following suicidal behaviour has the potential to significantly moderate future suicide risk. Working closely with community partners, we can enhance our collective response following suicidal behaviour, creating and implementing a caring safety plan with close monitoring (e.g., removing access to lethal means). In many communities, the Mental Health and Addiction Nurses introduced as part of Ontario's Comprehensive Mental Health and Addictions Strategy have taken on an important role in facilitating the transitions to and from health care for these students and their families.

Issues related to postvention, like decisions about sharing information and providing support to affected students, are relevant following a suicide attempt. Communication with students and the wider community after a suicide attempt are situation-dependent and must be carefully considered with the student and his/her family. On balance, communication should be "need-to-know", but if the precipitating event was high profile and affected other students then key factual messages, and ways to provide support to the student and/or peers, may need to be conveyed more widely. Because we know that students who have engaged in suicidal behaviour are more vulnerable to media reporting of deaths by suicide, communities should encourage responsible reporting whenever the opportunity arises.

3. Peer Helper Initiatives

Youth seem to gravitate to issues of mental health and many want to take on a special role of helping their peers. Engaging youth, and allowing safe ways for student voice and expression on this topic, can be very powerful. At the same time, some of the ideas and initiatives that students wish to undertake are not safe for all students. Peer helper initiatives must have adult leadership, and should be planned and executed with the help of mental health professionals.

Peer helper initiatives vary widely in content and format, and tend to be youth-driven and locally-developed, though some more formalized peer training programs have emerged in recent years. Examples of peer helper initiatives include school-wide campaigns to promote mental health and belonging (e.g., posters, announcements, social media messages), presentations about mental health and stigma reduction (may include presentations by those with lived experience), and peer mentorship programs (i.e., opportunities for trained youth to listen to and support their peers in reaching out for help). Young people who volunteer to lead these sorts of initiatives require adult-led training about mental health promotion generally, suicide warning signs, and pathways for help-seeking, and ongoing coaching support. This training needs to include clear messaging about the limited role of students and when (and how) to involve an adult in the helping process.

It is important to be aware that very little research has been conducted on peer helper initiatives. There is some initial evidence to suggest that peer training programs can help those trained to feel more connected to caring adults, to see help-seeking as more acceptable, and to be more likely than non-trained peers to refer a suicidal friend for help. At the same time, there are risks to youth engagement as peer helpers, as outlined in section E1 below. Engaging youth in enhancing school culture and encouraging a sense of belonging for all students may be the most appropriate starting place for peer helper initiatives (e.g., campaigns to ensure that everyone has someone to sit with at lunch, random acts of kindness initiatives).

E. Special Issues in Youth Suicide Prevention, Risk Management, and Postvention

1. Involving youth in suicide prevention work.

As noted above, many young people are eager, and well-positioned, to play a helpful role in suicide prevention/stigma reduction. As individuals, students who receive high-quality suicide awareness information can become more alert to signs of emotional struggle and can help their peers with support-seeking. As a group, student leaders can get involved in mental health promotion and stigma-reduction activities at the school – level, often enhancing the culture and sense of belonging within the school. There are, however, some risks associated with youth participation in suicide prevention activities. The following guidelines may be helpful in minimizing risk.

2. Managing contagion

A recent Canadian study (Colman, 2013) confirmed that young people are particularly susceptible to the idea of suicide, and that those who know someone who has died by suicide are much more likely to consider or attempt suicide themselves. The effect appears to be strongest for 1to13 year-olds, where those exposed to death by suicide are five times more likely to contemplate it themselves, but 14 to18 year-olds are also at heightened risk (2 to 3 times higher rates of suicidal ideation/ behaviour). It is for this reason that we sometimes see clusters of suicidal behaviour in a school or community. In some communities, where there is a history of loss, this is exacerbated by complex grief reactions and a sense of hopelessness. After a death by suicide, there is a period of time, up to two years, where schools are at risk for more suicidal behaviour.

A good postvention response, as outlined above, may help to minimize the risk of contagion, though there has been very little empirical study in this area. Other suggestions include:

- Model calmness
- Mobilize the board and community support teams to plan support and communication, with a view to contagion possibilities
- Identify and provide meaningful support to vulnerable students quickly following a death by suicide
- Stand strong together with community organizations in the face of pressure to offer high profile events, memorials, etc.
- Quell rumours quickly, and replace these with factual information
- Balance the need to collectively grieve with the need to return the school to normal routines
- Avoid reactive strategies and those that are focused on suicide prevention alone – choose whole school positive mental health approaches
- Work with public relations / communication departments to minimize or influence media/social media coverage

On the latter point, media portrayals that glamorize or detail the death by suicide seem to fuel contagion. See Appendix 5 for a list of media reporting guidelines.

Youth Life Promotion Project

This NAYSPS-funded project includes adult-led suicide awareness training, photovoice workshops, and a social media campaign. Regarding the latter, two Public Service Announcements were created for Indigenous youth that highlight life-promoting messages and images of young FNIM adults.

http://youtu.be/oFnWjsr2lGU
http://youtu.be/l70QRGLzbc0

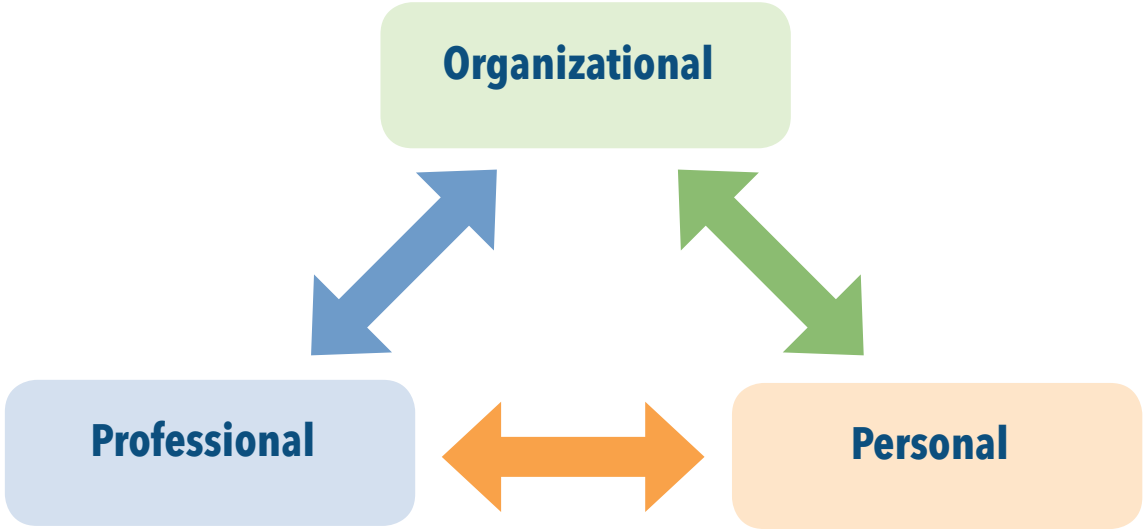
Guidelines for Youth Participation in Suicide Prevention

- Active, informed parent/guardian consent for participation in suicide awareness curricula is required. There may be some vulnerable students who would struggle with this topic in the large class environment.
- Students receive information about youth suicide from many sources. Part of suicide awareness training should include skills for discerning useful from harmful information on this subject, and authenticating the validity of various claims.
- Clear information about where students can get help locally must be a part of every suicide awareness presentation (including help lines, school and community resources).
- Student-led or student-involved initiatives designed to promote mental health and/or prevent suicide must have close adult supervision. Some ideas generated by students, though well-intentioned, are not safe ideas. Students don't always fully understand the boundaries of their competence, or the impact of their actions on vulnerable students. An adult leader can help to shape student ideas into feasible, helpful, safe initiatives that are aligned with the overall school mental health plan.
- Presentations from those with lived mental health experience can be very powerful and can assist with stigma reduction. Sometimes students volunteer to speak about their own experiences in their own school, or on video. This is not recommended, because it poses longer-term risks for the student emotionally and socially. Instead, schools that want to engage in contact-based education should select speakers that are trained and experienced in speaking in front of a school audience (e.g., from an organization like TAMI (Talking About Mental Illness)).
- After a student dies by suicide, there is often an overwhelming desire to "do something". Students and/or families involved often suggest things to school administrators that would assist the community with grieving the loss. At times, however, these suggestions would not be in keeping with best practices in the area (e.g., large assembly with guest speakers on the topic of suicide, unproven therapies for students at risk). At these times, school administrators may need the help of the board Mental Health Leadership Team to offer clear communication about the available evidence, the comprehensive board and school strategy, and alternative actions to consider.

3. Attending to staff well-being and self-care

School board staff are an important part of any suicide prevention, risk management, and postvention strategy, but this is very difficult work and employees may feel anxious or overwhelmed by the weight and complexity of this topic. This sense of burden may be exacerbated by personal stressors and worries. It is critical to consider the health and wellness of our school board staff to ensure the delivery of an effective overall suicide prevention, risk management, and postvention strategy.

In the past, staff wellness was deemed to be the sole responsibility of the individual. However, recent research has determined that the most effective way to address staff wellness is through a combination of personal, professional and organizational intervention.



In the same way that it is important to build our suicide prevention strategy before a crisis occurs, developing an organizational mental health and wellness strategy for all (staff and students) is essential. Key elements that have been shown to be most effective for ensuring staff wellness:

- Working within positive and constructive teams, where staff members communicate clearly and frequently, and where one another's decisions are supported.
- Experiencing ongoing professional learning, so that individuals feel prepared and supported in delivering, in this case, suicide-related services. NOTE: This goes beyond single session learning. It should include opportunities for ongoing coaching and dialogue about implementation challenges and solutions.
- Benefiting from team consultation about complex cases, and related collegial support.
- Engaging in a formal and informal debriefing process that prevents emotional spillover to staff, colleagues, students and loved ones.

While these conditions are important for all staff who may encounter situations involving suicidal behavior, school mental health professionals require additional support because they often carry very large caseloads of vulnerable students, and are routinely called in during times of crisis.

Postvention requires special attention to staff wellness and self-care. During this time, school administrators carry a large burden of responsibility as they oversee support to staff and students, communicate with families and the media, and work to maintain normal operations for the wider student body. The board Mental Health Leadership Team has a role to play in supporting school leaders and helping with the many tasks and decisions that arise. School administrators are supporting the organizational culture and modeling good self-care when they accept this support. Also, school staff members who worked closely with the student may carry a sense of guilt that

accompanies their grieving, and Employee Assistance Program (EAP) services should be routinely recommended. Postvention is a lengthy process and it may take several years for a school to move forward, particularly if there has been some level of contagion involved.

While it is important to create and sustain a suicide safety net in schools and boards, this is only one part of the mental health and well-being continuum. It can be helpful to frame this work as a necessary component in a larger effort to support student well-being. While all staff need to be prepared (just as we have preparedness training for fires, lock downs, and other emergencies), the infrastructure and skills related to suicide prevention, risk management, and postvention will be used infrequently, by a relatively small proportion of staff. Most staff members will instead be engaged in more positive wellness-enhancing activities, such as student social-emotional skill development, mental health awareness, and stigma reduction.

4. Understanding the links between bullying and suicide

There has been much media attention afforded to a link between bullying and suicide. It is important to understand, and to communicate to others, that bullying does not in and of itself cause suicidal behaviour. Suicidal behaviour is enormously complex and cannot be attributed to a single cause. Persistent victimization can, however, contribute to the conditions for suicide risk amongst vulnerable young people. There is research to suggest, in fact, that both victims and perpetrators of bullying are at elevated risk for depressive symptoms - and depression is a known major risk factor for suicidal behaviour. Note that racism and discrimination is a form of bullying, and that students from diverse communities may not feel comfortable reaching out for help when they experience this type of victimization, particularly when the school community does not feel culturally or emotionally safe and inclusive. It is therefore important and relevant for school boards to continue, and to deepen, evidence-based efforts that aim to enhance school environments and to decrease bullying behaviour. Raising awareness, building respect and understanding, fostering healthy relationships, and introducing a range of positive supports, initiatives and interventions in schools as part of a whole school approach that involves students, staff, parents and community members, can help address these concerns. For more information, PrevNet offers excellent research-based information on bullying: http://www.prevnet.ca/

Egale Canada Human Rights Trust Youth Suicide Prevention Summit Report on Outcomes and Recommendations highlights "the impact of bullying disproportionately affects sexual and gender minority youth (Kim and Leventhal, 2008); that is, stigma and discrimination-as forms of victimization-are demonstrably correlated to suicidal ideation and behaviour among LGBTQ youth to a degree that is not true of their non-LGBTQ peers". The report points to the importance of LGBTQ specific policies and strategies to create safety and inclusion, as generic anti-bullying and safe schools polices are not sufficient to support LGBTQ youth. EGALE Canada offers training for educators province wide and has a range of resources available for educators through their Gay Straight Alliance portal **http://mygsa.ca/**

5. Supporting vulnerable populations

There are data to suggest that some groups of students are at increased risk for suicidal ideation and behaviour. This is certainly not to say that all students from these communities are at greater risk. However, Mental Health Leadership Teams should be sensitive to the possibility that these members of their student community may require specialized supports.

First Nations, Inuit, and Metis (FNIM) Youth

Elevated rates of suicidal behaviour have been documented in FNIM communities. Many factors have been associated with these statistics, and the tragic stories behind them, including experiences of colonialism, acculturative stress, marginalization, and intergenerational trauma. However, it is important to note that the rates vary considerably across FNIM communities. Researchers have found that communities with strong cultural continuity, including use of indigenous language and community ownership and control, offer more protection against suicide risk and contagion. FNIM youth who live in urban centres may not have the benefit of this protection, and may face additional challenges to their cultural identity.

Mental Health Leadership teams in boards that serve FNIM students must think carefully about the need for, and nature of, supports for vulnerable students from this population. Plans in the area of suicide prevention, risk management, and postvention must be developed collaboratively, working alongside leaders in the FNIM community. In areas like protocol development and prevention services, board professionals must enter into collaborative partnerships with understanding and respect for the Indigenous worldview and approaches to healing. Resources like the following may be helpful:

http://www.douglas.qc.ca/uploads/File/what-is-working-report.pdf
http://suicideinfo.ca/LinkClick.aspx?fileticket=MVIyGo2V4YY%3d&tabid=563
http://www.kidsmentalhealth.ca/documents/res-prom-stat-en.pdf

According to Egale Canada Human Rights Trust, 33% of LGB youth have attempted suicide in comparison to 7% of youth in general (Saewyc, 2007). Over half of LGB students (47% of GB males and 73% of LB females) have thought about suicide (Eisenberg & Resnick, 2006).

According to Health Canada, "First Nations youth commit suicide about five to six times more often than non-Aboriginal youth. The suicide rate for First Nations males is 126 per 100,000 compared to 24 per 100,000 for non-Aboriginal males. For First Nations females, the suicide rate is 35 per 100,000 compared to only 5 per 100,000 for non-Aboriginal females *(Canadian Institute of Child Health, 2000)*

Lesbian, Gay, Bisexual and Transgender, Two-Spirit, Queer and Questioning (LGBTQ) students are also at heightened risk for suicidal behaviour. Statistics suggest that these students are 5 to6 times more likely to engage in suicidal behaviour than their heterosexual peers. While the reasons for this association are complex, a perceived lack of acceptance and peer victimization are contributing factors in some cases. Canadian research suggests that minority stress increases internalized homophobia and cortisol production in LGBT people, both of which were associated with increased depression, anxiety, and suicidal thought (Benibgui, RHO Fact sheet LGBT youth suicide). A 2011 national climate survey found that 64% of LGBTQ students and 61% of students with LGBTQ parents feel unsafe at school, and 70.4% of all students hear homophobic expressions every day in school.

The Ontario Trans PULSE study in 2011 found that 47% of trans youth (transsexual, transgender and other gender-variant) aged 16 to 24 years reported having seriously considered suicide in the previous year and almost 20% attempted suicide. The study found that parental support is one of the key indicators impacting numerous health outcomes for trans youth. There is an opportunity for Mental Health Leadership Teams to work proactively with regional Children Hospitals and community mental health agencies across Ontario that are to responding to the expanding needs of gender independent children and trans youth seeking social and medical transition. Rainbow Health Ontario's Gender Independent Working Group is providing key leadership in this area through developing fact sheets and pamphlets.

http://www.rainbowhealthontario.ca/lgbtHealth/aboutLgbtHealth/factsheets.cfm#section2
http://www.rainbowhealthontario.ca/rhoStore/products.cfm?productID=11075026-9fe6-e94c-d431-44967f84de9c

SAMHSA also highlights the crucial role of family acceptance and rejection in serving LGBTQ children and adolescents and is calling for service providers and educators to make a paradigm shift to better serve LGBTQ students within the context of their families. According to Ryan and colleagues (2009) LGBTQyouth from highly rejecting families were 8.4 times more likely to report having attempted suicide at least once by young adulthood, compared with peers who reported no or low levels of specific family rejecting behaviours.

http://store.samhsa.gov//product/PEP14-LGBTKIDS
http://store.samhsa.gov/shin/content//PEP14-LGBTKIDS/PEP14-LGBTKIDS.pdf

LGBTQ youth suicide prevention initiatives and strategies need to recognize and address the full diversity of experiences of LGBTQ youth relating to the intersectional nature of identity and discrimination, and pay particular attention to how factors such as location, language, culture, faith, socio-economic status, race/ethnicity, and ability relate to experiences of sexual orientation, gender identity, and gender expression. This diversity of experiences, as well as parental acceptance, discrimination, and victimization, impact a youth's risk for suicide.

Another barrier faced by LGBTQ youth and their caregivers is accessing inclusive, non-pathologizing mental health services. Mental health leadership teams need to familiarize themselves with the mental health services and community agencies that provide inclusive and LGBTQ culturally competent care. Rainbow Health Ontario offers training and support to agencies raising their capacity to serve LGBTQ people (http://www.rainbowhealthontario.ca/). Positive Spaces Initiative of OCASI (Ontario Council of Agencies Serving Immigrants) is an example of a provincial initiative working to create LGBTQ inclusion within the settlement sector in Ontario.

http://www.positivespaces.ca/

A number of recommendations for schools are outlined in the recently released report from Egale on the Outcomes and Recommendations from the LGBTQ Youth Suicide Prevention Summit:

http://egale.ca/wp-content/uploads/2013/02/YSPS-Report-online.pdf

Rainbow Health Ontario Fact sheet on LGBT youth suicide provides another overview of the vulnerabilities and resilience of LGBT youth

http://www.rainbowhealthontario.ca/lgbtHealth/aboutLgbtHealth/factsheets.cfm

In general, in supporting vulnerable students from special populations, it is important to begin from a place of compassion, to seek to understand the experience of those from the community, and to work together to create and implement strategies collaboratively over time.

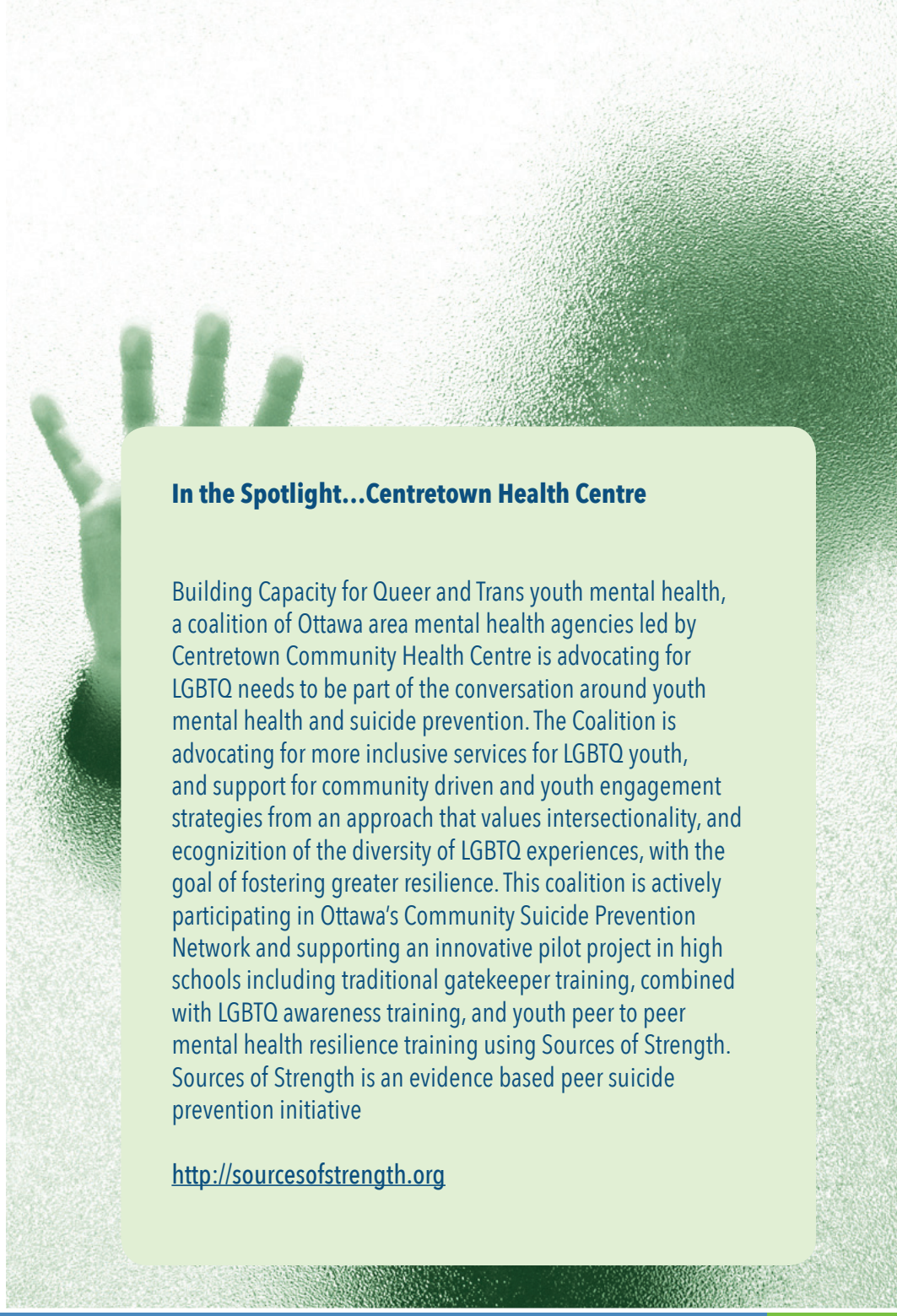
6. Ethical issues

Regulated mental health professionals routinely manage issues of informed consent, confidentiality, and secure record-keeping as part of their daily practice. When circumstances involve suicidal behaviour, the importance of these ethical considerations is magnified. Board Mental Health Leadership Teams need to ensure that all protocols developed fall within the expectations outlined by professional regulatory bodies such as the College of Psychologists of Ontario and the Ontario College of Social Workers and Social Service Workers. Ethical guidelines from the Canadian Psychological Association and American Psychological Association, and related legislation such as the Personal Health Information Protection Act (PHIPA) can also be consulted, as needed.

7. Ongoing evaluation and monitoring

The literature in the area of suicide prevention, risk management, and postvention is not definitive. While many purveyors espouse that their products and training protocols are evidence-based, in reality few rigorous trials have been done to evaluate programs and strategies in this area. School boards are cautioned to select carefully and move slowly, and to resist the pressure to "do something" quickly in response to a risk or event. A thoughtful and comprehensive strategy that includes staff capacity-building and collaboration with community partners is likely to bring more long-term gains.

When training and support programs and strategies are adopted, it is critical to put an evaluation in place to determine if the approach has had the intended effect. Beyond measuring satisfaction with the programming, boards are advised to measure changes in staff/student awareness, knowledge or sense of efficacy, help-seeking behaviour, and/or rates of suicidal behaviour. For assistance, consult with the research team in your board if you have one, the Association for Education Researchers of Ontario, or School Mental Health ASSIST. Note that we are interested in your evaluation results! By measuring your progress, you may be in a position to contribute to knowledge in this important field of study. Please let us know what you learned so that we can enhance the information in this Leadership Package over time with Ontario school board best practice examples.



In the Spotlight…Centretown Health Centre

Building Capacity for Queer and Trans youth mental health, a coalition of Ottawa area mental health agencies led by Centretown Community Health Centre is advocating for LGBTQ needs to be part of the conversation around youth mental health and suicide prevention. The Coalition is advocating for more inclusive services for LGBTQ youth, and support for community driven and youth engagement strategies from an approach that values intersectionality, and ecognizition of the diversity of LGBTQ experiences, with the goal of fostering greater resilience. This coalition is actively participating in Ottawa's Community Suicide Prevention Network and supporting an innovative pilot project in high schools including traditional gatekeeper training, combined with LGBTQ awareness training, and youth peer to peer mental health resilience training using Sources of Strength. Sources of Strength is an evidence based peer suicide prevention initiative

http://sourcesofstrength.org

SCHOOL MENTAL HEALTH-ASSIST

ÉQUIPE D'APPUI POUR LA SANTÉ MENTALE DANS LES ÉCOLES