

# **COMMUNITY SUICIDE PREVENTION PROTOCOL FOR CHILDREN & YOUTH**

**CHILLIWACK CHILD AND YOUTH COMMITTEE:  
A COMMUNITY PARTNERSHIP**



Produced by:

CHILLIWACK SCHOOL DISTRICT #33:  
STUDENT SERVICES

MINISTRY FOR CHILD AND FAMILY DEVELOPMENT:  
CHILD & YOUTH MENTAL HEALTH

FRASER HEALTH AUTHORITY:  
ADOLESCENT CRISIS RESPONSE PROGRAM

The F.O.R.C.E.  
(Families Organized for Resource and Care Equity)

Revised January 2011

## DIRECTORY OF RESOURCE PEOPLE

RESOURCES	PHONE
<b>Aboriginal Child and Youth Mental Health</b>	<b>604-316-1602</b>
<b>Adolescent Crisis Response Program ACRP (Professional Referrals Only)</b>	
<b>Agassiz Child &amp; Youth Mental Health (Referrals through Hope office)</b>	<b>1-877-869-4900</b>
<b>Agassiz Community Services (Family Support, Alcohol &amp; Drug Counselling, Youth Outreach)</b>	<b>604-796-2585</b>
<b>Ann Davis Services (Youth Support Programs)</b>	<b>604-792-2760</b>
<b>Child &amp; Youth Mental Health (Ministry for Children and Families)</b>	<b>604-702-2311</b>
<b>Child Protection Services (Ministry for Children and Families)</b>	<b>604-702-2311</b>
<b>Chilliwack General Hospital (Emergency Ward)</b>	<b>604-795-4141</b>
<b><i>Crisis Lines **</i></b>	<b><i>1-877-820-7444</i></b> <b><i>1-800-SUICIDE</i></b>
<b>Early Psychosis Intervention Program (EPI)</b>	<b>1-866-870-7848</b>
<b>Emergency Services (RCMP, Ambulance, Fire)</b>	<b>911</b>
<b>GAB Youth Services for Gay and Lesbian Youth</b>	<b>604-684-4901</b>
<b><i>Kid's Help Phone **</i></b>	<b><i>310-1234</i></b>
<b>Sto:lo Nation Health</b>	<b>604-824-3200</b> <b>1-877-411-3200</b>
<b>Fraser Valley Children and Family Services Society (Xyolhemeylh)</b>	<b>604-858-0113</b>
<b>Youth Drug &amp; Alcohol Counselling (ASTRA &amp; CAPS)</b>	<b>604-795-5994</b>
<b>Chilliwack Community Services</b>	<b>604-792-4267</b>

## Rationale

Suicidal behavior among youth, including thoughts, attempts and completions, is a serious concern in British Columbia and in other parts of the country. The Chilliwack School district and its community partners are committed to providing comprehensive, multi-strategy approaches, which are implemented across an array of settings and contexts and developed by/within our community. These community strategies and practices are informed by current research and honour and build on our local community knowledge, values and traditions.

For the purposes of this protocol, the work of youth suicide prevention is seen as a series of strategies and programs that engage individuals and their social environments in a rich, complex, and holistic manner.

Key strategies include:

- Broad-level population strategies, which are aimed at promoting youth resilience and strengthening their social environments
- Increasing the capacity of individuals, families, schools and communities to detect potential suicide risk through high quality education and awareness efforts
- Being familiar with effective clinical interventions for youth who are struggling with suicide ideation and/or who have already made a suicide attempt, which includes collaborating with family members and other care providers
- Collaborating with community partners to decide which strategies and approaches to employ following a youth death by suicide in a school or community to reduce risk for imitative suicidal behavior and promote healing
- A community commitment to on-going professional development; leadership, planning and service coordination; multi-agency, interdisciplinary collaboration; developing proactive policies and protocols; and setting goals, monitoring progress and incorporating new learning

*Contact with Child or Youth with*  
**Suicidal Ideation, Suicidal Behaviour, Suicidal Threat or Attempt**

It is important to take any of these behaviors seriously.

### Important Definitions

#### **Suicidal Ideation**

*Suicidal Ideation* is the individual's thoughts of taking one's own life.

#### **Suicidal Behaviour**

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

#### **Suicidal Threat**

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

#### **Suicidal Attempt**

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

### Facts about Suicide

#### Children or youth who talk about suicide may make an attempt.

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

#### Many children and youth who are suicidal do not want to die.

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

#### Asking about suicide does not encourage children or youth to try it.

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

#### Anyone is the "type".

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

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

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

*Contact with Child or Youth with*  
**Suicidal Ideation, Suicidal Behaviour, Suicidal Threat or Suicidal Attempt**

It is important to take any of these behaviours seriously.

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

**Who is at risk?**

The following factors, especially in combination with one another, may increase the likelihood that a child or youth may have suicidal feelings:

- Depression or other psychiatric disorder
- Previous suicide attempts
- Low self-esteem
- Feelings of helplessness or hopelessness
- Conflict at school or with the law
- Abuse or neglect
- Perfectionism
- Gender identity issues
- A traumatic event or recent loss
- Abuse of alcohol or other drugs
- Social isolation
- Recent suicide (or attempted suicide) of family member or friend

**Warning Signs**

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

- Talking or joking about suicide and death
- Increased and/or heavy use of alcohol or other drugs
- Making final arrangements such as giving away prized possessions or saying goodbye to significant others
- Engaging in risk-taking behavior
- Exhibiting CHANGES in school or social behaviour and mood such as:
  - o Change in attendance
  - o Decline in academic performance
  - o Inability to concentrate
  - o Failure to complete assignments
  - o Lack of interest/withdrawal
  - o Change in relationships with classmates
  - o Increase in irritability or aggressiveness
  - o Wide mood swings
  - o Unexpected displays of emotion
  - o Despairing attitude
  - o Preoccupation with death and suicide (writing about it, drawing images of death)
  - o Behavioural changes (a party animal becomes withdrawn)
  - o Sleep disturbance, loss of appetite
  - o Loss of interest in previously important relationships
  - o Changes in appearance and personal care

## HOW TO HELP

Ensure child or youth safety.  
Do not leave the child or youth alone.  
**Remain with the child or youth at all times!**

### DO

#### Be a Good Listener

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

#### Be Direct

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

#### Show That You Care

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

#### Ensure Help for the Youth

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

### DON'T

#### Don't Minimize

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

#### Don't make Moral Judgments

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

#### Don't Promise Not to Tell

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

#### Don't Ignore the Problem

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

#### Don't leave the Person Alone!

## ASK

### Establishing Rapport

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

### Exploring Current Stressors

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

#### Sample statements

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

## ASK

### “Are you thinking of killing yourself?”

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

### H - History/Previous Attempts

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

### L - Loss/Aloneness

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

### P - Plan

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



## ASSESS

### Low Risk

- ~ Suicide ideation
- ~ Does not have clear plan/means
- ~ Feels hopeless and/or helpk but has support in place

### Medium Risk

- ~ Indicated suicide in
- ~ May have plan/mea
- ~ Perceived support
- ~ Future investment

### High Risk

- ~ Suicide intent
- ~ Has plan/means/time frame
- ~ No perceived supports
- ~ Perception of loss isolation/aloneness

## ACT

### Low Risk Response

- ~ Ensure safety
- ~ Notify parent/guardian
- ~ Call ACRP and/or the student& counsellor
- ~ Document carefully by completing the eight step assessment and fax a copy to Student Services
- ~ Coordinate follow-up services\*

### Medium Risk Response

- ~ Ensure safety
- ~ Notify parent/guardian
- ~ Call ACRP and/or the student& counsellor
- ~ Ask parent to contact family physician
- ~ Document carefully and fax a copy to Student Services

### High Risk Response

- ~ Ensure safety
- ~ Call 911 for medical emergency
- ~ Contact ACRP
- ~ Notify parents/guardians
- ~ Ask parent to notify family physician
- ~ Document carefully and fax a copy to Student Services

## FOLLOW-UP

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

### \*Follow-up Services to Consider

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



## COMMUNITY SUICIDE PREVENTION PROTOCOL FOR CHILDREN & YOUTH

### CHILLIWACK CHILD AND YOUTH COMMITTEE: A COMMUNITY PARTNERSHIP

We, the undersigned, accept the policies and procedures in the Chilliwack Child & Youth Inter-Ministerial Child Abuse and Neglect Community Protocol and agree to review, make any necessary revisions, and re-sign the document on an annual basis.

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Date

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Title

Organization

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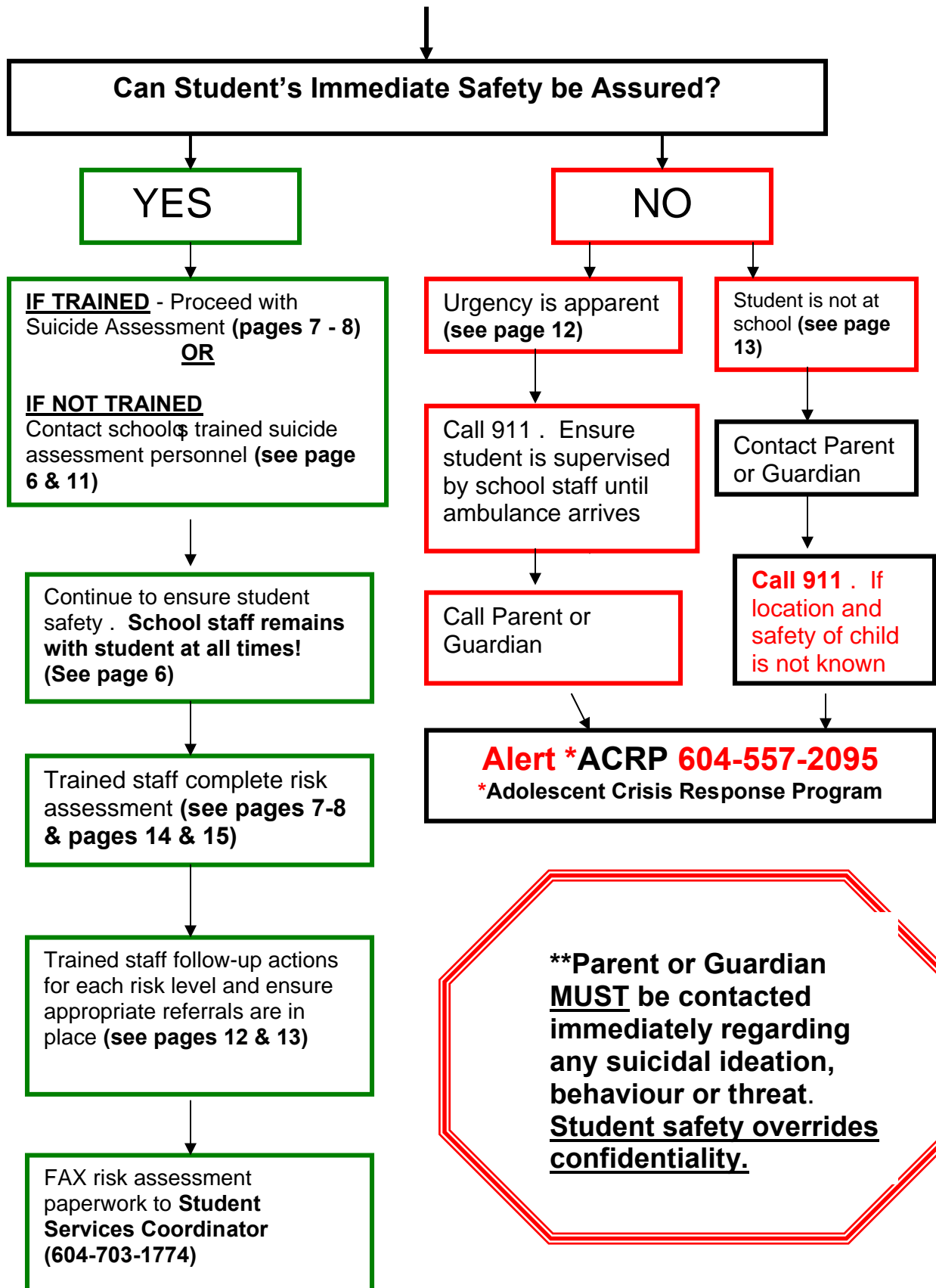


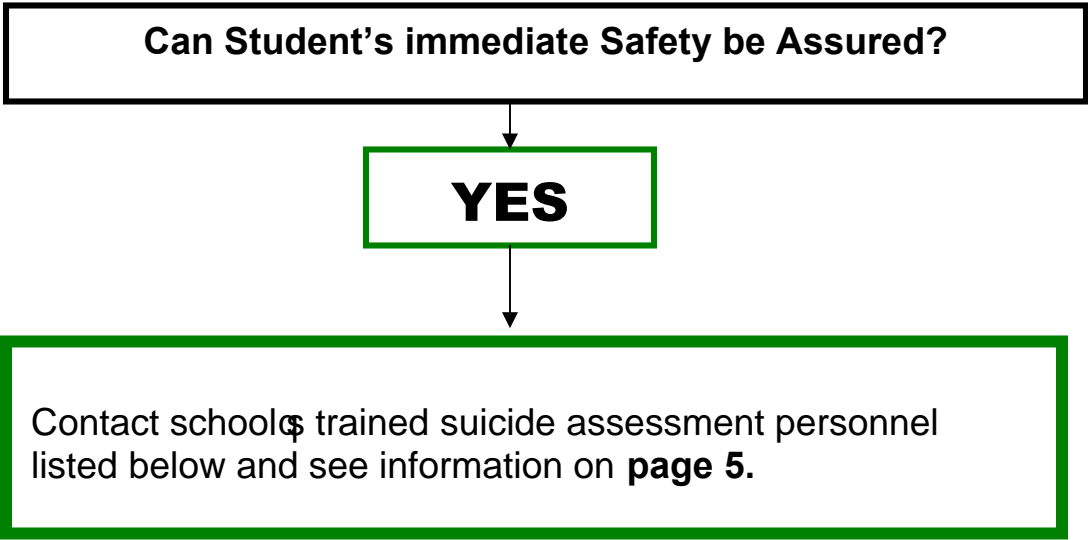
# **School District No. 33 (Chilliwack)**

## **Suicidal Ideation Response Plan**

*Contact with Student with  
Suicidal Ideation, Suicidal Behaviour, Suicidal Threat, or Suicidal Attempt*

It is important to take any of these behaviours seriously (see pages 4 & 5).





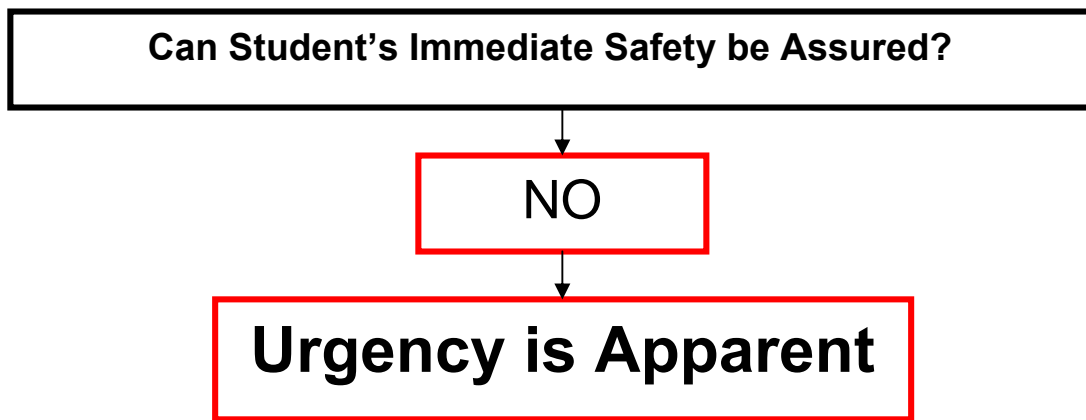
**These staff in your school are trained in administering a suicide risk assessments because they have taken part in the “Ask, Assess, Act Training Program”.**

Name	Contact Number

Questions or concerns , please contact:

**Student Services Coordinator  
or the confidential secretary in the Student  
Services Department for information regarding  
other trained district personnel.**

***Principal(s): Please submit this page to  
Student Services Coordinator and update  
yearly.***



**Student has already self-injured with intent to take his/her life  
or  
has revealed that he/she has an imminent suicide plan which  
includes**

**lethal means + availability + time frame.**

**1) Call 911 – Ensure student is supervised by school staff at all times!**

- “ Transfer the student to the hospital by ambulance.
- “ Ask the school first aid attendant to attend to the student if there has been self-injury with intent to take his/her life.
- “ Prepare a list of information for medical personnel that includes the student’s name, age, date of birth, address, parent’s name, phone numbers, BC Care Card number, any available information regarding medic alert, or previous suicide attempts.
- “ **DO NOT PERSONALLY TRANSPORT THE STUDENT.**

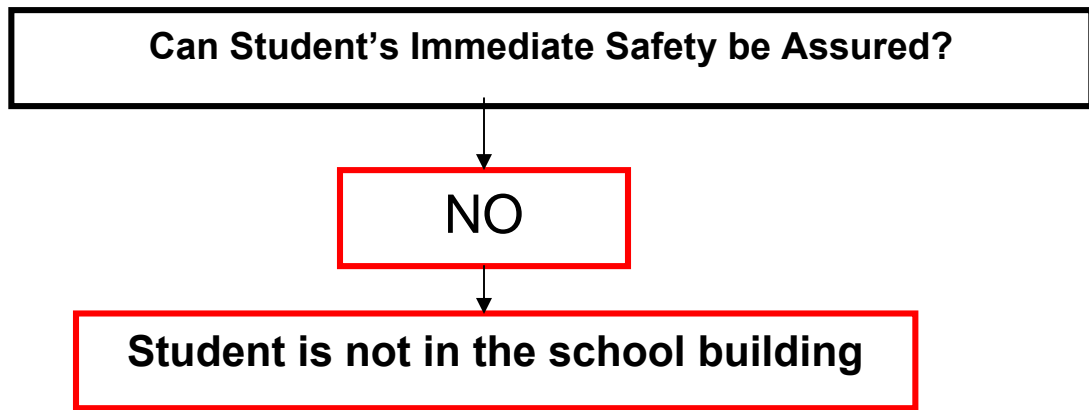
**2) Call Parent or Guardian**

- Ask them to meet you at the hospital emergency room.

**3) Call ACRP 604-557-2095**

- Notify ACRP (Adolescent Crisis Response Program) that the student is being transported to the hospital.

**4. Report the incident to the Student Services Coordinator as soon as possible.**



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

- 1. Call Parent or Guardian immediately.**
- 2. Call 911 – police will attempt to locate the student if parents are not able to confirm the student's location and safety.**
- 3. Call ACRP (604-557-2095) or Crisis Line (604-820-1166) to alert them of the situation.**
- 4. Report the incident to the Student Services Coordinator as soon as possible.**





# School District No. 33 (Chilliwack)

## Eight Step Response for Suicidal Ideation

Follow the steps and fax both pages to the Student Services Coordinator (604-703-1774)

### STEP 1: STUDENT INFORMATION (Keep all notes).

Name \_\_\_\_\_ M \_\_\_ F \_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Parent/  
Guardian \_\_\_\_\_ Home Phone/ Cell # \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_

Initial Referral from \_\_\_\_\_ Referral Date \_\_\_\_\_

Counsellor Who Assessed Student \_\_\_\_\_ School Direct phone # \_\_\_\_\_

Counselling colleague consulted with \_\_\_\_\_

Community Agency involved with student \_\_\_\_\_

**\*\*\*If further assistance is required, call the Student Services Coordinator or the confidential secretary in the Student Services Department at the School Board Office (604-792-1321)\*\*\***

### STEP 2: Suicide Risk Assessment Interview

Asked questions for risk to self. Is the student a risk to self?

Asked questions for risk to others. Is the student a risk to others? If so, consult with the principal about doing a threat assessment.

### STEP 3: Suicide Assessed Level of Risk

Low Risk (Consult with Counselling Colleague and School Principal)

Medium Risk (Consult with Counselling Colleague or ACRP and School Principal)

High Risk (Consult with School Principal and School or District Counselling Dept)

**\*For HIGH RISK, DO NOT LEAVE THE STUDENT ALONE.**

**If the student is unwilling to promise to keep him/herself safe, contact the parent/guardian immediately. If necessary, arrange transportation to the hospital emergency ward by parent or ambulance. Know that the student is going to the hospital.** Prepare a list of information for medical personnel that includes the student's name, age, date of birth, address, parent's name, phone number (home/work/cell), BC Care Card number, any available information regarding medic alert, and any information pertaining to previous suicide ideation or attempts.

**Do not personally transport the student.**

If the student reports to have taken an overdose in the past few hours, contact the parents immediately and transfer the student to the hospital emergency by ambulance. Ask the school first aid attendant to attend to the student while waiting for the ambulance.

#### **STEP 4 – Parent Notification and Information**

- Notify the Parent/Guardian in all cases.
- Date and time parent/guardian was contacted \_\_\_/\_\_\_/\_\_\_/ \_\_\_am/pm.
- Advised parent to lock up anything that could be used by the child to hurt themselves (i.e. weapons, medications, poisons, ropes, razor blades).
- Advised parents to take the child to the hospital if s/he refuses to keep him/herself safe.  
Concern regarding parent reaction to the contact. Ministry of Families contacted \_\_\_/\_\_\_/\_\_\_/ \_\_\_am/pm.

#### **STEP 5 – Initial Safety Plan**

- If high or medium risk the student is only released into the care of an adult who has been advised of all the information in Step 4.
- Identified supports that will be put into place.
- Had student make a list of support people s/he can reach out to (i.e. parent, grandparent, aunt uncle, neighbour, etc.).
- Created a safety plan with student, signed it and had student sign (and parent if involved in process).
- Contacted student's current therapist or community agency. If they were not available, left a voice message to contact you. DID NOT LEAVE A DETAILED MESSAGE.
- Contacted ACRP (Adolescent Crisis Response Program) for help with assessment and support if the student has a history of psychiatric problems (604-557-2095).

#### **STEP 6 – School Administrator Notification**

- Informed the Principal and/or Vice Principal of the student's risk and steps taken.

#### **STEP 7 School Safety Plan and Follow up**

- Informed referring person that the student's risk is receiving support.
- With principal's consent, informed key school staff of essential information to ensure support of safety plan.
- Followed-up with student's community agency and/or ACRP.
- Made plans for short and long-term follow-up at school.

#### **Follow-up details**

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#### **Step 8 – Student Services Notification**

~ Fax a copy of both pages of this form to the Student Services Coordinator FAX 604-703-1774.

#### **General Observations/Notes**

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≡ ≡ Student Services Co-ordinator ≡ Threat & Risk File

## References

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

***Community Suicide Intervention Protocol***; Chilliwack Child and Youth Committee: A Community Partnership, November, 2008.

***School District No. 34 (Abbotsford) Suicide Protocol and Eight Step Response for Suicidal Ideation***; Suicide Protocol Committee, January, 2010.

***Child and Youth Suicide Prevention Guidelines for Abbotsford***; Simon Fraser Region Community Task Forces on Suicide Intervention, February, 2007.

## Websites

[www.youthinbc.com](http://www.youthinbc.com)

[www.youthsuicide.ca](http://www.youthsuicide.ca)

[www.siec.ca](http://www.siec.ca) (Suicide Information & Education Centre)

[www.crisiscentre.bc.ca](http://www.crisiscentre.bc.ca) (Vancouver Crisis Centre)

[www.suicidehotlines.com/canada.html](http://www.suicidehotlines.com/canada.html)

[www.cmha.ca](http://www.cmha.ca) (Canadian Mental Health Association)

[www.focusas.com/Canada.html](http://www.focusas.com/Canada.html) (Focus Adolescent Services)

[www.aacap.org](http://www.aacap.org) (American Academy of Child & Adolescent Psychiatry)

[www.cln.org](http://www.cln.org) (Community Learning Network)

[www.aap.org](http://www.aap.org) (American Academy of Pediatrics)

[www.mentalhelp.net](http://www.mentalhelp.net) (Mental Help Net)