

# **Suicide Prevention Protocol for Children & Youth**

**Chilliwack Child and Youth  
Committee: A Community  
Partnership**

10/18/2017

Revised by:

CHILLIWACK SCHOOL DISTRICT #33:  
STUDENT SERVICES

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

FRASER HEALTH AUTHORITY:  
START

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

LOCAL ACTION TEAM

CHILD AND YOUTH COMMITTEE

Revised October 2017

## DIRECTORY OF RESOURCE PEOPLE

Aboriginal Child and Youth Mental Health .....	604-316-1602
Ann Davis Services (Youth Support Programs) .....	604-792-2760
Child Protection Services (Ministry for Children and Families) .....	604-702-2311
Chilliwack General Hospital (Emergency Ward) .....	604-795-4141
Kids Help Phone (Crisis Line) .....	800-668-6868
MCFD Kids Help Phone .....	604-2310-1234
Fraser Health Crisis Line .....	877-820-7444
START – Short Term Assessment and Response Team .....	844-782-7811
Child & Youth Mental Health (Ministry for Children and Families) .....	604-702-2311
Emergency Services (RCMP, Ambulance, Fire) .....	911
EPI - Early Psychosis Intervention Program (EPI) .....	866-870-7948
Fraser Valley Children and Family Services Society (Xyolhemeylh) .....	604-858-0113
Fraser Valley Youth Society for LGBTQ and Allied Youth .....	604-200-3203
PCRS – Pacific Community Resources .....	604-795-5994
(Chilliwack Addiction and Prevention Services)	
Sto:lo Nation Health .....	604-824-3200
.....	877-441-3200
Youth Drug & Alcohol Counselling (ASTRA & CAPS) .....	604-795-5994

## Rationale

Suicidal behavior among youth, including thoughts, attempts and completions, is a serious concern in British Columbia and in other parts of the country. Chilliwack 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, inter-disciplinary collaboration; developing proactive policies and protocols; and setting goals, monitoring progress and incorporating new learning

**When in Contact with a Child or Youth with Suicidal Ideation, Suicidal Behaviour, Suicidal Threat or Attempt, it is important to take 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.

**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:
  - Change in attendance
  - Decline in academic performance
  - Inability to concentrate
  - Failure to complete assignments
  - Lack of interest/withdrawal
  - Change in relationships with classmates
  - Increase in irritability or aggressiveness
  - Wide mood swings
  - Unexpected displays of emotion
  - Despairing attitude
  - Preoccupation with death and suicide (writing about it, drawing images of death)
  - Behavioural changes (a party animal becomes withdrawn)
  - Sleep disturbance, loss of appetite
  - Loss of interest in previously important relationships
  - 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**

**ASSESS**

**ACT**

**ASK**

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

**If “No”: “My reason for asking is \_\_\_\_\_. If you were to become suicidal what would you do to help yourself?”**

### **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**

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

## STUDENT SAFETY PLAN

**My plan for the next 24 hours is to:** (List activities, e.g., eat dinner, watch TV, spend time with my friend, rest, finish my homework, go to school, take my medications)

Whenever I am experiencing suicidal thoughts or feeling stressed:

**1. People I can talk to:**

- Best friend, phone number is:
- Mom or dad, phone number is:
- Family friend, phone number is:
- Older sister/brother, phone number is:

**2. Things that usually help me feel better:** (e.g., going for a run, listening to music, baking a cake, journaling)

**3. Three new things I can try:** (e.g., relaxation exercise, taking a bath, going out with friends)

**4. Remind myself of my reasons for living:**

**5. Call my counsellor (or other professional) for an extra appointment.**

**If I am experiencing a crisis:**

1. I will go somewhere where I am safe.
2. I can call a crisis line or on-line crisis service. Phone number is Kids Help Phone 1-800-668-6868.
3. I can call the START Team and speak to a crisis clinician: 1-844-782-7811.
4. If START is not available (after 9pm) and I am at immediate risk to myself or if I need immediate medical attention – I need to go to the emergency room at my local hospital.
5. If no one is available, I will call 911 for an ambulance.

# ASSESS

## Risk & Protective Factors

Key Context	Predisposing Factors	Contributing Factors	Precipitating Factors	Protective Factors
Individual	Previous suicide attempt Suicidal ideation Depression or other mental disorder Hopelessness	Rigid cognitive style Poor coping skills GLBT sexual orientation Impulsivity Aggression Anxiety	Personal failure Humiliation Individual Trauma Health crisis	Individual coping and problem solving skills Willingness to seek help Good physical & mental health Strong cultural identity & spiritual beliefs
Family	Family history of suicide behavior Family history of childhood neglect, sexual or physical abuse Family mental health history Early childhood loss/separation	Family discord Impaired parent-child relationships	Loss of a significant family member Death of a family member, especially by suicide Recent conflict	Family cohesion & warmth Adults modelling healthy adjustment High & realistic expectations
Peers	Social isolation & alienation	Negative youth attitudes toward seeking adult assistance Peer modelling of maladaptive behaviors	Teasing, cruelty or bullying Interpersonal loss or conflict Rejection Peer death, especially by suicide	Social competence Healthy peer modelling Acceptance & support
School	Long standing history of negative school experience Lack of meaningful connection to school	Disruption during key transitional periods at school Reluctance/uncertainty among school staff about how to help	Failure Expulsion Disciplinary crisis	Success at school Interpersonal connectedness & belonging
Community	Multiple suicides Community marginalization Socioeconomic deprivation	Sensational media portrayal Access to firearms or other lethal methods Inaccessible community resources	High profile or celebrity death, especially by suicide Conflict with the law	Opportunities for youth participation Community self determination Availability of resources Community control over local services

## Suicide Risk Matrix

### Imminent Risk

*Risk of which, without immediate intervention, death is probable:*

- Recent ingestion of pills above a therapeutic dose
- Found with means on person
- Found or suspected to be at location of planned attempt
- Admit to suicide plan and then elope

Issue	Low Risk	Medium Risk	High Risk
<b>Suicidal thoughts or suicide attempt</b> <ul style="list-style-type: none"> <li>• Intentionality</li> <li>• Lethality</li> <li>• Access to means</li> <li>• Previous suicide attempts</li> </ul>	No thoughts or vague thoughts No recent attempts or one recent attempt of low lethality and low intentionality No current plan no or low intent	Frequent thoughts Multiple attempts of low lethality Repeated threats Current plan Moderate intent	Continual/specific thoughts Evidence of clear intention An attempt with high lethality (ever) A current plan that is detailed/specialized knowledge Clear intent
<b>Strengths &amp; Supports (coping &amp; Connectedness)</b> <ul style="list-style-type: none"> <li>• Communication with others</li> <li>• Availability of supports</li> <li>• Willingness/capacity of support person</li> <li>• Ability to maintain safety of youth and others</li> </ul>	Youth is accepting help Rapport with clinician occurring Highly connected/good relationship and supports Support person are available and able to help consistently	Youth is ambivalent about accessing existing supports or seeking supports Moderate connectedness; few relationships Support person are available but unwilling/unable to help consistently	Youth is refusing help Lack of supportive relationships/hostile relationships Support person are not available or unwilling/unable to help
<b>Mental Status</b> <ul style="list-style-type: none"> <li>• Depression</li> <li>• Psychotic</li> <li>• Hopelessness, despair</li> <li>• Guilt, shame, anger, agitation</li> <li>• Impulsivity</li> </ul>	No symptoms of depression or anger Mild depression, sadness Mild anger, hostility No psychotic symptoms Feels hopeful about the future	Moderate Depression Some sadness Moderate anger, hostility Some symptoms of psychosis Some feelings of hopelessness	Severe Depression Command Hallucinations or delusions about dying Preoccupied with hopelessness, despair, feelings of worthlessness Severe Anger, hostility
<b>Substance Use</b> <ul style="list-style-type: none"> <li>• Current misuse of alcohol or other drugs</li> </ul>	No or infrequent use of substances	Risk of ongoing substance intoxication, abuse or dependence	Current substance intoxication, abuse or dependence
<b>Corroborative History</b> <ul style="list-style-type: none"> <li>• Family, guardians</li> <li>• Records</li> <li>• Other service providers</li> </ul>	Able to access information and/or verify information Little doubt regarding account of events by youth	Access to some information Some doubts to plausibility of youth's account of events	Unable to access information and verify information Conflicting accounts of events as compared to youth's description
<b>Quality of Assessment</b> <ul style="list-style-type: none"> <li>• Level &amp; quality of engagement</li> <li>• Changeability of risk level</li> <li>• Confidence in risk level assessment</li> </ul>	High confidence in assessment Low changeability of risk level within next 24-48 hours Good rapport & engagement	Reasonable confidence in assessment outcome Moderate changeability of risk level within next 24-48hours Reasonable rapport & engagement	Low confidence in assessment outcome High Changeability of risk level within next 24-48 hours Poor rapport & engagement

## ACT

### Imminent

- Stay with youth
- Call EHS/police to escort to hospital
- Contact guardian

### Low Risk Response

- Ensure safety
- Notify parent/guardian
- If needed, consult with START and/or the child or youth counsellor
- Refer to CYMH drop in intake
- Safety Plan
- Document carefully by completing the eight step assessment and fax a copy to Student Services

### Moderate Risk Response

- Ensure safety
- Notify parent/guardian
- Call START and/or the child and youth counsellor
- Ask parent to contact family physician
- Safety Plan
- Document carefully (8 Step form) and fax a copy to Student Services

### High Risk Response

- Ensure safety
- Call 911 for medical emergency
- Contact START
- Notify parents/guardians
- Ask parent to notify family physician
- Safety Plan
- Document carefully (8 step form) and e-mail a copy to Student Services

## Follow-Up Services to Consider

- 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 SBT in developing ongoing support and monitoring.
- Maintain contact with the child or youth.

## SUICIDE PREVENTION PROTOCOL FOR CHILDREN AND YOUTH

CHILLIWACK CHILD AND YOUTH COMMITTEE:  
A COMMUNITY PARTNERSHIP

We, the undersigned, accept the policies and procedures in the Chilliwack Community Suicide Prevention Protocol for Children and youth and agree to review, make any necessary revisions, and re-sign the document on an annual basis.

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Signature Name Date

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Title Organization

# **School District # 33 (Chilliwack)**

## **Suicide Ideation Response Plan**



**Chilliwack  
School District**

Contact with Student with Suicidal Ideation, Suicidal Behaviour, Suicidal Threat, or Suicidal Attempt  
It is important to take any of these behaviours seriously.

### Can Student's Immediate Safety be Assured?

**YES**

**IF TRAINED**

proceed with Suicide Assessment

**IF NOT TRAINED**

Contact school's trained suicide assessment personnel

Continue to ensure student safety  
**School staff remains with student at all times!**

Trained staff complete Risk Assessment

Trained staff follow-up actions for each risk level and ensure appropriate referrals are in place

FAX 8 Step Response to Student Services

**NO**

Imminent Risk

Student is not at school

Call 911  
Ensure student is supervised by school staff until ambulance arrives

Contact parent or guardian, consult with Start

Contact parent or guardian

**Call 911  
If location and safety of child is not know**

**Alert \* START 844-782-7811**  
\* Short Term Assessment & Response Team

**\*\*Parent or guardian MUST be contacted immediately regarding any suicidal ideation, behaviour or threat. Student safety overrides confidentiality**

## Can Student's immediate Safety be Assured?

**YES**

**Contact school's trained suicide assessment personnel listed below and see information**

These staff in your school are trained in administering a suicide risk assessment because they have taken part in the "Ask, Assess, Act" training program.

Name	Contact Number

### Questions or concerns

Please contact Student Services High Incidence Coordinator or a Student Services Secretary for information regarding other trained district personnel.

## Can Student's immediate Safety be Assured?

**NO**

**Imminent Risk**

**Student has already self-injured with intent to take his/her life**

**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 START 1-844-782-7811**

- Notify START (Short Term Assessment and Response Team) that the student is being transported to the hospital.

**3) Call Parent or Guardian**

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

**4) If there is a decision to seek medical attention, arrange transportation with parent, caregiver or emergency services if needed.**

**5) Report the incident to the High Incidence Student Services Coordinator as soon as possible.**

**Can Student's immediate Safety be Assured?**

**NO**

**Student is High Risk**  
**Student is not in the school building**

**Has revealed that he/she has an imminent suicide plan which includes lethal means + availability + time frame.**

**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 START (1-844-782-7811)**
- 3) Call 911 – police will attempt to locate the student if parents are not able to confirm the student's location and safety.**
- 4) Report the incident to the High Incidence Student Services Coordinator as soon as possible.**

# Eight Step Response for Suicide Ideation



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

## STEP 1: Student Information

Name:	<input type="checkbox"/> M <input type="checkbox"/> F	Grade:	DOB:	Age:
Parent/Guardian:	Home Phone/Cell:			
Address:				
School:	Teacher:	Date of Incident:		
Referral from:	Referral Date:			
Counsellor who assessed student:	School Phone #:			
Counselling colleague consulted with:				
Community agency involved with student:				

**\*\*\*If further assistance is required, call the Student Services High Incidence 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: Level of Risk

- Low Risk (Consult with counselling colleague and inform school Principal)
- Medium Risk (Consult with START and inform school Principal)
- High Risk (Contact START and inform school Principal and Student Services.  
\*\*For HIGH RISK, DO NOT LEAVE THE STUDENT ALONE\*\*)
- Imminent Risk

**If the student is unable to keep safe, contact the parent/guardian immediately. Arrange transportation with parent/caregiver.** 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: \_\_\_\_\_
- 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 parent to call Start if she/he refuses to keep themselves safe.
- Concern regarding parent reaction, contact MCFD
- Ministry of Children and Families contacted: \_\_\_\_\_

### STEP 5: Action Taken

- Student was 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 the student make a list of support people s/he can reach out to (i.e. parent, grandparent, aunt uncle, neighbour, etc.).
- Contacted student's current therapist or community agency. If they were not available left a voice message requesting them to contact author. (DO NOT leave a detailed voice message.)
- Contacted START for help with assessment and support especially if the student has a history of psychiatric problems (844-782-7811)

### STEP 6: School Principal Notification

- Informed the Principal and/or Vice Principal of the student "at risk" and steps taken.

### STEP 7: Follow-Up

- Informed referring person that the student "at 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 START.
- Made plans for short and long-term follow-up at school.

Follow-up Details:

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### STEP 8: Student Services Notification

- Send a copy of both pages of this form to the Student Services High Incidence Coordinator FAX 604-703-1774 regardless of level of risk.

General Observations/Notes

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## 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 Prevention Protocol***; Chilliwack Child and Youth Committee: A Community Partnership, June 2012.

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

<http://www.ok2bblue.com/> (OK 2 B Blue website. Blue Wave)

<https://reportbullyingbc.edudata.ca> (ERASE Bullying website)