Pathways to Hope:

Best Practices in Suicide Prevention for Alberta Schools

Alberta

For more information regarding this content visit: alberta.ca/mental-health-in-schools.aspx

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Introduction

The role of schools in suicide prevention

Suicide is an issue that has far-reaching impact for individuals, families, schools and communities. Suicide prevention is a focus of many efforts across Alberta. The Office of the Child and Youth Advocate's 2016 report *Toward a Better Tomorrow: Addressing the Challenge of Aboriginal Youth Suicide* (ocya.alberta.ca/wp-content/uploads/2014/08/InvRev_Toward-a-BetterTomorrow_2016April.pdf) underscored the need for meaningful action and included a recommendation specifically for Alberta Education – to develop and implement school-based suicide prevention programs. A call for action to reduce youth suicide was subsequently highlighted in *Building Strength, Inspiring Hope: A Provincial Action Plan for Youth Suicide Prevention 2019-2024* (alberta.ca/child-intervention-action-plan.aspx).

Schools can play a positive role in suicide prevention because they offer consistent, direct contact time with large groups of young people. Staff members, particularly teachers, often have important connections with students, as well as with their support systems, such as family and friends. They may be the first to recognize that something is seriously wrong in the life of a student and can put suicide intervention strategies into action for those experiencing suicidal ideation or suicidal behaviour. Schools can implement strategies to help students build resilience and hope in order to flourish in their lives.

A comprehensive approach to suicide prevention aligns with and supports the many efforts and activities that schools may undertake to promote student safety and well-being. Many school-based activities designed to prevent bullying behaviour and substance use also reduce suicide risk and promote positive mental health.

Suicide prevention initiatives in schools can be helpful because mental health challenges can interfere with a student's ability to learn and can negatively affect academic achievement. In addition, a student suicide can significantly impact other students, school staff and the community overall. Knowing what to do following a suicide allows schools to support other students, with the hope of preventing similar tragedies.

While this resource provides information and strategies for building a comprehensive suicide strategy in schools, it is also recognized that each school authority, school and community is unique. As a result, it is anticipated that the way in which the information in this resource is implemented will vary and will reflect local needs, as well as ongoing and long-term priorities and work plans. *Pathways to Hope* is also flexible to use in conjunction with other local, provincial, national and international resources, several of which are referenced throughout this document and/or in the resource section at the end.

Purpose of this resource

This resource provides information, a synthesis of relevant and current research, and evidence-informed strategies for developing a comprehensive school-based suicide prevention and intervention strategy. The information may be used by school authorities as they consider their local context and needs with respect to developing policies, strategies and/or protocols. The information provided is intended to be a resource for school authorities should they choose to develop a suicide prevention strategy but is not a substitute for more formalized, intensive training in suicide prevention and intervention. School authorities have differing needs, priorities and expertise and may determine that additional education and training of key people at the school authority and school level is warranted before embarking on a suicide prevention initiative.

Information and strategies in this resource can help school authorities and schools to:

- Build their understanding of youth suicide, including age-related considerations, priority populations and risk and protective factors.

- Strengthen staff and student capacity by establishing a crisis response team, defining staff roles, building staff awareness, creating student understanding and responding to cultural diversity.

- Focus on evidence-informed prevention strategies that promote positive mental health and reduce the likelihood of youth suicide.

- Develop guidelines and plans of action for responding when a student is at risk of suicide.

- Develop guidelines and plans of action for responding when there is an attempted suicide or death from suicide in the school community.

Understanding the specific needs and identifying strengths and resources of the school community are key in developing effective suicide prevention plans and activities. The planning and implementation of any prevention programming needs to consider the local context, including community demographics, suicide rates, mental health and stress in youth, as well as protective and risk factors of individual students, families and communities. Information on protective and risk factors is outlined in the "Risk and protective factors" section of this document.

Suicide prevention is a collaborative effort

Building Strength, Inspiring Hope: A Provincial Action Plan for Youth Suicide Prevention 2019-2024 offers strategies and actions to build community capacity to reduce youth suicide in Alberta. Implementation of the provincial action plan is intended to include coordinating provincial efforts of both government and non-government organizations, Indigenous communities and other community partners; providing guidance for community-led activities; and supporting suicide prevention initiatives at local, municipal, provincial and national levels. One of the guiding principles of the action plan is collaboration, involving building meaningful and respectful partnerships.

The Alberta Education resource *Working Together to Support Mental Health in Alberta Schools* (2017) (alberta.ca/mental-health-in-schools.aspx) provides information on student mental health. The benefit of a collaborative and collective effort to support mental health in schools is included, as is the role different partners can play to provide integrated supports.

Alberta Health Services' Provincial Injury Prevention Program, under the direction of the Injury Prevention Coordinating Committee, has developed *Youth Suicide Prevention: Resource Guide for Schools* (2019) as an initiative of the Suicide Prevention Working Group. The resource guide is focused on mental health promotion and suicide prevention and contains information that health services providers and their partners who work with junior high and senior high students may use along with existing mental health practices, policies and protocols.

School authorities and schools can maximize their partnerships with local and regional agencies and service providers. This collaboration may include providing wrap-around supports for students who may require them, including those with mental health needs.

Suicide prevention is a continuum

If school authorities choose to develop and implement a suicide prevention strategy, consideration should be given to utilizing a comprehensive and evidence-informed approach. Best practice would suggest developing a strategy that includes a continuum of three overlapping and interconnected phases:

- prevention;
- intervention; and
- postvention.

The following table illustrates what each of these phases entails and might look like for schools.

Prevention	Intervention	Postvention
Activities that minimize students' risk factors, increase protective factors and instill hope by: - promoting positive mental health and wellness; - building resiliency; - reducing stigma related to mental health and asking for help; and - building supportive and safe learning environments.	Actions that provide immediate support and create immediate safety for students during a suicidal crisis. This may include supporting access to mental health professionals.	Actions that support students and staff following an attempted suicide or death by suicide of a member of the school community.

A comprehensive approach for preventing youth suicide is multifaceted and requires sustained implementation over time. Over the course of implementation, different components of the approach may be revised to reflect emerging research, changing school and community contexts and evaluation results.

Understanding youth suicide

Suicide is a significant issue that affects everyone, including individuals, families, friends, schools, teams, neighbourhoods and entire communities; however, it can be prevented. Research indicates that unaddressed suicide ideation in youth intensifies with age. An early intervention focus is key to reducing suicide throughout the population.

Alberta has one of the highest provincial rates of youth suicide in Canada. Of particular concern is the high rate of suicide among Indigenous youth – roughly five to six times higher than non-Indigenous youth in Canada (Centre for Suicide Prevention, 2013).

Suicide is the second leading cause of death among youth ages 10-24 (Public Health Agency of Canada, 2016). In 2016, there were 2,095 youth who went to an Alberta emergency room for the first time for self-injurious behaviours (Data: Alberta Health, in *Building Strength, Inspiring Hope*).

While many people who struggle with their mental health may never contemplate suicide or engage in self-injurious behaviour, there is a clear opportunity for intervention and support for those who do.

By enhancing efforts to identify youth struggling with their mental health, and connecting them to supports in both the school and community, suicide attempts can be reduced, recovery can be promoted, and lives can be saved.

Age-related considerations

Children ages 12 and younger

Though statistically rare, suicide does occur among younger children. It is important not to underestimate children's understanding of the meaning of suicide, nor to discount the possibility that some children do engage in suicidal behaviour. Other issues to consider about suicide risk and children include:

- by age 9, children usually understand what a suicide is;
- younger children may choose less complex and more readily accessible means of suicide; and
- suicide among children is often associated with parent-child conflict.

Adolescence

Suicide rates tend to be higher in adolescence than childhood due to increased risk factors. For example, relationship issues, educational challenges and parental pressure or conflict tend to be more common experiences during adolescence. The co-occurrence of problems, especially depression, anxiety and substance use, can also be a contributing factor to mental health issues and suicide risk.

Prevention strategies that include the multiple contexts of adolescent lives (e.g., families, peers, school) and that reflect culturally diverse pathways to growth and resilience, are strongly supported in the research. Recognizing the importance of peer belonging and acceptance, supporting increasing independence while offering and modeling caring relationships, and promoting active problem-solving approaches are key strategies for schools to consider.

Adolescence is a time of great potential. Decision-making faculties crystallize. Social-emotional skills mature. New interests grow. Adult identities begin to emerge. All of these important changes are influenced by adolescents' environment and their relationships with parents, caregivers, "teachers, coaches and mentors … adolescence presents an opportunity to shape long-term outcomes." Frameworks Institute, 2018 (frameworksinstitute.org/adolescence.html).

Priority youth populations: Considering situational contexts

Research indicates that some youth populations are at greater risk of suicide. Youth who experience more predisposing or contributing risk factors, such as marginalization, inequality, racism, harassment, discrimination or isolation are at higher risk of engaging in suicidal behaviour and need more protective factors to balance the scales. Indigenous youth, refugees, lesbian, gay, bi-sexual, transgender, queer and two-spirit (LGBTQ2S+) youth may experience more of these types of negative experiences that can have a long-lasting impact on mental health and well-being (Government of Canada, 2016).

No single risk factor will lead youth to harm or not harm themselves; rather it is a combination of risk and protective factors, operating within the situational context of a youth's experience. For example, the literature does not indicate a higher rate of suicide among immigrants in general; however, the risk of suicide is higher among newcomers who have experienced trauma, and who may be immigrants or refugees (Government of Canada, 2016). Youth with previous suicide attempts are at a greater risk of re-attempting. Youth who have lost a family member or close friend to suicide are also at increased risk. It is important that suicide prevention strategies consider that individuals inhabit multiple identities, often intersecting with race, sex and gender identity.

Being part of one or more of these demographics does not mean someone will necessarily attempt or die by suicide, it simply means that, on average, these youth contemplate suicide more than the general youth population, making their relative risk of suicide higher. For example, LGBTQ2S+ youth who experience positive family support, even though they may feel marginalized in larger society, are less likely to engage in suicidal behaviour than those youth without strong family support and acceptance.

Preventing suicide contagion

Suicide contagion is the process by which suicidal behaviours, or a suicide death, influences an increase in the suicidal behaviour of others. Guilt, identification and modeling are each thought to play a role.

Suicide contagion is more prevalent among adolescents and, when it occurs, a *suicide cluster* can develop. A cluster, in this case, is defined as multiple incidences of suicidal behaviours or deaths by suicide that fall within an accelerated time frame, and sometimes within a defined geographic area (Zenere, 2009).

When one or more individuals in a close-knit community or family attempts suicide or dies by suicide, this can lead to suicidal behaviour of others within the community or family. Suicide clusters may significantly affect close-knit communities, such as rural communities, school communities or cultural communities because of the geographical, psychological and social proximity within these groups (Zenere, 2009). When there is a close physical distance, a sense of connection, and a relationship with an individual who dies by suicide, there is an increased risk of suicide clustering.

Culturally and community-appropriate strategies and supports

When schools and school authorities develop a suicide prevention plan, it is important to include high quality, culturally meaningful programming and strategies for Indigenous students and other cultural groups. These strategies would best be co-created with Indigenous and/or other cultural communities and families, and supported in respectful and sustainable ways.

School authorities and schools are encouraged to work with Indigenous communities, leaders, Elders and Knowledge Keepers to encourage all school staff to have an understanding and full appreciation of the impact of colonialism, and specifically residential schools, on the well-being of Indigenous students and their families.

The availability of culturally and community-appropriate services (e.g., LGBTQ2S+ aware and informed services, services that incorporate Indigenous worldviews, services that are equipped to serve people who are experiencing homelessness) can have a significant impact on providing more effective and relevant supports that prevent additional suicides and help people to heal.

Risk and protective factors

To more fully understand youth suicide, there are cultural, socio-economic and other contributing factors to consider. This means looking at the role that risk and protective factors play in suicide prevention. It also means considering how these factors are influenced and shaped by local and geographic realities, as well as how they intersect with race, sex and gender identity.

Risk factors and protective factors are important in suicide prevention, as they help pinpoint areas for direct action. Understanding these factors helps identify individual and groups of youth who may be at higher risk for suicide so they can be more effectively supported.

Risk factors are characteristics that indicate someone is at heightened risk for suicide and is more likely to engage in suicidal behaviour.

Many risk factors are the result of *adverse childhood experiences* (ACEs). The most commonly studied ACEs are physical, emotional or sexual abuse; physical or emotional neglect; witnessing domestic violence; growing up with a parent with a substance abuse problem or untreated mental illness; having an incarcerated family member; and being abandoned by a parent for any reason. Youth who experience this kind of adversity early in life are at greater risk of a number of mental health issues that could lead to suicide ideation later in life; as a result, they may benefit from various supports and activities to build and enhance their resilience.

Protective factors are circumstances and experiences that promote and contribute to resilience and positive mental health and serve as a buffer against suicidal ideation.

The identification of protective factors can also support public health promotion, such as positive mental health initiatives within schools and communities. These types of initiatives focus on building resiliency for all students, which can ultimately trickle down and offset potential risks for specific groups or individuals who are at higher risk (World Health Organization, 2018).

Strengthening protective factors is an ongoing process to build resilience. The more protective factors in a student's life, the more likely they are to have positive mental health. Effective and evidence-informed approaches and practices for the prevention of youth suicide are designed to reduce risk factors and build protective factors, in essence to tip the scales in favour of protective factors.

The following chart from the Ontario youth suicide initiative *Together To Live* (togethertolive.ca)*,* offers examples of the types of risk and protective factors that are associated with youth suicide. This is not intended as a screening tool, but rather for informational purposes only to inform readers of different factors in the context of an individual, their family, peers, school, and community that can either buffer youth from, or contribute to, poor mental health and suicidal ideation.

Risk and protective factors to look out for youth deemed at risk for suicide

Context	Predisposing factors	Contributing factors	Precipitating factors	Protective factors
Individual	• previous suicide attempt • depression, substance abuse, anxiety, bipolar disorder or other mental health problems • persistent and enduring suicidal thoughts • history of childhood neglect, sexual or physical abuse	• rigid cognitive style • poor coping skills • limited distress tolerance skills • substance misuse • impulsivity • aggression • hypersensitivity/ anxiety	• loss • personal failure • victim of cruelty, humiliation, violence • individual trauma • health crisis	• good individual coping, self-soothing and problem solving skills • willingness to seek help • good physical and mental health • good experience or feelings of success • strong cultural identity and spiritual beliefs* • living in balance and harmony*
Family	• family history of suicidal behaviour/ suicide • family history of mental disorder • early childhood loss/ separation or deprivation	• family discord • punitive parenting • impaired parent/caregiver-child relationships • multi-generational trauma and losses*	• loss of significant family member • death of a family member, especially by suicide • recent conflict	• family cohesion and warmth • positive parent/ caregiver-child connection • positive role models • active parental supervision • high and realistic expectations • support and involvement of extended family and elders connection to Ancestors*

Context	Predisposing factors	Contributing factors	Precipitating factors	Protective factors
Peers and school	• social isolation and alienation • history of negative school experience • lack of meaningful connection to school	• negative attitudes toward seeking help • limited/conflicted peer relationships • suicidal behaviours among peers • reluctance/ uncertainty about how to help among school staff	• interpersonal loss or conflict • peer victimization • rejection • peer death by suicide • academic failure • expulsion • disciplinary crisis • school-based harassment	• social competence • healthy peer modeling • peer friendship, acceptance and support • success at school • interpersonal connectedness/ belonging • supportive school environment • school engagement • anti-harassment policies and practices
Community	• multiple suicides • community marginalization* • socioeconomic deprivation*	• sensational media portrayal of suicide • access to firearms or other lethal methods • uncertainty about how to help among key gatekeepers • inaccessible community resources	• high- profile/celebrity death, especially by suicide • conflict with the law/incarceration	• opportunities for youth participation • availability of resources • community ownership* • control over local services* • culturally-safe healing practices* • opportunities to connect to land and nature*

(* Considered especially relevant for First Nations, Métis and Inuit youth).

*Original Source: Together to Live. Obtained from: **http://www.togethertolive.ca/sites/default/files/ttl_risk_and_protective_ factors_youth_deemed_at_risk.pdf**.*

Strengthening Capacity

If school authorities and schools choose to design and implement a comprehensive suicide prevention strategy, there are a number of ways they can strengthen their collective capacity to respond effectively to the mental health needs of their students.

Research identifies the following actions as key to capacity building that ideally would be included in a comprehensive approach to suicide prevention; however, it is important to recognize that each school authority, school and community has its own unique needs and resources. The following key elements are provided as a guide, upon which school authorities and schools can model their own approach:

- establishing a crisis response team;

- defining roles of school staff;

- building staff awareness;

- creating student understanding; and

- anticipating and responding to cultural diversity.

Establishing a crisis response team

A key component of strengthening the overall capacity of the school authority is to establish a multidisciplinary team at the beginning of the school year to act as a crisis response team. This team may consist of school and/or school authority staff, as well as other community partners and service providers. Membership may be fluid based on the task(s) required of the team. Resources within school authorities, including staff with specific skills or professional designations, may vary considerably, so the size and membership of crisis response teams will differ from one school authority to the next. Consideration should be given to including members with the credentials, core competencies and/or ability to work compassionately and effectively under pressure with all members of the school community. Suggested core competencies of crisis response team members are included in the *School-based Suicidal Ideation Response Protocol* developed by Alberta Health Services and Calgary-area partners that is available as part of Mental Health Online Resources (MORE), available at more.hmhc.ca.

Members of the crisis response team could include school and school authority leadership as well as school counsellors. In addition, if cultural liaisons, Elders or Knowledge Keepers, school resource officers or mental health staff such as psychologists, mental health therapists or social workers are available, they may also be valuable members of the team. It can also be useful to include a member of the school or school authority's information technology staff and/or communications staff to help with a communications strategy, which may include messaging through social media. The team may take on tasks related to developing and coordinating responses to a range of potential issues or crises, or it may focus specifically on suicide prevention and mental health. Depending on the existing expertise of the team, they may benefit from additional training to enhance their knowledge and effectiveness, especially specific and ongoing training related to mental health, suicide prevention and crisis response and management. Having a trained and dedicated team in place, along with clearly articulated plans and protocols, will help school authorities and schools access the advice and support they need to do some or

all of the following, depending on the level of expertise of the team:

- select, implement and assess the effectiveness of evidence-informed suicide prevention and mental health promotion strategies throughout the year;
- identify, assess level of risk of, and respond on an as-needed basis to individual students who may be demonstrating suicide ideation; and
- mobilize resources and respond effectively to support students and staff in the event of a death by suicide in the school community.

Some school authorities, particularly in more remote or rural areas, may have limited access to on-site mental health professionals. An important part of the work of crisis response teams is to identify, collaborate with, and build on the expertise of local, regional and provincial health and service providers. By proactively identifying available local, regional and provincial resources, and developing relationships and working agreements, school authorities will be in a better position to access these supports when they are needed.

Some school authorities may have access to more trained mental health professionals (e.g., psychologists, mental health therapists, counsellors or social workers) to comprise their crisis response team. Some of these mental health professionals may be employed at the school authority or individual school level, some may be connected to schools but employed by other service providers, and others may be available in the region or other places in the province. If such expertise exists on the team, those individuals may also provide specific mental health services, such as:

- consulting in the development and ongoing monitoring and assessment of school and school authority practices and protocols related to suicide prevention, intervention and postvention;
- providing professional development for school staff related to suicide prevention, awareness and mental health;
- conducting risk assessments of individual students experiencing suicidal ideation;
- collaborating in the development of re-entry and safety plans for identified students;
- providing support and/or making community referrals for students and their families; and
- providing advice and support to school staff in the event of an attempted suicide or death by suicide in the school community.

An important part of a comprehensive suicide prevention plan is knowing who to contact when a student who may be at risk is identified, and how resources and supports can be accessed in a timely and sustainable manner. Identifying who is trained and available to do risk assessments is an important component of the plan. Circumstances will vary in each school context, but all schools would benefit from having ready access to at least one qualified person who is trained to do an initial risk assessment.

Suicide prevention plans for a school authority often identify a school authority level individual to serve as a point of contact for the schools. In larger school authorities or schools, especially junior high and high schools, there may be an individual who acts as a primary contact. It is important to understand the local context of the school authority and schools in order to determine what is feasible to undertake when a crisis response team is being considered.

Defining roles of school staff

While there may be a school staff member (typically a school counsellor, social worker or mental health worker) who has the background and training to do suicide risk assessments, this may not be the case in all schools. Regardless, school staff and school leaders can play important roles in youth suicide prevention.

School leaders

Principals and other members of the school leadership team support suicide prevention by:

- supporting the creation of welcoming, caring, respectful and safe learning environments that foster a sense of belonging;
- capitalizing on opportunities for school staff to participate in, and have access to, professional learning and information related to suicide awareness, student mental health and evidence-informed prevention strategies;
- sharing with all staff any school authority and school procedures and protocols that are in place regarding prevention, intervention and postvention; and
- having the training and information they need to make informed decisions about supports for students in need.

Educators and other school staff

Caring adults in the school support suicide prevention by:

- creating welcoming, caring, respectful and safe learning environments that foster a sense of belonging;
- establishing positive relationships with students so that every student feels connected to at least one caring and trusted adult in the school environment;
- modelling and teaching social-emotional skills that will contribute to students' positive mental health; and
- learning to be watchful for signs of social-emotional distress and being prepared to respond appropriately and compassionately if a student reaches out to them for support.

Building staff awareness

In suicide prevention, a **gatekeeper** is someone who:

- knows basic information about suicide;
- believes that suicide can be prevented;
- learns basic suicide intervention skills;
- has the confidence to respond; and
- can assist in the aftermath of a suicide.

Gatekeeper training involves providing education to adults who interact with youth as part of their regular day, so that they have the information they need to recognize warning signs for suicide and respond appropriately to someone who has thoughts of suicide. A gatekeeper provides a link or "opens the gate" between a young person and a mental health professional. There are different levels of gatekeeper training that provide a range of skills, from basic awareness and help-giving to risk assessment and intervention skills training.

In addition to specific training for gatekeepers, engage as many school staff as possible, including school leaders, teachers, coaches, educational assistants and other support staff, in basic suicide awareness training that includes:

- a basic intervention plan to help youth with suicidal thoughts and refer them to other resources when appropriate;

- accurate and current information about school and community resources related to suicide prevention and intervention;

- an understanding of the school or school authority prevention protocols, if applicable; and

- how to practice self-care in order to protect their own physical and mental health while helping others.

Ongoing staff training related to suicide prevention, including topics such as warning signs, risk and protective factors, healthy relationships, inclusion and cultural safety, will enhance staff's ability to act as gatekeepers in the school environment.

Various mental health training opportunities across the province of Alberta, including those related to suicide prevention, have been synthesized in the Community Mental Health Training Framework (2019) developed by the Community Mental Health Action Plan (mentalhealthactionplan.ca/tools-resources/training/mental-health-training-framework). School authorities and schools may find these training options, or others offered within their communities, helpful.

Creating student understanding

Creating opportunities for students to be meaningfully involved in the planning process related to suicide prevention and seeking their feedback can provide valuable information, insights and ideas, as well as develop student capacity, knowledge and resiliency.

Most teenagers discuss problems with their peers, particularly teens experiencing distress. However, research shows that the responsibility some teens feel for their peers in distress can be problematic, and may create risk for both the helper and the student in need of help.

All students need to understand the importance of passing on their concerns to a parent or caregiver, teacher, counsellor or other adult who can arrange for appropriate assessment and support. Teachers can let students know this by conveying positive messages about what being a helpful friend entails when it comes to supporting a peer in need.

Examples of positive messaging could include the following.

- Getting help for a friend is not a breach of loyalty.

- Some problems do not need to be borne alone, and it's okay to seek the assistance of an adult.

- A good friend cares and supports but always seeks help from an adult in situations where self-harm, depression or suicide may occur.

Student-led initiatives related to mental health and suicide prevention are best undertaken with close adult supervision to increase the likelihood they are safe and not inadvertently escalating risk. An adult leader can work collaboratively with students to help shape their ideas into safe initiatives that are aligned with effective practice and the school's approach to suicide prevention.

Talking about suicide in helpful ways can raise awareness of mental health and mental illness, reduce stigma, promote coping skills and enhance connectedness. It can also assist in identifying students at risk or assist students in self-identifying concerns. Studies also show that participating in supportive conversations about suicide can increase students' willingness to get help when in need. For all these reasons, talking about suicide in the classroom is a good idea, if done in helpful ways.

Consider the following tips for discussions about suicide, adapted from Wellington Catholic District School Board, Guelph, Ontario's *Suicide Prevention, Intervention and Tragic Response Protocol* (2014), available to administrators or mental health leads (wellingtoncdsb.ca/apps/pages/index.jsp?uREC_ID=1082749&type=d&pREC_ID=1362975).

- Suicide can be included as part of a larger discussion about mental health. Suicidal thoughts and behaviours are not isolated struggles, but are part of the bigger picture of mental health, wellness, stress and coping. When life events or stress temporarily exceed our coping, suicidal thoughts and behaviours can result. It can be the sign of a healthy system signaling a temporary inability to cope.

- Emphasize that there is help available. With the right supports, many people can and do find relief from the circumstances that lead to suicidal thoughts and behaviours.

- Stress that suicide is never simple. Suicide is a complicated reaction to a number of overwhelming factors—there is no one single cause for suicidal thoughts or behaviours. Suicide is not caused by just one thing, such as conflict with parents, bullying, a bad grade or the breakup of a relationship.

- Talk about the continuum of mental wellness and illness. Stress the need for everyone—adults included—to continually build effective coping skills, practice emotional self-awareness and engage in effective social problem-solving in order to foster resilience. And when we do struggle with mental illness—or the more common experiences of depression, anxiety, adjustment difficulties in response to change or stress—we would choose to respond as we would to a physical injury or illness and talk to someone about what can be done.

- Discuss coping strategies and provide opportunities for students to contribute examples. Throughout the discussion, compare mental health with physical health, and highlight the importance of making healthy decisions, monitoring our well-being and speaking with a physician or other care provider when we have concerns (see p. 25-26).

Suicide awareness for students is an ongoing, integrated process. The research is clear that one-time, single-focus educational events or presentations are ineffective. More importantly, when the topic is suicide, these events, particularly large group events, can have potentially adverse outcomes for students who are vulnerable.

Students need to receive information about youth suicide from multiple sources, and over a sustained period of time. Awareness activities may include skills for discerning useful from harmful information, and how and where one acquires accurate, helpful information. It is helpful to include specific details about where and how students can obtain help (e.g., school counsellor, local help telephone line) as part of every discussion.

Individuals who live in Alberta and who are looking for immediate support for themselves, a friend or family member have the following supports available as outlined on the Alberta Health Services website (albertahealthservices.ca/injprev/Page4875.aspx) :

- People having thoughts of suicide should call Health Link at 811 or the Mental Health Help Line at 1-877-303-2462 (available 24 hours a day, 7 days a week).

- Text and online chat options are available for **all Alberta youth** through **Calgary ConnecTeen,** Monday – Friday 3:00 p.m. – 10:00 p.m. and Saturday and Sunday – 12:00 p.m. – 10:00 p.m. Visit calgaryconnecteen.com or text 587-333-2724.

- The federal First Nations and Inuit Hope for Wellness Help Line at 1-855-242-3310 offers immediate help to all Indigenous peoples across Canada and is available 24 hours a day, 7 days a week. Individuals can also access an online chat at hopeforwellness.ca.

Across Canada, support is also available 24 hours a day, 7 days a week from the Kids Help Phone (kidshelpphone.ca). Counselling, information and referral services are offered in English or French through text, phone or live chat.

In addition, school authorities should be aware of local resources such as those available through community partners, non-profit organizations and private practitioners so appropriate referrals to care can be facilitated.

A comprehensive suicide prevention approach intentionally and systematically builds student understanding of mental health, resiliency and healthy relationships through curriculum-based learning and co- and extra-curricular learning experiences.

Anticipating and responding to cultural diversity

Alberta is a diverse province. School and community-based suicide prevention efforts should be culturally responsive and recognize and honour all types of knowledge, including traditional and cultural knowledge. This may be achieved by schools and school authorities working collaboratively with students, families and community leaders to design and implement suicide prevention efforts that respect the cultural diversity of the school community.

Culture is complex and often changes over time. The "culture" of a group that shares a common history is not always best captured by an Indigenous, ethnic or race definition. Youth who identify as LGBTQ2S+, youth with disabilities or youth who are socially isolated are examples of other groups who have specific needs that have to be taken into account when developing suicide prevention approaches.

To increase the likelihood that suicide prevention activities effectively respond to cultural needs, school staff may consider the following strategies, which have been adapted from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) resource, *Preventing Suicide: A Toolkit for High Schools* (store.samhsa.gov/system/files/sma12-4669.pdf):

- Actively show an understanding and respect for the culture of students and their families.
- Be sensitive to risk factors related specifically to particular cultural groups.
- Create culturally sensitive supports that build on a culture's strengths and protective factors.
- Engage families actively in doing their best to enhance a young person's safety, including participating in and supporting the therapeutic process.
- Be sensitive to stigma around issues of suicide, help-seeking and mental health services.
- Choose prevention strategies and materials carefully. Consider whether the programming component has been used with a demographic similar to the community/school population. Determine whether modifications can be made to tailor the program to best suit the needs of your population.

Strengthening partnerships with parents and guardians

Parents and guardians are in a key position to support children and youth in suicide prevention, playing a pivotal role in identifying warning signs, providing support and connecting their children with professional help when necessary. School staff can assist parents by identifying various supports available, and helping parents to access those supports.

Parents and guardians can also contribute to important protective factors—conditions that reduce vulnerability to suicidal behaviour—for youth populations who may be more vulnerable, such as LGBTQ2S+ youth. Research from the Family Acceptance Project (familyproject.sfsu.edu) found that gay and transgender youth who reported being rejected by their parents or guardians were eight times more likely to have attempted suicide.

Conversely, feeling accepted by family is a critical protective factor for LGBTQ2S+ youth and other youth who are vulnerable. Sharing information and resources about family acceptance plays an important role in youth health, and protects youth and enhances capacity.

Prevention: Promoting Positive Mental Health

Identifying evidence-informed practices

The research evidence on what works in youth suicide prevention is in the early stages, and more rigorous empirical research is required to truly inform practice. In selecting practices and strategies, schools should use an evidence-informed approach that takes cues from available research and practice-based information.

When selecting suicide prevention activities, the principle of **Do No Harm** is of utmost importance. School-based suicide prevention efforts need to be flexible to meet the unique strengths, needs and cultural contexts of the community. Due to the diversity in Alberta, as well as the complex nature of suicide, a one-size-fits-all approach will not be effective. Strategies and actions need to be selected thoughtfully, and include an evaluation component that assesses the ongoing effectiveness and impact of selected actions. School teams need to be clear about what strategies they are choosing, and why, and communicate this to stakeholders. This will lessen the possibility of ill-informed initiatives gaining ground, diverting energy and resources and potentially causing harm.

Evidence-informed

means using the best information and insights available from research, systematic data gathering and knowledge-based practice to make informed decisions about processes, practices and supports.

Evidence-informed practice brings together local experience with the best available evidence from research, best practice, cultural knowledge and traditional practices.

This approach embraces a culture of knowing and learning that provides opportunity to adopt new ways of doing things. It uses evidence and knowledge-based practices to continuously inform, evaluate and improve ongoing initiatives.

The following strategies, which include suggestions found in School Mental Health ASSIST's *Life Promotion and Suicide Prevention Framework* (smho-smso.ca)**,** are key elements of youth suicide prevention efforts:

- establishing welcoming, caring, respectful and safe learning environments;

- enabling meaningful engagement in learning and the school community;

- fostering mental health promotion that emphasizes resiliency and social-emotional learning;

- helping students and families navigate supports and services by identifying clear pathways to, through and from service, which improves the likelihood that children, youth and their families will access needed mental health supports and services in a timely way, are well supported by their service providers and are transitioned out of the services while still being supported as needed; and

- supporting coordinated care following visits to the emergency department or hospitalization related to suicidal behaviour.

Whole-school approach

When developing a comprehensive and effective suicide prevention approach, it is essential that the approach be designed as a whole-school approach (alberta.ca/safe-and-caring-schools.aspx#toc-2).

Research shows that multi-component whole-school initiatives involving all members of the school community are more likely to create positive and sustainable change than single-component strategies or initiatives that limit involvement to only one classroom, grade-level or select group of students and/or teachers.

A whole-school approach recognizes that all aspects of the school community impact students' well-being, and that learning and well-being are inextricably linked.

A whole-school approach increases opportunities for all staff in the school to have a shared understanding of the importance of mental health, and that they are committed to working together across the learning environment. A whole-school approach is built on shared leadership and joint accountability. It encourages all members of the school community to invest in and collaborate to support every student's well-being, and to build hope for a quality life where every student can flourish.

In summary, a whole-school approach:

- is intentional and planned;
- is built on strategies and practices that are evidence-informed (i.e., effectiveness is monitored and evaluated);
- aligns with the specific needs and priorities of the school community;
- happens over a sustained period of time;
- is embedded into classroom instruction and activities;
- is embedded into school policies and practices;
- is inclusive of all students and all staff in the school;
- strengthens the capacity of the whole school community;
- is supported by quality professional learning for school staff;
- engages and supports family and community partnerships; and
- collects and analyzes data and evaluates effectiveness of specific strategies and initiatives to inform future planning and decision-making.

Welcoming, caring, respectful and safe environments

Welcoming, caring, respectful and safe learning environments (alberta.ca/safe-and-caring-schools.aspx) make a significant contribution to the mental health and well-being of students and staff. The Alberta *Education Act* (open.alberta.ca/publications/e00p3) preamble articulates the importance of these supportive learning environments in an inclusive education system: "Students are entitled to welcoming, caring, respectful and safe learning environments that respect diversity and nurture a sense of belonging and a positive sense of self."

In welcoming, caring, respectful and safe learning environments:

- healthy and positive relationships are fostered;
- school staff and community partners collaborate to support students' sense of safety and well-being;
- students feel that adults care for them, both as a group and as individuals;
- academic and behavioural expectations are clear, consistent and regularly communicated and reinforced;
- promotion and prevention strategies for mental health and social-emotional learning are embedded in daily instruction and school-wide activities; and
- support is provided to students who are impacted by bullying or other inappropriate behaviour of others, as well as to students who engage in bullying or other inappropriate behaviour.

Alberta schools are using a number of whole-school approaches to create welcoming, caring, respectful and safe learning environments and to promote positive mental health, including the following:

- trauma-informed practices that use the lens of trauma to inform school practices and activities in order to avoid inadvertently threatening the emotional safety of students (alberta.ca/trauma-informed-practice.aspx);
- restorative practices that focus on the quality of relationships between all members of the school community and encourage proactive and respectful strategies that enable staff to respond more effectively to problem behaviour (alberta.ca/restorative-practices.aspx); and
- positive behaviour supports that focus on intentionally and systematically creating supportive learning environments that promote positive behaviour and reduce or prevent problem behaviour (alberta.ca/positive-behaviour-supports.aspx).

Meaningful engagement in learning

A number of whole-school approaches are designed to increase students' engagement in learning and their sense of purpose and belonging in the school community, including:

- differentiated instruction that provides flexible supports and learning experiences based on understanding the unique strengths, needs and interests of individual students (alberta.ca/instructional-supports.aspx);
- project-based learning that creates opportunities for students to gain knowledge and skills by working collaboratively with a small group of students for an extended period of time, to investigate and respond to authentic, engaging and complex questions, problems or challenges;

- service learning that creates opportunities for students to collaborate with others and learn new skills and concepts through tackling real-life problems in their community;

- cooperative learning that creates structured and supported opportunities for students to work in small groups to complete academic tasks. Cooperative learning creates authentic opportunities for students to learn about positive interdependence, build on one another's resources and skills and develop interpersonal skills;

- mentoring relationships that create a context for one-to-one caring relationships through shared activities over a sustained time period (alberta.ca/student-mentoring.aspx; albertamentors.ca); and

- student leadership opportunities that help students build important skills and attributes, and to become active and engaged citizens. All students can be leaders and deserve opportunities to develop their leadership skills, and take on valued roles in the school community.

Mental health promotion

Positive mental health promotion programming, which can be used as a component of a whole-school approach, typically includes components designed to:

- increase awareness of the importance of mental health;

- increase awareness of mental health issues among students;

- reduce stigma of mental illness and asking for help;

- facilitate processes for appropriate help-seeking for students and their families; and

- increase social-emotional competency by teaching self-regulation and problem-solving strategies.

Mental health promotion also focuses on building hope and resilience by creating opportunities for students to experience success, learn social-emotional skills (alberta.ca/social-emotional-learning.aspx), and form healthy and supportive relationships.

Navigating pathways of supports and services

Schools have a critical role to play in promoting positive mental health, identifying students experiencing social-emotional difficulties and providing immediate and ongoing supports to students. However, schools are only one part of a wider system of care. Community and health partners play a key role in the delivery of child and youth mental health supports and services by providing a range of prevention, early intervention and emergency and treatment services related to mental health and youth suicide prevention.

Community and health partners can also be invaluable in helping children, youth and their families connect to, and navigate through, pathways to appropriate services. Every community would ideally have a clearly articulated pathway to, through and from service for students who are experiencing suicide ideation. Information about these pathways and how best to navigate them also needs to be communicated clearly to educators, students and families.

A pathway to service is a seamless link between students in need of mental health supports and those who can provide the appropriate support, including school staff and community care providers. A pathway to service includes processes for coordination and collaboration between schools and their communities.

The aim of a pathway to service is to:

- promote positive mental health and suicide prevention across environments, including school, home and the community;

- provide universal supports related to mental health and wellness within the classroom and school settings;

- provide cultural supports and services (e.g., Elders or Knowledge Keepers);

- identify students in need of additional mental health supports;

- facilitate referrals to school staff with specialized training in risk assessment or to mental health first aid and/or mental health care providers in the community; and

- support the student's recovery process in the school setting once interventions have been initiated.

The overall goal of a comprehensive pathway to service is to enhance collaboration and optimize the use of resources to improve the potential for all students and their families to have timely access to needed mental health supports and services.

To create this pathway to service, families, youth, school staff and service providers need a shared understanding of the route to, through and from mental health services in their community. This includes identifying and understanding the unique but complementary roles of each key partner who serves children and youth; most specifically, families, community mental health agencies, hospitals and other health care organizations, schools and young people themselves. Understanding roles and responsibilities in pathways to, through and from service enhances partners' abilities to collaborate and ensure students who are at risk and need mental health supports receive them in timely, sustainable and culturally appropriate ways.

All sectors and Indigenous partners ideally work together at the local community and regional level to clarify respective roles, establish and/or refine intervention protocols and develop safe postvention plans that minimize risk for contagion.

Coordinated care

Research identifies that coordinated care following visits to the emergency department or hospitalization related to suicidal behaviour can improve students' outcomes and reduce risk.

When school authorities and community service agencies establish collaborative working relationships and create agreements of understanding, students and families benefit. For example, school authorities can work with local health authorities to develop strategies and protocols for sharing key information when students are assessed or hospitalized for suicidal behaviour. Protocols could include requesting permission of the youth and/or family to share information with the school at the time of hospital admission, and explaining that this information will be treated as confidential but will be shared with key staff so the student can receive additional support and accommodations in the school environment.

For more information on collaborative partnerships, see Alberta Education's *Working Together: Collaborative Practice and Partner Toolkit* (2015) (alberta.ca/collaborating-to-support-students.aspx).

Intervention: Responding to risk of suicide or attempted suicide

School authorities have varying levels of expertise and experience in responding to risk of suicide. As a result, the following information should be viewed with care and attention to local context and current capacity to address the complex issues related to suicide intervention. The following sections identify best practices in responding to risk of suicide; the information should be considered carefully and actions undertaken only if a school authority has determined an appropriate level of readiness to do so.

Protocol

A **protocol** is a set of step-by-step guidelines that is used by educators to help ensure specific procedures or practices are implemented in consistent and effective ways.

Some school authorities may choose to formalize their approach to suicide prevention and intervention by developing policies, practices and protocols for responding to students at possible risk of suicide. Establishing protocols will inform the development and implementation of suicide prevention and mental health promotion strategies, as well as strategies for responding to crisis. If protocols outlining these identified practices are developed, it would be prudent to review them annually to update staff contact information.

When protocols are in place, they should be readily available as part of staff handbooks or intranet sites.

Protocols for responding to the risk of suicide typically consider the following actions:

- being alerted to risk of suicide;
- attending to immediate safety;
- assessing level of risk;
- contacting parents and guardians;
- developing a safety plan;
- informing relevant school staff;
- supporting student's re-entry; and
- supporting other students.

School authorities and schools may wish to utilize, or adapt, existing protocols such as Alberta Health Services' *School-based Suicidal Ideation Response Protocol* available through MORE, available at more.hmhc.ca. One set of modules has been developed to guide a school-based suicide ideation response protocol, and another addresses non-suicidal self-injury.

Being alerted to risk of suicide

Utilizing a whole-school approach to suicide prevention enhances the potential for all school staff to be informed about, and alert to, warning signs that indicate a student may be at risk of suicide.

School staff members, particularly teachers, often have important connections with students. They may be the first to recognize that something is seriously wrong in the life of a student. It is helpful for procedures to be in place so that if a teacher is approached by a student who may be at risk, that teacher can make immediate arrangements for class coverage and/or the support of an appropriate staff member, if needed.

Generally, risk of suicide is identified through one of three means:

- discovering a suicide attempt;
- personal disclosure by an individual at risk; and
- obtaining indirect information that an individual is at risk.

Attending to immediate safety

The following information is based on best practices identified in research. It is provided, however, with the understanding that there are individuals at the school authority and school level that have the expertise and training to implement these actions. If not, further training may be required.

Suicide attempt at school

If a suicide attempt is discovered and a student is at imminent risk (e.g., serious self-injury or suspected overdose), the staff person first alerted would make a call to 911 and then notify the principal or designate. School emergency response procedures apply. The student should not be left alone. Parents/guardians should be contacted as soon as possible (refer to the section on Contacting Parents and Guardians).

Disclosure of suicide risk by student

When a student entrusts a staff member with a disclosure of suicidal thoughts, the student is asking the staff member to support and protect them. The student should be treated with dignity and respect. The staff member should remain with the student to ask questions and facilitate the conversation. A request for class or other coverage would then be made to permit the staff member to remain with the student.

As soon as possible, the designated staff with risk assessment training would be invited to join and consulted regarding next steps. Other staff, such as the school counsellor or social worker, may also be involved. It is important that the student remain in the presence of a caring, trusted adult at all times and not be allowed to leave the school.

If the staff member who received a disclosure does not feel comfortable speaking with the student, they would immediately involve the designated staff person with risk assessment training. However, as the trusted person, it will usually be helpful if this staff person can remain in the interview to support the student. At no time should a staff person promise to keep secret information about suicide risk, as safety

overrides confidentiality. One staff member cannot keep a student safe at all times; therefore, the support of other caring adults is critical.

Assessing level of risk

All comments about suicide should be taken seriously, especially if details of a suicide plan are shared. Under no circumstances should an untrained person attempt to assess the severity of a suicidal risk. All assessments of threats, attempts or other risk factors must be done by a person who is trained in risk assessment.

If no trained person is available at the school, the principal or designate will consult with a member of the crisis response team to identify next steps and arrange for an assessment by a mental health professional.

There are a number of evidence-informed assessment tools that mental health professionals in Alberta might use for a risk assessment.

Increasingly, there are also specific screening tools available for designated school staff to use, provided these individuals:

- have a strong understanding of mental health;
- participate in specific training related to using the tool; and
- there is a clear school or school authority protocol for when and how to consult with, or make referrals to, identified mental health service providers in the community or region.

During the initial interview with the student, the qualified person conducting the risk assessment will ask questions to determine:

- extent of suicidal thinking;
- potential plan of suicide;
- lethality of the plan; and
- history of the student's suicidal thinking and attempts.

Some risk assessment for suicide tools use a three-point scale of low, medium and high risk. However, because risk can shift quickly, other risk assessment tools identify risk level based on the response required, i.e., a school-based or community-based response or behaviours that require an urgent response. The level identified determines potential next steps and the type of strategies that would most benefit the student demonstrating these risk behaviours.

For example, after an initial risk assessment by a trained school staff member or mental health professional, a sequence of related actions might be outlined on a school or school authority protocol, such as the following.

- *For students identified as high risk and requiring an urgent response* (e.g., thoughts of death are intense, has imminent plans with date, time and method, previous attempts, intense conflict with family) the person identified as the primary school contact or school team—which could include the school administrator(s), school counsellor and/or other staff:
  - consults with the school authority primary contact person to arrange further assessment with identified mental health services in the community or region;
  - meets with the parents or guardians to discuss immediate concerns and potential plans;
  - requests permission from student and family to communicate with mental health professionals, if counseling support for the student is part of a safety plan; and
  - schedules a follow-up planning meeting with parents/guardians and/or mental health professionals after the assessment.

- *For students identified as medium risk and who may need a school-based or community-based response* (e.g., regularly occurring thoughts of death, no time identified, ambivalence about living or dying, difficulty expressing feeling) the person identified as the primary school contact or school team—which could include the school administrator(s), school counsellor and/or other staff:
  - develops a safety plan in consultation with school team or identified mental health professional (either at the school level, school authority level or in the community or region);
  - meets with the parents or guardians to review the safety plan;
  - requests permission from the student and family to communicate with the mental health professional, if counseling support for the student is part of safety plan; and
  - follows up with the student and their parents or guardians within an appropriate timeline determined through the school-based or community-based team.

- *For students identified as low risk and who may need a school-based or community-based response* (e.g., periodic intense thoughts about not wanting to live that last a short while, no immediate plan or available means) the person identified as the primary school contact or school/community team:
  - develops a safety plan with the student;
  - communicates with the parents or guardians; and
  - reassesses as needed.

Contacting parents and guardians

It is critical that school authorities seek advice about their legal obligations related to privacy, and that staff are aware of their privacy obligations and follow disclosure rules.

Unless circumstances make it unsafe or ill-advised to do so, parents or guardians should be contacted as soon as possible after a student has been identified as being at risk of suicide. The school team should determine who will contact the family; typically contact would be made by the principal, the school counsellor, psychologist or social worker, or a school team member who has a special relationship with the student or the family.

Information to address and discuss with parents/guardians is dependent on each unique circumstance and may include the following:

- Share the observed behaviours and warning signs that indicate the student is at risk of suicide.

- Assure parents or guardians that the safety of the student will be maintained until they arrive.

- Express concern and offer help.

- Discuss whether the parent or guardian is aware of the student's mental health issues and if the student is currently receiving, or has received, counseling in the past.

- Explain that information about the student/situation may be shared with staff in the school if it is deemed to be in the best interests of the student, and if it is necessary for staff to know in order to fulfill their duties.

- Ask if there are factors within the school context that might be causing problems and could be addressed (e.g., bullying behaviour, academic pressure, support at school).

- Identify who on school staff has the training and skills to follow up with the student on an ongoing basis.

- Discuss whether the parent or guardian intends to obtain an immediate evaluation for the student and, if needed, provide contact information for mental health service providers in the community.

- Suggest that school staff follow up with the parent or guardian, and stress the importance of getting the student professional help.

- If this follow-up reveals that the parents or guardians have not contacted a mental health provider, discuss whether there have been barriers to them doing so, and identify who can help them locate and connect with the most appropriate service.

Developing a safety plan

Developing an initial safety plan for a student can be undertaken through a conversation between the student, caring staff member with whom the student has a positive relationship, a staff member trained in suicide risk assessment and, if possible, the parent or guardian. As much as possible, it is important for the student to feel in control of the safety plan development.

A student is more likely to commit to and follow a plan that includes:

- easing the pain felt by the student; and

- linking the student and their family to support and resources.

A basic plan might include self-help statements that students complete, such as:

- Things I can do or tell myself to calm myself and help me feel better …

- People who care about me that I can call when I start to feel overwhelmed …

- A hotline number I can call ….

- Where I can go to feel safe …

- How I will check in next with school staff …

Sharing relevant information with staff

If a staff member has referred a student for a risk assessment, it is helpful for that staff member to be told whether or not the referral has been acted upon.

Teachers who work directly with the student will benefit from receiving some information to help them support the student. Teachers can provide support by:

- encouraging the student's involvement in classroom activity;

- facilitating the student's involvement in group and cooperative learning activities; and

- increasing supervision and awareness of the student.

Some accommodations may need to be made for students experiencing depression or other mental health difficulties, including students who may be on medication that could affect their ability to concentrate.

It is also important to let staff know where they can seek out additional information related to supporting students who are at risk of suicide and/or are experiencing mental health difficulties.

Supporting a student's re-entry

Part of responding to suicide attempts involves intentional planning to make the student's return to school as comfortable and safe as possible.

Because a student who attempted suicide is at great risk for suicide in the months following the crisis, it is important to closely monitor their re-entry into school and to maintain close contact with parents or guardians and other supports working with that student.

Obtaining a written release of information form signed by the parents or guardians and/or the student will make it possible for confidential information to be shared between relevant school staff and other supports, including seeking recommendations for follow-up care from the student's supports such as counsellors or medical practitioners.

The school staff person who will be the student's contact may convey relevant non-confidential information to appropriate school staff regarding the follow-up plan, including reviewing accommodations previously identified. Once the student returns to school, the contact person would typically maintain regular contact with the student, as well as with the parents and guardians.

Supporting other students and school staff

Serious suicide attempts have an impact on other students, school staff and community members, resulting in feelings of shock, confusion and possible guilt. The goal of providing supports to others is to help them cope with those feelings and reduce the risk of other suicide attempts due to suicide contagion.

Postvention: Responding to a death by suicide in the school community

The information and activities provided in the following section are informational in nature based on best practices and are provided as a possible guide for school authorities who are developing a comprehensive suicide prevention strategy. Postvention activities should be undertaken with care, compassion and sensitivity by individuals with training and/or experience in such activities. While this information is offered to support school authorities and schools in responding to a death by suicide, it would be prudent to give careful consideration to how, and by whom, these postvention actions are initiated and implemented. Additionally, it is suggested that school authorities seek advice about their legal obligations related to privacy, and that staff are aware of their privacy obligations and follow disclosure rules.

Postvention refers to the activities and actions that are carried out to support the school community after a death by suicide has occurred. Postvention responses need to be planned, coordinated and guided by evidence-informed practices. Preparedness is an essential component of effective postvention.

When someone in the school community dies by suicide, the school becomes a likely place to provide suicide postvention services, including mental health supports.

The goals of postvention are to:

- provide opportunities for grief support;

- help students cope with their feelings;

- maintain an environment focused on learning;

- re-establish a healthy school climate; and

- minimize the risk of suicide contagion (i.e., imitative or copycat suicides).

Practices and protocols for responding to a suicide death in the school community typically consider the following actions:

- verifying facts;

- mobilizing the crisis response team;

- reaching out to the family;

- informing staff;

- offering information and support to students;

- communicating with parents and guardians of other students;

- identifying students who may be most affected by the suicide (and; therefore, be most at risk);

- developing memorial plans;

- communicating with media; and

- evaluating effectiveness of response.

Verifying facts

The principal, assistant principal or staff member designated by the school team would first contact the family, or their designated primary contact, to check the facts. Even when a case is perceived as being an obvious instance of suicide, it is important not to label it as suicide until after a cause of death ruling has been made. If the facts are unclear, the school should communicate that it is being determined and will be communicated as soon as there is more information if the parents choose to release the cause of death.

Acknowledge that there are rumours and remind staff and students that rumours can be inaccurate and misleading, and are almost always hurtful to the missing or deceased person, and their family and friends.

Throughout these conversations, it is necessary to adhere to privacy obligations and follow disclosure rules.

Mobilizing the crisis response team

Contact the members of the crisis response team so they can begin mobilizing school and community supports, preparing messages for the media and putting related protocols into action. The crisis response team will meet to consider how severely the death is likely to affect other students and school staff, and what scale of postvention activities will be needed.

Reaching out to the family

Following a student's death, the school principal typically contacts the family and offers condolences. Speaking about death and suicide can be challenging. It may be helpful to seek out the advice and support of a community member who can help navigate any cultural differences.

If the cause of death has been confirmed as suicide, and the family will not permit the cause of death to be disclosed, the school will communicate that cause of death is not available, that the family may choose not to share the cause of death and that their wishes will be respected. The school may use the opportunity to discuss strategies for coping with grief with students, as would be done in any situation of loss and grief in the school.

Inquire about funeral arrangements, and ask the family if they would like the school to share information about the funeral.

Let the family know that there are resources and supports in the community that they can access now or in the future.

Informing staff

As soon as possible, meet with school staff, preferably in a face-to-face meeting, to communicate the facts, discuss next steps and let them know where to find additional information.

Provide a written statement for staff members to share with students, including:

- basic facts of the death that may or may not include the cause, depending on the parent's wishes;
- known funeral arrangements;
- recognition of the sorrow the news will cause; and
- information about resources available to help students cope with their grief.

The overall goal for staff is to maintain a stable learning environment and keep the routine as normal, but as flexible, as possible.

It is also important to remind staff about how they can get support, if needed.

Offering students information and support

As soon as possible after the meeting with staff, teachers typically set up a classroom conversation students can access in order to get information and support.

Avoid public address system announcements or school-wide assemblies. Interventions that involve reliving, reworking or recollecting trauma events in a group may cause harm.

Attitudes towards suicidal behaviour vary considerably from culture to culture. These cultural attitudes have important implications for both the bereavement process and suicide contagion.

Students need supported opportunities to express their emotions and identify strategies for managing them, so that they can return to the primary focus of education: learning. Teachers need to be prepared to let students know where they can get help and support, both within the school and within the community.

If possible, on the first day after the event, arrange for several substitute teachers to be on hand in the building in case teachers need to take time out of their classrooms.

Arrange for crisis counseling rooms for staff and students. If possible, identify an easily accessible mechanism for students to request support (e.g., be able to request a pass to meet with a counsellor) throughout the day.

It is suggested that schools balance the need to be forthright in communications to the school community with the need to be sensitive to the family. If the family chooses not to permit disclosure of cause of death, students can be provided with a matter-of-fact statement, such as: "*The cause of death is not available at this time, and it's possible that the family may choose not to share the cause of death.*" If students continue to ask about whether the death was a result of suicide, acknowledge that while there has been talk about whether it was a death by suicide, reiterate that the family may choose not to share the cause of death and that the school will respect their wishes and privacy. School staff should nevertheless be attentive to the impact of the death on students and offer individual support to students as needed; in some cases, this may include how to get help when feeling depressed or having suicidal thoughts.

Use classroom discussion to share practical coping strategies for dealing with intense emotions. Also encourage students to think about how they want to remember their friend through positive gestures (such as writing a note to the family) or actions (such as doing something kind for another person in honour of their friend).

Communicating with other parents and guardians

Communicating with the parents and guardians of all students to inform them of a sudden death in the school community typically occurs through a letter sent to the parents and guardians. If the letter is disseminated by email generated by class lists, care should be taken that the family of the deceased child is removed from the email to the class list of that child or siblings. The letter could include information about signs associated with grief and loss at typical age and developmental levels; what the school is doing to support students; and a list of resources available at school and in the community. The letter can also include suggestions for how parents might offer support to their children.

Communicating with Parents and Guardians Templates

For template examples of communicating with parents and guardians see: *Education Development Center and American Foundation for Suicide Prevention. After A Suicide: A Toolkit for Schools* (2018), found on afsp.org/our-work/education/after-a-suicide-a-toolkit-for-schools/.

Identifying students most at risk

Taking care of students is an important aspect of postvention activities. It facilitates the mourning process and reduces the risk of copycat behaviour. It also enables staff to identify how students are coping and which students may be most impacted by the suicide and therefore most at risk.

It is important for teachers to receive information about suicidal behaviour warning signs, especially among students who may be vulnerable, such as the closest friends and peers with whom the student may have had conflict.

The crisis response team or identified mental health professional can work with teachers to identify students who are most likely to be significantly affected by the death and identify strategies for monitoring and reaching out to these students, whether within the school or in their larger support network (e.g., family, faith community, larger community).

Developing memorial plans

Funerals

School authorities and schools will reach their own decisions regarding student and staff attendance at the student's funeral, with each situation requiring consideration based on the unique circumstances. It will depend on various factors including the family's wishes and cultural practices.

Attending the funeral is an individual choice, and schools may wish to encourage parents and guardians to accompany students choosing to go to the funeral. The school may also provide some guidelines regarding releasing students (i.e., students will be released only with permission of parents or guardians). Some school authorities and schools may also choose to have procedures in place for staff members who want to attend (i.e., excused time away, getting substitute teachers). Depending on the circumstances, school authorities and schools may provide additional information such as the needs and wishes of different religious and cultural groups, what to expect at the funeral, and guidance regarding how to express condolences to the family.

Memorializing

School communities often wish to memorialize a student who has died, reflecting a basic human desire to remember those we have lost. First of all, strive to *treat all deaths in a school environment the same way*. Having one approach for a student who died in a car accident and another for a student who died by suicide can reinforce stigma and may be unfairly painful to the student's family and friends.

After a death by suicide, students, families or school staff often wish to "do something". However, many typically suggested activities (e.g., large-scale memorial activities, reflections focused only on grief) are not evidence-informed practice and can result in contagion or increased suicide risk among students who are vulnerable. Such activities are best planned in consultation with the school authority's crisis prevention team and local mental health professionals, in consultation with the family of the student who has died.

Memorialization involves a sensitive balancing act of both honouring the student who has died by suicide and protecting the people currently at risk of suicide. Schools want to compassionately meet the needs of students who may be distraught while maintaining the day-to-day focus on learning and schooling.

Research on suicide contagion recommends against creating physical memorials (e.g., photos, flowers) on school grounds or organizing large memorial services at school because these types of actions may sensationalize the death.

Any school-based memorials, such as small gatherings, could include a focus on suicide prevention and resources for mental health, but only if the cause of death has been released. For example, a school (with the permission of the family) might choose to establish a memorial page on the school website or on a social networking site. The tribute should not glamourize death or lead students who are at-risk to over identify with the person who has died. Memorial pages monitored by an adult can use safe messaging, include information on where to get help, and be time-limited (e.g., 30 to 60 days). When the page is taken down, it can be replaced with a statement acknowledging the supportive messages that were posted and offer examples of positive actions students might do to continue honouring their friend's memory.

Media

Refer to your school authority policy and/or procedure with regard to speaking with (or working with) the media. This may include working with varying levels of school authority administration staff and communications department, if available.

Social media

Social media has become a primary means of communication for people of all ages. Schools can strategically use social media to:

- share prevention-oriented safe messaging;
- offer support to students who may be struggling to cope; and
- identify and respond to students who could be at risk themselves.

Evaluating effectiveness of response

Within the crisis response team, it is important to evaluate the response and follow-up actions after a death by suicide in the school community. This is an opportunity to assess the impact of actions on students and staff, learn from the experience, and adapt procedures and practices accordingly.

Creating Pathways to Hope

Providing welcoming, caring, respectful and safe learning environments is a vital undertaking of schools. Schools in Alberta are engaged in countless activities to support the health and safety of children and youth, recognizing that learning and well-being are inextricably linked. The preventive, proactive strategies used in whole-school approaches help students build resilience and social-emotional competencies. Despite these supports, there are students who are at risk for mental health challenges and suicide. Schools are in a unique position to help identify and support those individuals.

Creating a plan for suicide prevention, intervention and postvention can feel like a daunting task for schools, school authorities and communities. By building upon the great work that is already being done in schools, enhancing collaboration with community stakeholders, strengthening partnerships with parents and guardians, and building the knowledge and capacity of students and school staff about mental health and suicide, there can be a powerful and positive impact on the outcomes for children and youth. Collectively, we can create pathways to hope.

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