



CATHOLIC DISTRICT SCHOOL
BOARD OF EASTERN ONTARIO

Suicide Prevention, Intervention, Risk Review and Postvention in Schools Protocol



April 2026

We would like to express our sincere appreciation to the Ottawa Catholic School Board for their original work of this document. Their comprehensive and insightful content served as a valuable foundation in the development of this document. We are grateful for their contribution and for allowing others to benefit from their expertise.

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MYSP 2025-2030



TO NURTURE

Actions

Resource Systems: Using tiered approaches to mental health and wellbeing, provide access to mental health professionals so that students have additional trusted adults that they can turn to for help, and staff may readily know the resources available to them to support their own mental health and well-being.

Positive Environment: Create a safe and supportive environment at school that emphasizes deep listening, respectful communication, and emotional support.

Mental Health and Wellbeing Resources: Provide enabling learning conditions that include physical activity and movement; healthy eating and hydration; prayer and Christian meditation; and outdoor activities. Ensure students have time for relaxation, quiet, and play, to support their overall well-being.

Emotional and Social Learning: Through modeling and teaching deep listening and respectful collaboration, teach students specific strategies that help them cope and regulate their emotions, so they can manage stress and build resilience.



Background

Every suicide is a tragedy that affects communities and has long-lasting effects on the people left behind. While suicide can occur at virtually any age or stage of life, globally it was the third leading cause of death among 15–29-year-olds in 2021 (World Health Organization).

In 2023, the Ontario Student Drug Use and Health Study surveyed 10,145 students in grades 7 to 12 across 235 schools in Ontario. The anonymous survey results found that:

- One-in-six (18%) students reported having serious thoughts about suicide in the previous 12 months
- The percentage of students who reported suicidal ideation in the previous 12 months had significantly increased since 2001, from 11% to 18%
- 5% of respondents reported a suicide attempt in the previous 12 months

Research shows that children who have attempted suicide are at higher risk to make another attempt during adolescence, highlighting the importance of early identification of at-risk students.

As a Catholic community, we are dedicated to nurturing positive mental health in our students, their families, and our staff. We strive to create a supportive environment that can help individuals navigate a suicide crisis.

This protocol is designed to guide school and board personnel in responding appropriately to students exhibiting suicidal behaviours. It is essential that all staff within the Catholic District School Board of Eastern Ontario are familiar with this protocol, as any staff member may be approached by a student seeking help. The loss of a student is deeply emotional, and having clear procedures in place ensures both the safety of students and timely access to professional support.

The protocol outlines key information on suicide prevention, including risk and protective factors, warning signs, procedures for supporting students in crisis, steps for reintegration following a suicide attempt, and guidance for responding to a death by suicide.

A. Terminology

Suicidal Ideation: Suicidal thoughts that include both contemplating death by suicide and planning actions that could result in death.

Suicide Attempt: Attempting to end one's own life.

Death by Suicide: Intentionally ending one's own life.

Non-Suicidal Self-Injurious Behaviour: A deliberate attempt to cause injury to one's body without the conscious intent to die.

B. Suicide Prevention in Schools

Suicide prevention programming is an important component in our Board Mental Health

Strategy. The chart below represents a framework of Suicide Prevention, Intervention, and Postvention. Consistent with all initiatives, we follow a tiered approach to structure our work in this area.

The goal of suicide prevention initiatives is to systematically reduce the risk of suicidal thoughts and behaviours among students. These efforts are grounded in the understanding that many of the factors contributing to suicide risk in children and adolescents often go unnoticed and untreated. By educating both staff and students, we aim to enhance the early identification of at-risk youth and encourage positive help-seeking behaviours—for themselves and their peers.

A comprehensive, whole-school approach to suicide prevention should focus on four key areas:

1. Enhancing student awareness
2. Building staff capacity
3. Identifying at-risk students
4. Supporting vulnerable populations

Enhancing student awareness

As an educational system, we are uniquely positioned to equip students with knowledge about suicide warning signs and encourage help-seeking behaviours through direct instruction. This content is integrated into the Ontario Health and Physical Education curriculum, specifically within the Healthy Living strand, which addresses mental health promotion. Topics include emotional well-being, stress management strategies, decision-making related to substance use, mental health challenges, warning signs, and available support resources.

Additionally, our Family Life and Religious Education programs offer multiple opportunities to reinforce messages about positive mental health, healthy relationships, social connectedness, stress management, substance abuse prevention, and anti-bullying strategies.

School-based mental health awareness initiatives play a critical role in building understanding, fostering healthy attitudes and beliefs, reducing stigma, identifying mental health and substance use concerns, and promoting help-seeking behaviours. These elements form the foundation of a comprehensive, whole-school suicide prevention strategy.

Building Staff Capacity

Building staff capacity is a critical component of effective suicide prevention in schools. All staff should be equipped with foundational knowledge about suicidal ideation and behaviour, including key warning signs, risk and protective factors, and the appropriate protocols at both

the school and board levels. This essential information should be reviewed regularly to ensure preparedness.

Staff members who work closely with vulnerable youth may require more advanced mental health literacy training. This includes a deeper understanding of how to identify students at risk, navigate pathways to support services, and engage in sensitive conversations about suicidal thoughts. School-based psychology and mental health professionals are available to support the planning and delivery of this professional learning.

A strong understanding of the complex interplay of factors that contribute to suicidal behaviour is vital. Suicide rarely results from a single cause; rather, it emerges from a combination of influences. Staff awareness of these dynamics—especially the risk factors, protective factors, and warning signs—is fundamental to a school's suicide prevention strategy.

Risk factors

Risk factors are traits or circumstances that increase the likelihood a student may contemplate, attempt, or die by suicide. These factors are often long-term and may be difficult to change.

The two most significant risk factors are:

- The presence of one or more mental health disorders (diagnosed or undiagnosed).
- A history of suicidal behaviour, especially previous attempts.

Additional risk factors include:

- Persistent feelings of hopelessness or isolation.
- Social withdrawal.
- Stressful life events such as personal loss, legal issues, or disciplinary actions.
- Substance use disorders.
- Academic difficulties.
- Exposure to suicidal behaviour among peers, acquaintances, or through media.
- Chronic physical health conditions.
- Homelessness or having run away from home.
- Easy access to means of self-harm.
- Limited problem-solving or coping skills.
- Identification as a sexual minority, particularly when family support is lacking (e.g., homosexual, bisexual, or transgender youth).
- Parental mental health issues.
- History of physical or sexual abuse.

Protective factors

Protective factors are conditions or attributes that reduce the likelihood a student will consider, attempt, or die by suicide.

These may include:

- Strong coping skills.
- Supportive relationships and guidance from trusted adults.
- A sense of connection to school.
- Willingness to seek help or advice.
- Religious or cultural beliefs that promote resilience.
- Effective problem-solving and conflict resolution abilities.
- Participation in positive, pro-social activities.
- A stable and secure living environment.
- Strong family bonds and cohesion.
- Access to mental and physical health services.
- A sense of responsibility toward others.

Warning signs

Warning signs are observable behaviours or characteristics—both verbal and non-verbal—that may indicate a student is at imminent risk of self-harm or suicide. These signs are typically more immediate and dynamic, often serving as the earliest indicators of potential suicidal behaviour.

Examples of warning signs include:

- Talking openly about suicide or expressing a specific plan.
- Statements reflecting hopelessness, helplessness, or worthlessness.
- Verbal hints suggesting they may not be around much longer or that others will no longer be burdened by them.
- Making final arrangements, such as giving away personal belongings.
- Actively seeking means to harm or end their life.
- Withdrawing from social interactions.
- Loss of interest in previously enjoyed activities.
- Noticeable changes in eating or sleeping patterns.
- Frequent physical complaints (e.g., headaches, stomach aches).
- Preoccupation with death.

Identifying At-Risk Students

Suicide is closely linked to serious mental health challenges such as depression, substance use disorders, and psychosis. A key component of effective school-based suicide prevention is the

early identification of students who may be at risk due to these or other mental health concerns. Once identified, it is essential to connect these students with targeted prevention and early intervention supports.

School staff are encouraged to collaborate with Board-level Social Work and Psychology professionals to develop a comprehensive plan for identifying at-risk students and selecting evidence-based strategies to support them.

Supporting Vulnerable Populations

Research indicates that certain population groups may face a heightened risk of suicidal thoughts and behaviours. These groups can include First Nations, Métis, and Inuit students, 2SLGBTQ+ youth, and racialized students. It is important to note that this does not mean all individuals within these communities are at increased risk. However, school suicide prevention plans should thoughtfully consider and address the unique needs of these vulnerable populations where appropriate.

First Nation, Métis, Inuit Students

Higher rates of suicidal behaviours have been observed within First Nations, Métis, and Inuit communities. Research indicates that protective factors—such as strong cultural continuity, the use of Indigenous languages, and community ownership—can help reduce suicide risk and prevent contagion. However, Indigenous youth living in urban environments may not have consistent access to these protective elements and may experience additional challenges related to cultural identity.

Schools serving Indigenous students should thoughtfully consider the need for tailored supports for this potentially vulnerable group. Support plans should be developed collaboratively with Board-level Indigenous Consultants, Indigenous community leaders, and qualified mental health professionals.

2SLGBTQ+ Students

2SLGBTQ+ youth represent a population that may be at increased risk for suicidal behaviours. Research indicates that they are up to five times more likely to engage in such behaviours compared to their heterosexual peers. This heightened vulnerability stems from a range of complex factors, including perceived lack of acceptance, peer victimization, and family rejection.

It is essential to foster a compassionate and inclusive school environment that acknowledges and respects the unique experiences of 2SLGBTQ+ students. By working collaboratively, schools can develop and implement supportive strategies that promote mental well-being and reduce risk among these youth.

Racialized Students

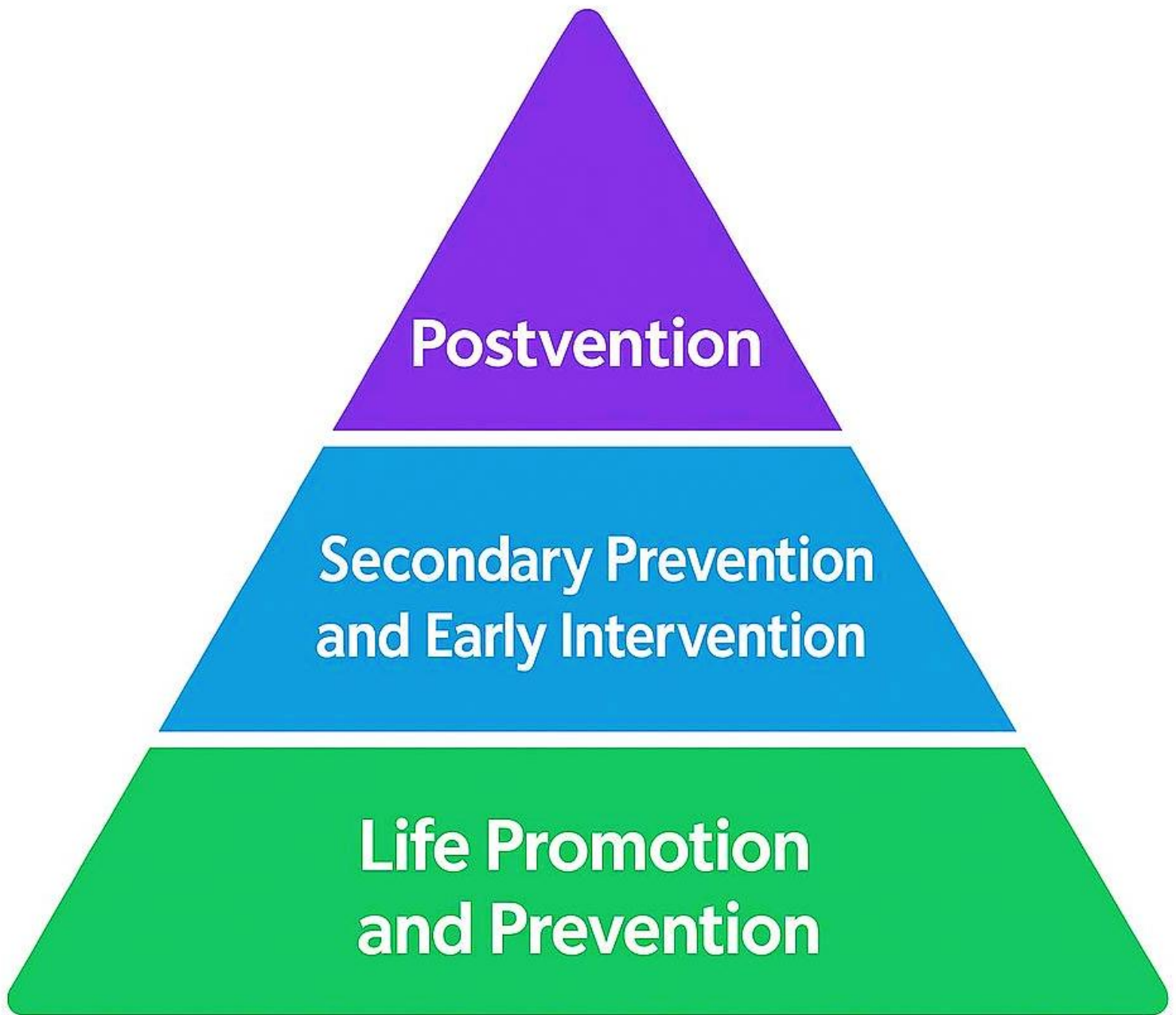
Racialized youth are recognized as a vulnerable group with an elevated risk of suicidal

thoughts and behaviours. While individual factors such as mental health challenges (e.g., depression, anxiety) contribute to this risk, environmental influences also play a significant role. These may include increased exposure to racial discrimination and reduced access to culturally responsive mental health supports.

Racialized students may be less likely to disclose suicidal thoughts or intentions, particularly to individuals outside their community. Psychological barriers such as mistrust of the mental health system and stigma around help-seeking behaviours can further complicate access to support.

To address these concerns, it is recommended that schools incorporate culturally informed and tailored intervention and prevention strategies into their suicide prevention plans.

**Framework – Youth Suicide, Prevention,
Intervention and Postvention**



Tier 1: Life Promotion and Prevention

Includes all actions to promote positive mental health and reduce the risk of suicide behavior.

- A visible commitment to mental health and well-being, from leadership down to the classroom.
 - Social emotional learning programming in class and whole school.
 - AIM Model: Welcome, Include, Understand, Promote and Partner - provides a structure for creating mentally healthy classrooms and schools.
 - Stigma reduction initiatives.
-

Tier 2: Secondary Prevention and Early Intervention

Includes all actions to intervene early and effectively reduce suicidal behaviors.

- For students who may be experiencing barriers to accessing services - offer targeted support to meet their needs.
 - Applied Suicide Intervention Skills Training (ASIST) training for select staff, and School Mental Health Ontario Suicide Risk Assessment and Management training for regulated mental health professionals.
 - Staff are aware of possible warning signs to identify students at risk.
 - Pathways to Care - staff are aware of the supports available and how to access them for students they are concerned about.
 - Staff and parent sessions to provide awareness and understanding of risk factors, protective factors, warning signs, as well as how to talk to their child about mental health and suicide.
 - Urgent care protocol.
-

Tier 3: Postvention

Includes all actions to lower the impact of suicide on the community.

- Supports and services offered by Board Crisis Response Team to individuals, communities, and families affected by suicide.
- Partnership with community agencies and coterminous boards to coordinate responses.
- Postvention Across Settings and Sectors: A resource for community-based service providers.

C. Risk Management and Intervention

***All suicidal and self-harm gestures/comments
must be taken seriously and responded to immediately.***

Responding to a Suicide Attempt

If a staff member becomes aware of a suicide attempt, the following steps must be taken immediately:

- **Treat the situation as an emergency.** Call 911 without delay. Notify the principal and the student's parent(s)/guardian(s) as soon as it is appropriate to do so.
- **Remove any means of self-harm** that may be present.
- **Ensure the student is not left alone**—maintain constant supervision.
- **If the student leaves the school or refuses support**, contact police immediately
- **Offer reassurance** to the student, emphasizing that help is available.
- **Respond with compassion and without judgment.**
- Once the immediate crisis has been addressed, the school team (including administration, guidance, and/or resource staff) should assess the broader impact of the incident, particularly on vulnerable students. Inform school Superintendent and consultation with Board Mental Health Leadership Team is essential to determine appropriate interventions and support.

Responding to Suicidal Ideation and Behaviours

A disclosure of suicidal thoughts—whether direct or indirect—should be recognized as a potential plea for help. Any indication of suicidal ideation requires prompt and thoughtful attention. Staff may become aware of warning signs such as:

- Direct verbal disclosure from the student or reports from family members, peers, or other trusted individuals.
- Observations of high-risk or reckless behaviours.
- Changes in appetite, hygiene, and mood.
- Concerning content in students' artwork, writing, or social media posts.
- Repeated expressions of hopelessness, helplessness, worthlessness, loneliness, or desperation.
- Behaviours such as giving away personal belongings or withdrawing from social connections.
- Very distressing life circumstances.

If a staff member has concerns about a student's mental health, they must notify the School Administrator immediately.

When a student presents with possible suicidal behaviours or thoughts, staff must **ask the student directly if they are having thoughts of suicide. If the answer is YES:**

- **Do not leave the student alone**, accompany them immediately to an administrator or guidance staff member
- **Inform Administrator who will inform the student's parent(s)/guardian(s)** as soon as possible. The principal or designate, in collaboration with the staff member who received the initial concern, should determine the most appropriate person to make contact with parent(s)/guardian(s)
- **If the student leaves the school or refuses support**, contact police immediately
- **Engage an ASIST trained staff member** to assess the level of risk. If no ASIST trained staff are available, the principal or designate must contact the assigned Social Worker or School Community Liaison Consultant (SCLC) directly—do not rely on voicemail or email for urgent matters
- **Listen with empathy** and reassure the student that support is available
- **Ensure completion of a Suicide Safety Plan** (Appendix A) by the ASIST trained staff member. Staff should feel supported and are encouraged to seek assistance from the Social Worker, SCLC, or the Board Mental Health Team. No staff member should feel obligated to complete a safety plan alone

If the student is assessed to be at high risk, the following actions must be taken:

- Parents/guardians should be instructed to take the student to the hospital emergency department immediately.
- High-risk indicators may include:
 - A recent suicide attempt.
 - Sudden onset of psychosis.
 - Refusal to engage in safety planning.
 - Intense suicidal distress.
 - Suicidal ideation accompanied by acute changes in mental status.
- Consultation with the Social Worker or SCLC is essential.

Following the initial response, the Social Worker will follow up with the student and their parent(s)/guardian(s) to determine if the student has been connected with a Mental Health and Addictions Nurse (MHAN) or another community agency. The Social Worker will schedule and attend a follow-up meeting that will include relevant school staff and community partners. The purpose of the meeting is to:

- Review hospital discharge recommendations (with appropriate consent)
- Revisit the Suicide Safety Plan to confirm roles, coping strategies, and support systems
- Determine if urgent care is required
- Assess the broader impact of the incident on the student body, especially vulnerable students. Consultation with the board's Mental Health Lead or Head Psychologist may be necessary to identify additional supports or interventions

SPIRR Activation Process Chart

SPIRR Activation Process

For Immediate, Current Safety Risk

Step-by-Step Overview of the SPIRR Activation Process



If you become aware that a student has suicidal thoughts:

- Do not leave the student alone
- If you are ASIST trained, complete a **Suicide Safety Plan immediately**
- If you are not ASIST trained, advise the school administrator. Administrator or designate will dispatch ASIST trained staff to complete a **Suicide Safety Plan immediately**
- If the school does not have an ASIST trained staff present, call your SCLC and they will dispatch an ASIST trained staff
- Inform the school administrator who must contact the parent/guardian and inform them that a Suicide Safety Plan is being conducted

Suicide Safety Plan

- Complete the Suicide Safety Plan form (Appendix A)
- Provide a copy of the Suicide Safety Plan to student, parent/guardian, and administrator
- Student may take a photo of the Safety Plan if possible and authorized by an ASIST trained staff

Administrator must:

- Have staff member identified in the Suicide Safety Plan check in and monitor the student (eg: ensure the student knows who/where to seek support, monitor access to any referrals made, and refer them back to their safety plan)

Non-Suicidal Self-injurious Behaviour

Non-suicidal self-injury (NSSI) is a deliberate act of harming oneself without suicidal intent. It is a complex issue that is often misunderstood as a desire to die, when in actuality it is used as a coping mechanism to manage overwhelming feelings.

- Due to the potential or imminent threat to safety, parents and/or caregivers must be informed even if there is no suicidal intent.
- A referral to a mental health professional must be made.
- If the student is also experiencing suicidal ideation, then a Suicide Safety Plan must be completed.

Urgent Care or Emergency Department Circumstances

Circumstances that warrant an Urgent Care call or transport to the Emergency Department:

- A suicidal attempt has been made
- Sudden onset of psychosis
- Refuses to plan for safety
- Highly distressing suicidal ideation
- Ideation with acute change in mental status

If needed, consult with your Social Worker or SCLC.

The Social Worker will follow-up with the student and parent/guardian to determine if the student has been linked with a MHAN or other community agency **and** to schedule a follow-up meeting with relevant school team members and community partner(s) to:

- Discuss hospital discharge recommendations (if student and parent/guardian consent to disclose)
- Review the Suicide Safety Plan and ensure that the key support people, their roles, and coping strategies are identified and followed

Responding to Suicide Attempt – Transition from Care

Students who have previously attempted suicide are at a significantly higher risk of future attempts. Evidence shows that providing timely and appropriate support to both the student and their family following a suicide-related crisis can greatly reduce the likelihood of recurrence. Returning to school after experiencing suicidal ideation or behaviour can be a challenging and emotional process for the student and their family.

Effective communication between the Social Worker, the student’s family, and the school team is essential. The student should be actively involved in planning their supports and reintegration.

If a student has received care in an emergency department, hospital, or urgent care setting, proactive planning for their return to school is critical. The student and their family may be referred to the school-based Mental Health and Addictions Nurse (MHAN), which requires consent from both the parent/guardian and the student (if over the age of 12). Prior to re-entry, the Social Worker will follow up to confirm whether the student has been connected with MHAN or another community agency and will coordinate a re-entry meeting involving relevant school staff, community partners, the student, and their parent(s)/guardian(s).

During this meeting, the following steps should be taken:

- **Obtain written consent** from the parent/guardian and student (age 12+) to share and receive information with the hospital care team.
- **Secure permission** to share relevant information with school staff, based on the student’s preferences. Communication should follow a “need-to-know” approach, unless the incident was high-profile and impacted other vulnerable students—consult with board social work and psychology staff for guidance.
- **Discuss the students’ concerns and anxieties** about returning to school.
- **Assign a trusted staff member**, identified by the student, to develop a support plan based on the Suicide Safety Plan (Appendix A). This plan should include regular check-ins and monitoring of the student’s well-being, as well as support with academic adjustments and other concerns.
- **Review hospital discharge recommendations**, with consent from the student and parent/guardian.

If other students are aware of the situation, it is important to monitor those who may be vulnerable and provide appropriate support.

Responding to Non-Suicidal Self-Injurious Behaviour

- Approach the student with empathy and avoid judgment or expressions of anger.
- Inform the Administrator who will inform the student's parent(s)/guardian.
- A referral to a board mental health professional or an external community mental health agency must be made.
- If the student is also experiencing suicidal ideation, then a Suicide Safety Plan must be made.

D. Postvention Planning: Responding to a Death by Suicide

The death of a student by suicide is a profoundly tragic event that necessitates a coordinated and compassionate response at the school level. It is essential to provide appropriate support to both students and staff as they navigate the complex emotions that often follow such a loss. Additionally, careful planning and intervention are critical to reducing the risk of suicide contagion—where one suicide may influence others.

Because actions taken during this time can have unintended consequences, it is vital to access appropriate resources and professional guidance. A well-prepared postvention plan is a cornerstone of an effective response. The Board Crisis Response Team will proactively discuss and establish clear procedures, including defined roles for all staff involved.

Understanding Contagion Risk

Suicide contagion refers to the phenomenon where one death by suicide may influence others to consider or engage in similar behaviours. Research, including a Canadian study by Coleman (2013), has shown that adolescents are particularly vulnerable to this effect, especially when they have known someone who died by suicide. Preventing contagion is a central objective of postvention efforts.

First 24 Hours

1. Verification and Notification

The principal or designate must confirm the student's death. This confirmation should come directly from the student's family.

If the death occurs on school property, the principal or designate must immediately contact

the police.

2. **Activation of Support**

Upon confirmation, the principal must notify the Family of Schools' Superintendent and the Superintendent of Mental Health. These individuals will initiate contact with the Board Crisis Response Team, whose role is to support the school administration in implementing the protocol, offer guidance on best practices, and provide emotional support to staff and students, particularly those most affected.

3. **Assessment of Impact**

One of the initial tasks of the Board Crisis Response Team is to assess the overall impact of the death and determine the level of support required. Additional clinical staff may be assigned to the school as needed.

4. **Identification and Support of Vulnerable Students**

Students may be vulnerable following a suicide for various reasons. Factors to consider include:

- **Geographical proximity:** Witnessing or being near the location of the incident.
- **Psychological proximity:** Shared identity, culture, or team affiliation with the deceased.
- **Social proximity:** Close friendships or romantic relationships.
- **Pre-existing risk:** History of trauma, mental illness, or suicidal behaviour.
- **Perceived involvement:** Students who may feel responsible or regret not recognizing warning signs.

Initial monitoring should be conducted by staff who know the student well. If concerns arise regarding a student's mental health, a referral to a mental health professional should be made promptly.

5. **Information Sharing**

Information must be shared thoughtfully and in accordance with the wishes of the student's family. However, sharing verified, factual details is important to prevent misinformation.

- A staff meeting should be held as soon as possible to share information and prepare staff. A telephone tree may be used to reach staff outside of school hours.
- Students should be informed in their classrooms by familiar adults, not through mass announcements or assemblies. If the family consents to disclose that the death was by suicide, it should be acknowledged without sharing specific details about the method.
- Accurate information helps reduce speculation and rumors.

6. **Creating Supportive Spaces**

In collaboration with the Chaplaincy Leader, set up a memorial space where students can write messages. This area must be supervised at all times. Additionally, a quiet, safe space should be available for students needing emotional support. Permanent memorials are not permitted on school property. Decisions on time-limited tributes and memorials will be made in consultation with the Board Crisis Response Team to ensure consistency, fairness, and alignment with trauma informed practices.

7. **Communication and Logistics**

- Draft a letter to inform the parent community.
- Adjust the attendance system to prevent automated absence calls to the deceased student's family.
- Coordinate media communications with the Board's Communications Department.

8. **Staff Debrief and Planning**

At the end of the school day, gather all staff—including support staff—for a brief meeting to reflect, share feedback, and offer mutual support. The Board Crisis Response Team should debrief and determine next steps for ongoing support.

Discussions should also include how to respectfully manage any memorials or "shrines" created by students.

The Superintendent should reach out to neighboring coterminous boards, including feeder schools or other institutions the student attended, to ensure coordinated support.

Next 24-72 Hours

As soon as possible, regular school routines should be re-established to provide students and staff with a sense of stability and structure. While routines are important, it is equally essential to acknowledge and respect the varied ways individuals experience grief. Emotional responses may differ in intensity and timing, and all expressions of grief should be met with compassion and understanding.

Continue to maintain communication with the bereaved family, offering support and assistance as needed.

Funeral Attendance

Student and staff attendance at the funeral should follow the same procedures as with other student deaths. Keep the school community informed of funeral arrangements. Ultimately, the decision for a student to attend rests with their parent(s)/guardian(s).

Staff Well-being

Monitor the emotional well-being of staff and provide support where necessary, including access to resources such as the Employee Assistance Program (EAP). Remind staff—and yourself—that practicing self-care is essential during this time.

Do not respond to the student's death differently than any other student. **Do not** glamorize, romanticize, simplify, or sensationalized suicide. **Do not** underestimate the effect of the traumatic experience on the school community, including students, personnel and parents/guardians.

Ensure the student's personal belongings are collected promptly by teachers and respectfully delivered to the principal, who will coordinate their return to the parents or guardians at an appropriate time.

All actions taken by the Board Crisis Response Team should be thoroughly documented to support future debriefings and inform ongoing planning efforts.

During the First Month

- **Monitor the well-being of staff and students** to ensure ongoing emotional support and identify any emerging concerns.
- **Hold a Board Crisis Response Team debriefing** to reflect on the impact of the event. A death by suicide can affect individuals deeply—both professionally and personally. Regular debriefing sessions help the school team support one another and maintain a compassionate, collaborative approach during this difficult time.

Planning for the future

- **Continue to monitor** the well-being of students and staff, offering support as needed.
- **Be mindful** of significant dates such as anniversaries, birthdays, or other meaningful events. Consider placing reminders in a shared calendar to ensure timely check-ins with those who may be impacted.
- **Implement the recommendations** provided by the Board Crisis Response team. Ensure regular debriefings are held in collaboration with your Superintendent and clinical staff to guide ongoing support and future planning.

E. Community resources to share with student and family

- Kids Help Phone: 1-800-668-6868 or text CONNECT to 686868
- Parent Lifeline of Eastern Ontario (PLEO): 613-321-3211
- School Mental Health Ontario: [School Mental Health Ontario](#)
- Suicide Crisis Helpline: 988 (call or text)
- First Nations and Inuit Hope for Wellness Helpline 1-855-242-3310
- Black Youth Helpline 1-833-294-8650
- Community Parish

Appendix A: A Suicide Safety Plan

STUDENT NAME:		AGE:
SCHOOL:		GRADE:
DATE:	ASIST-TRAINED STAFF:	
<p>The staff member supporting me with this safety plan will:</p> <ol style="list-style-type: none"> 1. Be clear about their role and the limits of confidentiality 2. Be calm and non-judgmental 3. <i>If I am NOT able to plan for safety, they will activate the emergency response and 24-hr monitoring service to help keep me safe</i> 		
CURRENT PLAN		
Do you have a current plan to kill yourself?		(circle one) yes/no
If YES, what is your plan? (How, when, where, additional details, etc.?)		
What have you done to get ready?		
What life/situational factors are contributing to these feelings now?		
<p>List interventions to disable plan here: who, what, when, how, etc. (i.e. Dad will lock up the medication today as soon as we get home.)</p> <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____ 		
<p>Triggers (things that set me off or make me feel really bad)</p> <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____ 		

Warning Signs (thoughts, feelings, behaviours)

1. _____
2. _____
3. _____
4. _____

Coping strategies and things that help me take my mind off the problem such as:

- getting fresh air
- playing with my dog
- calming techniques
- having a positive chat with a friend
- _____
- _____
- _____
- _____

People I can reach out to for help (Someone who can listen if I say something like: "Hey, I'm not feeling good right now and need someone I can talk to. I don't necessarily need advice, I just need someone to listen. Can we talk?")

1. Name _____ Number _____
2. Name _____ Number _____
3. Name _____ Number _____
4. Name _____ Number _____

**These people will be informed by the staff member completing this safety plan with me that they are part of my safety plan. Note: Minors or friends should not be listed as a helper.*

If no one is available when I need to talk, I can call a crisis line:

1. 988 (call or text)
2. Kids Help Phone 1-800-668-6868 or text CONNECT to 686868
3. First Nations and Inuit Hope for Wellness Help Line 1-855-242-3310
4. Black Youth Helpline 1-833-294-8650
5. Other: Name _____ Number _____
6. Other: Name _____ Number _____

My reasons for living (family members, pets, goals, future events, etc.)

1. _____
2. _____
3. _____
4. _____

Further actions taken:

1. Recommended follow up with doctor: (circle one) yes/no
2. Notified parent(s)/guardians(s) by: (circle one) phone/in person
3. Parent(s)/guardian(s) notified by: (name) _____
4. Facilitated a referral to:
 - a. _____
 - b. _____
 - c. _____ No referrals made

People who should receive a copy of this Suicide Safety Plan:

1. Student
2. Parent(s)/Caregiver(s) - Name(s): _____
3. Staff member(s) - Name(s): _____
4. External professional(s) involved - Name(s): _____
5. Other - Name(s) and role(s) _____

Additional Notes

NOTE: This form is to be completed by ASIST-trained staff. A copy needs to be provided to the School Administrator and retained in a secure location within the Administrator's office for **one year after the event**. Do not place a copy in OSR.

Appendix B: Referral to CHEO Child & Youth Mental Health



Date:		Form completed by:	
Child/Youth Name:		Date of birth:	
Address:		Legal custodian:	
		Caregiver aware of consult?	
School:		Grade:	
IEP:	Yes No Unknown	Referring agent:	

Please list any professionals currently involved in the child/youth's care:

Please list any medications taken by the child/youth:

Reason for referral to department (mark with an "X"):

<input type="checkbox"/>	Sudden/recent onset of psychotic symptoms	<input type="checkbox"/>	Current/recent suicide attempt/gesture
<input type="checkbox"/>	Specific homicide plan (time/date/means)	<input type="checkbox"/>	Previous history of suicide attempts
<input type="checkbox"/>	Specific suicide plan	<input type="checkbox"/>	Current suicidal/homicidal ideation without specific plan
<input type="checkbox"/>	Inability to care for self	<input type="checkbox"/>	Acute change in mental status particular as a result of a psychosis
<input type="checkbox"/>	Inability to plan for safety	<input type="checkbox"/>	Acute mental health services
Details:			

Mark with an "X":

<input type="checkbox"/>	Urgent Care protocol followed	<input type="checkbox"/>	Parents aware and informed of referral to CHEO
Name of CHEO staff consulted:			
Person accompanying child/youth to hospital:			
Agency contact person:			
Phone number:		Fax number:	

Fax form to Centralized Mental Health Intake at 613-738-4235 or Emergency 613-737-2328 (as appropriate)

Appendix C: Referral to KHSC Child & Youth Mental Health

**Kingston Health
Sciences Centre**

Centre des sciences de
la santé de Kingston



Hôpital
Hotel Dieu
Hospital



Hôpital Général de
Kingston General
Hospital

CHILD AND YOUTH MENTAL HEALTH PROGRAM URGENT CLINIC REFERRAL

PHONE: 613-544-3400 ext. 2518 | FAX: 613-544-4643

NOTE: Youth must be at imminent risk for suicidal/ homicidal behaviour. All referrals are triaged by the team to determine appropriateness and acuity. If the referral does not meet criteria they may be referred to the closest Children's Mental Health Service; if the youth is in immediate crisis please refer them to the closest emergency department.

Date of Referral: _____ Person completing Referral (print): _____
(yyyy/mm/dd)

Telephone: _____ Family Health Team/Agency (if applicable): _____

Name of child/youth (print): _____ Date of Birth: _____
(yyyy/mm/dd)

OHIP: _____ - _____ Telephone (Home/Mobile/Work): _____

Address: _____

Caregiver/Parent: _____ Relationship: _____

Is the parent or youth aware that this referral has been made? Yes No Chart Number: _____

Presenting Concern/Reason for Referral (provide as much detail as possible):

Relevant Medical or Psychiatric History:

Current Medications (include herbal supplements, prescriptions non-prescription medication or naturopathic remedies):

Previous or current psychiatric/community mental health involvement (provide as much detail as possible):

I have attached previous psychiatric reports, psychoeducational testing, treatment summaries or other reports.

We strive to see patients within 48 hours of receipt of their information. Weekends, Holidays or lack of access to a Psychiatrist may delay scheduling your appointment.

Appendix D: Heads-Ed

*If a young person is going to the hospital, this form must go along with him/her**

Please complete the following assessment online at: <https://www.heads-ed.com/en/survey>

Once complete, please print and send with the student to the hospital.

	0 No action needed	1 Needs action but not immediate / moderate functional impairment	2 Needs immediate action / severe functional impairment	
H ome sample questions	<input type="radio"/> Supportive	<input type="radio"/> Conflicts	<input type="radio"/> Chaotic / Dysfunctional	Notes
E ducation, employment sample questions	<input type="radio"/> On track	<input type="radio"/> Grades dropping / or absenteeism	<input type="radio"/> Failing / not attending	Notes
A ctivities and peers sample questions	<input type="radio"/> No change	<input type="radio"/> Reduction in activities / increased peer conflicts	<input type="radio"/> Increasingly to fully withdrawn / significant peer conflicts	Notes
D rugs and alcohol sample questions	<input type="radio"/> No or infrequent	<input type="radio"/> Occasional	<input type="radio"/> Frequent / daily	Notes
S uicidality sample questions	<input type="radio"/> No thoughts	<input type="radio"/> Ideation	<input type="radio"/> Plan or gesture	Notes
E motions, behaviours, thought disturbance sample questions	<input type="radio"/> Mildly anxious / sad / acting out	<input type="radio"/> Moderately anxious / sad / acting out	<input type="radio"/> Significantly distressed / unable to function / out of control / bizarre thoughts / significant change in functioning	Notes
D ischarge or current resources sample questions	<input type="radio"/> Ongoing / well connected	<input type="radio"/> Some / not meeting needs	<input type="radio"/> None / on wait list / non-compliant	Notes

I have read and agree to the terms and conditions of use.

Appendix E: References and Additional Reading

Abrams, Z. (2020). Sounding the Alarm on Black Youth Suicide: Psychologists are mobilizing to address a growing crisis. *American Psychological Association*.

[Sounding the alarm on black youth suicide](#)

Brock, S.E., Jimerson, S. R. (Eds) (2012). *Best Practices in School Crisis Prevention and Intervention*, 2nd Ed., National Association of School Psychologists.

Centre for Addicction and Mental Health (CAMH) (2024). [The Mental Health and Wellbeing of Students: Findings from the Ontario Student Drug Use and Health Survey](#).

Lee, C.S & Wong, Y.J. (2020). Racial/Ethnic and Gender Differences in the Antecedents of Youth Suicide. *Cultural Diversity and Ethnic Minority Psychology*, 25(4), 532-543.

[Racial/ethnic and gender differences in the antecedents of youth suicide](#).

Mental Health Commission of Canada, School Mental Health Ontario. (2024). [Suicide Prevention & Life Promotion in Schools: A National Guide for System Leaders](#).

Ontario Physical and Health Education Association [Home | Ophea.net](#)

Public Health Agency of Canada. (2024). [Suicide Prevention](#).

School Mental Health Ontario (2024). [Leading Mentally Healthy Schools resources now available - School Mental Health Ontario](#).

Thunderbird Partnership Foundation (2021). [Strengthening our Connections to Promote Life: A Toolkit by Indigenous Youth](#).

World Health Organization (2025): [Suicide](#)

Youth Suicide Prevention Life Promotion Collaborative. (2022). [School-based suicide prevention life promotion initiatives: A resource for community-based providers](#)