Suicidal Ideation Assessment Guidelines Handbook

Greater Victoria School District

This document was developed in collaboration with the district counsellors and community partners to ensure its content remains relevant and reflective of current best practices.

Greater VICTORIA School District

Updated October 2025

District Contacts

District Counselling Team: *Available for consultation, but this does not replace the requirement to inform school administration as outlined in protocol.*

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Best Practice for Suicide Risk Assessment

A range of evidence-based screening tools are available to support suicide risk assessment. This binder includes several tools supported by our community partners including the CYMH High Risk Team and IMCRT. Counsellors are encouraged to use the tool that best fits the context.

**** As you use this resource, keep the following in mind:**

Hospital admission for a youth typically occurs only when the student:

- clearly identifies a strong desire to die
- has a specific and actionable plan in place

Consultation is essential when assessing suicide risk. Recommended consultation sources are listed in the resource section of this binder and include:

- Other school counsellors on your team
- District Counsellors
- High Risk Team
- Integrated Mobile Crisis Response Team (IMCRT)

A Safety Plan is considered a living, ongoing document and conversation. Ensure it:

- is developed collaboratively with the student and ideally includes the family and is community supports
- is revisited regularly
- supports ongoing conversations around safety and wellness

All documents in this binder are master copies and may be photocopied. These tools are intended for use by school counsellors and as supplemental to formal training.

Response for Suicidal Ideation

Greater VICTORIA School District

3-Step Response for Suicidal Ideation

Step 1: Gather student demographics and background information

Step 2: Complete a suicide risk assessment; consult with counselling colleague and a school administrator.

Step 3: Create a Safety Plan

1: STUDENT INFORMATION

Name: _____ Age: _____ Pronouns: _____ DOB: _____

Mobile: _____ E-Mail: _____

Address: _____

Guardian(s) Name: _____

Guardian(s) Phone/Mobile: _____

Guardian Address (if different than above): _____

Note concerns, including any statements made or information provided:

_____

2: SUICIDE RISK ASSESSMENT:

Risk Level Response

- Complete a screening tool of your choice (see next section of the handbook).
- Assess the individual's level of risk using the selected tool.
- If there is risk to others, consult with your school administrator and/or district counsellor to determine if a Behavioural and Digital Threat Risk Assessment (BDTA) is needed.
    - o **No Risk →**
        - Consult with a counselling colleague;
        - If student is elementary level, involve your school administrator
        - Connect with parent/guardian to share current concerns and engage their support in any next steps.
        - You may wish to consider creating a Student Support Plan using the NVCI Student Planning template (click here to download pdf fillable template)
    - o **Low Risk →**
        - Consult with a counselling colleague and school administrator;

- Connect with parent/guardian to share current concerns and engage their support in next steps.
- Create a Safety Plan (see step 3) and follow up with the student within the week.

o **Medium Risk →**

- Consult with counselling colleague and school administrator;
- Connect with parent/guardian to share current concerns and engage their support in next steps.
- Consult with community agency if appropriate (e.g. IMCRT, ER Nurse, High Risk Team);
- Create a Safety Plan (see Step 3) and follow up with the student within 24 hours

o **High Risk →**

- Consult with a counselling colleague and school administrator.
- Connect with the High Risk Team if they are already involved.
- Consult with IMCRT (available 1 p.m. - midnight) as determined by risk.
- Connect with parent/guardian to share current concerns and engage their support in next steps. School staff are asked to **prioritize safety** by arranging appropriate medical transport via parent/guardian, IMCRT, or ambulance rather than transporting students themselves. Some situations are critical, which may result in a 911 call.
- Create a Mental Health Safety Plan (see step 3)

******Where risk is assessed as **MEDIUM** or **HIGH,** keep student **SAFE** and with a trusted adult at **ALL times****

3: CREATE MENTAL HEALTH SAFETY PLAN (see *Mental Health Safety Plan* section for templates)

- Use a template to collaboratively draft a safety plan with the student
- Include parent/guardian and invite their input in safety planning and next steps
- Consult key members of the school team
- Include a review date and confidentially store all documentation in a confidential file with the counsellor and administration.

Guiding Questions When Concerned About a Student

Greater VICTORIA School District

CASP CANADIAN ASSOCIATION FOR SUICIDE PREVENTION
ACPS ASSOCIATION CANADIENNE POUR LA PRÉVENTION DU SUICIDE

I'm Concerned About Someone

What you can do when you're concerned

Never agree to keep thoughts of suicide a secret. Sometimes instinct tells us we have to break confidentiality. It's better to have someone alive and mad at you than dead by suicide and you feeling that you missed an opportunity to help them keep safe. We recommend treating this subject and the people involved with respect, dignity and compassion and don't keep it to yourself. Know who you can connect with as this work cannot be done alone. You may, as a helper, experience thoughts and feelings that are uncomfortable. It's OK to reach out.

Talking about suicide can provide tremendous relief and being a listener is the best intervention anyone can give. Talking about suicide will not cause suicide. When experiencing intense emotions, the person will not be able to problem solve. It is not your job to fix their problems. Listen, care, validate and be nonjudgmental.

Questions to Consider when you're concerned:

(The responses to the following questions will enable you to reflect back your concern to the person and/or communicate to a trained professional.)

- Are you thinking of suicide?
- Have you tried to end your life before?
- Have you been feeling left out or alone?
- Have you been feeling like you're a burden?
- Do you feel isolated and or disconnected?
- Are you experiencing the feeling of being trapped?
- Has someone close to you recently died by suicide?
- How are you thinking of ending your life?
- Do you have the means to do this (firearms, drugs, ropes)?
- Have you been drinking or taken any drugs or medications?
- How have you been sleeping?
- Are you feeling more anxious than usual?
- Who can we contact that you feel safe and/or comfortable with?

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For the helper:

- Are you noticing or have you noticed any dramatic mood changes?
- Changes in work behavior or school attendance/marks dropping?
- Does the person seem to be outof touch with reality?

What are Warning Signs?

Suicide prevention depends heavily onour ability to recognize people who are in distress and may be at risk. The American Association of Suicidology developed a simple tool that we can all use to remember the warning signs of suicide. This tool is called "IS PATH WARM" and outlines the key pointsto remember.

How to be Helpful When Someone is Suicidal

- Take all threats or attempts seriously
- Be aware and learn warning signs of suicide
- Be direct and ask if the person is thinking of suicide. If the answer is yes, ask if the person has a plan and what the timeline is.
- Be non-judgmental and empathic
- Do not minimize the feelings expressed by the person
- Do not be sworn to secrecy ...seek out the support of appropriate professionals
- Ask if there is anything you can do
- Draw on resources in the person's network
- Do not use clichés or try to debate with the person
- In an acute crisis take the person to an emergency room or walk in clinic or call a mobile crisis service if one is available
- Do not leave them alone until help is provided
- Remove any obvious means e.g. firearms, drugs or sharp objects) from the immediate vicinity

Source: International Association of Suicide Prevention

Screening Tools

Suicide Risk Assessment Screening Tools

Suicide risk assessment tools help identify and evaluate key risk factors such as suicidal thoughts, past attempts, mental health conditions, substance use, and social support. They also guide decisions about safety planning, intervention, and treatment. Effective suicide prevention relies on combining these tools with clinical judgment, compassionate conversation, ongoing monitoring and support. A reminder that school counsellors are careful not to diagnose.

1. **TASR-A (Therapeutic Assesment of Suicide Risk)**
    - Comprehensive and structured tool used by mental health professionals to assess suicide risk
    - Consider using this tool in conjunction with Kutcher Adolescent Depression Scale (KADS) for depression screening

2. **SAD PERSONS Scale**
    - A scale made up of 10 risk factors, creating an acronym: SAD PERSONS
    - Developed by Dr. Douglas G. Patterson, Psychiatrist and designed to be used by GPs.

3. **Specific Plan-Lethality-Availability-Proximity** (**SLAP Assessment)** and **Dangerous-Impression-Reaction-Timing (DIRT Assessment)**
    - SLAP is used to assess the lethality and immediacy of a person's suicidal ideation or plan. It is often used in clinical or crisis settings to help determine the level of risk and need for intervention. SLAP focuses on the present plan and current risk.
    - DIRT is used in conjunction with SLAP and helpful if previous suicide attempts have been made. It focuses on any past suicidal behaviours, particularly attempts, which can inform how urgent an intervention's implementation might be; DIRT adds historical depth: how past attempts inform current level of risk.

4. **History of Suicide, Depth of Loss and Aloneness, and the Level of Detail in the Suicide Plan (H*L*P) Process**
    - Screening conversation aid to help identify suicide risk factors and inform safety planning.
    - Developed by Dr. J. White, UBC, Department of Psychiatry

5. **IS PATH WARM**
    - Mnemonic used to highlight warning signs of suicide and indicate level of risk
    - Developed by the American Association of Suicidology

6. **Kutcher Adolescent Depression Scale (KADS)**

- Screening tool used to assess depression and suicide risk in adolescents. It can provide insight into suicidal thinking and risk and supports early **intervention** and **referral**.
- Developed by Canadian Psychiatrist, Stan Kutcher, a leading expert in adolescent mental health, this tool is widely used in schools, clinics, and youth mental health settings.

What PATH WARM Stands For:

- **P** – **Purposelessness** (feeling life has no purpose or meaning)
- **A** – **Anxiety** (agitation, inability to sleep, panic)
- **T** – **Trapped** (feeling there's no way out)
- **H** – **Hopelessness** (no hope for the future)
- **W** – **Withdrawal** (from friends, family, or activities)
- **A** – **Anger** (uncontrolled rage, seeking revenge)
- **R** – **Recklessness** (engaging in risky or dangerous behavior)
- **M** – **Mood Changes** (dramatic mood swings or sudden calmness after depression)

7. Visual Mood Scales:

- These are especially helpful for students to express their feelings using pictures, colors, and facial expressions. Students can simply point to or select the image that best matches their current mood. These tools may be effective for younger students or those who find it easier to communicate visually rather than verbally.

Tool for Assessment of Suicide Risk : Adolescent Version (Tasr-A)

Name: _____ **DOB:** _____

Individual Risk Profile	**Yes**	**No**
Male		
Family History of Suicide		
Psychiatric Illness		
Substance Abuse		
Poor Social Supports/ Problematic Environment		
History of Abuse		
Importance of this section in determining risk *		

Symptom Risk Profile	**Yes**	**No**
Depressive Symptoms		
Psychotic Symptoms		
Hopelessness/Worthlessness		
Anhedonia		
Anger/Impulsivity		
Importance of this section in determining risk **		

Interview Risk Profile	**Yes**	**No**
Suicidal Ideation		
Suicidal Intent		
Suicide Plan		
Access to Lethal Means		
Past Suicidal Behaviour		
Current Problems Seem Unsolvable		
Command Hallucinations (Suicidal/ Homicidal)		
Recent Substance Use		
Importance of this section in determining risk ***		

Protective Factors:

LEVEL OF IMMEDICATE SUICIDE RISK (based on interpretation of responses above):

LOW MED HIGH

SAD Persons Scale

S - Sex (males are considered at increased risk)
A - Age (adolescents aged 15 and older are at greater risk than younger children)
D - Depression or affective disorder (see KADS and/or clinical diagnosis)
P - Previous suicide attempt
E - Ethanol or drug abuse
R - Rational thinking loss (from physical or psychological disorder)
S - Social supports lacking
0 - Organized plan
N - Negligent parenting, significant family stressors, or suicidal modeling by family
S - School problems (aggressive behaviours or experiencing humiliation)

Give one point for every positive answer on scale.

1 – 3 LOW RISK 4 – 6 MED RISK 7 – 10 HIGH RISK

S.L.A.P. – Degree Of Intention

SPECIFIC PLAN	• WHAT ARE THE DETAILS? • ARE THEY SPECIFIC? HOW? WHEN? WHERE?
LETHALITY	• WHAT IS THE LETHALITY OF PROPOSED METHOD?
AVAILABILITY	• HOW AVAILABLE IS THE PROPOSED METHOD? • IS IT ON HAND OR WILL IT HAVE TO BE OBTAINED?
PROXIMITY	• WHAT IS THE PROXIMITY OF HELPING RESOURCES? • WHAT ARE THE CHANCES OF AN INTERVENTION?

If there has been any previous attempt(S), add DIRT:

DANGEROUSNESS	• HOW DANGEROUS WERE PREVIOUS ATTEMPTS? • IS THERE A PATTERN OF PARA-OR PSEUDOSUICIDAL ATTEMPTS THAT WERE UNSUCCESSFUL? • IS STUDENT MORE COMMITTED NOW?
IMPRESSION	• WHATEVER THE ACTUAL DANGER MIGHT HAVE BEEN, WHAT IS STUDENT'S IMPRESSION OF HOW DANGEROUS PREVIOUS ATTEMPTS WERE? • HOW WERE PREVIOUS ATTEMPTS SURVIVED?
RESCUE	• WERE THEY TIMED FOR RESCUE?
TIMING	• HOW RECENT WAS LAST ATTEMPT?

USE INFORMATION TO INTERPRET LOW, MED, OR HIGH RISK

The H*L*P Process for Assessing Suicide Risk

There are numerous warning signs of suicide, but the common denominator in all, is change: change in appearance, behaviour, attitude, academic performance etc. The only way to determine if a student is at risk of suicide is to ask him or her: "Are you thinking of killing yourself?" If the answer is "yes" or if you notice other suicide warning signs, you can assess the level of risk by asking the student about the following three factors:

H – History	The history of the student at risk. "Have you ever tried to kill yourself before? Has anyone you know killed themselves?"
L –Loss/ Aloneness	The depth of loss and aloneness the student is feeling. "Do you have anyone to talk to about how you feel?"
P – Plan	The level of detail in the suicide plan. "Have you thought about how you'd do it? Do you have the means? Have you thought about when you would kill yourself?"

LOW RISK: No HLP factor currently present

MEDIUM RISK: One HLP factor present

HIGH RISK: Two or more HLP Factors present

The H*L*P Process Screening Tool

Assessing the Risk of Suicide

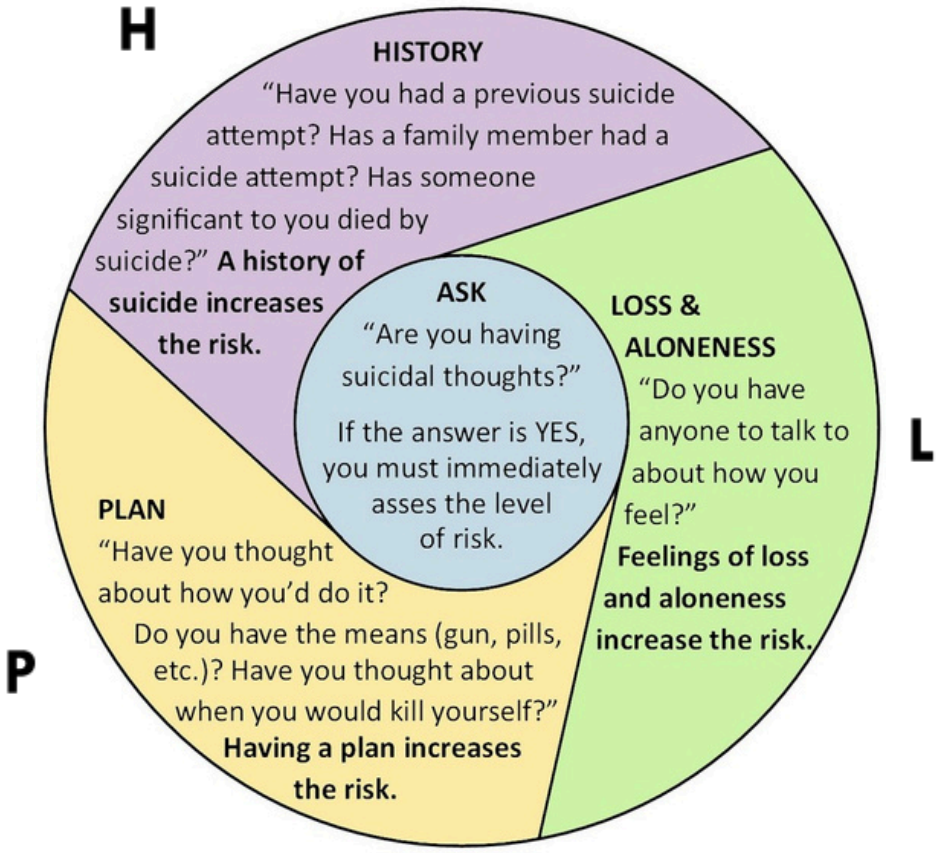
There are numerous warning signs of suicide but the common denominator in all is change; change in appearance, behavior, attitude, academic performance, etc. If you notice suicide warning signs you can assess the level of risk by asking about the following three factors.

H for HISTORY – The history of suicide of the person at risk

L for LOSS/ALONENESS – The depth of loss and aloneness the person is feeling

P for PLAN – The level of detail in the suicide plan

The only way to determine if a person is at risk of suicide is to ask:



LOW risk - no H*L*P factor currently present
MEDIUM risk - one H*L*P factor present
HIGH risk - two or more H*L*P factors present

Is Path Warm? – Screening Tool

Suicidal Ideation is a serious warning sign of risk for suicidal behaviours. A history of mental illness or a prior suicide attempt further increases risk.

I (Ideation)	Warning signs of expressed or communicated ideation include: 1. Threatening to,or talking about wanting to hurt or kill self. 2. Seeking access to means (i.e. pills, weapons). 3. Talking or writing (look at social media) about death, dying, suicide, when these actions are out of the ordinary.
S (Substance Use)	Increased or excessive substance use
P (Purposelessness)	No reason for living; no sense of purpose in life.
A (Anxiety)	Anxiety, agitation, unable to sleep or sleeping all the time
T (Trapped)	Feeling trapped – like there's no way out; resistance to help.
H (Hopelessness)	Hopelessness about the future
W (Withdrawal)	Withdrawing from friends, family and society.
A (Anger)	Rage, uncontrolled anger, seeking revenge.
R (Recklessness)	Acting reckless or engaging in risky activities, seemingly without thinking.
M (Mood Change)	Dramatic mood changes

6-ITEM Kutcher Adolescent Depression Scale: KADS

NAME: _____ **DATE:** _____

OVER THE LAST WEEK, HOW HAVE YOU BEEN "ON AVERAGE" OR "USUALLY" REGARDING THE FOLLOWING

1. Low mood, sadness, feeling blah or down, depressed, just can't be bothered

Hardly ever	Much of the time	Most of the time	All of the time

2. Feelings of worthlessness, hopelessness, letting people down, not being a good person

Hardly ever	Much of the time	Most of the time	All of the time

3. Feeling tired, feeling fatigued, low in energy, hard to get motivated, have to push to get things done, want to rest or lie down a lot

Hardly ever	Much of the time	Most of the time	All of the time

4. Feeling that life is not very much fun, not feeling good when usually would feel good, not getting as much pleasure from fun things as usual

Hardly ever	Much of the time	Most of the time	

5. Feeling worried, nervous, panicky, tense, keyed up, anxious

Hardly ever	Much of the time	Most of the time	All of the time

6. Thoughts, plans or actions about suicide or self-harm

Hardly ever	Much of the time	Most of the time	All of the time

TOTAL SCORE: _____

6-ITEM KADS scoring:

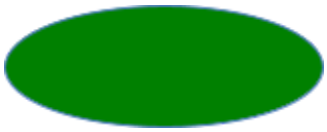
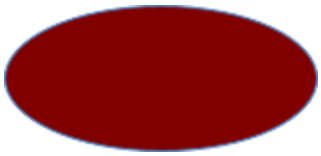
In every item score:

Hardly Ever = 0
Much of the time = 1
Most of the time = 2
All of the time = 3
Then add all 6 item scores to form a single Total Score.

Interpretation of total scores:

Total scores at or above 6	Suggest 'possible depression' (and a need for more thorough assessment).
	Indicate 'probably not depressed'.
	Total scores below 6

Current Self - Report of Suicide Risk

	EVERYTHING IS OK. I'M MAINTAINING
	I'VE HAD A ROUGH DAY
	SIGNIFICANT LIFE EVENT/STESS. IT MAY TAKE LONGER TO COPE
	I'VE BEEN DOWN FOR A WHILE AND I DON'T EXACTLY KNOW WHY
	I'M NOT DOING WELL AND I'D LIKE SOMEONE TO KEEP AN EYE ON ME – CHECK IN REGULARLY
	I'M IN CRISIS – PLEASE CALL OR COME OVERRIGHT AWAY
	CALL 911 – I MAY HURT MYSELF OR OTHERS DO NOT WAIT. .

Visual Mood Scale

Name:_____ **Date:_____**

How are you feeling at this moment?

How have you been feeling over the past few days?

How have you been feeling over the past few weeks?

Visual Mood Scale (With Number Scale)

Name:_____ **Date:_____**

How are you feeling at this moment?

1 **2** **3** **4** **5**

How have you been feeling over the past few days?

1 **2** **3** **4** **5**

How have you been feeling over the past few weeks?

1 **2** **3** **4** **5**

Safety Plans

Mental Health Safety Plan

(fillable form available here)

Student:	**DOB:**
School:	**Case Manager(s):**
Date of Plan:	**Review Date:**

Interventions:	**Hospital**	**Ledger**	**BDTA**	**Other:**

Summary/ Student Profile:

Antecedents for Unsafe Behaviours:

Early Signs of emotional upset, distress or agitation (physical, behavioural, emotional, social):

Prevention Strategies:

Emergency Plan (when prevention strategies aren't effective, or there is imminent risk to self or others):

Step 1: Support the student to access a supervised private space.

Step 2: Contact parent/guardian and inform administrator.

Step 3: Contact IMCRT (**1-888-494-3888**) if after 1:00 p.m.

Step 4: Call **911** if it is an emergency situation.

Contact Information for Emergency Plan, in order of priority:

Name	Email	Cell

Administrator:	**Signature:**
Parent/ Guardian:	**Signature:**
School Counsellor:	**Signature:**
Classroom Teacher:	**Signature:**
District Team Member:	**Signature:**

Notes:

Lock Box Information for Parents of Suicidal Youth

If your child/youth is suicidal, a clinician has likely recommended that you lock up all prescription and non-prescription medication, please don't just hide it! One option is to purchase a lock box – we have gathered a few options available in the South Vancouver Island area and online (you will need to confirm current availability).

Lock Box Options:

1. **Canadian Tire**

   Sentry Safe, Small Fire & Security Chest, $59.99

2. **Amazon.ca**

   Lockable Box, Medicine Lock Box for Safe Medication 36.99

3. **Walmart**

   Sentry®Safe Fire Chest #1200, Medium, Key Lock $46.97

4. **Home Depot**

   Sentry Safe Fire Chest, $38.99

5. **Home Hardware**

   Black 25 Key Keyed Locked Key Cabinet, Sentry Safe $41.99

6. **Staples**

   Sentry Safe 1200 Small Fire Chest – 0.18 cu ft $54.99

As well as locking up medication it is recommended that you collaborate with your child to determine what other changes might be needed to keep them safe. This video provides some helpful information on safety planning: https://www.youtube.com/watch?v=dbcAtdq2VEU.

From the parent of a youth seen by the High Risk Team…

"*Please tell all parents to lock up medication even if they don't think their child would ever over-dose. I didn't listen and had pills that were not locked up, I could never have imagined my child would take them but the day after attending the safety planning workshop she over-dosed and was admitted to the hospital. She is okay now, but I should have listened.*"

*Information provided by the High Risk Team, Child & Youth Mental Health, South Vancouver Island for parents of suicidal youth. This information is provided as a guide and is not an endorsement of any of the products listed. Last updated December 3, 2024.

Coping Plan

Name: _____ Date: _____

My coping tools:

You will know I am coping well when…

You will know I am NOT coping well when…

I can show or communicate that I am not coping well by...

If I am not coping well, I will tell / text _____.

If they aren't available, I will tell / text _____ **OR** I will call the crisis line (1-888-494-3888)

My safe place to go when I am not coping is: _____

My key people's contact numbers:

Safety Plan

Name _____ Date _____

Things I can do or tell myself to make myself feel better:

I can call these people who I know care about me when I feel overwhelmed:

	NAME	RELATIONSHIP	NUMBER
1.			
2.			
3.			

Hotline number/s I can call:

AGENCY	NUMBER	HOURS available

You can call the the crisis line at any time for support (1-888-494-3888)

My Safety Plan

Name: _____ Date: _____

Step 1: Do one or more of these things to calm/ comfort myself:

Step 2: Remind myself of what I'm thankful for and the things I look forward to:

Step 3: Talk to a family member or friend / trusted adult.

- At home I can talk to:

  _____

- At school I can talk to:

  _____

Resources:

- Kids Help Phone: 1-800-668-6868
- Vancouver Island Crisis Line: 1-888-494-3888
- In an emergency: call 9-1-1

Resources

Community Resources

1. **Integrated Mobile Crisis Response Team (IMCRT) -** Provides critical support for individuals in crisis. Available Daily: 1:00 PM – 12:00 AM
    - **Families:**
      Call the Vancouver Island Crisis Line at 1-888-494-3888
      Ask to speak to IMCRT
    - **School Teams, Administrators, and Counsellors:**
      IMCRT Pager: 250-361-5958 *(Please do **NOT** share this number with families)*

2. **Vancouver Island Crisis Line**: 1-888-494-3888
    - Available 24 hours a day, 7days a week, for emotional support.

3. **CYMH High Risk Team -** Support for youth under 19. Not an emergency service – urgent care only. Available: Monday to Friday, 8:30 AM – 4:30 PM
   Phone: 250-952-5073

    - Provides **consultation, risk assessment, short-term treatment**, community connection, and follow-up.
    - Best suited for youth who **do not already have a community service provider**.
    - **Referrals responded to within three working days**; often contact occurs within one working day

4. **Child and Youth Mental Health -** Team Leaders available for consultation Monday through Friday.

    - Saanich CYHM 250-952-5073
    - Indigenous CYMH 250 952-4073
    - Victoria CYMH 250-356-1123
    - West Shore CYHM 250-391-2223

5. **Intake Child Protection –** Centralize Screening - 1-800-663-9122
   Provides child protection reports, initial requests for ministry support services.
   Available 24 hours a day

Resources for Staff

Conversations to support staff in addressing students who are expressing suicidal ideation and NSSI (non suicidal self injury)

Healthy Minds BC - Suicide Prevention and Self Harm Video Series and Resources for Educators

Greater VICTORIA School District

Caring for youth with suicidal thinking

An approach that works: You want to be CALM.

C	Cooperate	Work together with them and be with them in their distress, rather than pulling or pushing them to do something.
A	Accept	Be non-judgmental for suicidal thinking often comes with guilt, self-criticism and judgment, and any further judgment will make this much worse.
L	Listen	Listen more than speak and resist advice giving, which can make young people feel judged, scolded, and unheard. Ask, don't tell.
M	Mirror	Validate and acknowledge because this is the most common thing youth who have had suicidal thinking have told us they wanted when they reached out.

An organized, CALM approach will allow the youth to:

- ☐ Feel safe enoughto talk toyouagainif theyneedto
- ☐ Open up about their true thoughts and feelings
- ☐ Accept help if you can offer it

HELPFUL	UNHELPFUL
Cooperative	Not Cooperative
"What would you like to do next?" "Is there anything you need right now?" "I'm here with you."	"OK here's what we're going to do…" "You need to get off of social media right now." "You need to…"
Accepting	Not Accepting
"I believe you and thank you for telling me." "I understand why you're worried about them." "I care about you, the you that you are."	"You can't be! You have everything you need." "Your friends are such a bad influence." "It's just a phase, you're not really…"
Listening	Not Listening
"Do you notice anything that makes it worse?" "Do you notice anything that makes it better?" "Tell me more, if you'd like?"	"You need to just let go of things." "You need more exercise." "I can't listen to this."
Mirroring	Not Mirroring
"That must be really upsetting." "They're really important to you, and it hurts." "It really sounds like you're so overwhelmed."	"But what they say doesn't matter!" "They're bad for you, you should ignore it." "You're stronger than this."

Important things to remember:

1. Privacy and dignity matter to young people – safe space, safe time, non-judgmental language
2. Your response will really matter, so consider your responses carefully
3. Suicide is scary to think about and scary to hear about – you both may have strong emotions
4. Safety comes first: if at any point you believe that the danger of the situation is severe, you must call 9-1-1 or immediately go to an emergency department
5. Most youth who experience suicidal thinking do not die by suicide (less than 99%)

Caring for youth with non-suicidal self-injury (NSSI)

An approach that works: You want to be SAFE.

S	Stress	Focus on the distress, circumstances, and emotional triggers leading to the NSSI, rather than focusing on the injuries themselves.
A	Accept	Recognize that NSSI is a coping mechanism and their best attempt to feel better. Approach with empathy, compassion, and refrain from judging.
F	Foundation	**Establish a foundation of trust and openness**, ensuring they feel they can come to you without fear of punishment, and that you are there to help.
E	Examine	Examine the wound (if given permission to do so) and ensure that its properly cared for, including seeking medical attention if necessary. Note: One visible wound is not automatic permission to examine their body for other wounds.

A SAFE approach will allow the youth to:

- ☐ Feel that they still can control their overwhelming emotions if they need to
- ☐ Trust that you will help them if you can
- ☐ Know that you are a safe person to talk to if it happens again or gets worse

HELPFUL	UNHELPFUL
Stress Focus	**NSSI Focus**
"What was upsetting you?"	"What did you use to do this?"
"What made you feel overwhelmed?"	"What were you thinking when you did this?
"What could I do to help reduce your stress?"	"How can I convince you to stop cutting?"
Accepting	**Not Accepting**
"I understand how you must feel if that's what you need to do to feel better."	"This is just attention seeking."
	"Stop being dramatic."
"I want you to know I'm not angry."	"It's upsetting to see you do this to yourself."
Foundation of Trust	**Foundation of Fear**
"I'm always here to support you no matter what."	"I'm removing the door from your room."
"I always want to help before or after, OK?"	"Don't ever do this again."
"I care and want to know if it happens again."	"I never want to see you do something like this."
Examining Appropriately	**Examining Inappropriately**
"Can we make sure the cut is alright?"	"I'm calling 9-1-1 for this (small) cut."
"Let's get you a bandage and clean shirt, OK?"	"You could have killed yourself, let me see!"
"I think we should go get this looked at."	"You did it to yourself, you take care of it."

Important things to remember:

1. NSSI evokes strong fears and emotions due to its appearance, but usually involves minor harm
2. NSSI is serving a purpose, usually to feel better or feel something
3. The goal is to understand and prevent the distress that leads to NSSI
4. The goal is NOT to "stop" the NSSI and leave the youth defenseless against distress
5. NSSI itself is rarely life-threatening, but may need medical attention
6. Safety comes first: if at any point you believe that the danger of the situation is severe, you must call 9-1-1 or immediately go to an emergency department

Supporting Students Returning from Mental Health Absences

Reintegrating into school after a mental health crisis requires a comprehensive, compassionate approach that considers both the emotional and academic needs of the student.

1 TEAM APPROACH AND SAFETY PLANS

A coordinated team approach is fundamental when reintegrating students after a mental health crisis. It is important for school administrators, counsellors, and teachers to work together to support a seamless transition back to school. Acquiring a safety plan from the student's mental health professionals is crucial as it outlines the necessary steps and precautions for both the student and the school staff. This plan should clearly define the roles of each school member involved in the student's return, facilitating effective communication and actions that support the student's recovery.

2 CREATING A WELCOMING ENVIRONMENT

The environment that greets the returning student should be one of understanding, patience, and support. It's critical to engage with the student collaboratively to explore the best path forward, allowing for a gradual increase in academic and social engagement. This approach helps alleviate the overwhelming nature of jumping back into full-time education. Educators should strive to make connections and reassure the student that their well-being is the school's priority. Remember,the enduring memories studentsholdabout schooloftenrevolvearoundtherelationships andsupport theyfelt, versus their academic achievements.

3 ACCOMMODATING DIVERSE NEEDS

Recognizing that some students may not fit neatly into the conventional educational frameworks is essential. It is helpful when schools are adaptable, making accommodations and modifications that cater to the diverse needs of returning students. This could include adjusting learning materials and methods or the physical classroom environment to make them more engaging and accessible. By tailoring educational experiences to fit individual needs, such efforts not only aid in the student's academic recovery but also enhance their overall engagement and connection to the school community.

By implementing a coordinated support plan, creating a welcoming environment, and accommodating individual needs, schools can significantly ease the transition for students. The goal is to rebuild their confidence and sense of belonging, enabling them to thrive both personally and academically.

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Engaging in Critical Conversations

Engaging students in conversations about non-suicidal self-injury (NSSI) and suicidal ideation (SI) is crucial. When school administrators, counsellors and teachers initiate genuine, caring conversations, it can significantly impact students' openness and relief.

Importantly, these conversations do not harm students or make them more likely to think about suicide or self harm. In fact, research has consistently shown that students benefit from these conversations and show reduced depressive, self harming, and suicidal thoughts after caring conversations.

Please refer to our original Suicide Prevention and Self Harm Video Series and Resources for additional important content.

CREATING A SAFE SPACE FOR DIALOGUE

- Initiating Conversation: Start with empathy and understanding. Students often feel relieved when someone brings up their concerns in a caring manner.
- Approach: Use a genuine and private approach. Authenticity is key as students can easily detect insincerity!
- Empathy: This is a genuine demonstration of understanding and concern. The goal is often not to refute the negative thoughts, but to sit with and understand them. For example, instead of "No, you shouldn't think that way," something more like "It must be terrible to feel that way, what was happening that led to those thoughts?"

COMMUNICATION TECHNIQUES

- Begin with general questions about their health and wellbeing to ease into more sensitive topics.
- Use normalizing statements to make them feel less alone in their experiences.
- Use scaling questions to assess the intensity of their feelings or behaviors.

EFFECTIVE COMMUNICATION STRATEGIES

- Personalization: Use "I" statements like "I've been a bit worried about you..." or "Is there anything I can do to help?" to help make the conversation be more of concern than accusatory.
- Discovery: Acknowledge that the purpose of NSSI may not be clear and express a willingness to understand their reasons and feelings.

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MAINTAINING PROFESSIONAL BOUNDARIES

Teachers and staff have the opportunity to build relationships with students and to learn how they are feeling, which in turn comes with the responsibility to be aware of and maintain professional boundaries.

BOUNDARY TIPS

1. Consider the student's best interests in conversations.
2. Reflect on whether any part of the interaction may be benefiting you personally, which might suggest a boundary violation.
3. Discuss situations with colleagues to gain perspective, even anonymously if needed, to maintain confidentiality and professional integrity.
4. Clearly communicate acceptable boundaries for texting, such as limiting it to urgent situations and re-directing to professional times and spaces.
5. Encourage students to use established support systems like school counsellors and helplines for ongoing support, ensuring that professional and personal boundaries are respected.

ROLE OF EDUCATORS

- Be a foundation for your students! Listen, support, and be a great guide.
- Connecting to Resources: Understand when to refer the student to mental health professionals including school counsellor and how to facilitate that transition sensitively.

Educators are uniquely positioned to initiate and have thoughtful and caring conversations with students about NSSI and SI. These conversations can help open up avenues for support and interventions that students might need.

Recognizing Non-Suicidal Self-injury (NSSI) and Suicidal Ideation (SI)

Schools are not to blame for mental health issues, however school days and months are associated with increased risk of mental health crises, NSSI, suicide attempts, and suicide deaths.

SCHOOL-RELATED STRESSORS

Category	Description
Academic Pressure	Expectations; workload; difficulty maintaining/achieving grades
Social Challenges	Peer relationships; bullying; abuse at school; social conformity
Extracurricular Demands	Activities like sports, bands and clubs; time management
Transitional Stress	New schools or educational levels; adapting to new environments
Family Expectations	Pressure to succeed; family educational dynamics
Future Anxiety	Higher education; career; tests

THE IMPORTANCE OF ESTABLISHING A BASELINE

Understanding each student's typical behavior is critical. The time teachers take to know and learn about their students' strengths, demeanor, character, and energy levels, is essential to understanding a student's baseline behaviour. Establishing this baseline helps to notice deviations that might indicate mental health concerns.

IS THE BASELINE SHIFTING?

Changes in a student's typical behavior can be a sign of distress. Key indicators include:

- Altered attendance patterns.
- Shifts in academic performance or direction.
- Changes in peer groups.
- General withdrawal from school activities.
- A teacher's intuition or 'gut feeling' can also signal that something is off.

When the baseline shifts, it's important to engage with the student, and start considering the resources you may want to bring in to support them.

NON-SUICIDAL SELF-INJURY

NSSI can occur anywhere, including at home, during school breaks, or even in class. Here are some tips for teachers to consider:

- Approach the student calmly.
- Maintain a nonjudgmental demeanor understanding the functional purpose of NSSI is to relieve distress, express pain, feel something, or distract.
- Support the student to obtain medical treatment if warranted, depending on the severity of the wound.
- Be mindful of when and where conversations about NSSI and SI occur, meeting with the student privatively when possible.

SUICIDAL IDEATION

Suicidal thoughts can affect anyone, regardless of how they appear outwardly. Obvious signs would be talking more emotionally, or expressions about hopelessness and death. Here are some signs for teachers to be aware of:

- withdrawal from activities
- isolation from peer groups
- declining performance
- a sudden increase in gifting
- changes in risk taking behaviour

C.A.R.E. – An Approach to Recognizing Distress

Consistent: Get to know your students well. Understanding their regular behaviors, moods, and attitudes helps establish a clear baseline.

Adjustments: Keep an eye out for any adjustments in their usual patterns. Noticing these shifts is key to early recognition of potential issues.

Retreat: Look for signs of students retreating from usual activities or social interactions.

Evidence: Pay attention to clear evidence of distress, such as specific verbal expressions or visible marks.

Please refer to our original Suicide Prevention and Self Harm Video Series and Resources for additional important content.

Educator Self-Care

Educators need to feel and be supported in their work environment. Their well-being is crucial and directly influences their ability to support their students' mental and emotional well-being. Supporting educator well-being within a compassionate system should be a priority and a shared responsibility between educators and school leadership.

SELF-CARE STRATEGIES

Set clear boundaries
Establish and maintain clear boundaries between work and personal life. This helps prevent burnout by ensuring that work does not consume all your personal time and energy.

Prioritize physical health
Regular physicalactivity, adequate sleep, and proper nutrition are crucial for mental health. These practices help manage stress and increase overall energy levels.

Seek professional help when needed
Recognizing when youneed help and seeking it from mental health professionals (e.g., therapist, psychologist, etc.) is a strength, not a weakness. It's crucial for addressing stress, anxiety, or burnout effectively.

Build a support network
Cultivaterelationships with colleagues who understand the unique challenges of teaching. Sharing lived experiences and solutions can provide emotional support and practical advice.

Be part of a team approach
Giving and receiving support and taking care of each other, participating in check - in's and incident debriefs, and being connected with school based teams can support educator well-being.

Allocate time for hobbies and interests
Engage in activities outside of teaching that you love. This helps to recharge your batteries and brings joy, which is essential for long-term career sustainability.

Practice mindfulness and reflection
Incorporate mindfulness exercises like meditation or reflective journaling into your routine to manage stress and maintain mental clarity.

Acknowledge and celebrate successes
Take time to recognize and celebrate your achievements and those of your students. This can boost morale and motivation, reminding you of the positive impact of your work.

Understand vulnerability in helping roles
The natureof being an educatorand helper creates a sense of vulnerability when one doesn't feel effective in educating or helping. This can lead to feelings of helplessness, resulting in over-responding (e.g., becoming frustrated with others for not doing enough) or under-responding (e.g., being fearful to approach, or not reaching out because of a belief that 'nothing will come of it'). Recognize that sometimes simply holding space and expressing a caring, curious thought can be exactly what a student needs, even if it doesn't seem to resolve issues quickly. This acknowledgment can help maintain a balanced and supportive approach in your interactions with students.

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Resources for Parents of Suicidal Youth

Crisis Resources and Supports for Youth

CALL
- ➢ Suicide Hotline 988
- ➢ Vancouver Island Crisis (24/7): 1-888-494-3888
- ➢ IMCRT (1pm – midnight) mobile crisis team can be contacted by calling VI Crisis line above
- ➢ Kids' Help Phone (24/7): 1-800-668-6868
- ➢ KUU-US for Indigenous Youth (24/7): 1-800-588-8717
- ➢ Trans Lifeline: 1-877-330-6366

TEXT
- ➢ Kids' Help Phone (24/7): Text TALK to 686868
- ➢ Crisis Text (6-10 pm): 250-800-3806

ONLINE CHAT
- ➢ kidshelpphone.ca (24/7)
- ➢ vicrisis.ca (6-10 pm)
- ➢ youthinbc.com (noon to 1 am)
- ➢ youthspace.ca (6 pm-midnight)

Resources for Parents

https://familysmart.ca/

https://keltymentalhealth.ca/node/4096

https://keltymentalhealth.ca/self-injury

https://www.crisisservicescanada.ca/en/faq/

https://www.pleo.on.ca/resources/supporting-parents-of-suicidal-youth/
https://www.pleo.on.ca/wp-content/uploads/2020/09/CrisisAction.pdf
https://yourlifecounts.org/

https://www.healthlinkbc.ca/pregnancy-parenting/relationships-and-emotional-health/warning-signs-suicide-children-and-teens

https://healthymindsbc.gov.bc.ca/course/parents-caregivers/

Safety Planning

Safety planning video for parents/caregivers:

https://youtu.be/iFfrss0Rd7M

If your child is suicidal and you do not think you can keep them safe, your options are:

1. Call 911, 988 or take them to your local emergency department (Victoria General Hospital for children/youth under 17 years of age and Royal Jubilee Hospital for youth 17 years +)

OR

2. Call the mobile crisis team (IMCRT) by contacting the Vancouver Island Crisis Line 1-888-494-3888

High Risk Team, Child & Youth Mental Health Team: Suicide Prevention & Intervention Referrals

Accepted Monday – Friday from 9:00am – 4:00pm by contacting 250-952-5073

Serving South Vancouver Island: The traditional territories of the W̱SÁNEĆ, Lekwungen, Malahat, Pacheedaht, Scia'new, and T'Sou-ke peoples

Additional Resources & Toolkits

NEED2 Suicide Prevention Booklets for Youth, Professionals and Families:

- **Suicide Prevention Booklet Youth**
- **Suicide Prevention Toolkit Professionals**
- **Suicide Prevention Toolkit Adults**

Ministry of Education guide to Cultural responsiveness and trauma informed practices while working with youth at risk for suicide and self harm

- **Guide to Working with Specific Groups of Children and Youth at Risk for Suicide**

The BC Public Service's created the following document to provide applied clinical information for assessing risk in youth. It was developed by Dr. Jennifer White, a subject matter expert on youth suicide prevention, intervention and postvention:

- **Practice Guidelines for Working with Children and Youth At-Risk for Suicide in Community Mental Health Settings**

The following reports (2021) by the Representative for Children and Youth's Office: *Detained: Rights of children and youth under the Mental Health Act.* The report give insight into some of the major issues facing kids in our communities:

- **A Way to Cope: Exploring non-suicidal self injury in B.C. youth**
- **Detained: Rights of children and youth under the Mental Health Act**

This toolkit from BC Children's Hospital was created for adolescents to help them understand what things tend to cause them stress, what stress looks like for them, and what tools they can try to help them feel better. Information from this toolkit can be used to develop a safety plan.

- **S.E.L.F. Toolkit – Adolescent Version**

Resources for Younger Students

This guide from the *Centre for Suicide Prevention* provides an introduction to the topic of children and suicide. It includes statistics, warning signs, ideas to consider when talking to a child about suicide, risk factors, protective factors, ways suicide in children can be prevented and additional resources.

- **Children and Suicide**

This resource from the *Mental Health Commission of Canada* is designed to help adults have supportive conversations with children under 12 who have experienced the loss of a family or community member to suicide.

- **Talking to Children About a Suicide**

This toolkit from *BC Children's Hospital* is a package full of visuals to guide children through the process of identifying stressors, warning signs, and tools to feel better so that a meaningful safety plan can be collaboratively developed.

- **S.E.L.F. Toolkit – Kid's Version**

Resources for Students with Indigenous Ancestry

KUU-US Crisis Line Society: First Nations and Aboriginal specific 24/7 crisis line based in Port Alberni and serving the entire province.

- Toll-free:1-800-588-8717
- Youth Line: 250-723-2040
- Adult Line: 250-723-4050.

Native Youth Crisis Hotline: 1-877-209-1266. Answered by staff 24/7 and available throughout Canada and the US.

Metis Crisis Line: available 24/7 1-833-MetisBC (1-833-638-4722)

Thunderbird Wellness

- *A Life Promotion Toolkit by Indigenous Youth*

First Nations Health Authority:

- *Mental Health and Wellness Supports*
- *Hope Help and Healing: A Planning Toolkit for First Nations and Aboriginal Communities to Prevent and Respond to Suicide*

Greater VICTORIA School District