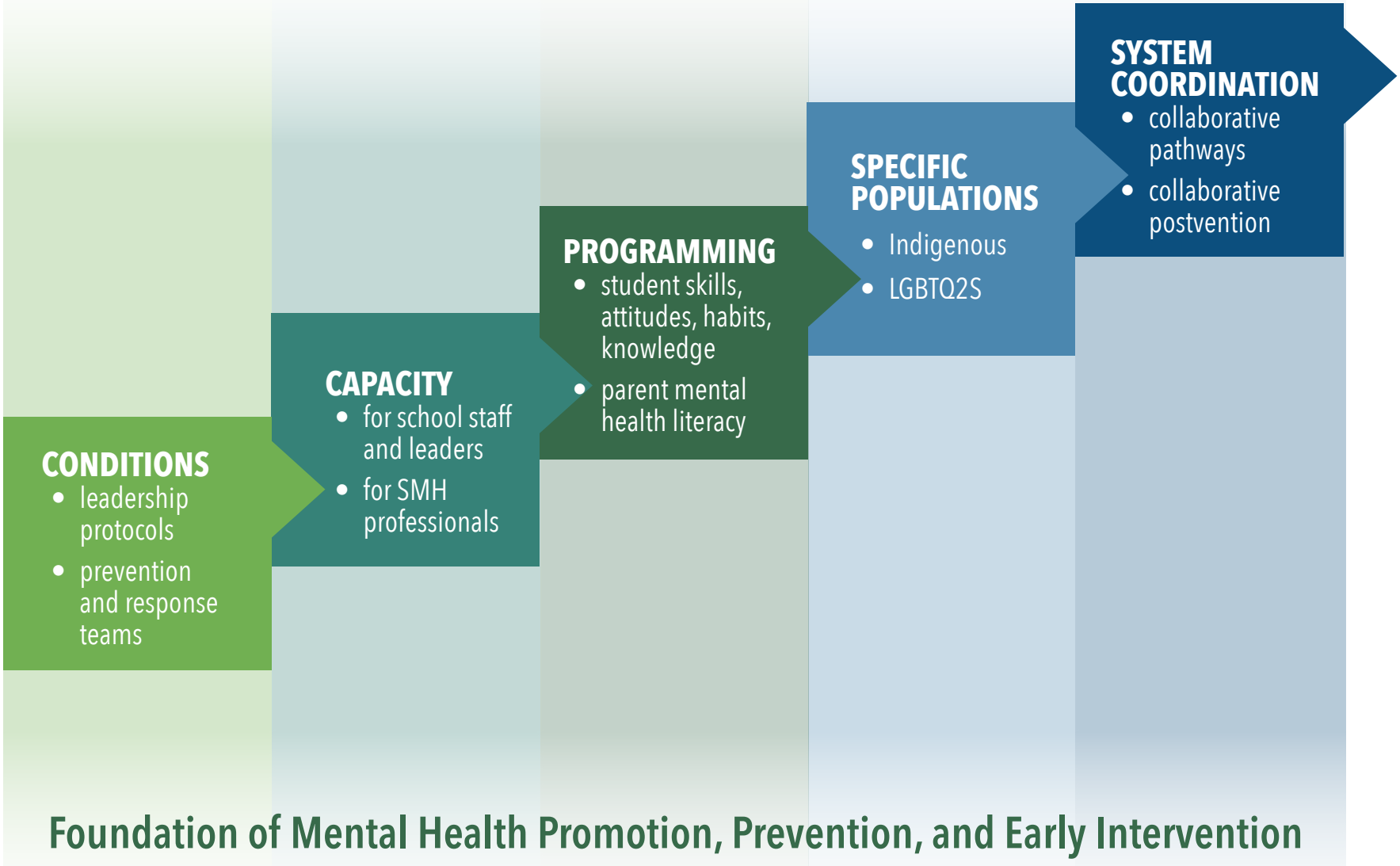
SCHOOL MENTAL HEALTH-ASSIST
ÉQUIPE D'APPUI POUR LA SANTÉ MENTALE DANS LES ÉCOLES

School Mental Health ASSIST

Life Promotion and Suicide Prevention Framework

Youth suicide is complex, tragic and sadly prevalent. It is the second leading cause of death amongst young people in Canada. Current research holds only partial answers as to best practices in this area, but there are reasonable directions that school boards can pursue to promote life and to reduce the risk for suicidal behavior. This framework document aims to provide helpful guidance in this regard.

Life Promotion and Suicide Prevention Framework



Foundation of Mental Health Promotion, Prevention, and Early Intervention

CONDITIONS

Establish conditions for effective practices in school-based life promotion and suicide prevention. This includes having the top ten organizational conditions in place generally, but also ensuring suicide-specific protocols, communication plans, teams and capacities. For example, every school board should have an articulated **suicide prevention, intervention, and postvention protocol** that is well-understood by staff and other key stakeholders. These protocols should emphasize the importance of upstream life promotion approaches and a vision for student well-being and flourishing. Similarly, boards should think through their **communication** about suicide with students and parents as it relates to regular curriculum and daily practice, but also in the context of postvention. Scripts and other tools for this purpose are available through SMH ASSIST. In addition, because of the risk of suicide clusters amongst young people, any postvention communication offered through media or social media needs to be thoughtfully considered and should reflect media reporting guidelines. Mental Health Leadership Teams should have a communication plan in place that includes a protocol for responding to social media posts, and media requests, on the topic of suicide. Having **response teams for tragic events** is a standard practice in school boards. It is important to thoughtfully create and support these teams, and to prepare them for 'worse case scenarios' like suicide clusters or pacts. Ensuring **role clarity**, within the school, board, community and mental health/health organizations, is also part of the work of setting firm foundations for suicide prevention.

CAPACITY

Different school professionals have different roles to play in youth suicide prevention. Working alongside community/health partners, **school mental health professionals** with training in suicide risk assessment and evidence-based interventions for psychological disorders are best positioned to serve our most vulnerable students reporting suicidal ideation or behaviour. These professionals need access to ongoing learning opportunities and support to ensure that they are using the best evidence-based techniques in this challenging area of work. Mental health literacy and suicide awareness for **educators and other school staff** is also critical part of a school suicide prevention plan. Caring adults in the school building can create and enhance mentally healthy classroom environments that encourage belonging and social-emotional skill development. Educators can also learn to be watchful for signs of social-emotional distress and can feel prepared if a student reaches out to them for support. Similarly, **school leaders** are often the ones needing to make critical decisions about supports for students in need and would benefit from professional learning for developing this leadership skill. **Parents and family** knowledge and support can make all the difference in a crisis situation.

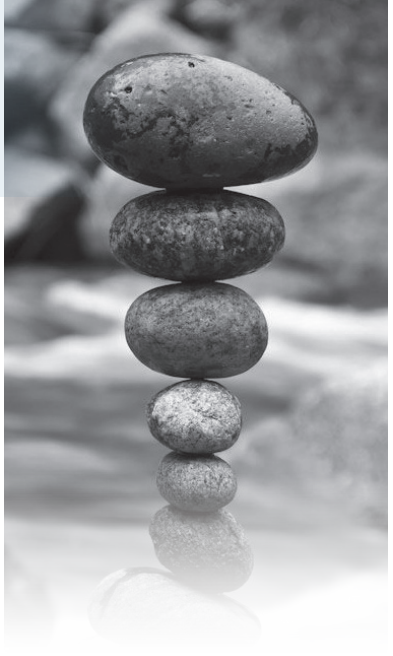
NOTE: Sometimes capacity-building in suicide awareness is mistaken as being an intervention in and of itself towards preventing suicidal behaviour. It is not. It is part of ensuring a tightly woven safety net so that when students reach out for help, implicitly or explicitly, adults at school and at home know how best to respond.

PROGRAMMING

The research evidence on what works in youth suicide prevention is incomplete and inconclusive. Much more rigorous empirical research is required to truly inform policy and practice. But in the absence of clear evidence-based direction, we can take our cues from available research and practice-based information and move forward with caution, always including evaluation in our efforts. The following strategies appear to have the most grounding in research and should form the current cornerstone of youth suicide prevention efforts:

- mental health promotion programming that emphasizes flourishing and resiliency, with particular emphasis on skills like help-seeking
- meaningful engagement of students at school, with a view to enhancing a sense of belonging and purpose
- early identification of depressive symptomatology in self and others (effective safety nets in place)
- clear pathways to, from, and through care
- focused and coordinated care following visits to the emergency department or hospitalization related to suicidal behaviour

Board youth suicide prevention plans should consider actions in these areas and should be communicated clearly to stakeholders. There is much public misperception about youth suicide prevention and many well-meaning but potentially harmful actions are routinely promoted. School boards need to be clear about what they are choosing to do in this area, and why, so that distracting ill-informed initiatives do not gain ground.



SPECIFIC POPULATIONS

There are specific populations that are at greater risk for suicidal ideation and behaviour for a number of social, historical, and economic reasons. For example, Health Canada reports that suicide rates are five to seven times higher for Indigenous youth than for non-Indigenous youth, and that suicide rates among Inuit youth are among the highest in the world, at 11 times the national average. More generally, First Nations individuals are much more likely than non-Indigenous counterparts to report moderate to high psychological distress (50.7% vs 33.5%; First Nations Information Governance Centre, 2010), and twice as likely than non-Indigenous people to experience suicidal thoughts (Statistics Canada, 2012). School boards that serve students from Indigenous communities have a special responsibility to ensure that high-quality, culturally-meaningful, programming is co-created and supported in sustainable ways. In addition, these districts need to work with Indigenous leaders to ensure that all staff have an understanding and full appreciation of the impact of colonialism, and specifically residential schools, on Indigenous student well-being.

Students that identify as **lesbian, gay, bisexual, trans, Two Spirit or queer (LGBTQ2S)** also disproportionately experience suicidal ideation and behaviour. Though statistics vary, it has been estimated that LGBTQ2S youth face approximately 14 times the risk of suicide than heterosexual peers, and that trans youth are particularly at risk (77% of trans respondents in an Ontario-based survey had seriously considered suicide and 45% had attempted suicide; CMHA Ontario, Rainbow Health Ontario). Egale Canada reports that youth who lack family acceptance regarding their sexual orientation are over 8 times more likely to attempt suicide than their heterosexual peers (Ryan, Huebner, Diaz, & Sanchez, 2009). LGBTQ2S youth suicide prevention initiatives and strategies need to recognize and address the full diversity of experiences of LGBTQ2S youth relating to the intersectional nature of identity and discrimination, and pay particular attention to how factors such as location, language, culture, faith, socio-economic status, race/ethnicity, and ability relate to experiences of sexual orientation, gender identity, and gender expression.

SYSTEM COORDINATION

Schools have a critical role to play in building mental health, identifying students experiencing social emotional difficulties, and providing immediate support and ongoing care. However, schools are only one part of a wider system of care. Community and health partners (e.g. child and youth mental health lead agencies, Local Health Integration Networks) play a key role in planning for the delivery of child and youth mental health services and provide a range of emergency and treatment services related to life promotion and youth suicide prevention. All sectors and Indigenous partners need to work together at the local community level to clarify respective roles, establish / refine intervention protocols, and develop safe postvention plans that minimize risk for contagion. Every community should have a clearly articulated pathway to, through, and out of care for students who are experiencing suicidal ideation and behaviour. Moreover, information about these pathways needs to be communicated clearly to educators, students, and families. In Ontario, MCYS lead agencies are acting in a leadership role, working with partners in their community to build strong pathways and ensure that children, youth and families can access the services they need, when they need them, in their communities. At the provincial level, ministries are working together to support the creation of stronger service pathways across sectors. Having the active participation of all sectors is critical to making a difference for Ontario's children and youth.

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For more information, please contact your school board Mental Health Leader, or School Mental Health ASSIST (kshort@smh-assist.ca).

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