



**POLICY:**  
**SUBJECT:**

**JGA**  
**SUICIDE PREVENTION**  
**AND NON-SUICIDAL**  
**SELF-INJURY**

**APPROVAL DATE:**

**December 7, 2015**

**REVISION DATE:**

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## 1. INTRODUCTION

- 1.1 The Winnipeg School Division is committed to providing a safe and caring environment for all students. The school setting offers a significant opportunity to keep students safe from self-harm, not just by identifying warning signs and intervening when threats/attempts occur, but by establishing positive school environments and providing programs and resources that are responsive to students' academic and personal, social, and emotional needs.

This policy applies to suicidal ideation, suicidal behaviour and non-suicidal self-injury that takes place in the school, on school property, at school-sponsored and out-of-school events. It applies to the entire school community, including all school division staff, students, parents/guardians and volunteers. A collaborative approach creates an inclusive team in order to optimize the capacity to meet the substantial needs of the student.

The Suicide Prevention policy has been developed based on the guidelines and recommendations found in: *Best Practices in School-based Suicide Prevention: A Comprehensive Approach, Healthy Child Manitoba (2014)*.

## 2. DEFINITIONS

For the purpose of this policy and the administrative rule/procedure, the following definitions apply:

- 2.1 **At risk:** A student who is defined as high risk for suicide is one who has made a suicide attempt, has the intent to die by suicide, or has displayed a significant deterioration in behaviour. Such behaviours may include, but are not limited to a concerning attendance pattern or engaging in self-medicating behaviours which may include the use of prescription or illegal drugs. The student may have thought about suicide including potential means of death and may have a plan. In addition, the student may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. This situation would necessitate a referral, as documented in the following procedures.
- 2.2 **Crisis response team:** A multidisciplinary team of primarily administrative, mental health, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention/response and recovery. These professionals have been specifically trained in crisis preparedness through recovery and take the leadership role in developing crisis plans, ensuring school staff can effectively execute various crisis protocols, and may provide mental health services for effective crisis interventions and recovery supports.



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- 2.3 **Individual Education Plan (IEP):** A plan developed by a team to address the individual needs of a student. A safety plan or any plan developed to ensure the safety of a student who demonstrates non-suicidal self-injury or suicidal behaviour is considered an IEP.
- 2.4 **Mental health:** A state of mental and emotional well-being that can impact choices and actions that affect wellness. Mental health problems include mental and substance use disorders.
- 2.5 **Non-suicidal self-injury:** The intentional, low lethality bodily harm of a socially unacceptable nature, performed to reduce psychological distress. The most common methods of self-injury include cutting, burning and scratching oneself. The behaviours typically have an onset in late childhood or early adolescence and are highest in adolescent populations.
- 2.6 **Postvention:** Suicide postvention is a crisis intervention strategy designed to reduce the risk of suicide and suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.
- 2.7 **Pupil Support File:** A component of the pupil file and may include documentation about provision of resource, special education and/or counselling services, ongoing health information, adapted education plan, individual education plan, individual behaviour plan, individual transition plan and/or health care plan, and notes made by the school counsellor of individual counselling sessions with students. This file may also include reports from service providers such as agencies, hospitals and clinics.
- 2.8 **Risk assessment:** An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff (e.g., school psychologist, school counsellor, or school social worker). This assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.
- 2.9 **Risk factors for suicide:** Characteristics or conditions that increase the chance that a person may try to take his or her life. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological, and or social factors in the individual, family, and environment.
- 2.10 **Safe Schools Handbook: Staff Guide to Emergency Response Procedures:** A quick reference guide for WSD staff to use in emergency situations, including responding to non-suicidal self-injury and suicidal behaviour.  
<https://portal.wsd1.org/Schools/Documents/Safe%20Schools%20Handbook.pdf>



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- 2.11 **Self-harm:** Behaviour that is self-directed and deliberately results in injury or the potential for injury to oneself. Can be categorized as either nonsuicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.
- 2.12 **Suicide:** Death caused by self-directed injurious behavior with any intent to die as a result of the behavior: Note: The coroner's or medical examiner's office must first confirm that the death was a suicide before any school official may state this as the cause of death.
- 2.13 **Suicide attempt:** A self-Injurious behaviour for which there is evidence that the person had at least some intent to kill himself or herself. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings such as wish to die and desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or less dangerous suicide attempt.
- 2.14 **Suicidal behaviour:** Suicide attempts, intentional injury to self that is associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one's life.
- 2.15 **Suicide contagion:** The process by which suicidal behaviour or a suicide influences an increase in the suicidal behaviours of others. Guilt, identification, and modeling are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides.
- 2.16 **Suicidal ideation:** Thinking about, considering, or planning for self-injurious behaviour which may result in death. A desire to be dead without a plan or intent to end one's life is still considered suicidal ideation and should be taken seriously.

### **3. GENERAL**

- 3.1 To protect the health and social-emotional well-being of all students, the Division acknowledges that:
- a) Suicide is the second leading cause of death for young Canadians between the ages of 10 and 24 (Statistics Canada, 2005-2009);
  - b) Physical, behavioural and emotional health is an integral component of students' educational outcomes.
- 3.2 The Division has adopted the components of a comprehensive suicide prevention strategy based on research and best practice evidence. The prevention strategy is grounded in the following components:
- a) Learning environments that promote the physical and mental health of students and staff;



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- b) Collaboration with families and with community mental health providers in all aspects of youth suicide prevention;
  - c) Intervention services for students;
  - d) Interagency cooperation that enables school personnel to identify and access community resources for use in time of crisis;
  - e) Planning and support for students and school personnel to ensure appropriate responses to non-suicidal self-injury, suicidal ideation, attempted or completed suicides;
  - f) Regular evaluation and revision of the policy and procedures, as required.

#### **4. PLANNING AND PROGRAMMING FOR YOUTH SUICIDE PREVENTION: A 3-TIERED APPROACH**

The Division's suicide prevention strategy includes a 3-tiered approach: prevention, intervention and postvention, with appropriate implementation components for each tier within a wraparound framework.

##### **4.1 Prevention**

The prevention component consists of:

- Health/mental health promotion and prevention programming for all students;
- Suicide prevention awareness that is available for staff and parents/guardians;
- Prevention programming and services for groups of students and individual students at increased risk levels; and
- Principals/vice principals being familiar with the WSD document: Safe Schools Handbook

##### **4.2 Intervention**

The intervention component consists of:

- Establishing a process for identifying students-at-risk;
- Providing direct intervention and referral services for them and their parents/guardians.

##### **4.3 Postvention**

The postvention component consists of:

- Assessing the need for and implementing appropriate postvention activities and services as required;
- Providing appropriate support for reducing post-crisis trauma in students, parents and staff.



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## **5. REPORTING**

- 5.1 Any school employee or volunteer who may have knowledge of a student expressing suicidal ideation, threats, suicidal behaviour or non-suicidal self-injury through, but not limited to, written, verbal, artwork or social media communication must report this information to the principal/vice principal or designate.
- 5.2 All reports related to non-suicidal self-injury, suicide ideation and/or behaviour of suicide are to be given highest priority, taken seriously and assessed in a timely manner.
- 5.3 When a student is assessed at risk for non-suicidal self-injury, suicidal ideation, or has made a suicide attempt, the student's parent/guardian shall be informed as soon as possible by the principal/vice principal or designate.
- 5.4 The principal/vice principal or designate may notify any of the following, as appropriate:
- Emergency Personnel
  - Superintendents' Department
  - Clinical Support Services, Area Service Director
  - School Resource Officer
  - Child and Family Services (reporting suspected abuse or neglect is required by *The Child and Family Services Act*)

## **6. ROLES AND RESPONSIBILITIES**

- 6.1 All division staff have a responsibility to support students who demonstrate non-suicidal self-injury or suicidal behaviour. All employees are expected to:
- Inform the principal/vice principal or designate immediately or as soon as possible of any concerns, reports or behaviours relating to student non-suicidal self-injury or suicidal behaviour;
  - Be familiar with this policy and act in accordance with it.
- 6.2 The principal/vice principal or designate must:
- Establish a safe, respectful and welcoming school environment;
  - Respond immediately or as soon as possible to reports of students at risk for non-suicidal self-injury or suicidal behaviour;
  - Monitor and follow-up to ensure that the risk has been mitigated through appropriate planning and supports;
  - Ensure that the actions identified in the *Safe Schools Handbook: Staff Guide to Emergency Response Procedures* and the Administrative Rule/Procedures are implemented.



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**7. CONFIDENTIALITY**

- 7.1 All student matters related to non-suicidal self-injury or suicidal ideation/attempts are kept confidential and will be shared on a need-to-know basis.
- 7.2 The requirement of 7.1 does not apply when a student is in immediate danger; personal student information may be shared when there is imminent risk to student safety.