



Development and Implementation of a Suicide Ideation Response Protocol for Schools

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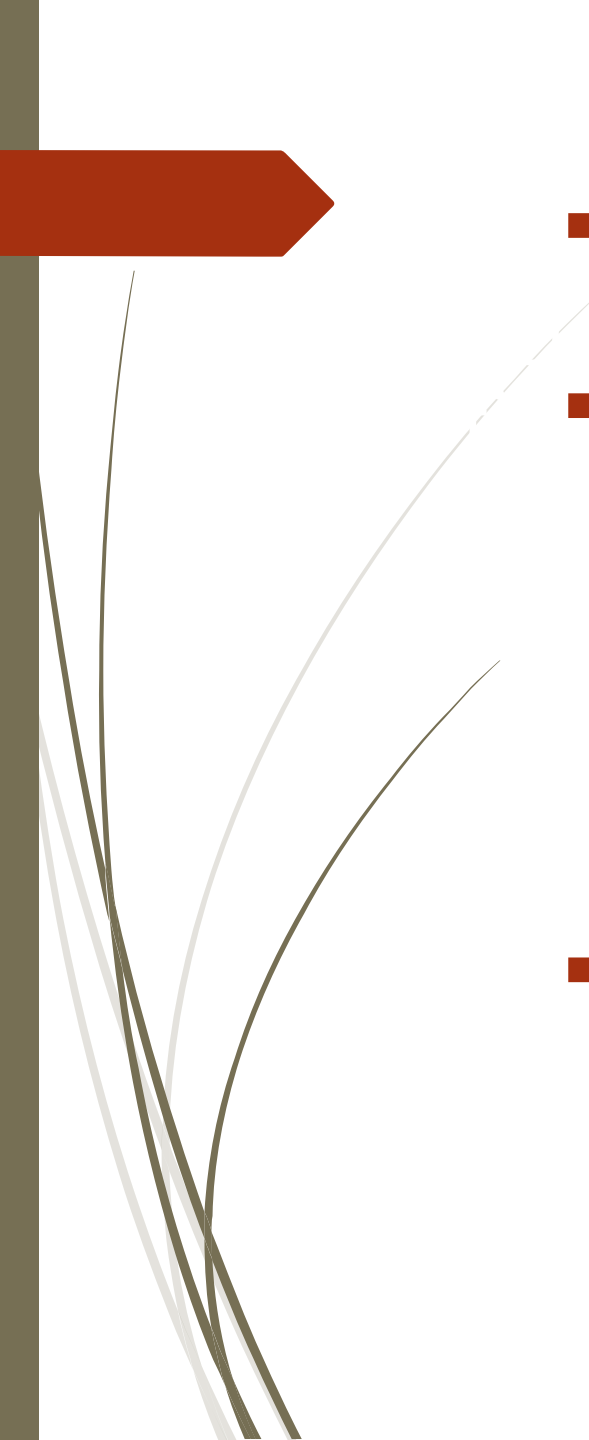
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 - The School-Based Suicidal Ideation Response Protocol Committee

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- This presentation provides an overview of the School-based Suicidal Ideation Response Protocol.
 - This protocol outlines evidence-informed step-by-step instructions for various school roles and aims to build capacity in schools and mental health professionals to most appropriately respond to suicidal ideation and suicide behaviour. The protocol is used widely in Alberta and psychologists are likely to come across its use when working with children and youth who express suicidal ideation.
 - Research-based strategies for assessment of suicidal ideation in online environments will also be discussed.



Components of the Strategy

- ▶ Training Modules and Protocol Documents [freely available](#)
- ▶ Infographics and research papers [available here](#)

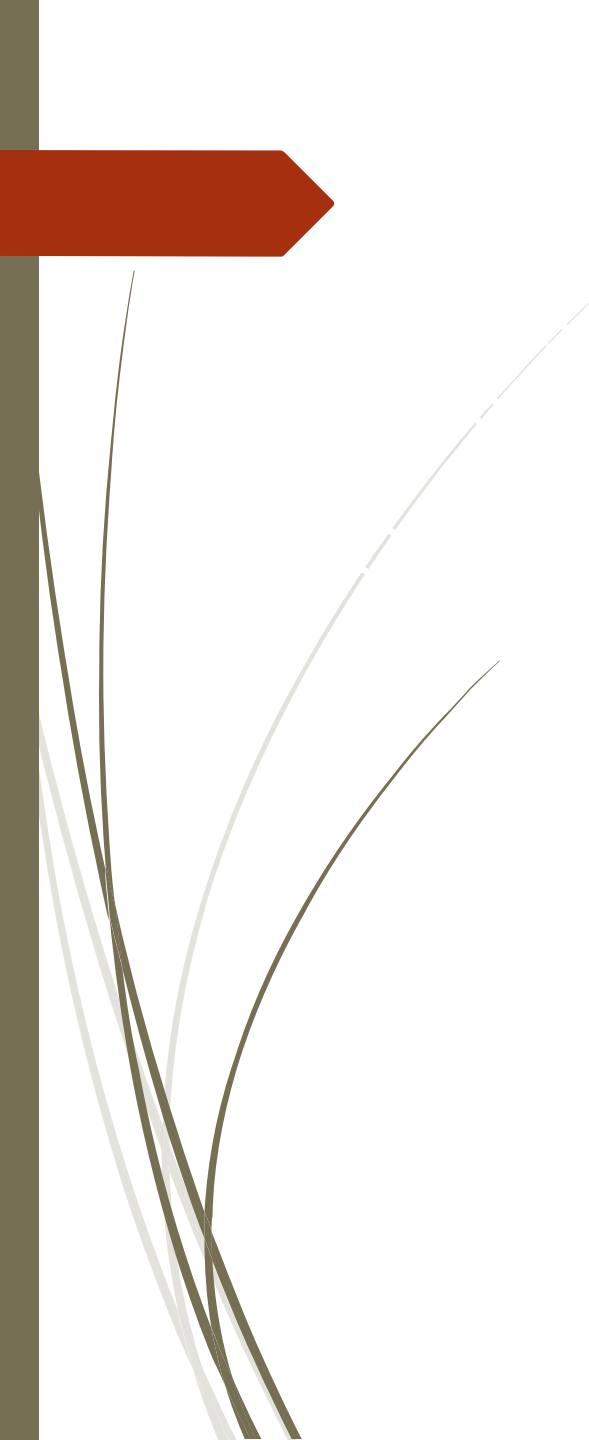
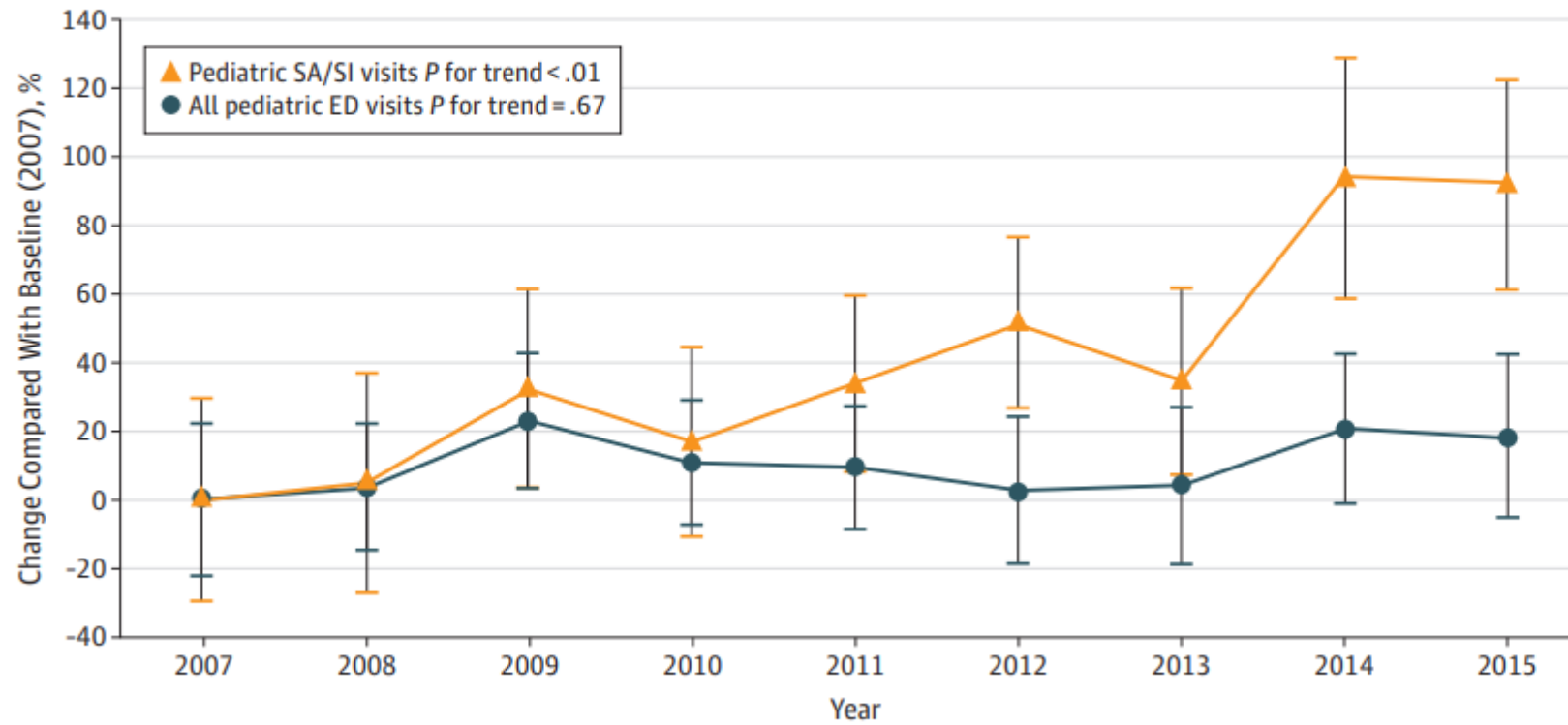
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- Suicide is a leading cause of death for school-aged youth (Children First Canada, 2020)
 - Schools are not equipped to support students who are experiencing suicidal ideation
 - Data on the efficacy of supports is limited
 - School-based supports may reduce suicide attempts (Bennet et. al, 2015)
 - Emergency department transition plans reduce deaths (Bennet et. al, 2015)
 - Schools send many students to the emergency department who are not in need of this level of intervention

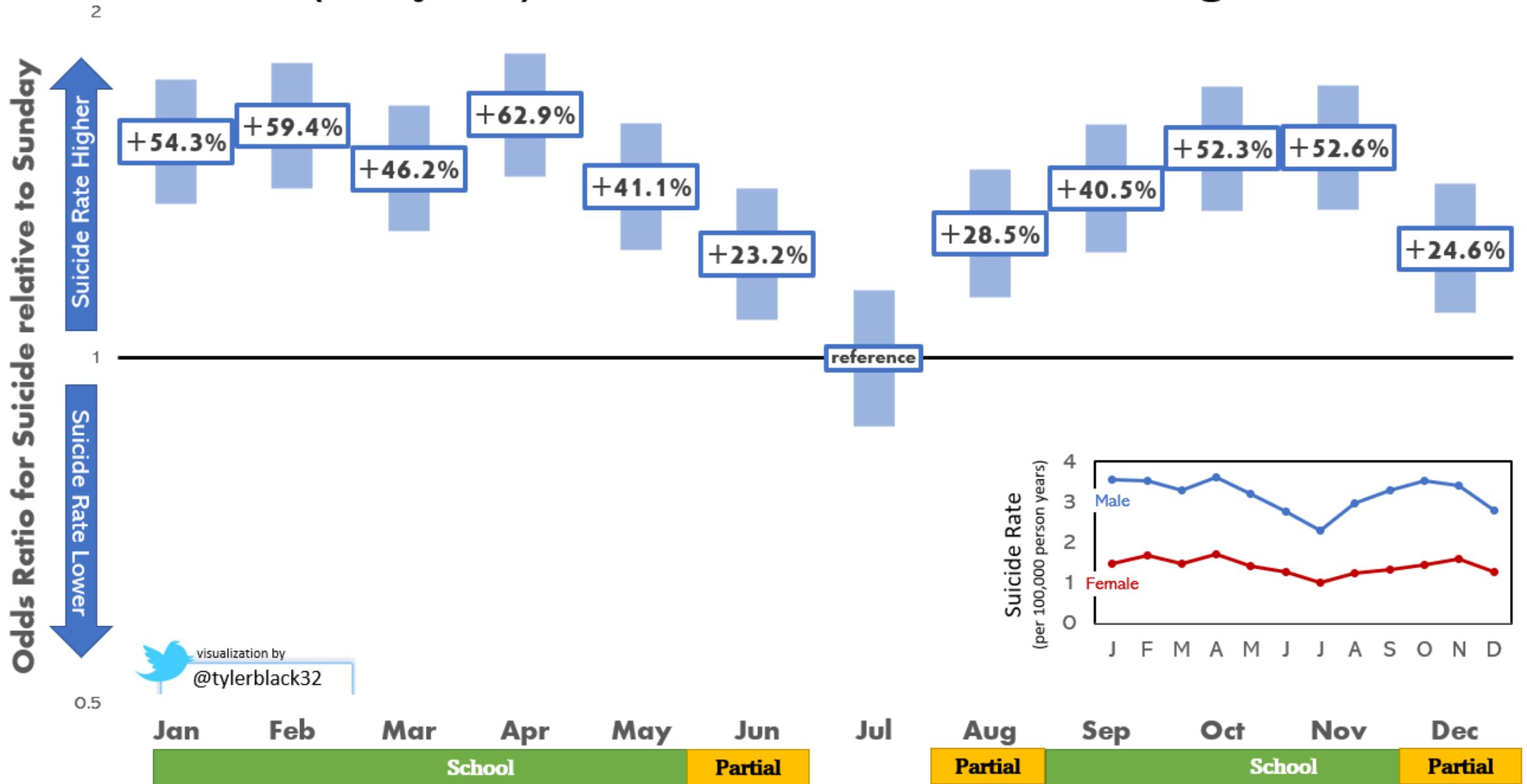
Figure. Associated Changes in Pediatric Emergency Department (ED) Visits for Suicide Attempts (SA) and Suicidal Ideation (SI)



For children age 5 to younger than 18 years and overall pediatric emergency department visits for all children age younger than 18 years over time. Error bars indicate 95% CI.

From Burstein, et al. (2019)

Pediatric (<18 years) suicides are more common during school months.



Source: CDC Wonder, 2016-2019

2% of US students start school July 23; 12% by August 5; 29% by August 12, 19% by August 19, 14% by August 30, and 23% after Labor Day in September



The Problem



- ▶ Student Deaths
 - ▶ Lack of adequate assessment
- ▶ School Overresponding
 - ▶ Lack of training
 - ▶ Strong emotional reactions
 - ▶ Wanting to ensure safety
 - ▶ Concerns over liability
 - ▶ Inaccurate perception of what response is helpful
 - ▶ Burdens on emergency rooms
- ▶ "Turnstiling"
 - ▶ Students seen in emergency rooms and sent home
 - ▶ Students are returned to the context that caused the suicidal ideation
 - ▶ Limited communication and supports are provided to the schools



The

Importance of Accuracy

- Respond appropriately to provide most helpful supports
- Prevent overburdening the health system
- Build relationship with family based on calm and accurate responses
- No false negatives are acceptable
- False positives don't result in deaths, but aren't good either (Horowitz et al., 2009)
- Emotional reasoning



Our Solution

- ▶ Protocol and training to enhance professional judgment
 - ▶ Proper documentation (Perlman et al., 2011)
- ▶ Multi-stakeholder partnership and development
 - ▶ Schools
 - ▶ Suicide experts
 - ▶ Health managers
 - ▶ Youth and families
- ▶ Evidence-informed decision making
 - ▶ Values and preferences from youth and families
 - ▶ Professional expertise and judgement
 - ▶ Research evidence



Goals of the Protocol



- ▶ Increased or Improved:
 - ▶ Confidence to intervene with students
 - ▶ Preparedness to intervene with students
 - ▶ Standardization in responding to students
 - ▶ Knowledge of role-appropriate response
 - ▶ Quality of communication at school between staff
 - ▶ Comfort talking to parents of students
 - ▶ Referral pathways for students
 - ▶ Preparedness to give calm support to students
 - ▶ Preparedness to support a student's return to school

The Protocol

- Suicidal Ideation Response Protocol Parts 1-4

- First Response
- Determining Urgency
- Assessing Suicidal Ideation
- Follow-Up and Re-Entry

- Protocols can be obtained at the following link- search for suicide <https://more.hmhc.ca/school-based-suicidal-ideation-si-response-protocol/ca/>

School-based Suicidal Ideation Response Protocol Section 1 of 4 – First Response			
See introduction and overview page for an overview of the full protocol including all sections.			
FIRST RESPONSE (SECTION 1)			
BACK-GROUND	SEE ALSO APPENDIX F FOR A FLOW CHART OF THESE STEPS. Expected First Point of Contact Core Competencies: <ul style="list-style-type: none"> - → Has a basic level of understanding about suicidal ideation and youth suicide. - → Can describe their role and responsibility in the protocol. - → Can identify school Point Person(s). - → Is able to maintain a calm demeanour when suicidal ideation is disclosed. - → Is able to respond to the student in an appropriate and supportive way. - → Is able to connect the student with the school's Point Person. See Appendix J: School-based Suicidal Ideation Response Protocol Training Guide for training options. Your school board will determine the preferred training.		
STEP			
1.1	A student's suicidal ideation is brought to your attention: <ul style="list-style-type: none"> A) → directly by the student speaking with you OR B) → by another student or staff member as a concern (examples may include a conversation overheard, a piece of writing, or hearsay information). 	<input type="checkbox"/> Yes	Go to Step 1.2
1.2	Tell the person who has brought forward the concern that: <ul style="list-style-type: none"> - they have done the right thing; and - you and other school staff will take responsibility for the next steps to ensure that the student receives the help that they need. Plan to later follow up with the person who brought forward the concern or have the Point Person follow up (see Step 1.8) in order to determine if the person needs additional supports or has someone that they can talk to.	<input type="checkbox"/> Complete	Go to Step 1.3



Supporting the Protocol

- Free online training for a range of staff- developed and provided by Alberta Health Services at no cost to schools
 - Administrators
 - School staff
 - Point people
 - Mental health professionals
- Additional training around online assessment of suicide risk

Pilot

Evaluation of the Protocol

- All articles on the protocol
https://www.researchgate.net/profile/Chris_Pawluk2
- Staff who completed training had more **POSITIVE** gatekeeper opinions than those who did not

	Completed SI Protocol Training	Did NOT Complete SI Protocol Training
Ask questions about suicidal ideation	87.8%	20.0%
Respond to disclosures of suicidal thoughts	84.6%	23.4%
Identify suicide indicators based on student history/behavior	79.6%	13.3%
Support a student to seek help	82.4%	23.4%
Make appropriate referrals	77.1%	26.7%
Effectively communicate relevant information to healthcare providers as needed	75.8%	23.3%

Qualitative Data – Key Themes

- Benefits experienced – protocol seen as a helpful, step-by-step standardized guide that reduces error. Helps school staff stay calm.

“IT IS GREAT TO HAVE A **CONSISTENT FRAMEWORK** WITHIN WHICH TO WORK WHEN SUPPORTING THESE STUDENTS. IT **TAKES MUCH OF THE GUESSWORK** OUT AND GIVES US SPECIFIC STEPS AND PROTOCOLS TO FOLLOW.

SOMETIMES, **EMOTIONS CAN INTERFERE** WITH OUR WORK (MENTAL HEALTH WORKERS DO THIS BECAUSE WE CARE), AND THIS **HELPS EVERYONE STAY ON TRACK** TO GATHER THE NECESSARY INFORMATION AND GET THE STUDENT APPROPRIATE SUPPORTS WITHOUT ANY EMOTIONAL RESPONSE CONFUSING THE PROCESS FOR THE PERSON ASSISTING. IT **HELPS KEEP US FOCUSED AND ON-TRACK”**

(Point Person and Mental Health Professional)

Qualitative Data – Key Themes

- Barriers experienced – protocol can be cumbersome and time consuming. May be a perception protocol is not needed because of provider experience. Use of protocol may make it harder to build rapport with student.

“WHILE I WAS PREPARED, IT WAS SO NEW THAT I OFTEN FELT I WAS ALSO WORRYING ABOUT WHAT I HAD/HADN’T DONE INSTEAD OF BEING 100% IN THE SITUATION WHERE I NEEDED TO BE”

(Point Person and Mental Health Professional)

Online Assessment of Suicidal Ideation



Safety Planning Tips for Remote* Suicide Risk Assessment with Youth

*Remote environments include online communication platforms (e.g., Zoom, Teams) and/or the phone.



When conducting a remote suicide risk assessment (e.g., via Teams, Zoom, phone):

- The basic steps are the same as for in-person risk assessment
- Some pre-planning is required to make a smooth transition to remote assessment

Before Safety Planning

- Determine risk level
- If risk is not immediate, establish a safety plan

If approved by your division, consider virtual safety planning tools such as the My3 app

Establishing a safety plan

- Ensure mutual collaboration
- Ensure youth and caregiver have a copy of the safety plan

Consider screen sharing

Share the safety plan in a way that is accessible for youth/caregiver and complies with school division policy

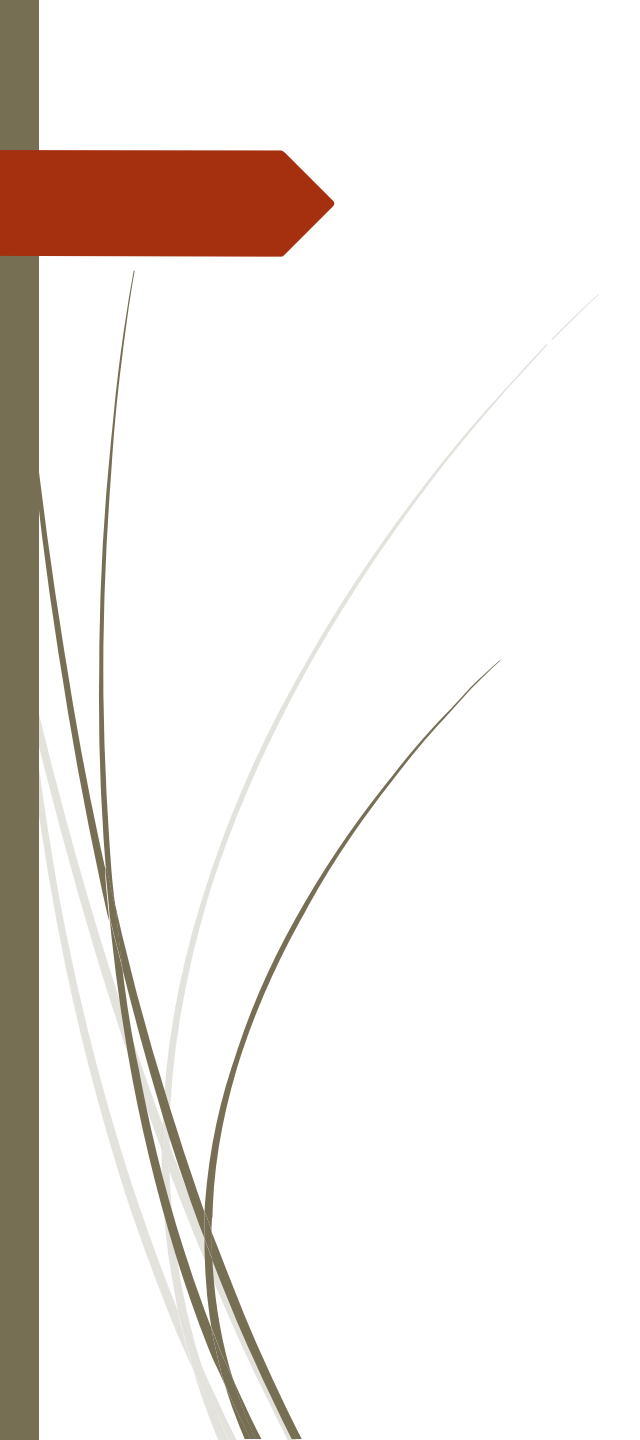
Consider

- Access to lethal means (e.g., medication, firearms)
- Additional COVID-19 related risk factors (e.g., social isolation, family financial stress)
- Coping strategies that can be done during COVID-19 (e.g., virtual activities, virtual connection with friends)
- Including contact information for 24-hour resources



Take Home Messages

- The use of a standardized protocol can support schools to help students experiencing suicidal ideation
- Online suicidal ideation assessment can be useful
- Preliminary evaluation of this new protocol is promising
- As a psychologist, you can help support clients with suicidal ideation in schools by being aware of the protocol

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