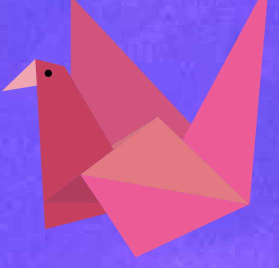
A SUICIDE INTERVENTION TOOLKIT FOR PROFESSIONALS IN PEMBERTON, LÍL̓WAT, AREA C, Ń QUATQUA, SAMAHQUAM, SKATIN & XÁXSTA

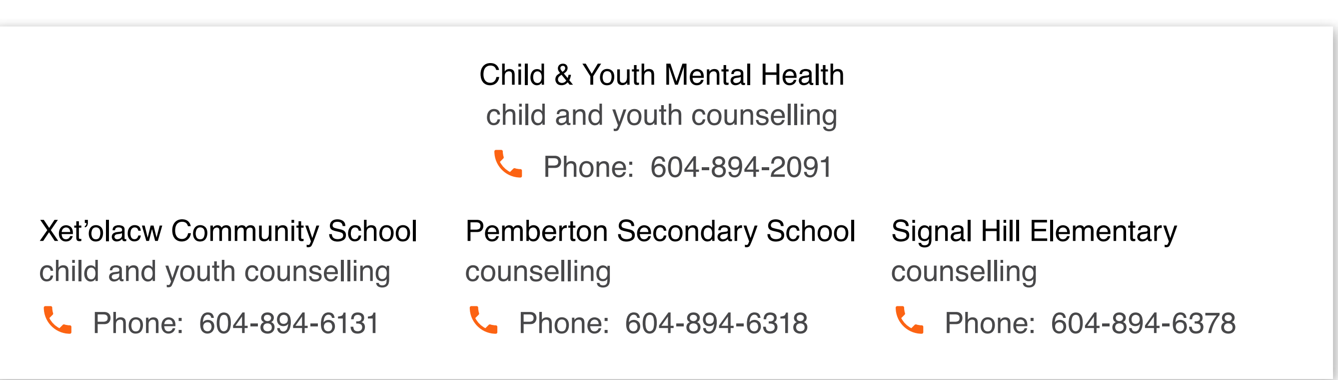
COMPASSION



The Child and Youth Mental Health & Substance Use (CYMHSU) Collaborative is funded by the Shared Care Committee in partnership with the General Practice Services and Specialist Services Committees of Doctors of BC and the BC Government. The goal of the collaborative is to increase timely access to integrated services and supports for children, youth and families struggling with mental health and substance use issues.

Where do I get help / Who can I call for help?

If you are concerned for the immediate safety of a youth (suicide, life-threatening injury or mental health concerns), please take them to Pemberton Health Centre. Pemberton Health Centre is open 8:30 am – 8:30 pm, and after hours on call at 604-894-6633. If you need help getting the child/youth to the hospital please call 911.



Other Resources Available or Emotional & Crisis Support Resources for Children & Youth (Phone / Chat & Text)

- **Crisis Line**, crisis support
  Phone: 1-888-661-3311 | 24/7
  Chat: crisiscentrechat.ca | Noon – 10 pm
- **youthspace.ca**, national online emotional and crisis chat and text for youth under 30
  Chat: youthspace.ca | 6 pm – midnight
  Text: 778-783-0177 | 6 pm – midnight
- **YouthinBC**, crisis service
  Phone: 604-872-3311 | 24/7
  Chat: youthinBC.com | Noon – 1 am
- **KUU-US Aboriginal Crisis Service**, children, youth, adults, elders
  Phone: 1-800-588-8717 | 24/7
- **1-800-SUICIDE**,
  BC wide phone support line
  Phone: 1-800-784-2433 | 24/7

MCFD Youth Helpline
Phone: 310-1234 | 24/7

- **Kid's Help Phone**, Canada wide service
  Phone: 1-800-668-6868 | 24/7
  Chat: kidshelpphone.ca
  Wednesday – Sunday, 3 – 11 pm
- **BC 310 Mental Health Support Line**
  Phone: 310-6789 | 24/7
- **BC Alcohol and Drug Referral Service**
  Phone: 1-800-663-1441
- **BC Mental Health and Addiction Info Line**
  Phone: 1-800-661-2121
- **Healthlink BC**
  Phone: 811 | 24/7

Introduction

Intervention can begin with a conversation

This toolkit was created to help professionals, like teachers and healthcare providers, reach out to children and youth who may be at risk for suicide in Pemberton, Lílwat, Area C, Ńquatqua, Samahquam, Skatin & Xáxsta.

Suicide is not an easy subject to talk about and it can be difficult to hear that a young person is struggling. Suicidal thoughts in youth can be a response to emotional pain and suicide can sometimes feel like the only way to end intense pain. We want to say the “right” thing, and sometimes we aren’t sure what to say and how to say it. Suicide is complex, and talking about suicide can be challenging for anyone. It can also feel challenging for the child or youth.

Dialogue is key to suicide intervention: opening up the lines of communication is the first step in helping—and may save a life.

- Asking directly about suicide shows caring
- Suicide needs to be taken seriously
- Reaching out for help takes courage
- Seeking support from qualified professionals and community resources can help keep youth safe

This toolkit provides:

- an outline of resources
- some steps you can take
- warning signs to be aware of, and compassionate questions to ask a child or youth who may be seriously considering, talking or joking about suicide

This toolkit is part of a three booklet set:

REACH OUT: A suicide intervention toolkit for youth.
SUPPORT: A suicide intervention toolkit for parents and caregivers.

Youth who may be at increased risk. 2
Risk factors and special considerations. 3
Where to start 4
Assessing suicide risk 5
More about risk assessment 6
Universal precautions. 7
The Circle of Care 10
Action Plan: for imminent risk. 12
Action Plan: for reducing risk 13
Strategies for reducing risk during transitions . 14
Debunking suicide myths 15
40 Developmental Assets for Adolescents. . . . 17
Self-care and wellness for care providers 20
Appendix A: Guidance for teachers and classroom support staff. 21

Youth who may be at increased risk

A youth may have been referred to you because they are having suicidal ideation, or you may be in contact with them for another reason. If risk factors are present, look for the warning signs described below. If warning signs are present, proceed with a suicide assessment if that is within your scope of practice and make a risk management plan. If completing a suicide assessment is outside your scope of practice, ensure that care is transitioned to someone qualified to perform one..

Warning signs for suicide risk may include:

- ☐ Increased isolation
- ☐ Talking about, or hinting about suicide— (making statements such as "I'm going to kill myself," or "I won't be a problem for you much longer" "I can't do this anymore"
- ☐ Joking about suicide or making physical gestures about suicide
- ☐ A fixation with violence or death
- ☐ Increased use of alcohol or drugs
- ☐ Feeling purposeless or hopeless
- ☐ Dramatic mood swings
- ☐ Changes in normal eating or sleeping patterns
- ☐ Acting recklessly or aggressively, increased risk taking behavior
- ☐ Apathetic, not taking pleasure in things they normally enjoy
- ☐ Giving away valued belongings or saying good-bye when there is no other logical explanation for why this is being done
- ☐ Developing personality changes or becoming severely anxious, sad, hopeless, angry or agitated
- ☐ Unexplained cuts or burns
- ☐ Sudden worsening in school performance and/or absenteeism
- ☐ Trouble concentrating, forgetfulness, or an unexplained lack of energy or enthusiasm
- ☐ Not showering, changing clothes, brushing teeth or hair
- ☐ Marked guilt or decreased self-esteem
- ☐ Expressing a sense of the meaninglessness of life
- ☐ Withdrawing from extracurricular activities and/or social contact
- ☐ Using social media to express pain or talk about suicide
- ☐ Sudden happiness or euphoria after a low mood
- ☐ Negative self-talk

Watch for the above warning signs particularly in the presence of the following risk factors:

- ☐ Previous suicide attempt/s
- ☐ A recent suicide in the community, or a friend or family member
- ☐ A recent break-up or conflict with parents
- ☐ Stress or confusion about gender identity or sexual orientation
- ☐ Increased risk taking and/or impulsivity
- ☐ Disconnection from community, friends, family or school
- ☐ Family history of suicide or suicidal behavior
- ☐ Mental health diagnosis
- ☐ Being bullied or bullying others

Communicate and collaborate

Check off any warning signs or risk factors the youth is exhibiting or has disclosed, and communicate the contents of this list with other formal supports included in their Circle of Care (doctor, counsellors, family) if you have appropriate consents or if the urgency of risk supports you in doing so without consent. You can give them a copy of this page for their records.

Risk factors and special considerations

Past suicidal behaviour

Past suicidal behaviour is a significant risk factor for suicide risk. The vast majority of people who die by suicide have made an attempt in the past. Having a family member or friend die by suicide is also a significant risk factor for youth. 13% of students polled in BC Adolescent Health Survey in 2013 reported knowing a family member who had made a suicide attempt and 23% reported having a close friend who had made an attempt. 30% of students who reported having made a suicide attempt themselves in the past year had both a family member and close friend who had made a suicide attempt.

If you suspect that the child has attempted to harm themselves in any way, you should ask them about it clearly. Most people will answer honestly if they feel safe and will disclose if they are asked directly about suicide in a caring and non-judgmental way.

If the youth has demonstrated suicidal behaviour in the past such as attempts requiring or not requiring hospitalization, preparations for suicide such as acquiring the means, making a plan or if they have made a previous suicide attempt they are at risk. Communicate this information to other care providers. Speak with parents about removing or locking away any obvious means of suicide from their home(s) or their other care settings.

LGBTQ

LGBTQ youth are at a substantially greater risk for suicide. They are three to four times more likely to have suicidal behaviour than heterosexual youth and youth without gender identity conflicts. A person's gender or sexual orientation is not in and of itself the cause of distress. Distress may be the result of exclusion, discrimination, harassment, neglect, or violence that LGBTQ youth face.

This toolkit, uses "them" when referring to youth of any gender and have avoided using "he/she" or "male/female." Gender falls on a spectrum and is not solely a binary classification. Many youth identify as transgender or non-binary.

Calling the child/youth by the name and pronoun they prefer helps build a more meaningful and trusting relationship. Showing respect will help to create an honest and open conversation. Your support and understanding creates a feeling of safety. A joint report from Stigma and Resilience Amog Vulnerable Youth Centre (UBC) (SARAVYC) and McCreary Centre Society demonstrates that schools can reduce suicidal behavior by having an LGBTQ group at the school.

Older youth

The highest number of youth who die by suicide are 17 and 18 years old.

If the child is in this age bracket, they may need special attention as they transition from youth services to adult mental health and substance use services, when continuity of care and access to support during this transition can become an issue. Help make sure they get connected smoothly by following up with key members of their support system. If they are going on to college or university, help connect them to counselling services on campus. It's important to normalize help seeking behaviours as part of overall health.

Continued on next page

Risk factors and special considerations

Continued

Knowing someone with suicidal behaviour

Youth who know someone who has contemplated, attempted or died by suicide are at greater risk for suicidal ideation and may be at increased risk for suicide. If the suicide was recent the youth could be having difficulty coping with understanding the impact of this loss.

If someone in the youth's life is exhibiting suicidal behaviour, they may have difficulty dealing with the stress that comes with being close to someone who is struggling. Don't wait until the youth becomes at risk: encourage them to talk to you or other supports about their distress. Talking openly about suicide is prevention and intervention.

Where to start

The effectiveness of this took kit depends on the relationships between the people using it. Whether we are a "formal support" such as a trained professional or a "informal support" such as a friend or family member, our ability to attune with, connect to, and care for the young person is one of the most significant protective factors in suicide intervention.

Research consistently demonstrates that the most important factor in assessing and minimizing suicide risk is therapeutic rapport or relationship. A willingness to talk openly about suicide provides relief to anyone contemplating suicide. Taking the time to notice and support children and youth with a focus on relationship building, creates a culture of care which increases trust and honesty.

Communication

Collaboration with other members of the young person's support system allows us as professionals to build on strengths and improves our individual ability to manage suicide risk. It is critical that we work together, as friends, family, and professionals to create a Circle of Care around the young person to ensure transitions in care are managed as smoothly as possible for the child or youth and their family.

The BC Coroner and the Canadian Association for Suicide Prevention (CASP) both highly recommend "strong linkages" as a means of suicide prevention and intervention. These linkages are created by coordinating between service providers and the school district, appropriate information sharing, proactive follow up and engagement of youth and their families. We can all help youth through nurturing and maintaining relationships, offering open and honest communication, and by showing them there is a community of professionals, friends and family who can provide care and support.

To offer a young person the support they need and deserve, we must honour these recommendations and work together to create effective communication and collaboration between all of the supports identified in their Circle of Care.

Assessing suicide risk

Your organization may have specific tools or protocols to use; what's important is to better understand the thoughts and feelings of youth about suicide. You can approach these subjects in your own unique way, but it might be helpful for you to fill in the boxes as you go to make sure you're getting the information you and other members of their Circle of Care need to support the young person. The young person will most likely feel considerable relief after being able to talk about what they are thinking and feeling.

Key thought…

Open and transparent dialogue are important as is connecting a vulnerable youth to a qualified mental health professional who can assess and treat. Understanding your own scope of practice can help you avoid situations that put you or the youth at risk.

Practicing asking these questions before you need to use them can help to build confidence, feel more calm and comfortable in conversation with somone contemplating suicide.

Thoughts	
Intent	
Plan	
Mood	
Hopelessness	
Communication	
Previous suicide attempt/self-harm	
Other risky behaviours	
Stresses/context	
Self-management	
Positive resources/anchors	

More about risk assessment

Guiding principles for risk assessment

- Assessments should be performed by qualified professionals who have the training and experience to perform them. If assessing is not within your scope of practice, ensure that you transition care to someone for whom it is.
- Assessment is an important part of treatment. It occurs in the context of the therapeutic relationship; when youth feel they are listened to and understood. They may experience relief from being able to talk openly about their feelings.
- The assessment process is unique for each person. To be complete, information can be obtained from multiple sources, including other care providers, family or caregivers, and friends.
- Determining risk depends more on clinical judgment, than on score on an assessment tool.
- Accurate assessment involves asking youth about suicide in clear and direct language. Acknowledge and validate feelings without pathologizing youth behaviour. Asking questions with empathy demonstrates comfort with the conversation about suicide and models that it's important to talk about suicide.
- Assessment should consider the cultural context, such as religious or spiritual factors that may influence the youth's perspective on suicide.
- Ongoing safety monitoring is dependent on documentation as well as communication and collaboration with other care providers, both "formal" and "informal when appropriate".

These questions can be helpful in guiding your conversation

1. What (and who) are the immediate supports you can turn to? Where can you get emergency care, if necessary, and support for your immediate safety (including the removal of means)?
2. Reaching out for support shows positive character traits (courage, hope, patience, the capacity to endure, and the capacity for self-care, among many others)/ What traits keep you safe and make it possible for you to keep living? What has helped?
3. Digging a bit deeper, what other characteristics show your resourcefulness? What admirable qualities have people noticed in you in the past? What resourcefulness is being demonstrated during our conversation These traits may include friendliness, reaching out, self-sufficiency, inner strength, a sense of humour, care of others, care for self, the ability to name the emotions you are experiencing, etc.
4. Your immediate support network may have people who can help you feel connected and serve as protective factors, buffers against suicide. This network might include parents/ caregivers, family members, friends, co-workers, neighbours, or school staff. Who do you feel connected to and supported by? Is there anyone else?

5 There are likely other adults ad professionals who can provide support. How do you feel about connecting with a youth counsellor from Child & Youth Mental Health or a counsellor at your school? Are you connected with other professionals, such as a family doctor or an adult from an extracurricular activity (coach, mentor, elder)?

6 Is there anything about dying, and suicide specifically, that makes you question the idea? These could include fear of pain/dying, religious or spiritual reasons, not wanting to hurt family members or friends, and ambivalence about wanting to die.

Universal precautions

1. Provide a supportive presence a ensure immediate safety.

If a young person has disclosed to you that they are contemplating ending their life by suicide:

- *Be calm.* A state of calm and patient understanding and support helps deescalate any challenging situation or crisis the child or youth is experiencing. Children and youth often need assistance regulating their emotions and coping with crisis.
- *Slow down and take the time to listen.*
- *Provide a comfortable physical an emotional environment* that is inviting, safe, and private.

Welcoming environments and a gentle approach will increase help-seeking behaviour and reduces risk in the future. If the child or youth feels heard and invited, they are more likely to answer honestly and approach you for support in the future.

2. Talk about confidentiality, an the limits to confidentiality. Show them that you care and tell them you care. Be clear about your obligation to help keep them safe.

Let the young person know that you care about what they're thinking and feeling, and as a result you want to make sure they get the support they deserve. This will require you, and the young person to share information about suicide so that everyone can help them.

Be honest about the limits to confidentiality and explain information will be shared with certain people in order to protect their safety. Relevant information should be shared with a predetermined designate, who will then help determine if, when and to what degree additional staff should be informed and also if, when and how parents will be informed. In all cases, respectful information sharing and coordination with family members should be carefully considered. The primary goal is safety.

Continued on next page

Universal precautions

Continued

3. Get clinical help.

If possible, involve them in that process by bringing them with you. This is called bridging. You can bridge the positive relationship that you have established with this youth, and their openness and honesty with you, to other care providers.

Be clear that these people can also be enlisted to support them in a variety of ways, and that open and honest communication with them will be important.

2. Support creation of a plan for the child or youth to stay safe

A safety plan should be created for any youth at risk of suicide. That can be done by a clinician, ER staff – everyone in the young person's life has a role to play in keeping them safe.

The following flowchart serves as a road map to guide you through the process.

- Make time for the youth
- Create a comfortable physical environment
- Stay calm and show the youth you want to understand
- LISTEN
- Validate and acknowledge the young person's feelings an experiences
- Listen and reflect, Show you care, Stay calm and Listen to understand

Limits of Confidentiality

- Introduce the concept of Circle of Care
- Emphasize that the goal is to protect their safety
- Enlist their participation in sharing of information if they are open to it
- Common consent

QPR

- Question (Use the assessment tool that your organization prefers)
- Persuade
- Refer

- Co-create Circle of Care. Ask them who, specifically, they would like to include in their circle of supportive people (include informal supports such as friends, family, coaches, and teachers)
- Respect confidentiality. Be honest about who you must share information with (family, doctor, school staff, counsellor), involving them in the process

- If youth has a plan to end their life by suicide and access to the means (or can easily obtain access), follow the Action Plan for Imminent Suicide Risk
- If youth is thinking about suicide but is low risk for attempting, follow the Action Plan for Reducing Suicide Risk

The Circle of Care

In order to transform the way we support youth at risk for suicide, we an try to see ourselves as one of a handful of people in a Circle of Care. Our role does not end simply because the youth is in another care setting. As care providers we can work together to provide continuous care and sometimes that simply means being there as an accessible resource the child or youth can turn to when experiencing a crisis.

We've developed the Circle of Care diagram to illustrate the potential supports available to the young person, whether "informal" supports such as parents, friends, coaches or others, or "formal" supports such as doctors medical staff, school staff, and counsellors.

A Circle of Care template is on the following page. In your first contact with a youth at risk of suicide you could try to work collaboratively to fill in this diagram with the youth you are supporting. It is an important part of the process covered in this toolkit. The Circle of Care diagram can be a valuable tool for understanding who to communicate and collaborate with in order to most effectively reduce the child or youth's risk for suicide. The toolkit may also help them to develop a realistic safety plan and adhere to treatment goals developed as part of their care plan.

This is an opportunity to discuss with the child or youth how you use the information they share, why sharing information can help different providers care for them and under what circumstances you would be obligated to share information with or without consent.

Use the common consent for services form developed by CYMHSU to formally link youth to appropriate services, professionals and family.

Date ____________________

Parents / Caregivers

Health Services

Siblings /
Extended Family

Counsellor

Other “Informal Supports”
(coaches, teachers, elders...)

Things that help

Friends

Psychiatrist /
Psychologist

Doctor

Phone / Chat / Text and
Online resources
(see inside front cover page)
Plan-Y.ca

Inner strength and resilience

ABOUT YOU

____

____

____

____

____

____

Action Plan: for imminent risk

- **Ensure the child or youth's immediate safety. Do not leave the youth alone. Remove all means of harm**
- Support the youth in getting to Pemberton Health Centre Emergency. If you are able, accompany the young person and remain with them until clinic staff assume responsibility for their care.
- If the youth is unwilling to go with you, or if the transportation of youth is not appropriate or permitted by your organization, call local RCMP for a hospital escort (911).
- Communicate all information you have with hospital staff and give them your contact information.
- Contact other supports to inform them of your child's safety status (school counsellor, professional counsellor, doctor).
- Contact the formal designate of your organization (i.e. school principal, clinical supervisor, CYMH lead), who will in turn inform appropriate staff.
- If the youth is under 18, and parents or caregivers have not yet been informed, this should be done right away. Coordinate with the hospital, and your designate to decide who will inform the caregivers and share what is known about risk, safety plan and current care status.
- Follow up with other caregivers in the Circle of Care (doctor, counsellor, school counsellor, other family/caregivers). Ongoing communication, collaboration, and continuity of care is essential for reducing risk and ongoing monitoring of the young person's safety and progress.

A parent or guardian **must** be contacted immediately regarding serious suicidal ideation, behaviour or a threat to self or others.

Action Plan: for reducing risk

This action plan should be implemented when the young person is exhibiting several risk factors but, after listening to them in depth you are confident they do not have plans to attempt suicide.

Ask the youth to provide you with multiple ways of contacting them in the case of missed appointments (ie. email, cell, home telephone and/or friends).

- Obtain the youth's consent to refer them to a professional counsellor (such as those available through CYMH, PSS, SHE or XCS). Fill out the referral form, and be sure to indicate that this youth is at risk for suicide. Fax the referral form and all collateral information, such as a copy of your risk assessment and the completed Circle of Care if you have one, to an appropriate professional and follow up by phone.
- When appropriate, schedule a follow-up appointment within the next week to reassess youth's functioning and current suicidal ideation before the end of the meeting.
- Maintain regular weekly contact with the youth until they have transitioned over to formal counselling services. Follow-up your referral to counselling by contacting them by phone to ensure timely intake to appropriate services.
- Contact the formal designate of your organization (i.e. school principal, clinical supervisor, CYMH), who will inform appropriate staff of pertinent information required to maintain the safety of the youth.
- In the event the child or youth misses an appointment, contact them through their contact information you obtained (i.e. email, cell, home telephone and if necessary family/or friends) to ensure their safety and reschedule the appointment.
- Consult the common consent and information sharing guidelines for more supports in your area.

Resource Check

You can provide the young person with phone numbers and websites for crisis services they can access at any time of day or night. The "Reach Out – Youth Suicide Intervention Toolkit" has these resources and others.

Plan-Y.ca is a directory of youth wellness services and supports in Pemberton, Lílwat, Area C, ŃQuatqua, Samahquam, Skatin & Xáxsta, as well as providing other BC resource listings. It is a mobile website, works best on a smart phone or tablet and is a go to for youth looking for information about serious and not so serious issues.

Strategies for reducing risk during transitions

Documentation and sharing of information is key to reducing suicide risk during transitions. These transitions could involve moving the youth between care settings such as school, home, hospital, and in/outpatient psychiatric or counselling services, or even shift changes and staff turnover within a single setting.

Take time to transition

It is essential to have time between shift changes, and for meeting with other supports when transferring a youth to new care settings or during internal transitions of care. Take time to meet with care providers (informal and formal) to review current status and develop plans applicable to the new setting or staffing.

Communicate and gather

- Information about youths' current and **past suicide ideation/plans/attempts.**
- Information from **family and friends.** They can be an invaluable resource for information about how the person is doing, and what they have been thinking, feeling and experiencing.
- The **name and pronoun** that the youth would like you to use. An increasing number of youth are identifying as transgender or non-binary, and LGBTQ youth are at a substantially increased risk for suicide. Using a name or pronoun different than how one identifies can be triggering. Reduce risk by addressing the youth how they want to be addressed and acknowledge and apologize when you use the incorrect name or pronoun.
- If appropriate, request **progress or intake reports** from new care provider by setting an agreed-upon specified date to ensure adequate follow-up and continuity of care.

File keeping and charting

- Use physical or virtual indicators (i.e. coloured charts, a warning on electronic records) that indicates heightened suicide risk.
- Record information about prior monitoring, assessment times, and recommendations for future monitoring.
- Record an established safety plan or plans for mitigating risk that have been developed with the youth's care team or Circle of Care.
- Red-flag file of youth who self-discharge from hospital or counselling service for close monitoring. Collaboratively develop and use a standardized process for information sharing between care team/members of the youth's Circle of Care.
- Maintain and communicate current knowledge about the youth's risk and safety plan.

Debunking suicide myths

Myth #1: Mental Health services and counselling are the most important support resources for a suicidal youth.

Fact: Friends, family, teachers and other informal supports as well as volunteer-run crisis support services (text, online, phone) tend to be the first places young people turn to in times of crisis. Few people who have contemplated or attempted suicide think of formal mental health services as a first line of defence. Including all "informal supports" in the youth's Circle of Care (page 10) is important. Treatment success increases when family and caregivers are considered collaborative partners.

Myth #2: If I do not have the "right" assessment tool, I cannot assess suicide risk properly. If I don't know exactly what to say to support a young person contemplating suicide, I can do more harm than good.

Fact: The most significant tool you have is your therapeutic rapport with the young person. As a parent/caregiver or professional, empathetic listening and respect will allow you to understand and acknowledge youth experience without pathologizing behaviour. Mental health professionals and organizations require using specific suicide risk assessment tools (TASR-A, ISPATHWARM, CPR++ are common examples). These tools can be immensely helpful as a guide to ask relevant questions to assess risk. Clinical judgment is a vital component of reliable mental health screening.

Myth #3: Suicide and suicidal behaviour among BC youth is not a very big problem.

Fact: Suicide is the second leading cause of death for youth ages 15–24 in Canada.

The McCreary Centre Society BC Adolescent Health Survey reports the following statistics from 29,000 grade 7–12 students in 2013.

- 8% of males reported suicidal ideation in the past year (decrease from 9% in 2008)
- 17% of females reported suicidal ideation in the past year (increase from 14% in 2008)
- 11% of 29,000 youth polled did not access mental health services in 2012 when they felt they needed to.
- 62% of youth did not seek out mental health support because "they did not want their parents to know they were struggling.".
- 60% of youth "hoped the problem would go away."
- 40% of youth reported that they didn't seek mental health support because they "were afraid of what they would be told or they didn't know where to go."

Continued on next page

Debunking suicide myths Continued

Myth #4: Talking about suicide is dangerous and can plant the idea in a person's head.

Fact: Openly discussing suicide is helpful and often provides therapeutic relief for the person who is contemplating suicide. Asking directly about suicide risk is the only way to know if suicide is a real concern for the person you are supporting.

Myth #5: If a youth makes a suicide attempt, they really want to die.

Fact: Most people who attempt suicide are experiencing overwhelming emotional or physical pain. Suicide can feel like the only way to escape this pain.

Myth #6: All First Nations communities have higher than average rates of youth suicide.

Fact: While suicide rates among First Nations youth are five to six times higher than non-Aboriginal youth on average, rates vary significantly by community. More than half of BC's Aboriginal communities have not experienced a youth suicide in the last 15 years. Lower and non-existent suicide rates in Aboriginal communities have been linked to community self-determination, control of education, police and fire services, strong female leadership and traditional knowledge and practices.

Myth #7: Youth suicide is impulsive and occurs without warning signs.

Fact: Most people who die by suicide give warning signs before their suicide and often give more than one. Gaining familiarity with potential warning signs is important.

Myth #8: The prevention of suicide is best handled by mental health experts or professionals.

Fact: 90% of youth experiencing a suicidal crisis or mental health distress report turning to friends before seeking professional expertise or help from an adult.

Myth #9: Suicide is always linked to mental health conditions like depression or anxiety and/or substance use.

Fact: 90% of youth who die by suicide struggle with one or more of the following: depression, anxiety, aggression, impulsive behaviour or substance use. It is important to remember that although 25% of the population (including youth) may experience depression in their lifetime, 25% of the population do not die by suicide. Some people who die by suicide have no history of mental health illness.

40 Developmental Assets for Adolescents

External Assets

Support

1. **Family Support** I Family life provides high levels of love and support.
2. **Positive Family Communication** I Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parents.
3. **Other Adult Relationships** I Young person receives support from three or more nonparent adults.
4. **Caring Neighborhood** I Young person experiences caring neighbors.
5. **Caring School Climate** I School provides a caring, encouraging environment.
6. **Parent Involvement in Schooling** I Parent(s) are actively involved in helping the child succeed in school.

Empowerment

7. **Community Values Youth** I Young person perceives that adults in the community value youth.
8. **Youth as Resources** I Young people are given useful roles in the community.
9. **Service to Others** I Young person serves in the community one hour or more per week.
10. **Safety** I Young person feels safe at home, school, and in the neighborhood.

Boundaries And Expectations

11. **Family Boundaries** I Family has clear rules and consequences and monitors the young person's whereabouts.
12. **School Boundaries** I School provides clear rules and consequences.
13. **Neighborhood Boundaries** I Neighbors take responsibility for monitoring young people's behavior.
14. **Adult Role Models** I Parent(s) and other adults model positive, responsible behavior.
15. **Positive Peer Influence** I Young person's best friends model responsible behavior.
16. **High Expectations** I Both parent(s) and teachers encourage the young person to do well.

Constructive Use Of Time

17. **Creative Activities** I Young person spends three or more hours per week in lessons or practice in music, theater, or other arts.

Continued on next page

40 Developmental Assets for Adolescents Continued

18. **Youth Programs** | Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in community organizations.
19. **Religious Community** | Young person spends one hour or more per week in activities in a religious institution.
20. **Time at Home** | Young person is out with friends "with nothing special to do" two or fewer nights per week.

Internal Assets

Commitment To Learning

21. **Achievement Motivation** | Young person is motivated to do well in school.
22. **School Engagement** | Young person is actively engaged in learning.
23. **Homework** | Young person reports doing at least one hour of homework every school day.
24. **Bonding to School** | Young person cares about her or his school.
25. **Reading for Pleasure** | Young person reads for pleasure three or more hours per week.

Positive Values

26. **Caring** | Young Person places high value on helping other people.
27. **Equality and Social Justice** | Young person places high value on promoting equality and reducing hunger and poverty.
28. **Integrity** | Young person acts on convictions and stands up for her or his beliefs.
29. **Honesty | Young person "tells the truth even when it is not easy."**
30. **Responsibility** | Young person accepts and takes personal responsibility.
31. **Restraint** | Young person believes it is important not to be sexually active or to use alcohol or other drugs.

Social Competencies

32. **Planning and Decision Making** | Young person knows how to plan ahead and make choices.
33. **Interpersonal Competence** | Young person has empathy, sensitivity, and friendship skills.
34. **Cultural Competence** | Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.
35. **Resistance Skills** | Young person can resist negative peer pressure and dangerous situations.
36. **Peaceful Conflict Resolution** | Young person seeks to resolve conflict nonviolently.

Positive Identity

37. Personal Power | Young person feels he or she has control over "things that happen to me."

38. Self-Esteem | Young person reports having a high self-esteem.

39. Sense of Purpose | Young person reports that "my life has a purpose."

40. Positive View of Personal Future | Young person is optimistic about her or his personal future.

This list is an educational tool. It is not intended to be nor is it appropriate as a scientific measure of the developmental assets of individuals.

Copyright © 1997, 2007 by Search Institute. All rights reserved. This chart may be reproduced for educational, noncommercial use only (with this copyright line). No other use is permitted without prior permission from Search Institute, 615 First Avenue N.E., Suite 125, Minneapolis, MN 55413; 800-888-7828. See Search Institute's Permissions Guidelines and Request Form. The following are registered trademarks of Search Institute: Search Institute®, Developmental Assets® and Healthy Communities • Healthy Youth®.

Self-care and wellness for care providers

Isolation and burnout are challenges that many care providers including physicians, ER staff, school staff, and counsellors face. In rural and remote communities, these challenges can be compounded by the relatively small size of their teams, fewer professional development and training opportunities, fewer youth-friendly resources, lack of adequate supervision, limits of competence, and dual relationships where you may know the youth and family in more than one context.

- **Get professional support.** Be creative with accessing support for yourself and your colleagues. Take advantage of resources such as telehealth, video conferencing, distance learning, and internet and email to augment face-to-face meetings with expert clinicians and colleagues. Many professional associations an employers offer supports like counselling. Find out if you have EAP benefits like counselling.
- **Seek adequate supervision** and, in its absence, advocate for it to be provided to ensure you are practicing effectively.
- **Engage in self-care practices** that help you stay positive, and give you the energy to confidently take on your work and maintain a healthy home life. We know that healthy eating, regular cardiovascular exercise, and adequate sleep are essential to health. Create a plan for yourself, write it down, and follow through.
- **Talk about it.** We have discussed at length the fact that youth felt better when they talk about their difficulties and seek support for the struggles they are facing. We need to do the same ourselves. When we walk the talk, we are better able to guide others down the same path of wellness.
- **Fill out your own Circle of Care.** (page 11).

Appendix A: Guidance for teachers and classroom support staff

An average of 6% of BC students in grades 7-12 made a suicide attempt in the past year. An average of 12.5% considered suicide. As a teacher or support staff, according to these statistics, in a typical case you may have two students in your class that made a suicide attempt in the past year; four may have seriously considered suicide. These statistics come from the 2013 McCreary Adolescent Health Survey, a survey of 29,000 BC students.

As a teacher or support staff, you may have be approached by a youth (or one of their friends) who has told you that they are thinking about suicide, or you may have seen something in their school work that has given you this impression. Any thoughts or behaviours around suicide are serious and deserve professional attention. It is always appropriate to inform the school counsellor about a youth who is potentially suicidal.

If the young person has disclosed information to you, you may be the person they feel most comfortable with. You can reassure the youth that you care about them and for this very reason you need to involve others, such as the school counsellor, in getting them the support they need. You can go with them to help them feel more comfortable. You can use the good trusting relationship you have with the youth as a bridge to help them form and strengthen other relationships that will reduce their risk for suicide.

In cases of imminent risk

If the youth has indicated that they have a plan and intent to attempt suicide:

- **Stay with and supervise the youth at all times.**
- **Accompany them to the school counsellor** to obtain additional support.
- **Keep them safe by asking the youth to give you anything that may cause them harm. For example, if the youth is carrying pills or medications with them, ask if you could have them.**

Tips for reducing suicide risk

Immediately inform the school counsellor or an administrator where a counsellor is not available that the youth is at risk for suicide.

Share all relevant information about the youth's situation.

There are many things you can do to support a young person at risk for suicide as they navigate school and life.

- Periodically check in with a simple "how's it going?" when you have a private moment.
- Encourage the student to remain involved in classroom activities. Facilitate inclusion for them as they will be likely to withdrawal and opt out of participation.

Continued on next page

Appendix A: Guidance for teachers and classroom support staff Continued

- Provide accommodations or seek support for provision to accommodate individuals with depression, anxiety, or those who are on medications that may be impairing their academic and/or classroom functioning.
- Be familiar with the risk factors and warning signs of suicide for youth.
- Report changes in attendance to the school counsellor. Social withdrawal, increased absenteeism and lack of school connectedness are important warning signs.

Suicide and the selection of teaching materials

The majority of young people watch television or movies and read books with suicide themes. The Internet has fast become a worldwide phenomenon for communicating, information gathering and entertainment, especially for young people. Care needs to be taken in considering the selection of novels, films or plays that have suicide themes, and in the way these stories are discussed in the classroom.

When selecting material, teachers (and librarians) should consider:

- Is suicide portrayed as romantic, tragic or heroic?
- Does the suicide result in positive attention from others?
- Is information provided that directly or indirectly refers to the method or place of suicide?
- Will young people be able to identify with the person who died by suicide?

If the material meets one or more of these criteria: Could the educational reasons for studying the text be achieved by studying another book?

Topics of student discussions or research

If suicide or a self-harming game or behaviour comes up as a topic of discussion or as part of a student's research, teachers can use the opportunity to turn the talk into an informative discussion about healthy risk taking. The focus should be on key health principles and things that promote wellbeing, such as sleep, good eating habits, physical exercise, giving to others and other ideas students and the teacher may suggest.

Here are some additional guidelines for talking about self-harm and suicide in the classroom:

- Talk in a factual manner about the risks involved in any game that harms or could result in intentional or accidental death and express concern.
- Provide information on what you know to be true about any game or situation involving the death of young people. If you do not know, say so and work with school management to provide accurate and timely information to the school community.
- Promote positive attitudes, coping strategies and healthy options.

- Discuss safer ways young people can have fun together.
- Promote help-seeking behaviour. Let students know about youth-friendly resources and support services available and how to access them.
- Remind students that challenging situations in our lives can feel like they are permanent but are often temporary.
- Talk openly about risk-taking behaviour, depression and mental illness as part of the Health and Physical Education Curriculum and emphasize the components that support wellbeing.
- Discuss gratitude and focus on small things which students enjoy, such as giving to others, listening to music, being with animals, playing sports or other activities.

If teachers have any concerns about discussions in class about suicide or dangerous behaviour/games that could lead to death, they should talk to the school counselling or administrative staff and share their concerns.

When appropriate, discussion can cover related topics such as:

- Youth health issues, including depression and anxiety
- Mental health and wellbeing
- Mental illness and how to seek help, connect with local and online resources
- Dealing with grief and loss; recognizing our feelings and changing our thoughts and focus
- How physical activity, nutrition and adequate sleep can be beneficial to mental health
- Navigating change or loss of relationships, and solving problems that arise in life.
- Self care

If suicide is part of a topic studied or a student's research focus, teachers are encouraged to suggest related aspects, such as rates of suicide and depression, government policies, support programs or suggestions on how to help a friend. It is ill-advised to allow studies that increase students' knowledge about the methods of suicide and their lethality.

Cultural views about wellbeing and mental health

Views about health, including mental health, are culturally based. Mental health issues and emotional distress may manifest themselves in different ways in different cultural groups, and schools should be mindful of cultural variations in the way suicide and self-harm are viewed. When in doubt, seek relevant local advice about cultural beliefs about illness, death and the sanctity of life. It's also important to be open-minded about variations in attitudes and beliefs about how to foster wellbeing.

Continued on next page

Appendix A: Guidance for teachers and classroom support staff Continued

Helpful links

Preventing Youth Suicide: A Guide for Practitioners.
www2.gov.bc.ca/assets/gov/health/managing-your-health/mental-health-substance-use/child-teen-mental-health/preventing_youth_suicide_practitioners_guide.pdf

Levels of Suicide Risk
www2.gov.bc.ca/assets/gov/health/managing-your-health/mental-health-substance-use/child-teen-mental-health/suicide_pip_pg_quick_reference.pdf

Schools as a Setting for Promoting Positive Mental Health: Better Practices and Perspective
jcsh-cces.ca/upload/JCSH%20Best%20Practice_Eng_Jan21.pdf

Suicide Postvention is Prevention: A Proactive Planning Workbook for Communites Affected by Youth Suicide
bccf.ca/shop/product/suicide-postvention-is-prevention-a-proactive-planning-workbook