

Provincial Injury Prevention Program  
Safe Healthy Environments

# Youth Suicide Prevention: Resource Guide for Schools

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## Acknowledgements

Compiled by Alberta Health Services' Suicide Prevention Working Group, this Resource Guide includes information from evidence-informed toolkits, resources, and guidelines including the following:

Government of Alberta. (2017). Working Together to Support Mental Health in Alberta Schools. [https://education.alberta.ca/media/3576206/working\\_together\\_to\\_support\\_mental\\_health.pdf](https://education.alberta.ca/media/3576206/working_together_to_support_mental_health.pdf)

Government of Alberta (2019). Building Strength, Inspiring Hope, a Provincial Action Plan for Youth Suicide Prevention. <https://open.alberta.ca/publications/9781460140987>

Government of Manitoba (2014). Best Practices in School-Based Suicide Prevention: A Comprehensive Approach. [https://www.gov.mb.ca/healthychild/ysp/ysp\\_bestpractices.pdf](https://www.gov.mb.ca/healthychild/ysp/ysp_bestpractices.pdf)

Substance Abuse and Mental Health Services Administration (SAMHSA) (2012). Preventing Suicide: A Toolkit for High Schools. <https://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669>

Thank you to everyone who gave their time and expertise to contribute to the development of this resource.

## Contact

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## Introduction

Youth suicide prevention is a provincial priority. In Alberta, suicide is the second leading cause of death for youth aged 15 to 24. Each year, approximately one in six high school students consider attempting suicide and one in 13 attempt suicide one or more times.<sup>1</sup>

Although Canada's rate of youth suicide has been decreasing, visits to emergency department and urgent care center related to suicide attempts have been increasing since 2015. Currently, Alberta has one of the highest youth suicide rates when compared to other provinces. According to the Alberta Health Services (AHS) Injury Surveillance Dashboard<sup>2</sup>, in 2018:

- 2,287 youth between the ages of 10 and 19 attended emergency departments and urgent care centers for suicide-related behaviour;
- 515 youth between the ages of 10 and 19 were hospitalized due to suicide-related behaviour;

Suicide is devastating and we can help prevent it. Partnering with families and communities, schools can work to promote positive mental health, identify youth at risk of suicide and direct youth to get the support they need.

Comprehensive efforts to prevent suicide reflect an upstream approach that starts before suicidal thoughts or behaviours are present. Mental health promotion is fundamental to a complete suicide prevention approach. There is a strong link between mental health promotion and suicide prevention. Promoting positive mental health in schools leads to positive school environments and students who have better learning outcomes.<sup>3</sup> It is important to note that one strategy alone will not be completely effective in promoting mental health or preventing suicide. Each individual strategy is a key piece of the puzzle and should be chosen based on the context and needs of the school community. This resource will review an array of strategies for all educators.

This resource is intended and designed for junior high and high school educators to use along with existing mental health practices, policies and protocols. Other school staff may also find this guide useful to learn about and implement mental health promotion and suicide prevention strategies. It complements the [School-based Suicidal Ideation Response Protocol training and the School-based Non-Suicidal Self-Injury Response Protocol training](#) as well as resources available from the Ministry of Education. This resource equips educators and school staff with knowledge and tools to help promote positive mental health and prevent suicide in schools.

### How to Use This Resource

This resource begins with the introduction of key concepts around mental health promotion and suicide prevention, then progresses to applying knowledge, skills and resources within the school environment. Before reading the Resource Guide, consider your readiness and personal wellness before approaching the topic of mental health and suicide. You are encouraged to seek professional support for your own mental health if needed. Consider reaching out to your health/benefits service provider for this support (e.g. the Alberta School Employee Benefit Plan or call Health Link at 811). In an emergency, always call 911 or visit the nearest emergency department.

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We encourage readers to review the resource in its entirety. However, you may choose to focus on a specific section depending on your current needs or previous experience with these topics. Throughout the resource, look for the following icons for key facts, resources and actionable tips:



Relevant resources on suicide prevention and mental health promotion



“Did you know?”  
Facts on suicide prevention



Actions you can take to help promote positive mental health and prevent suicide in the school environment

## Foundational Language

Before implementing knowledge and tools within the school environment, it is important to become familiar with terminology used regarding mental health and suicide. A common language will help facilitate collaborative conversations with students and partners. It is also a central step to using respectful language to reduce stigma. Please see the [Key Terms](#) section to ensure familiarity with appropriate language.

### Mental Health and Mental Illness

It is specifically important to understand the distinction between mental health and mental illness when setting out to promote positive mental health.

The World Health Organization defines mental health as “a state of well-being in which every individual realizes his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community.”<sup>3</sup> Similarly, the Public Health Agency of Canada defines mental health as “the capacity of each and all of us to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face.”<sup>3</sup>



Did you know?

Mental health is not a fixed condition; it is shaped by a variety of environmental, social and economic factors that influence us.

Mental illness means alterations in thinking, mood or behaviour associated with significant distress and impaired functioning in one or more of these environmental, social and economic areas.<sup>3</sup> Mental illnesses can be treated, and early diagnosis and treatment are the best ways to promote recovery. It is estimated that approximately 90% of people who die by suicide were experiencing poor mental health or mental illness.<sup>4</sup> Although this statistic is high, it is essential to remember not everyone with a mental illness is at risk of suicide.

Both mental health and mental illness exist on a continuum and can occur independently from one another (see Figure 1). For example, a person could have a mental illness and, because they have a strong support network and effective treatment such as medication and counselling, they could experience positive mental health. Additionally, a mental health problem can arise as a reaction to a life circumstance; this reaction would not constitute a formal diagnosis of mental illness.



Did you know?

Mental health is not the opposite of mental illness. Both co-exist on separate spectrums and are dependent upon a person's life circumstance.

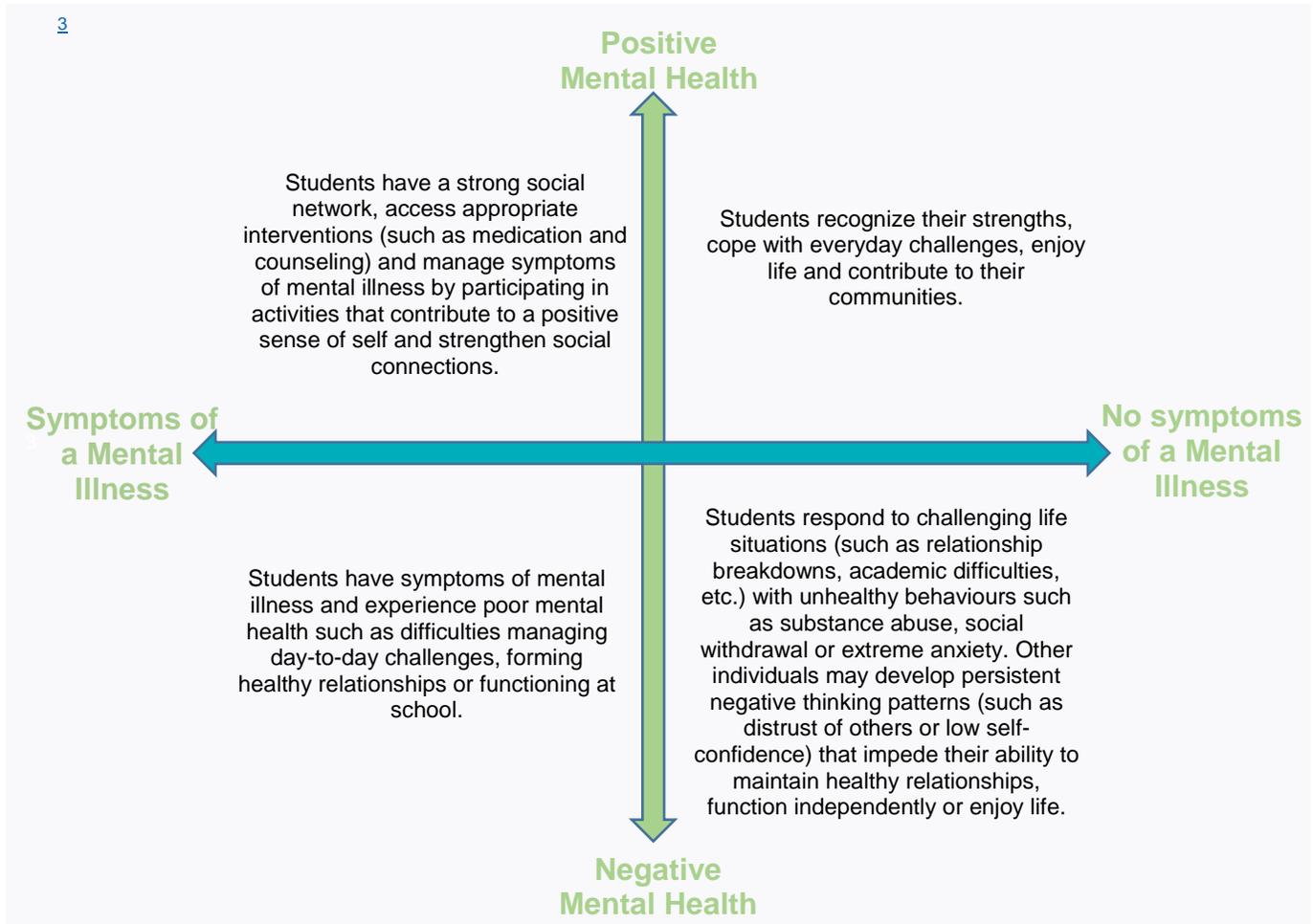


Figure 1. Continuum of mental health and mental illness

To use mental health language functionally and positively, remember to put the person first always. People-first language recognizes that people are, first and foremost, people with a variety of needs, interests and experiences. People-first language removes the description of mental illness as an identity and maintains that a person can have their own identity independent from mental illness.



Try saying “a student experiencing mental illness” as opposed to “a mentally ill student”.

There is a wide range of training and support options for school staff depending on their knowledge and experience with suicide prevention. Staff should reflect on their understanding of suicide prevention when choosing resources that are most appropriate for their context. Examples of training regarding mental health knowledge for staff to consider include:



Establishing Mental Health Literacy: [Go-To Educator Training](#)

Go-To Educator Training is provided for educators to increase awareness of child and adolescent mental health. The target is educators to whom students naturally go for help in the school setting. This training is available across the province. Accompanying the Go-To Educator Training is the [High School Curriculum Guide](#) which is an evidence-based literacy curriculum resource developed for use in High Schools.



Increasing Knowledge of Mental Health: [Mental Health Online Resources for Educators \(MORE\)](#)

MORE provides web-based, free online modules intended for school staff working. Modules are typically one hour in duration and can be completed at the users' own pace. These modules aim to increase the skills and confidence of staff to more effectively address the mental health needs of their students. Topics range from general mental health and wellness promotion to increasing awareness of specific mental illnesses such as anxiety disorder, depression and eating disorders.

## Suicide

By changing the way we talk about suicide, we change the way we think about it. The way in which we talk about suicide and mental health can have a powerful impact. It can foster hope and optimism, or, conversely, it can be condescending, stigmatizing and contribute to feelings of shame and hopelessness. Use Figure 2 below as a guide for how to properly communicate about suicide.



Did you know?

Talking about suicide or asking someone if they are thinking about suicide will NOT put the idea in their head. Talking about it is one step towards prevention.

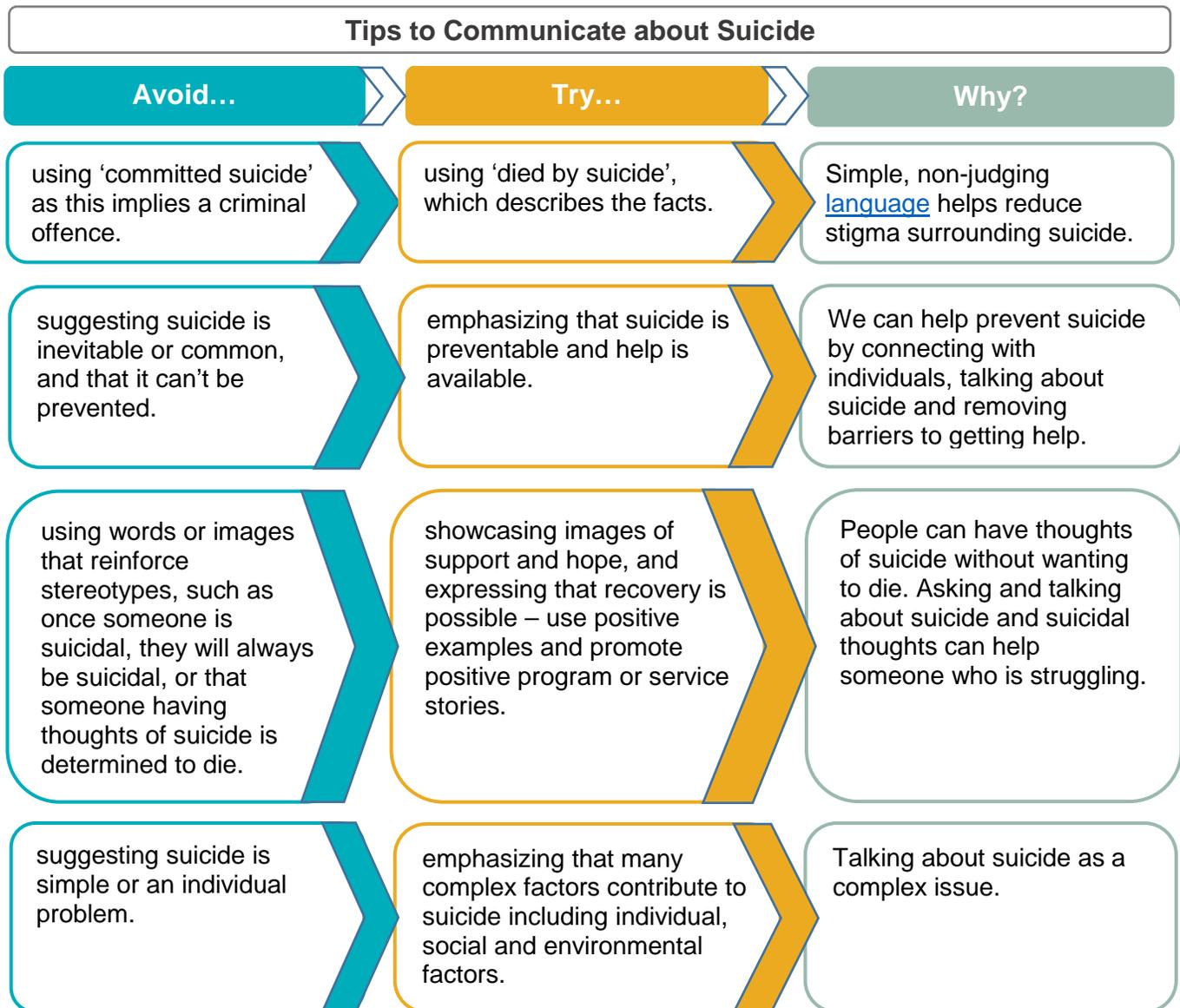


Figure 2. Tips to communicate about suicide

# Factors Influencing Suicide Risk

While suicide can impact anyone, some populations are at a higher risk of suicide compared to the general population. The following section outlines risk and protective factors, as well as, populations disproportionately affected by suicidal thoughts and actions.

## Population Considerations

Some youth populations are more often affected by suicide. Factors increasing risk include those who experience racism, marginalization, harassment or discrimination. Also, those who have lost a family member or close friend to suicide are also at an increased risk of suicide. Although these populations may be at higher risk, many do not contemplate suicide because their protective factors outweigh their risk factors.<sup>5</sup> Populations that may be disproportionately affected include Indigenous youth, newcomers to Canada, and LGBTQ2S+ youth.

### Indigenous Youth<sup>6</sup>

Higher rates of suicidal behaviour are present in First Nations, Metis and Inuit (FNMI) communities. According to Health Canada, First Nations youth die by suicide about five to six times more often than non-Indigenous youth; this rate is even higher among Indigenous females. Many factors associated with this rate stem from a long history of colonialism and associated acculturation, marginalization, and intergenerational trauma. Consequently, learning about Indigenous history and culture is vital when supporting Indigenous communities and individuals.



Explore the [Indigenous Health Program learning series](#) for information including Indigenous history, social determinants of health and myths and misconceptions.

### Newcomers to Canada

Newcomers include recent immigrants and refugees to Canada. While the evidence does not indicate a higher rate of suicide among newcomers in general, newcomers who have experienced trauma are at an increased risk of suicide.<sup>5</sup> Even without trauma, the experience of immigration is stressful and may include factors such as separation from family, loss of social supports, language barriers and cultural adjustments.<sup>7,8</sup> Being part of this population does not necessarily mean someone will attempt or die by suicide, but this population may have disproportionately more negative experiences that put them at an increased risk of poor mental health.

### LGBTQ2S+ Youth<sup>6</sup>

Lesbian, gay, bisexual, transgender, queer or questioning and two-spirit youth are five to six times more likely to engage in suicidal behaviour as compared to non-LGBTQ2S+ youth. Some contributing factors to this heightened risk may include peer victimization and lack of acceptance. Among younger trans youth (age 14-18 years) in Alberta, it was reported that 67% had thoughts of suicide within the past year and just under 41% attempted suicide.<sup>9</sup> Parental support is a key factor for youth and is associated with a significant reduction in suicide attempts among trans youth.<sup>9</sup>

## Risk and Protective Factors<sup>5</sup>

Suicidal thoughts and behaviours reflect a combination of biopsychosocial and environmental factors that vary for individuals. Youth suicidal behaviour must be understood within a socioecological approach that takes the individual, familial, school, societal and cultural contexts into account. As Figure 3 shows, many factors contribute to suicide risk ranging from the individual level to the societal level, and even more risk and protective factors exist than those depicted below. While each domain is presented separately, the risk and protective factors within and between each context are interrelated. For example, an individual might show a willingness to seek help because they experience peer acceptance and support, feel a sense of school connectedness and can access to relevant and meaningful resources. Within a single domain, such as school, an individual may feel a sense of connectedness and belonging because the school environment is supportive. Addressing risk factors and enhancing protective factors is the foundation for suicide prevention and mental health promotion.



### Did you know?

Addressing risk factors and enhancing protective factors can also assist in improving disadvantageous outcomes such as violence or substance misuse.

# Risk and Protective Factors of Suicide

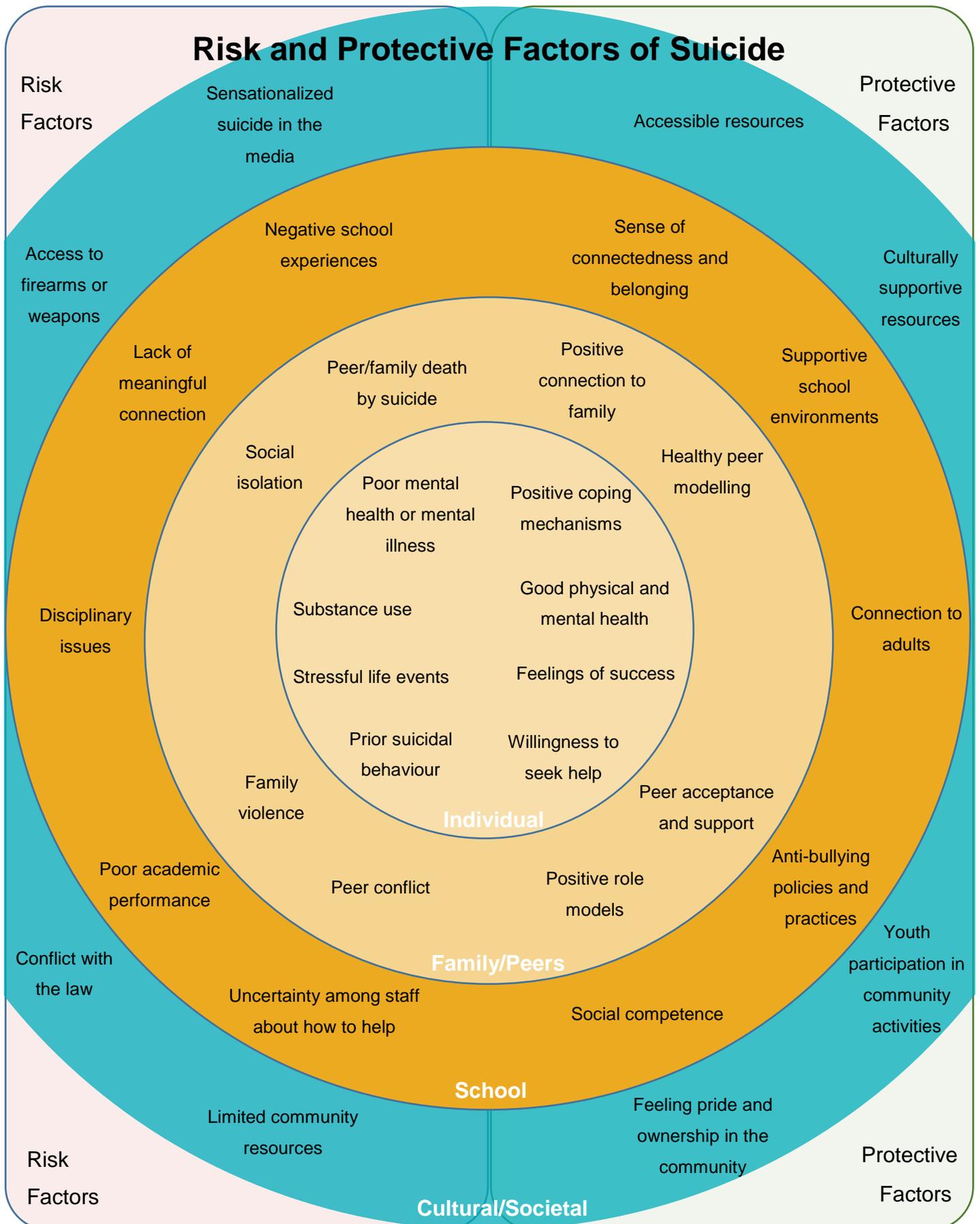


Figure 3. Risk and protective factors of suicidal thoughts and behaviours

# Mental Health Promotion and Suicide Prevention

There is a strong link between mental health promotion and suicide prevention. By addressing risk and protective factors, promoting positive mental health, encouraging students to recognize problems and reach out, teaching coping skills, fostering connectedness and reducing stigma, students are inherently developing skills and experiences to prevent suicide. A benefit of mental health promotion and suicide prevention is that it can also indirectly improve other components of wellbeing such as feelings of connectedness.

As an educator, you regularly have interactions with students. These interactions provide you the unique opportunity to impact students, not only through academia, but through the school environment as a whole. You can have an active role in promoting positive mental health and preventing suicide among all students in your school.

Considering Figure 3 above, the context in which educators are best positioned to influence students is in school. However, as mentioned, all contexts are interrelated. As such, the following section will address how risk factors can be reduced and protective factors enhanced in all four of the listed domains while at school. Within each domain, a variety of strategies are suggested at various levels of influence. Strategies vary from integrating mental health promotion components into how lessons are taught to teaching knowledge and skills and getting involved in school policy. The goal is that all educators will find applicable suggestions that suit their circumstance, needs and capacity.

## Individual Context

Individual-level components to promote positive mental health and prevent suicide apply to both the student and the teacher. Before teaching others, it is vital to be aware of statistics and language, understand why certain people and populations experience an increased risk of suicide and know how to talk about mental health and suicide appropriately. You are encouraged to review the [Foundational Language](#) and [Factors Influencing Suicide Risk](#) sections of this guide and to, within these sections, follow the embedded links for further learning.



Use appropriate language when talking about mental health and suicide in everyday speech at school. Remember [people first language](#) and the [tips to communicate about suicide](#).

Creating a consistent understanding and a shared language around mental health ensures that students, staff, families and the entire school community are on the same page about efforts to promote mental health. In addition to informal practices and language used, many schools choose to use specific programming to promote social and emotional learning (SEL) and support the mental health of their students (e.g., MindUP, PATHS, The Fourth R). Mental health programs should include components designed to:

1. increase awareness of mental health issues among students,
2. de-stigmatize mental illness,

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3. encourage students to recognize mental health problems in themselves and their friends,
4. facilitate processes for appropriate help-seeking for students and their peers,
5. increase resilience, and/or
6. teach self-awareness, coping skills, social-emotional skills and problem-solving skills.



Not sure of the quality of a specific SEL program? The [Collaborative for Academic, Social and Emotional Learning](#) (CASEL) has developed a systematic framework for evaluating these programs available for middle and high schools. This resource includes a list of evaluated programs and their overall quality.

This teaching may occur naturally as part of the curriculum depending on the subject(s) you teach. Otherwise, you will have the information presented throughout this guide to help facilitate connections between family and peers, as well as, fostering a positive school environment. The family and peer context, and the school environment context are further outlined in the following two sections.



The [Community Helpers Program](#) is a peer support program that focuses on mental health promotion, suicide awareness and stigma reduction. This program is offered in over 67 schools and communities across the province and includes modules such as self-helping, problem-solving and setting boundaries. The program is relevant in both the individual and peer contexts.



The [Provincial Teacher Resource List](#) includes classroom resources that can be used in the classroom and are applicable to teaching. Visit the “Mental Health and Mental Illness” section of the document for grade-specific resources and lesson plans relating to mental health.

## Family and Peer Context

Positive relationships and role modelling are protective factors at the family and peer level. Connecting to the individual level of influence, having foundational knowledge and using appropriate language can demonstrate positive role modelling for students and bolster this protective factor. Within a school community, strong partnerships with families are vital to ensuring positive mental health efforts are sustained in the school environment. The family remains most youths’ primary system of care, and family-school partnerships are critical not only to youths’ mental wellness but also to their academic success.<sup>5</sup> Family can refer to a number of members, for example, biological, adopted and foster parents, caregivers and supports, as well as, supports and others that may live together such as siblings and roommates. Using the terms “family partnerships” communicates to families their valuable role in working with the school to nurture youth success.<sup>10</sup> Families should also feel welcomed and supported as valued members of the school community.<sup>11</sup> Continuing to participate in ongoing and positive communication with students’ caregivers can be valuable in understanding the student, and working together to achieve positive mental health outcomes.



See this [infographic](#) from the Alberta Healthy School Community Wellness Fund for tips to engage and build positive relationships with families.

You may already have close communication with caregivers to influence other positive student outcomes; as previously mentioned, one strategy can influence multiple risk and protective factors.

The peer level of influence closely ties into the school environment. This will be addressed in the following section.

## School Context

As previously noted, the context in which educators are best positioned to influence students positively is in school. Educators can influence the social and physical environment to promote a positive environment where students feel connected and like they belong. Connectedness can be created by sharing positive interactions with students and helping them engage with peers and other adults within the school both during the school day and during extracurricular activities. Feeling connected is an important protective factor; it is not only related to reductions in suicidal thoughts and attempts, but is also related to improving academic achievement and healthy behaviours.<sup>10</sup>

Alberta Education recognizes the importance of taking a whole-school approach to promote positive mental health in schools to ensure that students and staff feel supported and included in their school community.<sup>3</sup> AHS supports the implementation of the [Comprehensive School Health](#) (CSH) approach, an evidence-based framework for health promotion in schools. Using the CSH approach, schools align their efforts to create a school culture that supports positive mental health promotion for all members of their school community.



Figure 4. The Comprehensive School Health Approach



Did you know?

Every school authority in Alberta has a Health Promotion Facilitator assigned to support the implementation of Comprehensive School Health. To find out who your representative is, email: [schoolhealthandwellness@ahs.ca](mailto:schoolhealthandwellness@ahs.ca)

The physical space within a school, as well as, the relationships between students, staff and families, can greatly influence mental health. Having spaces that are safe, inviting, open and celebratory of diversity allows students to feel like they belong within the school walls. When a student feels cared for by their teachers and peers, school connectedness is strengthened, and students foster a positive sense of emotional wellbeing.



To assess and reflect on the social and physical environment of classrooms and schools, view the Walk Around Tool for [teachers](#) and [school leaders](#). These tools will help schools reflect on the extent to which they are fostering a welcoming, safe, caring and respectful learning environment.

The Walk Around Tool for teachers focuses on four aspects of a positive learning environment. These include:

1. **Physical appearance:** examples include a clean entrance, welcoming signage rather than warning signs and displays of resources that reflect respect and diversity, and are in a language that can be understood by all.
2. **Social climate:** examples include greeting students, modelling healthy relationships, students sharing their ideas with peers and staff, and opportunities are available for students to learn and apply leadership skills.
3. **Success in learning:** examples include engaging students in meaningful learning experiences, students set meaningful goals for growth and staff engage regularly with families about student learning
4. **Home-school-community relations:** examples include respecting privacy and confidentiality, solving disputes or conflicts and informing school-community members about upcoming events.

An administrator in your school may ask educators to complete this tool and combine the feedback to inform school-level change. Alternatively, you can personally use this tool to reflect on the environment you can individually change, such as the classroom. You are also welcome to contact your Health Promotion Facilitator and read additional resources to inform your work.



Try dividing the class by birth month or by randomly passing out pairs of matching cards to create groups for classroom activities. Avoid dividing the class by gender.

As the previous resource outlines, there are numerous ways in which the learning environment can impact risk and protective factors of suicide in every domain from the individual to the community. While these resources provide a detailed view of a positive environment, the lists are not exhaustive, and you are encouraged to do further research and engage the school community (including students) to create the best school environment for your specific context.

## Cultural and Societal Context

The scope of the cultural and societal domain is vast and may seem beyond the ability of a person's influence within a school. While this is true in some cases, it is very much within the realm of possibility to bring cultural and societal factors into the classroom.

School and community-based suicide prevention efforts need to reflect principles of cultural safety and recognize and honour both traditional and cultural knowledge. They should also take into account - power imbalances, discrimination and historical colonization.



When teaching lessons about Indigenous history, you might consider inviting an Elder to the class to discuss Indigenous history and traditions.

Working collaboratively with students, families and community leaders is essential when designing and implementing culturally safe suicide prevention activities. It is important to remember that no one person is an expert in everything, so identifying partners to support specific work allows new knowledge and expertise to be integrated into mental health promotion efforts. Partners can be valuable in a variety of ways including bringing new ideas to the school community, providing professional learning to educators and assisting with the evaluation of projects. To determine which partnerships and services are appropriate, consider the goals of engagement and all groups that may have a stake in or capacity to support these goals. Some examples of partnerships and services to promote mental health in schools include:

- AHS – [School Health and Wellness Promotion](#)
- AHS – [Addiction and Mental Health](#)
- AHS- [Community Education Services \(CES\)](#)
- [Anxiety Canada](#)
- Internal school counselling teams (where applicable)
- Local mental health services [Mental Health Capacity Building Projects](#)
- Local universities/post-secondary institutions
- Neighbouring school authorities



Familiarize yourself with available supports within and external to the school environment. You might connect with these partners for curriculum support, to refer students in need of care and/or for professional development. Check with your district for an approved list of partnerships and services to use in your school.

Schools and community members (e.g., police or School Resource Officer, clergy, Elders, mental health and addictions, crisis services) must work together to establish partnerships and to build a common understanding of each other's needs when providing support for youth and school suicide prevention efforts. A school administrator may also consider identifying and describing a list of community supports for teachers to access.

Ideally, agreements with other service providers, both in the school and in the community, that outline prevention and intervention services should be created for schools. Identify who in the community can help implement suicide prevention programming in your school and the roles of school-based and community-based partners which could include School Counsellors, Psychologists, Mental Health Capacity Building Projects, the Community Helpers Program or Regional Collaborative Service Delivery.

## Additional Resources

This resource has reviewed fundamental language regarding mental health and suicide, populations at risk as well as independent risk and protective factors, and methods to promote mental health and prevent suicide at school.

Staff education and training are significant parts of school suicide prevention. Different staff members will have different training needs depending on their roles in the school. Many staff members can learn how to respond in a caring, supportive and calm manner. They can then refer to a school point person whose role will need more specific professional development. A point person should provide a link between students and mental health professionals. This point person can be anyone who has the potential to come into contact with at-risk students including administrators, teachers, counsellors and other support staff. Below are additional resources and pieces of training that teachers may elect to take, based on their role and needs, to further their knowledge and skills of mental health promotion and suicide prevention.



[Suicide First Aid: Applied Suicide Intervention Skills Training \(ASIST\)](#) is a two-day interactive workshop in suicide first aid. Participants learn to recognize when someone may have thoughts of suicide and work to create a plan to support their immediate safety.



[Suicide Prevention, Risk Assessment & Management \(SPRAM\)](#) is a web-based, interactive e-Learning series designed to respond to the learning needs of staff members who work with individuals experiencing mental health problems or mental illness.

### *Policies and Protocols*

Policy relates to both the formal and informal procedures and guidelines that exist in a school or district. The term policy encompasses something as small as expectations of student etiquette to something as large as an Administrative Procedure or authority directive. Policies are valuable because they set consistent standards and expectations for all school stakeholders relating to the positive environment fostered in the school community. In Alberta, [Welcoming, Caring, Respectful and Safe Schools](#) policies are required of all school authorities and are an example of how policy can be applied to promote a safe space for all students. Each school district has its own Welcoming, Caring, Respectful and Safe Schools policy which is posted on each district's website.

The following policy resources may be used by school leadership, and may also be applicable to educators. For example, the Policy Readiness Tool may be used to develop new classroom rules, and content from the Guidelines for Best Practices document can be used to develop inclusive policies.



Not sure if your school community is ready for policy change? Use the [Policy Readiness Tool](#) to assess your school community and identify opportunities for healthy school policy.



Read the [Guidelines for Best Practices: Creating Learning Environments that Respect Diverse Sexual Orientations, Gender Identities and Gender Expressions](#) for practical ways to respect gender and sexual orientation diversity. The resource also specifies indicators of success for each best practice item.

As previously discussed in this resource, LGBTQ2S+ students are at a heightened risk for suicidal behaviours. The Guidelines for Best Practices resource above includes a lot of valuable information on creating a respectful learning environment for LGBTQ2S+ students. You are encouraged to read all of the best practices outlined in the document.

Where policies serve as guidelines, protocols specify actions to take in a given scenario. It is important for schools to have procedures in place to support students and staff. If these processes have not been created, AHS Healthy Minds Healthy Children has two protocols that can assist schools in developing their own. The Non-Suicidal Self Injury Protocol and the School-Based Suicidal ideation Response Protocol both include practical information for teachers. Please review the following tools and consider how they might be applied from your own lens.



The [School-Based Suicidal Ideation Response Protocol](#) has been developed to assist schools and educators to understand the purpose and components of the protocol in relation to their role. The protocol has been developed using evidence-informed resources and procedures.



The [Non-Suicidal Self Injury Protocol](#) has been developed to assist schools and educators on developing policies and processes to respond to students who are participating in non-suicidal self-injury. The protocol has been developed using evidence-informed resources and procedures and includes modules specific to the school administrator and point person.

## Conclusion

Suicide is a significant public health problem that impacts individuals, families and communities. Suicide is complex and arises from the interaction of individual mental and emotional risk factors and family, social and community factors. By understanding and using common language regarding mental health, mental illness, and suicide, we can change the way we think about it. By understanding the risk and protective factors of suicide, as well as, ways to facilitate a positive school environment, teachers can play an impactful role in promoting mental health and prevent suicide in youth.

## Key Terms

**Mental health:** A state of well-being in which every individual realizes his or her own potential, can cope with normal stresses of life, can work productively and fruitfully and is able to contribute to his or her community.<sup>12</sup>

**Mental illness:** Alterations in thinking, mood or behaviour associated with significant distress in one or more areas such as school, work, social or family.<sup>3</sup>

**Mental health promotion:** Mental health promotion is the process of enhancing the capacity of individuals and communities to increase control over their lives and improve their mental health.<sup>13</sup>

**Self-harm:** The act of intentionally physically hurting oneself. Self-harm can refer to non-suicidal self-harm (or self-injury), where there is no intention to die. See [suicide attempt](#) for intention to die. Intention to die is what distinguishes a suicide attempt from self-harm.

**Suicide:** The act of killing oneself deliberately or consciously initiated and performed by the person concerned in the full knowledge or expectation of its fatal outcome.<sup>14</sup> Using phrases like death by suicide, died by suicide, or suicide describe what really happened and is accepted language.

**Suicide attempt:** The act of intentionally physically hurting oneself with the intention to die, resulting in a non-fatal outcome. Intention to die is what distinguishes a suicide attempt from [self-harm](#).

**Suicidal ideation:** Thinking about or considering dying by suicide.

**Suicide prevention:** Efforts to reduce the risk of [suicide](#), [suicide attempts](#) and [suicidal ideation](#).

**Suicide intervention (intervention in a suicidal crisis):** Efforts to prevent a person from dying by [suicide](#). Includes practices involved in recognizing and responding to [suicidal ideation](#) or behaviour and in supporting high-risk groups in accessing and transitioning to and from mental health care.

## Resource List

- Alberta Health Services Addiction and Mental Health:  
<https://www.albertahealthservices.ca/amh/amh.aspx>.....p17
- Alberta Health School Community Wellness Fund  
infographic: <https://drive.google.com/file/d/1yqmcPaoaFmAVziQvBGIsaBY1gBG50bIO/view> .....  
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- Alberta Health Services School Health and Wellness  
Promotion: <https://www.albertahealthservices.ca/topics/hcy.aspx>  
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- Anxiety Canada: <https://anxietycanada.com/>.....p17
- The Collaborative for Academic, Social and Emotional Learning  
(CASEL): <https://casel.org/middle-and-high-school-edition-casel-guide/>  
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- The Community Helpers  
Program: <https://www.albertahealthservices.ca/findhealth/Service.aspx?id=1073813&serviceAtFacilityID=1120129#contentStart>  
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- Go-To Educator Training: <http://teenmentalhealth.org/alberta/literacy-and-training/go-to-educator-training/> .....p7
- Guidelines for Best Practices: Creating Learning Environments that Respect Sexual  
Orientations, Gender Identities and Gender  
Expressions: <https://education.alberta.ca/media/1626737/91383-attachment-1-guidelines-final.pdf>.....p19
- High School Curriculum Guide: <http://teenmentalhealth.org/alberta/literacy-and-training/high-school-curriculum-guide-training/>.....p8
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