



## POLICY AND PROCEDURE MANUAL

**SECTION:** Access Coordination

**POLICY:** AC 11

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### Suicide and Threat Prevention Policy

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#### **PREAMBLE**

Suicide is a tragic and complex public health problem that impacts individuals, families and communities. A substantial number of people who die by suicide have had contact with care providers in the year prior to their deaths. For each person that dies by suicide, 25 to 30 others engage in non-fatal suicidal behaviour.

The *School and Community Protocol for Violence Threat Risk Assessment and Intervention* supports the timely sharing of information, advice, and support to assist in the prevention of violence towards self and/or others. A threat to others is when a person utters, writes, gestures or communicates through technology a threat to harm or kill a person or persons. The goal of the protocol is to remove or reduce as far as possible any threats to the safety of the individual, others and/or property, that arise from any actions engaged in by students or their peers on school property or in the community.

Each tragedy of completion of suicide or violence against others devastates families, friends, and communities. Prevention rests with staff through recognizing risk factors and warning signs, and proactively acting. This includes connecting to services such as crisis services when there are imminent risks of harm to self and others.

#### **POLICY**

Staff will talk openly about suicide and threats of violence with clients to be able to recognize when someone is thinking about suicide or violence, and connect them to appropriate supports with appropriate identification of prioritization.

#### **PROCEDURE**

1.0 If a client is presenting with any of the following, staff will make an immediate Coast/Crisis Service referral, with consent\* as appropriate, and/or call police:

\*Note: Follow the CYFSA, and/or the *School and Community Protocol for Violence Threat Risk Assessment and Intervention Protocol* regarding the timely sharing of information about children and youth at risk or harm towards self and/or others, and the instances where consent is not required.

- Imminent risk of harm to themselves, e.g., suicidal ideation, suicidal plan
- Imminent risk of harm to others, e.g., homicidal ideation, homicidal plan, threat of violence
- Imminent risk of family breakdown due to parent/child conflict, e.g., statement they are going to child welfare as cannot manage anymore, or child can't live at home anymore.

2.0 Safety from suicide and threats of violence rests with staff by:

- Asking and talking openly about ideation of suicide and threats of violence.
- Providing a caring culture that promotes inclusivity and respect for differences, including, but not limited to, race, religion, gender, and sexual identity.
- Being pro-active, compassionate, non-judgmental and providing informed responses.
- Being knowledgeable on risk factors and warning signs for harm to self and/or others.
- Taking opportunities for suicide and threat risk assessment training to understand best practices for prevention.
- Using the assessment tools and their best judgement to identify each person's immediate risks.

3.0 The Zero Suicide model relies on professionals to systematically screen all patients who have any known risk factor(s) for suicide.

Similarly, the Threat Risk Assessment model relies on professionals to determine whether or not an individual is moving on a pathway towards violence against self or others, and create an opportunity to intervene to decrease the risks identified.

Contact Brant staff will:

- Determine and assess clients who have any known risk factors or warning signs for threat of harm to self or others, using the agency's diagnostic tools and through gathering intake and service coordination information.
- Make referrals to appropriate services including mental health services and crisis services; prioritize clients that require immediate referral due to immediate risk of harm to self or others.
- Enact the Threat Risk Assessment Protocol by contacting the client's school social worker to complete a Risk Assessment.
- Regularly inform people of Crisis Services so they have that information if needed in the future.

4.0 *Risk Factors:* There is not one single risk factor for risk of harm to self or others. It is typically the result of a complex interplay of individual, social and environmental risk factors moderated by protective factors such as positive social support and coping skills. People with multiple risk factors are usually at the highest risk. Staff will be knowledgeable of the risks of harm to self or others – risk factors may include, but are not limited to:

- A history of deliberate self-harm or harm to others. (A prior suicide attempt is the strongest known risk factor for suicide).
- Childhood trauma; physical, emotional or sexual abuse; or physical neglect.
- Some demographic groups are at a higher risk for suicide:
  - Young people age 15 to 29 account for the most suicide deaths
  - Indigenous peoples
  - 2SLGBTQ+ people

- Refugees and migrants

- Mental illness, including substance use disorder.
- Low socio-economic status (i.e., low income, unemployment, low education).
- Family history of suicide/violence.
- Recent or impending life crisis, e.g., relationship problems, loss of employment, loss of housing, legal issues, physical health problems.
- Access to tools used for self harm or harm to others (e.g., weapons, medications, etc.)

5.0 *Warning Signs:* Staff will be knowledgeable about the warning signs that indicate that a person may be experiencing an acute suicidal crisis or serious violence including violence with intent to harm or kill. Common warning signs include:

- Talk (verbal, written, electronic) about self harm or harm to others.
- Having a plan for suicide or serious violence (verbal plan, written plan, internet postings).
- Psychological distress (e.g., hopelessness, psychological turmoil, decreased self-esteem, bullying/harassment).
- Behavioural concerns that threaten the safety of self or others.
- Cognitive challenges (e.g., constricted thinking, where a person may be unable to see any alternatives to harm of self or others).

Additionally, knowledge of the *School and Community Protocol for Violence Threat Risk Assessment and Intervention Chart* of Behaviours is expected:

<b>Worrisome Behaviours</b>	<b>High-Risk Behaviours</b>	<b>Immediate Threat</b>
Include, but are not limited to: <ul style="list-style-type: none"> <li>● Suicidal ideation</li> <li>● Vague threatening statements</li> <li>● Unusual interest in fire</li> <li>● Significant change in anti-social behaviour</li> <li>● Violent content – in drawing pictures or writing stories/journals</li> </ul>	Include, but are not limited to: <ul style="list-style-type: none"> <li>● bomb threat plan</li> <li>● verbal/written plan to kill/injure</li> <li>● internet website threats to kill or injure self/others</li> <li>● fire setting</li> <li>● threats of violence</li> <li>● suicidal ideation</li> <li>● hate incidents and bullying</li> <li>● evidence of planning, rehearsal behaviours</li> <li>● gang-related violence</li> </ul>	Include, but are not limited to: <ul style="list-style-type: none"> <li>● possession of a weapon or replica</li> <li>● plan for a serious assault</li> <li>● homicidal/suicidal</li> <li>● behaviour that threatens safety (fluidity)</li> <li>● fire setting</li> </ul>