# A Collaborative Response for Children and Families in Crisis


## Community SPIRR Protocol:

## Suicide Prevention, Intervention, And Risk Review Protocol

MARCH 2015

# Community Suicide Prevention, Intervention and Risk Review Protocol

## A Collaborative Response to Assessing Students in Crisis

## Acknowledgements

The development of this protocol is the result of the hard work and partnership of the School Boards, Community Mental Health Agencies, Hospitals, Crisis Teams and Police Services, coordinated by the Catholic District School Board of Eastern Ontario. The protocol reflects the language and ASIST training provided by Living Works Canada, and the protocols of J. Kevin Cameron, Director of the Canadian Centre for Threat Assessment and Trauma Response, and the Human Services Centre for Mental Health for Maine and Colorado.

# Community Suicide Prevention, Intervention and Risk Review Protocol

## A Collaborative Response to Assessing Students in Crisis

## Table of Contents



## Appendices

### APPENDICES

# I. RATIONALE FOR DEVELOPING AND IMPLEMENTING SUICIDE PREVENTION AND INTERVENTION PROTOCOLS

The goal of this Suicide Prevention, Intervention and Risk Review (SPIRR) Protocol is to increase education and awareness on the topic of suicide, to assist district school boards and community partners to take active steps to support students who pose a risk of suicide and to ensure the safety and well-being of all children and youth in our communities. All partners agree to develop and support the protocol to prevent suicide and to create suicide safer communities.

The principal goal of the protocol is to respond as a caring community to reduce risk of suicide and implement risk reduction measures. We will do so by proactively sharing information, advice, and support.

### Reasons why schools and communities should address suicide

Suicide Facts:

- In Canada, suicide is the second leading cause of non-accidental death among children and youth.
- In 2007 and 2008 suicide accounted for over 20% of deaths for young people between the ages of 10-24.
- Ten young peoples' lives are lost each week in Canada through suicide, three of them occur in Ontario.
- In Ontario, one in ten students (99,000 students) in grades 7-12 have reported seriously contemplating suicide, of those who reported suicidal thoughts 3% (29,000 students) of them reported attempting suicide.
- In 2009 the Organization for Economic Cooperation and Development reported that the suicide rate for Canadian youth between the ages of 15-19 year olds is the 4$^{th}$ highest among its 29 member countries.
- Suicide in children and youth is complex behaviour that is associated with risk factors that include social, environmental, and bio-chemical - often interacting together.
- Mental health problems in children and youth, when left untreated, generally get worse. Suicide is frequently related to an underlying mental health problem that may have gone untreated or undiagnosed.
- From 1982 to 2008, the suicide rate has increased for girls and has decreased for boys, but boys continue to be at a higher risk of death by suicide.
- Rates of suicide increase markedly in late adolescents and early twenties.
- Suicide attempts peak in 16-18 years old youth, particularly in young women.
- Effects of youth suicide go beyond the victim affecting parents, family, friends, schools and the community.

### Importance of Caring Community Culture

The importance of a caring community is acknowledged **as being a key to creating**:

- Children and youth who are healthy, resilient and feel accepted by peers, and respected for differences, including race, religion, gender, and sexual identity. This is important for a sense of belonging and acceptance.
- Communities that place strong emphasis on safety, respecting differences, inclusivity, communication and programming designed to facilitate social responsibility and healthy relationships.
- Systems that allow for early identification of potential problems that children/youth and families may be experiencing.
- Opportunities for children and youth themselves to be actively involved and included in the development of initiatives and programming to support a caring community.

# II. VISION AND STATEMENT OF PRINCIPLES

All partners will take active steps to follow the SPIRR protocol to assist in the reduction of child and youth suicide in our schools and communities. The partners will work together to establish relationships of mutual respect and trust in a coordinated effort to identify, intervene and support children and youth at risk of suicide.

**As partners, we will work together for the benefit of children, youth, and their parents/guardians by:**

- Involving children, youth and their families in identifying and planning for outreach referral services and supports.
- Recognizing that each child and youth has unique strengths and needs that should be considered when developing an appropriate SAFEPLAN.
- Helping children and youth become happy, healthy, active, involved and caring members of the community
- Building working relationships based on mutual respect and trust between students, families, schools and communities.
- Working together in ways that promote safe, caring and restorative school environments and practices.

**The partners agree to work together for the common goals of:**

- Supporting schools and community partners in using the Suicide Prevention, Intervention and Risk Review Protocol.
- Building understanding of the nature of youth suicide: the myths and facts; risk and protective factors; warning signs; and appropriate interventions steps.
- Building collaborative connections within a community and among regional school boards and community support services.
- Educating schools, community services, parents and students about suicide prevention and intervention.

The protocol is designed to support children, youth and families and to facilitate communication. When the protocol is activated, families, mental health agencies, hospitals, schools/boards and other community partners will communicate relevant information to support the child/youth.

**As part of the protocol design, District School Boards and Community Partners will commit to:**

- Participate in Steering committee meetings as required.
- Designate a lead contact who has been trained in suicide intervention and assessment.
- Provide staff development in suicide awareness, and/or applied suicidal intervention skills training (referred to herein as “ASIST”, “safeTALK” and “suicideTALK”.
- Conduct a protocol review every two years from the date of signing.

# III. COMMUNITY PARTNERS

The Mental Health agencies, Community Hospitals and District School Boards are the lead partners in the **Suicide Prevention, Intervention and Risk Review Protocol (SPIRR)** community team for our geographical area of **Lanark, Leeds, Grenville, Stormont, Dundas, Glengarry, Prescott and Russell Counties**. Community partners will also include health care services, Children's Aid Society, Addiction Services, Developmental Services, Police and other community agencies from across the following four regions.

| | LEEDS AND GRENVILLE COUNTY | LANARK COUNTY | PRESCOTT-RUSSELL COUNTY | STORMONT, DUNDAS AND GLENGARRY COUNTY |
|---|---|---|---|---|
| MENTAL HEALTH SERVICES (AGENCIES AND HOSPITALS) | **Children's Mental Health of Leeds and Grenville**<br><br>**Brockville General Hospital**<br>• Crisis Team Elmgrove Site (16+ yrs.)<br><br>**Leeds – Grenville Mental Health Services (16+ yrs.)**<br><br>**Canadian Mental Health Association Leeds and Grenville Branch** | **Open Doors for Lanark Children and Youth**<br><br>**Lanark County Mental Health (18+ yrs.)** | **Valoris for Children and Adults of Prescott – Russell**<br><br>**Hawkesbury and District Community Hospital**<br>• Community Mental Health Clinic<br><br>**Montfort Hospital**<br>• Community Mental Health Outreach (16+ yrs.)<br>**Centre Royal Comtois de Prescott-Russell, Hawkesbury** | **Cornwall Community Hospital**<br>• Children Mental Health Programs<br>• Adult Mental Health Services (16+ yrs.)<br>• Mental Health Crisis Team (under 16 yrs.) ONLY if at ER or Home/School when police are present<br><br>**Children's Treatment Centre** |
| | **Hotel Dieu Hospital (HDH) (0-18 yrs.)** | | **Canadian Mental Health Association Champlain-East Branch** | |
| | **The Children's Hospital of Eastern Ontario CHEO (0-18 yrs.)**<br>**The Royal (16+ yrs.)** | | | |
| POLICE & EMERGENCY SERVICES | **Brockville Police Service**<br>**Gananoque Police Service** | **Smiths Falls Police Service** | | **Cornwall Community Police Service** |
| | **Ontario Provincial Police (OPP)** | | | |
| HOSPITAL EMERGENCY SERVICES | **Brockville General Hospital**<br><br>**Kemptville District Hospital** | **Carleton Place & District Memorial Hospital**<br><br>**Almonte General Hospital**<br><br>**Perth & Smiths Falls District Hospital** | **Hawkesbury & District General Hospital** | **Cornwall Community Hospital**<br><br>**Glengarry Memorial Hospital**<br><br>**Winchester Memorial District Hospital** |
| | **Hotel Dieu Hospital (HDH)* (0-18 yrs.)** | | | |
| | **The Children's Hospital of Eastern Ontario CHEO* (0-18 yrs.)** | | | |
| OTHER SERVICES | **Developmental Services of Leeds & Grenville**<br><br>**Athens & District Family Health Team**<br><br>**CPHC – Community Family Health Team**<br>• Prescott Family Health Team<br>• Upper Canada Family Health Team | **Ottawa Valley Family Health Team** | **Valoris for Children and Adults of Prescott - Russell**<br><br>**ESF Du Bas-Outaouais-Lower Outaouais Family Health Team** | **Children's Aid Society of the United Counties of SDG**<br><br>**Stormont, Dundas and Glengarry Developmental Services Centre**<br><br>**Seaway Valley Community Health Clinic** |
| | **Child and Family Services Lanark, Leeds and Grenville** | | **Centre de Sante Communautaire de L'Estrie** | |
| | **Community Care Access Centre (CCAC) – Mental Health and Addiction Nurse (MHAN)** | | | |

***CHEO and Hotel Dieu Hospital have an Urgent Care Protocol (See page 9)**

# IV. INFORMATION SHARING

The general intent of access to information and protection of privacy legislation is to regulate the collection, use and disclosure of personal information.

**A parent or other substitute decision maker can consent to disclosure on behalf of the child/youth under the following circumstances:**

- The child/youth is under 12 years of age and the service being provided is under the Ministry of Child Youth Services
- The child/youth is under 18 years of age and the service being provided is under the Ministry of Education

**A child/youth has the right to block information sharing only when the child/youth can demonstrate both of the following conditions (capacity and consent):**

- The child/youth understands what information is being shared, and can explain in their own words what information is being disclosed and to whom.
- The child/youth understands the realistic consequences of sharing information. The child/youth can explain in their own words the consequences if the information is released and if the information is not released.

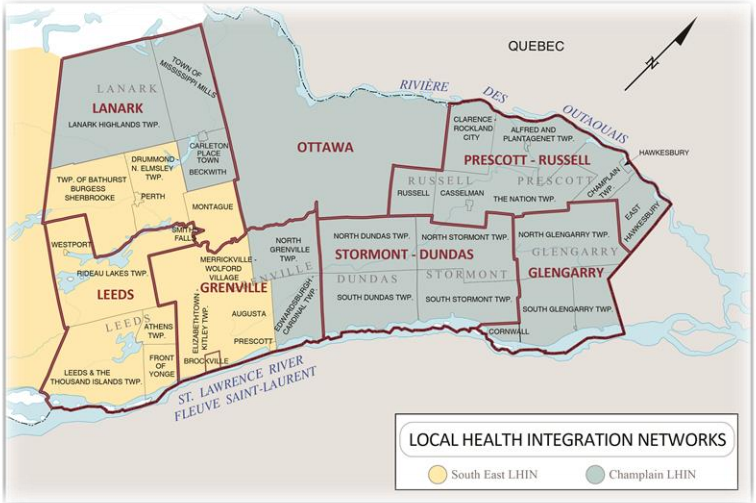
Consent to disclose personal information should be obtained, when and as required by applicable law. Valid consent does not exist unless the individual knows what he/she is consenting to, and understands the consequences of the intended disclosure. The individual must be made aware that he/she can withdraw consent at any time by giving written or verbal notice.

When the child/youth is at significant risk to themselves or others, information is shared regardless of consent until the appropriate care that reduces the risk is coordinated. The District School Boards and Community Partners are committed to the sharing of relevant information to the extent authorized by law. Children and youth may resist the disclosure of their suicidal intentions and may significantly overestimate their ability to control their actions despite a history of unsafe behaviour. Proceed unless the child/youth appeals the decision through the Consent and Capacity Board of Ontario.

Generally parents/guardians will be informed about the health and wellness of their child/youth by practitioners. Practitioners will support parents to understand what information would be helpful to share and with whom as a part of good intervention and aftercare.

Ottawa regional services including CHEO and The Royal are available to Prescott, Russell, Stormont, Dundas and Glengarry counties and parts of Lanark and Grenville counties.

Kingston regional services including the Hotel Dieu Hospital are available to Leeds county and parts of Lanark and Grenville counties



It is vital to note, however, that **legislation allows the release of personal information if there is imminent threat to health and safety.**

| Green Light | Yellow Light | Red Light |
|---|---|---|
| Generally speaking, pursuant to freedom of information and privacy acts, relevant personal information CAN be shared under one or more of the following circumstances: | In any of the following circumstances obtain more information and/or get advice from supervisor or the board lawyer: | Information can NEVER be shared under the following circumstances: |
| • Imminent threat to health/safety can be shared with appropriate partners (police, medical).<br>• With written, informed consent<br>• To avert or minimize imminent danger to the health/safety of any person.<br>• To report a child who might be in need of protection under the Child and Family Services Act (*See Child Protection School Handbook).<br>• By order of the Court. | • Consent is not provided or is refused, but where there may be a health or safety issue for any individual or group(s).<br>• When a professional code of ethics may limit disclosure.<br>• To cooperate with a police and/or a child protection investigation. | • There is a legislative requirement barring disclosure.<br>• No consent is given and there is no need to know or no overriding health/safety concerns, or<br>• Consent is given but there is no need to know or overriding health/safety concern. |

***Child Protection School Handbook has been provided to each school and partnering agency**

## Key Points Regarding Information Sharing

- The Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and the Personal Health Information Protection Act (PHIPA) provide exceptions for the release of information where there are imminent risks to health and safety. MFIPPA notes compelling circumstances affecting the health and safety of an individual..." (Part II, 32(h), MFIPPA). PHIPA notes that "a health information custodian may disclose personal health information about an individual if the custodian believes on reasonable grounds that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons." (2004, c. 3, Sched. A, s. 40(1) PHIPA).
- The Children's Aid Societies will endeavor to obtain consent to release information from all of their clients involved in a school or community **Student Suicide Safety Review**. Disclosure of information without consent may be considered if they believe on reasonable grounds that:
    - failure to disclose the information relevant to the threat is likely to cause the person or another person physical harm
    - the need to disclose is urgent.
- Section 125(6), Youth Criminal Justice Act (YCJA) enables information in a Youth Criminal Justice Act record to be shared, within the access period, with any professional or other person engaged in the supervision or care of a young person — including the representative of any school board, or school or any other educational or training institution only in limited circumstances. Information may be shared to ensure the safety of staff, child/youth or others, to facilitate rehabilitation/reintegration of the young person, or to ensure compliance with a youth justice court order or any order of the provincial director respecting reintegration leave. Such sharing of information does not require the young person's consent.
- The recipient of youth justice information is responsible for ensuring compliance with legislated restrictions on its use and disposal under the YCJA s.125 (7). This provision requires that the information must be kept separate from any other record of the young person, that no other person must have access to the information except as authorized under the YCJA or for the purposes of ss.125 (6), and that it must be destroyed when it is no longer needed for the purpose for which it was disclosed.

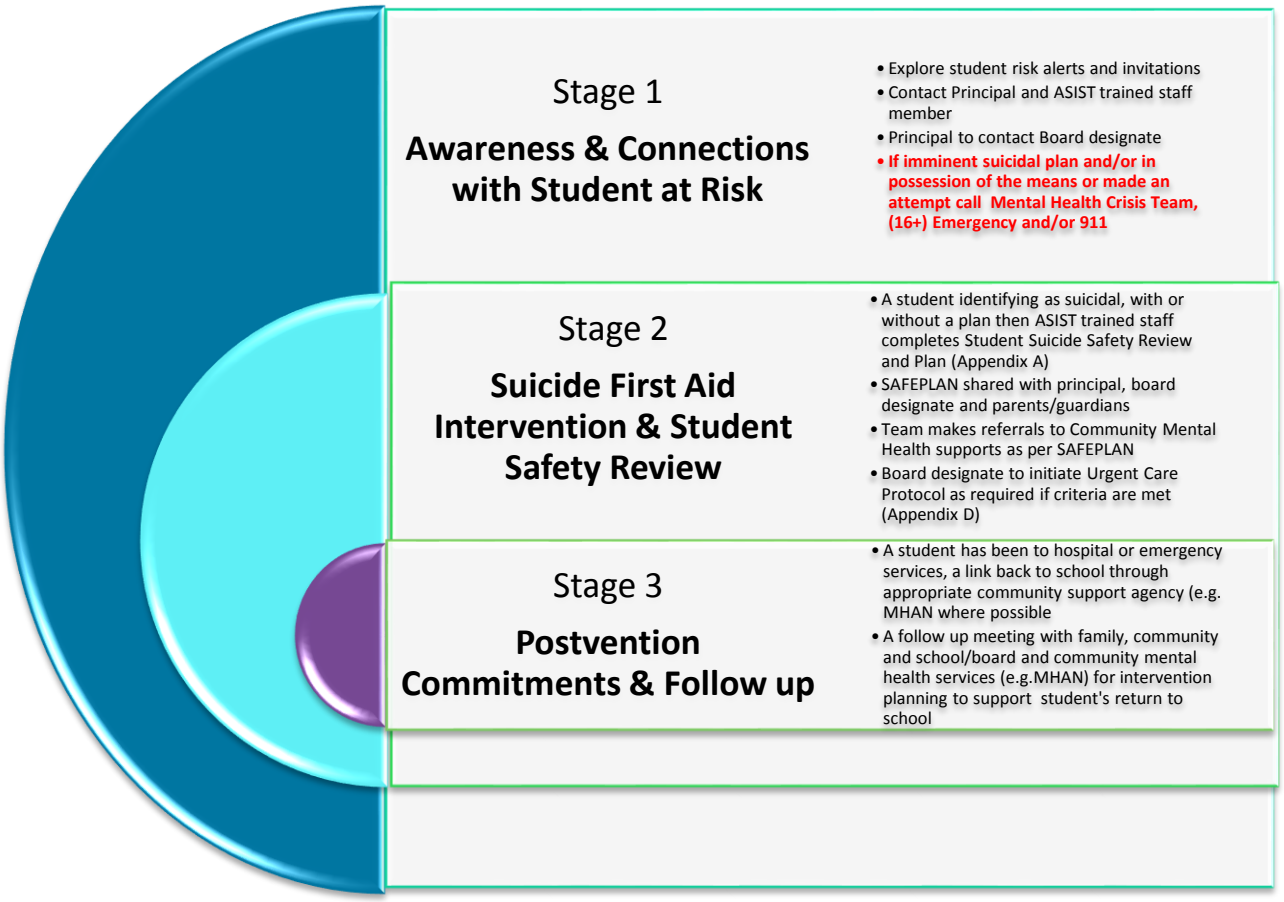
# V. ACTIVATION OF PROTOCOL

**The SPIRR protocol is activated when the risk of suicide is raised; when any peer, teacher, or other school employee identifies someone as potentially suicidal because s/he has directly or indirectly expressed suicidal thoughts (ideation) or demonstrated warning signs.** High risk exists when a staff person observes or is told that a student is making explicit statements indicating the wish or threat to die or has access to or is in possession of lethal means. The student may appear significantly depressed, moody, irritable, unable to concentrate or withdrawn.

**ALL STAFF MEMBERS MUST TAKE THREATS TO SELF-HARM AND SUICIDAL BEHAVIOUR SERIOUSLY EVERY TIME.**

The following guidelines are intended to help school staff make the determination of when to activate the SPIRR protocol within the school environment. It is important to carefully consider each individual's presenting behaviours to ensure the most appropriate response. When the risk of suicide is raised, community partners will follow the protocols and guidelines of their respective agencies.

**Intense suicide ideation with resolved intent, a plan, means, and/or weapon is present and/or suicide attempt has been made, call Mental Health Crisis team and/or 911**



## A 3 STAGE MODEL FOR ALL STUDENTS PRESENTING WITH SUICIDAL BEHAVIOURS AND IDEATION
## SUPPORTS AND INTERVENTIONS

### Risk Alerts and Invitations
### *Stressful Events with Feelings of Loss*

| Change in Actions | Change in Thoughts | Change in Feelings | Changes in Physical |
|---|---|---|---|
| • Giving away possessions<br>• Withdrawal<br>• Loss of interest in hobbies/activities<br>• Abuse of alcohol, drugs<br>• Reckless behaviours<br>• Extreme behaviour changes<br>• Self-injury | • *" No one can do anything to help me now"*<br>• *"I can't do anything right"*<br>• *" I wish I were dead"* | • Hopeless<br>• Desperate<br>• Angry<br>• Worthless<br>• Lonely<br>• Sad<br>• Helplessness | • Lack of interest in appearance<br>• Disturbed sleep<br>• Change or loss of appetite, weight<br>• Physical health complaints |

**In consultation and collaboration it may <u>not</u> be necessary to move to Stage 2. If student is <u>not</u> suicidal:**

- Student is **NOT** presenting with suicidal thoughts, but requires supports, refer to appropriate service internally or to appropriate community partners. Alert the student's "circle of care" and supports.
- Document and arrange follow up with student
- Follow up with case conference(s) when required with parents/guardians, multidisciplinary team at school level
- Referrals to community supports as necessary **(Appendix F)**

### Activation of the School and Community Suicide Protocol and Intervention

| | | |
|---|---|---|
| **STAGE 1:** AWARENESS & CONNECTIONS WITH STUDENT AT RISK<br>**KEEP STUDENT SAFE AND UNDER IMMEDIATE SUPERVISION – THE STUDENT SHOULD NOT BE LEFT ALONE**<br>**Automatic Activation**:<br>- Suicide attempt<br>- Verbal/written threats to suicide<br>- Internet, social media, IM, or blog messages to suicide<br>- Plan and/or means to carry out a suicide attempt<br><br>**WITHIN HOURS / SAME DAY** | **KEY TASKS**<br>• Explore student's risk alerts / invitations<br>• Contact Administrator & ASIST trained staff, if ASIST staff unavailable, contact crisis team or hospital<br>• Data collection and identification of immediate risk factors<br>• Administrator to contact Board Designate<br>• Move to Stage 2 or emergency services if required.<br>• If student is sent to CHEO/HDH, appropriate documentation (Appendix A) to be faxed to care provider<br>• Contact parent/guardian (Appendix C) | **STUDENT AT RISK: Support Network**<br>• Student At-Risk<br>• ASIST trained personnel<br>• School Administrator<br>• Parents/Guardian<br>• Board Designate<br><br>**As needed:**<br>- Community Mental Health Services<br>- Mental Health Crisis Team<br>- Police<br>- Hospital<br>- Hospital Therapists with consent |
| **STAGE 2:** SUICIDE FIRST AID INTERVENTION & STUDENT SAFETY REVIEW<br>**Student is identifying as suicidal with or without a plan**<br><br>**<u>STUDENT SUICIDE SAFETY REVIEW</u> AND <u>SAFEPLAN</u> COMPLETED WITHIN HOURS/ SAME DAY** | **KEY TASKS**<br>• Suicide risk factors have been determined<br>• Administrator is notified, ASIST trained staff and Board Designate is contacted (School/Board/Community as available)<br>• ASIST staff to complete **Student Suicide Safety Review and immediate SAFEPLAN** (Appendix A) with student<br>• ASIST staff to document SAFEPLAN in consultation with student, parent/guardian and team (Appendix B)<br>• Administrator to contact parent/guardian<br>• Board Designate to initiate Urgent Care Protocol (as required). Appropriate documentation (Appendix D) to be faxed to care provider. | **STUDENT AT RISK: Support Network**<br>• Student At-Risk<br>• ASIST trained personnel<br>• School Administrator<br>• Parents/Guardian<br>• Board Designate<br>• Community Mental Health Services<br><br>**As needed:**<br>- Mental Health Crisis Team<br>- Hospital<br>- School Based Mental Health Addiction Nurse (MHAN)<br>- CHEO/HDH Urgent Care Team<br>- Hospital Therapists with consent |

*When there is a threat of violence or risk to others, activation of the **Community Violence Threat Risk Assessment Protocol (VTRA)** is initiated*

| **STAGE 3:** POSTVENTION COMMITMENTS & FOLLOW UP<br>**Student has been hospitalized or emergency services were involved due to suicide ideation and/or attempt to suicide.**<br><br>**AS SOON AS POSSIBLE PRIOR TO STUDENT'S RETURN TO SCHOOL OR IMMEDIATELY FOLLOWING A STUDENT'S RETURN TO SCHOOL** | **KEY TASKS**<br>• Follow up meeting with family, community and school/board/ for intervention planning to support the student's return to school.<br>• It is anticipated when a student is hospitalized or seen in the Emergency room, the Hospital staff will endeavor to link the student with the MHAN prior to discharge from hospital, or other appropriate community support agency.<br>• If student is hospitalized or emergency and / or community mental health services involved due to suicide ideation, family, hospital, school/board, and community support agency (MHAN) work collaboratively to support a student's return to school where possible<br>• Review and follow up on commitments made by student in the SAFEPLAN | **STUDENT AT RISK: Support Network**<br>• Student At-Risk<br>• ASIST trained personnel<br>• School Administrator<br>• Parents/Guardian<br>• Board Designate<br>• Hospital<br>• Community Mental Health Services<br><br>**As needed:**<br>- Mental Health Crisis Team<br>- School Based Mental Health Addiction Nurse (MHAN)<br><br>See **Appendix F** for the list of hospitals, crisis teams and emergency services in each region. |
|---|---|---|

## Hospital Urgent Care Protocol

Psychologists and psychiatrists at CHEO/HDH are able to provide prompt mental health assessments on an outpatient/voluntary basis for children and youth who are in crisis but not at immediate risk of suicide and meet specific triage criteria including:

- **current suicidal/homicidal ideation,**
- **current or recent suicide attempt/gesture, who are medically stable,**
- **recent history of suicide attempts,**
- **acute change in mental status, particularly as a result of psychosis**
- **able to engage in safety planning until scheduled appointment.**

The Board Designate, upon their assessment of the situation and in consultation with the school, may refer the student to CHEO/HDH Urgent Care team for further assessment and follow-up by completing the "Referral to CHEO/HDH Emergency Department Mental Health Assessment" form (or such other document that is substantially in the same form), along with the HEADS-ED screening tool (Appendix D). The referral package may also include additional information such as the student's IEP, psychological assessments and Safe Plan. The Board Designate will then contact the Urgent Care Team at CHEO/HDH to determine eligibility to their Urgent Care program and complete the **"Consent to Share Personal Health Information"** form. A student requiring Urgent Care will be provided with an appointment with a psychologist or psychiatrist at CHEO within 7-10 days as per CHEO's Urgent Care Protocol, which protocol may be updated and amended by CHEO from time to time, and follow-up with a psychologist or psychiatrist as determined by the practitioner. For students accessing the HDH Urgent Care team, the student will be provided with an appointment with a psychologist or psychiatrist within 24 hrs. With follow-up sessions to be determined by the care provider. All completed documentation including the referral form, HEADS-ED and consent form, should be faxed to the appropriate hospital intake service once the referral is accepted and booked. The student should bring any additional relevant documentation to their first appointment. Following CHEO/HDH's involvement, a referral to community-based mental health care will also be facilitated by the Urgent Care Provider and Board Designate.
With consent, CHEO/HDH will strive to provide feedback to the referral source (e.g. Board Designate), who may then share this information with the school as appropriate.

## THE SPIRR PROTOCOL FOLLOWS A THREE-STAGE PROCESS

**STAGE 1:** AWARENESS & CONNECTIONS WITH STUDENTS AT RISK

**Summary of Key Tasks:**

- Explore student's risk alerts/invitations
- Contact Principal and ASIST school based staff member
- Data collection and identification of immediate risk factors
- Administrator to contact Board Designate
- Move to Stage 2 or emergency services/Urgent Care if required
- Principal to contact Parent/Guardian (Appendix C)

**Stage 1 – Identifying Risk Alerts and Invitations**

- Persons at risk (PAR) almost always signal to others that they are having troubles, unhappy or in pain. These signals are commonly referred to as invitations or risk alerts.
- Risk alerts and invitations may be as direct as statements to kill themselves or as subtle as behaviour changes or the giving away of items of significance.
- All risk alerts and invitations are to be taken seriously and explored with the student. The student should be asked directly if they are having thoughts of suicide.
- The student should not be left alone, and the ASIST trained school based staff and Administrator are to be contacted immediately. Move on to Stage 2 if determined risk is not imminent and emergency services not required.
- If a school staff member receives a disclosure and is not ASIST trained, they will continue to support the student, remaining with them while they contact the ASIST trained staff member in the school or at the Board.
- If imminent suicidal plan and/or in possession of the means or suicide attempt has been made, call Mental Health Crisis Team (age 16+), Emergency and/or 911. Student "Referral to CHEO/HDH Emergency Department Mental Health Assessment" with the HEADS-ED screening tool and "Consent to Share Personal Health Information" form should accompany the student to CHEO/HDH (included in Appendix D).
- Parent/Guardian notified by the Administrator.
- If not imminent and not suicide risk, planning regarding other issues presented to be completed with student, parent/guardian, school based team and community services (as appropriate). This is in cases where student identifies that they are not suicidal but may be struggling with other issues and require support and intervention.

The Stage 1 SPIRR Teams **MAY** include the following professionals and other members as the team deems appropriate:

- Student-at-risk
- ASIST trained staff (school/community)
- Parents, guardians,
- School lead/designate, Board Designate
- School based Mental Health and Addiction Nurses (MHAN)
- Community Mental Health Services
- Hospital Crisis Response Teams
- Hospital Therapists with consent
- Police

## Automatic Activation (STAGE 3 REQUIRED)

- Suicide attempts
- Verbal and/or written threats to suicide, that indicate an escalation or change in their baseline behaviour
- Social media posts, statements, IM messages, or other social media posts where a student is threatening to suicide.
- The student has communicated a concrete plan to suicide and has the means to carry out their plan (e.g. pills, gun, knives etc.)

  If the student is in possession of lethal means (e.g. weapon), call 911, secure the area and prevent other students from accessing this area. Activation of the **COMMUNITY VIOLENCE THREAT/RISK ASSESSMENT (VTRA) PROTOCOL** is now necessary.

**STAGE 2:** SUICIDE FIRST AID INTERVENTION & RISK REVIEW

## Summary of Key Tasks:

- Suicide risk factors have been determined – with or without a plan
- Administrator is notified and ASIST trained staff is contacted (School/Board/Community as available)
- ASIST trained staff to complete Student Suicide Safety Review (Appendix A) with student
- ASIST staff to contract SAFEPLAN including safety contacts and crisis line (Appendix B)
- Administrator to contact Board Designate
- SAFEPLAN shared with Administrator, Board Designate and parents/guardians
- Team makes referral(s) and links to community mental health services, as required
- Administrator to contact and meet with parent/guardian
- School Board Designate may refer to the Urgent Care Team if criteria are met (Appendix D)

**Stage 2 – SUICIDE FIRST AID INTERVENTION & RISK REVIEW**

- Student is identifying as suicidal with or without a plan, an ASIST trained staff completes **Suicide First Aid Intervention and Student Suicide Safety Review (Appendix A)** with student.
- Student Suicide Safety Review is completed reviewing current factors, if the student has a plan, the student's level of physical and/or emotional pain, and the student's current formal and informal resources. The Student Suicide Safety Review will also review the risk of background factors such as prior suicidal behaviour and current or past mental health supports.
- Upon completion of the Student Suicide Safety Review, the ASIST trained staff will contract a SAFEPLAN **(Appendix B: Mental Health Intervention SAFEPLAN and Follow up)** with the student which would include addressing the risk alerts from the Student Suicide Safety Review.
- All SAFEPLANS will include the following: keep for now safe plan, safety contacts which will include a crisis line, safe or no use of alcohol and drugs and the disabling of the suicide plan if one is present.
- ASIST trained staff will support the student in linking to appropriate community mental health supports, both immediate and longer term.
- Board Designate may refer student to CHEO/HDH Urgent Care Team if required and criteria are met (Appendix D). Referral documents to be faxed to the hospital intake team after the referral is accepted and booked, so that communication back to the referral source may be facilitated.
- With the student, the ASIST trained staff and/or Administrator will contact the parent/guardian.
- Administrator will connect with Board Designate (Superintendent, Mental Health Lead, Behaviour Crisis Consultant and/or Special Services Counsellor) for follow up, supports and community referrals.
- Team makes referral(s) to Community Mental Health supports, as per SAFEPLAN.
- If student is refusing to engage in contracting a SAFEPLAN – emergency services and or mental health crisis team to be called.

**Parents/Guardians**

- Parents/Guardians are notified and requested to come to the school. Parent/Guardian Contact Acknowledgement Form completed **(Appendix C)**
- Parent/guardian is updated and informed of SAFEPLAN.
- Discuss and advise next steps to be taken.
- Student is released to the care of the parents/guardians with clear next steps, SAFEPLAN, safety contacts and other referrals and a list of community resources. For example the Crisis Line, a referral to School Based Mental Health Nurse or other appropriate community resource as required in the SAFEPLAN.
- A follow-up meeting date to review the situation and identify ways to best support the student's return to school. (Stage 3)
- If the parent/guardian refuses to obtain services for a child up to age 16, and the child is believed to be in danger of self-harm (as per Student Suicide Safety Review) a report should be made to Police and/or Child and Family Services/Children's Aid Society (neglect – failure to seek necessary mental health treatment which may place the child/youth at risk of serious harm). Department of Child and Family Services will conduct an assessment to determine if abuse or neglect does exist, and to engage the family voluntarily by offering supportive resources.

**The Stage 2 SPIRR Teams may include the following professionals and other members as the team deems appropriate:**

- Student-at-risk
- Parent(s)/Guardian(s)
- ASIST Trained staff member
- School Administrator
- School Board Crisis Response Team Member

As needed:

- Mental Health Addiction Nurses (MHAN)
- Community Mental Health Partner
- Children's Aid Society
- Community Mental Health Agency Therapist
- Hospital Therapist with consent
- Urgent Care Team

**STAGE 3:** POSTVENTION COMMITMENTS & FOLLOW UP

**Summary of Key Tasks:**

- Student has been hospitalized or emergency services involved due to suicide ideation and/or attempt, it is anticipated the hospital staff will endeavor to link the student with the Mental Health Addiction Nurse (MHAN) or other appropriate community support agency prior to discharge from hospital
- Follow up meeting with family, community and school/board for intervention planning to support the student's return to school
- Follow up on commitments made by the student in the SAFEPLAN

**Stage 3 – POSTVENTION COMMITMENTS & FOLLOW UP**

- When a student has been hospitalized or emergency services were involved due to suicide ideation and/or an attempt the link back to the home school will be supported by the School Based Mental Health Addiction Nurse (MHAN) and/or the Board Designate.
- Prior to the student's return to school a meeting with parents/guardian, student, school based team, Board Designate, MHAN and community services will take place for ongoing intervention and safe planning to support a positive return to school.
- If student is absent for an extended period time connection with family, hospital and school/board liaison (MHAN or Board Designate) to work collaboratively to support the students return to school where appropriate

**The Stage 3 SPIRR Teams may include the following professionals and other members as the team deems appropriate:**

- Student-at-risk
- Parent(s)/Guardian(s)
- School Administrator
- School Board Crisis Response Team Member/ designate

As needed:

- Mental Health Addiction Nurses (School Board/CCAC)
- Community Mental Health Partner
- Hospital Therapist with consent
- Children's Aid Society
- Community Mental Health Agency Therapist

# VI. RESPONDING TO A DEATH BY SUICIDE

## STEPS FOR RESPONDING TO A DEATH BY SUICIDE

- Utilize and follow the School Board's guidelines for dealing with a traumatic event.
- Respond to a death by suicide within 24 hours or as soon as possible by referring to the agency/board's traumatic events policy.
- Act in a caring and concerned manner.
- Administrator will inform staff about the suicide and provide a debriefing session where staff may voice their concerns, apprehensions and questions. Armed with the correct information, they can help dispel rumors and false information that may be circulating regarding the suicide.
- Utilize the support members from the School Board (crisis team) and community support agencies.
- Use a common language when discussing the suicide. For example using the statement "having died by suicide", rather than "committed suicide".
- Provide the opportunity for debriefing or counseling throughout the school for staff and students
- Avoid glorification of the student or the means of the student's death; instead emphasize coping and community resources.
- Continue to monitor the school's emotional climate, paying particular attention to students that may have been close to the student who died by suicide, as well as students who may have previously attempted suicide or had suicidal/homicidal ideations.
- Monitor internet and social media, utilize it to connect with students who may be at risk while respecting other pertinent policies.
- Utilize the community network to make referrals to appropriate services as well as exchange information concerning next steps for treating those affected by the suicide.
- Activate the School Board's procedure for responding to the media and notify the Superintendent of Education for the school.

# VII. COMPONENTS OF SUICIDE PREVENTION

## EDUCATION, AWARENESS AND CAPACITY BUILDING

### SCHOOL, SCHOOL BOARD AND COMMUNITY PARTNER EDUCATION AND TRAINING

**Key Steps:**

- Develop a plan to educate and train staff
- Key information for all staff regarding suicide, such as warning signs and risk factors
- Key persons trained as ASIST, suicideTALK and safeTALK trainers to provide training to designated staff in schools and community agencies

Although there are a variety of advanced training programs that may be used to teach how to conduct a suicide risk review, the District School Boards and Community Partners involved in this protocol are committed to provide training for staff in Applied Suicide Intervention Skills Training (ASIST) developed by Livingworks Canada.

Public health, the mental health sector, and the school system share a responsibility for education to the community at large. Raising staff awareness about suicide and training staff to take steps that prevent suicide are important components of any board-wide suicide prevention program.

- All staff should be made aware that suicide can pose a risk to both students and staff
- District school boards and community agencies continue to partner to create suicide safer communities for all
- All staff should be trained to recognize the risk alerts and invitations of suicide in children and youth and to take appropriate action

**All staff will be provided with information and awareness about suicide and the school's role in suicide prevention.**

The mental health of students affects their academic performance. It is part of the district school boards' mission to provide a safe learning environment in which education can take place and the mental health needs can be addressed through an ongoing partnership with our community agencies.

Suicide awareness education will be ongoing and combined other Board and community initiatives around suicide awareness and mental health. **Resilience and Protective Factors (Appendix H),** describes resilience and identifies factors associated with resiliency such as psychological, social, cultural and physical resources that sustain student's well-being and promote positive mental health, therefore reducing the risk of suicide.

## STAFF DEVELOPMENT AND TRAINING

Select school staff to be trained in an evidence based suicide awareness program such as suicideTALK and safeTALK to identify suicide risk factors and warning signs among students and to take appropriate action. Suicide awareness training such as suicideTALK (LivingWorks) will be offered to all staff. ASIST training will be offered to selected school based and central staff members to provide leadership and support in the development of a SAFEPLAN for a student who may be at risk of suicide.

Training select school staff to recognize and respond appropriately to students who may be at risk of suicide can save lives.

- Staff interact with students on a daily basis and are therefore in a position to recognize changes in personality, appearance, and performance that may indicate a student is at risk for suicide.
- Students may be more likely to turn to a trusted staff member for help.
- Students may also confide in a trusted adult at school if they are worried about a friend or classmate.

Specialized training programs, which are evidence based such as LivingWorks, safeTALK, and ASIST (Applied Suicide Intervention Skills Training) will be made available to selected staff to:

- Develop suicide awareness
- Identify individuals who may be at risk for suicide
- Verify this risk by talking with the individual
- Refer the individual to mental health services that will help reduce their risk

Many, of these programs describe themselves as *"gatekeeper training".* Some gatekeeper trainings teach people additional skills, including how to do the following:

- Reduce a person's suicide risk by talking with them, listening to them and developing a SAFEPLAN
- Keep a person at imminent risk of suicide safe until additional help can be found
- Facilitate referrals and increase the likelihood a person at risk will receive timely professional help

Schools may experience an increase in the number of students who seek help for behavioural health problems, including those related to suicide. Components included in this protocol are to support and respond to students at risk and in crisis.

Warning signs and risk factors for children/youth who may be contemplating suicide can differ by culture. A student's attitudes, sharing of personal information, speaking with adults or seeking help can all be culturally influenced. Staff attitudes about suicide and their role in prevention can also be affected by culture.

Selected central board administration and school staff will continue to be trained to assess suicide risk in individual students. Students can exhibit a range of suicide-related behaviours, including ambiguous statements that may indicate risk. Most suicide awareness programs teach people to recognize the warning signs indicating that a student may be at risk for suicide. They usually do not train staff to assess the level of risk beyond recognizing when a young person may be at immediate risk of suicide and should not be left alone. The availability of **community mental health partners** who have been trained to assess suicide risk in individual students is an important component of a comprehensive suicide prevention program.

## PARENT/GUARDIAN AND STUDENT EDUCATION AND AWARENESS

It is important to note that when schools and communities implement programs to educate parents and students about suicide, they may experience an increase in the number of students who seek help for behavioural health and suicide-related problems. Prior to implementing parent/guardian programs schools should put in place:

- Protocols to respond to students at risk and in crisis
- Suicide prevention education and training for school staff

Providing parents with specific suicide prevention education is important for the following reasons:

- The information may help parents identify and get help for children who may be at risk sooner. [1]
- Suicide prevention education for students is more effective when it is reinforced by the same information and messages at home.
- Involving parents is an important way to ensure that efforts appropriately target the needs of your community.

### What Parents Need to Know

Although parents may be aware that children die by suicide, they often do not think it could happen to their child or in their community (Schwartz, Pyle, Downs, & Sheehan, 2010).

Parents need information about:

- The prevalence of suicide and suicide attempts among youth
- The warning signs, invitations and risk factors that may indicate a person is thinking about suicide
- How to respond and where to go for help if they suspect a child/youth may be thinking about suicide
- The available resources in their community

**COMMUNITY PARTNERS**—including parent groups and representatives of the faiths, cultures, and tribal communities, are important to the success of outreach activities. When designing and implementing parent outreach and education activities the following should be considered:

- **Engage parents in a variety of ways -** at school orientations (e.g. GR 7 and GR 9), health and safety events at the school, senior transition activities (e.g. GR 12), and other regularly scheduled events for parents. Efforts should not be limited to a one-time event.
- **Select appropriate formats for outreach -** written materials (e.g. newsletters, cards, emails, posters) or presentations (by school staff, a professional from the community, or a national expert). Outreach should occur in formats that are easily understandable.
- **Partner with other community organizations to share fact sheets and information regarding suicide. (Community Mental Health providers, The Royal, Canadian Mental Health Association, and CHEO)**

[1] Smith, T., Smith, V., Lazear, Roggenbaum, & Doan, 2003).

Parent/guardian education can be integrated into existing programs and activities such as Grade 7 and Grade 9 orientation as well as parent involvement events and community based education programs. .

**INCLUDING SUICIDE PREVENTION IN OTHER EFFORTS TO REACH PARENTS**

**Schools have integrated suicide prevention outreach into other activities, examples of which follow:**

- Holding a parents' night about student safety that included suicide awareness and prevention
- Sponsoring events for the parents of 6th, 8th and 12th grade students that focused on the upcoming transition and addressing issues such as anxiety, depression, substance use, and bullying, in addition to suicide
- Sending material—sometimes in the form of a card that fits into a wallet or purse or can be put on the family bulletin board—to the parents of intermediate and secondary students with information about how to help a child in crisis
- Including suicide awareness as part of orientation, safety days, or other health events at the school that involve parents
- Including suicide awareness and prevention in community and parent programs/classes

The School Board leads (or designate) under the direction of the Superintendent involved in the Suicide Prevention, Intervention and Risk Review Steering Committee shall participate and review suicide awareness implementation at district schools. Discussions of suicide and self-harm, whether part of curriculum or mental health awareness, should focus on warning signs, coping with 'risks factors', and seeking help rather than discussions on means/methods or portrayals in the media.

**Teaching Adaptive Skills to Students**: For identified higher-risk students (Children/youth diagnosed with mood problems, substance problems, students who have previously attempted suicide or otherwise disengaged), the use of evidence based mental health interventions within a school or clinical setting will be supported by partnerships between community based agencies and schools, and through connecting with mental health professionals in the community. These interventions are aimed at reducing known risks of suicide and may include interventions that are evidence based specifically for the presenting concern which may include mood, anxiety, substance use or other difficulties.

**Screening:** This committee does not endorse school wide screenings with psychometric instruments. The low base rates of suicides create significant issues with 'false positives'. Identification of cases happens through education programs to students and staff in recognizing warning signs and having specific conversations about suicide risk with identified individuals. Protocols then guide action to reduce the risk of suicides.

There is no list of indicators or risk criteria that fully encompasses students who may engage in suicidal behaviour. Warning signs and risk factors are neither a checklist nor a predictive scale. While there are common signs and risk factors that **may** contribute to the likelihood of suicidal behaviour, no list is designed as a way to profile behaviour. Rather warning signs and risk factors are intended to be reminders of possible areas to investigate further.

**School Climate**: Reducing risk factors in a school is related to creative safe and inclusive spaces that encourage help-seeking and connectedness with a student's peers and community. Schools are encouraged to review bullying campaigns, mental health anti-stigma campaigns, and issues related to gender identity and sexuality as appropriate.

# VIII. COMPONENTS OF SUICIDE INTERVENTION

## IDENTIFYING STUDENTS AT RISK OF SUICIDE

While there is no list of behaviours that describes a student at risk there are factors that are described by Livingworks Suicide Intervention Training as **Invitations**.

### SUICIDE RISK ALERTS AND INVITATIONS

Identifying students who are at risk of suicide and implementing procedures to follow when a student is identified as being at risk will help prevent suicide and connect the student with the appropriate community services.

The following is a list of risk alerts and invitations that students may present with which will help staff in identifying students who may be at risk of suicide.

| Risk Alerts and Invitations<br>*Stressful Events with Feelings of Loss* | | | |
|---|---|---|---|
| **Change in Actions** | **Change in Thoughts** | **Change in Feelings** | **Changes in Physical** |
| Giving away possessions<br>Withdrawal<br>Loss of interest in hobbies/activities<br>Abuse of alcohol, drugs<br>Reckless behaviours<br>Extreme behaviour changes<br>Self-Injury/Self Harm | "No one can do anything to help me now"<br>"I can't do anything right"<br>" I wish I were dead" | Hopeless<br>Desperate<br>Angry<br>Worthless<br>Lonely<br>Sad<br>Helplessness | Lack of interest in appearance<br>Disturbed sleep<br>Change or loss of appetite, weight<br>Physical health complaints |

## GUIDELINES FOR SUPPORTING STUDENTS NOT AT RISK OF SUICIDE

**NON-SUICIDAL SELF-INJURY**

Non-Suicidal Self-Injury (NSSI) (also known as self-injury, self-mutilation or deliberate self-harm), is defined as intentionally and often repetitively inflicting bodily harm to oneself without the intent to die. Self-injury includes a wide variety of behaviours, such as cutting, burning, head banging, picking or interfering with healing of wounds, and hair pulling.

The relationship between self-injury and suicide is complicated. Researchers believe self-injury is behaviour separate and distinct from suicide and the result of a very complex interaction among cognitive, affective, behavioural, environmental, biological, and psychological factors. In some people, the self-destructive nature of self-injury may lead to suicide.

Students who injure themselves intentionally are to be taken seriously and treated with compassion. Teachers or other staff who become aware of a student who is intentionally injuring themselves are to refer the student to the ASIST trained staff member in the school, Administrator, School Mental Health and/or Addiction Nurse. The Administrator/designate will link with appropriate community services to collectively support the student.

## GUIDELINES FOR RESPONDING TO A SUICIDAL THREAT OR ATTEMPT ON SCHOOL PREMISES

When a student exhibits life-threatening behaviour or an act of deliberate self-harm at the school, an immediate response is necessary. Actions and interventions must be carefully planned and follow the flow chart as outlined in the previous section.

- Keep the student safe and under close supervision – do not leave the student alone.
- Notify the school Administrator/ designate who will contact appropriate emergency services and notify the designated regional board staff and the Superintendent of Safe Schools.
- Parents/guardians will be notified and arrangements will be made to meet.
- Consult with the community mental health crisis team for assistance in assessing the student's mental state and obtain recommendation for treatment and follow-up.
- If the student does not require immediate emergency treatment or hospitalization and the crisis has subsided, the student will be released to the parent/guardian with arrangements for ongoing medical, mental health counseling and treatment as required. A follow-up meeting with the school and community team (SPIRR) would also be arranged at this time.
- If the student does require immediate emergency treatment, transportation to hospital or crisis services, arrangements will be made with designated regional board staff to follow up with parent/guardian and maintain contact while the student is away from the school.
- Arrangements for schoolwork and assignments will be made through the designated regional board staff.
- When returning to school, a postvention meeting with family, school and involved community partners will take place to facilitate a supported return to school.

## NOTIFYING PARENTS

Parents or guardians should be contacted as soon as possible after a student has been identified as being at risk for suicide. The person who contacts the family is typically the Administrator, designated regional board staff, or a staff member with a special relationship with the student or family. Staff needs to be sensitive toward the family's culture, including attitudes towards suicide, mental health, privacy, and help-seeking.

1. Notify the parents about the situation and ask that they come to the school immediately.
2. When the parents/guardians arrive at the school, explain why you think their child is at risk for suicide. State what has been noted in their child/youth's behaviour and ask how that fits with what they have observed at home and in the community.
3. Acknowledge the parents/guardians' emotions, including anger.
4. Acknowledge that no one can intervene and support the child/youth alone – appreciate their presence.
5. Explain the importance of removing from the home (or locking up) firearms and other dangerous items, including sharps, ropes, car keys, over-the-counter and prescription medications, alcohol etc.
6. If the student presents with suicide ideation and no imminent plan (Stage 1 or Stage 2 pg. 16) and does not need to be hospitalized, discuss available options for individual and/or family therapy. Provide the parents with the contact information of mental health service providers in the community. If possible, call and make an appointment while the parents are with you.
7. Review and sign **Appendix C: Parent/Guardian Acknowledgement Form**, confirming that they have been notified of their child's suicide risk and received referrals to treatment.
8. Consult with the parents that you will follow up with them in a few days, continue to highlight the importance of following through with obtaining supports for their child/youth. If the parent/guardian is reluctant, discuss openly their concerns and offer to assist them in the process. Explore further supports and referrals with the parents/guardians if they expressing any reluctance in following through with a mental health referral, referral to a family physician or therapeutic counsellor. Address any myths or misinformation about suicide that may be adding to their reluctance to seek help for the child/youth.
9. If the student does not need to be hospitalized, the student is released to the parents/guardians care.
10. If the parents/guardians refuse to seek services for a child under the age of 16 who you believe is in danger of self-harm or suicide, you must notify child protective services under "Duty to Report".
11. Document all contact with the parent/guardian.

## SUPPORTING PARENTS THROUGH THEIR CHILD'S SUICIDAL CRISIS

### Family Support is Critical

When a child or adolescent experiences a suicidal crisis, the whole family is in crisis. It is important to reach out to the family for two very important reasons:

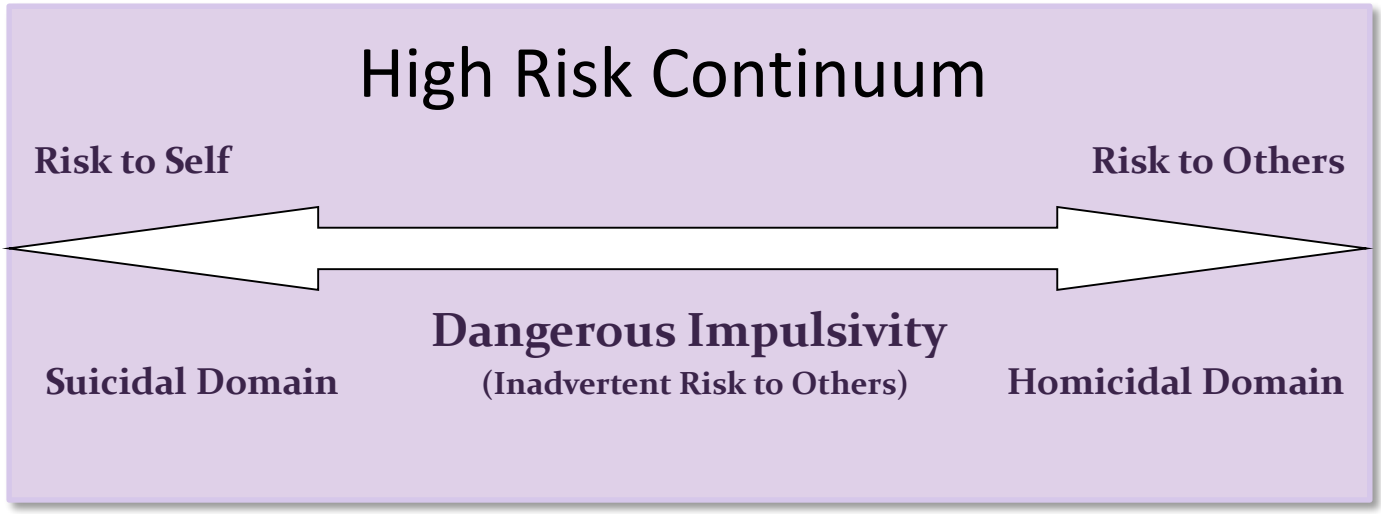
- **First**, the family may be without professional support or guidance in what is often a state of acute personal shock or distress. Many people do not seek help because they may not know where to turn.
- **Second**, informed parents are probably the most valuable prevention resource available to the suicidal child or youth.

**A prior suicide attempt is the strongest predictor of suicide**. The goal of extending support to the parents is to help them to determine where they can intervene appropriately to prevent the child/youth from attempting suicide again. Education and information are vitally important to family members who find themselves in a position to observe, intervene and support the at-risk individual.

## FLUIDITY: MOVING FROM A SUICIDE RISK TO A VIOLENCE RISK THREAT ASSESSMENT (VTRA)

### FLUIDITY:

Fluidity refers to the way a person can move from having ***suicidal*** thoughts and intent to having ***homicidal*** thoughts and intent. A person moves from thinking about harming themselves to harming others.




When conducting a risk review with a child/youth who is expressing thoughts or the intent of suicide, information gathered during the risk review may suggest that the child/youth may also be struggling with having thoughts or the intent to harm others (homicidal ideation), particularly if they have recently been traumatized or been part of a traumatic aftermath. The child/youth may project their pain not only onto themselves but also onto others, therefore there is the potential for both suicidal and homicidal domains to be active within an individual. A traumatized person may also act out impulsively and inadvertently be a threat to others, for example a distraught friend of a suicide victim gets in their car and dangerously races out of the school parking lot putting others' lives at risk.

When a student moves beyond having suicidal thoughts or intent to also potentially having homicidal thoughts or intent, the possibility of fluidity must be examined. If fluidity exists, a Stage 1 VTRA may also need to be conducted, and immediate risk reducing actions and interventions put in place.

## FACILITATING A STUDENT'S RETURN TO SCHOOL FOLLOWING AN ABSENCE FOR SUICIDAL BEHAVIOUR

A designated central board or school staff with the support of the Mental Health Addiction Nurse/mental health worker will facilitate a student's re-entry to school after an absence due to suicidal behaviour. The school and community based team will assist the student in re-engaging in the planning for the re-entry to school. Confidentiality is critical to protecting the student and facilitating a positive re-entry to school. It is recommended that, prior to planning for re-entry, consent be obtained from the student and/or parent/guardian to communicate with the student's therapist, counselor, and team at the hospital or treatment facility regarding the needs of the student as they return to school. Meeting with the parents, school, community and student prior to the return to school is integral to making decisions concerning needed supports and any modifications to the student's routine. An individualized re-entry plan will be developed in partnership with the student, parent and involved community partners.

### As the student returns to school some areas to consider are as follows:

- Establish who a safe person is for the student at school, establish how the student can access that person when/if the need arises
- The school and community team to meet to facilitate student's return to school
- School Administrators will address rumours and false information through a staff de-briefing. A possible student de-briefing may also be necessary.
- A designated person will be responsible to:
    - Follow up on recommendations from therapist, counselor and SPIRR team
    - Be familiar with the risks and warning signs for the student and communicate intervention strategies to the appropriate school based team members
    - Support the student during readmission to school/class/academic expectations etc.
    - Be a link between school, home and community
    - Coordinate follow-up meeting once the student has returned to school

# IX. COMPONENTS OF SUICIDE POSTVENTION PLANNING

## SPECIAL ISSUES

**Postvention** refers to programs, services and interventions for survivors following a death by suicide. Postvention activities will assist in alleviating the emotional distress of the survivors and help prevent suicide contagion.

**Suicide contagion** is a process by which the suicide or suicidal behaviour of one or more persons influences others to suicide or attempt suicide.[2] How a school/community responds to a suicide can help to prevent suicide contagion.

Monitor and assist students who are considered at risk for suicide. Follow up with students who were close to the student who died by suicide. School teams need to be aware of students at-risk and/or students who may display a change in their baseline behaviours.

Suggesting that the death was caused by a single problem (e.g. break up of a relationship), or detailed description of the suicide can also raise the risk among other vulnerable students.

It is important to develop a coordinated and timely response to a death by suicide. An unexpected death of a peer or someone they know can increase a student's sense of vulnerability; they may experience conflicting emotions such as feelings of loss, guilt and betrayal, making it difficult to focus on their regular activities and academics. As a result students may feel lost and present as withdrawn, increasing their risk of suicidal and self-harm behaviours.

A **Traumatic Events Protocol** will also address steps and interventions to take when confronted with a death by suicide.

## GUIDELINES FOR POSTVENTION

Postvention guidelines are intended to provide a timely and proper response to suicidal crises (suicidal threats, attempt, or death by suicide). Appropriate postvention programs can be viewed as a form of prevention since, if carried out correctly and successfully, they can reduce potential cluster suicides.

By not having an adequate postvention program in place, schools may unknowingly contribute to further suicidal behaviours or copycat suicides. One such method necessary for any adequate response, is utilizing an established response team made up of school staff members, board level crisis response team members, and various members of the community. By having postvention guidelines in place, schools can provide a timely, effective and appropriate response to a suicidal crisis.

[2] Davidson and Gould, 1989

"Preventing Suicide: A Toolkit for Schools" recommends the following postvention guidelines:

- The school Administrator will verify the student's death; ensure staff is aware and able to respond to inquiries from students, other parents, concerned community members and fellow staff members who may have questions or concerns.
- The school Administrator will communicate to the Superintendent and other schools that may be directly affected. (e.g. if the victim had siblings attending another school. The Administrator will coordinate with external mental health professionals, for immediate crisis support as well as identifying and monitoring students who may be at an increased risk for suicide.

The "Preventing Suicide: A Toolkit for Schools", has also made samples of the following resources available:

- Sample script for office staff (regarding inquiries from concerned parents, students, and media)
- Sources of postvention consultation
- Guidelines for working with the family
- Guidelines for notifying staff
- Sample announcements
- Sample letter to families
- Talking points for students and staff after a suicide
- Guidelines for memorialization
- Guidelines for working with the memory of the student
- Appropriate commemoration in yearbook, graduation, and guidelines regarding anniversaries of the death or other high risk times

### GRIEF COUNSELING

This may be the first experience with death for many students. Students, families and staff will need opportunities to express their grief in a safe and supported environment. Grieving is an important part of healing and provides an opportunity to learn how to cope with loss. When the death is by suicide, it is a delicate balance between providing opportunities for the expression of feelings and giving death so much attention that it makes the idea of suicide attractive to vulnerable students. It requires a thoughtful and balanced approach.

### GRIEF PROCESS AFTER SUICIDE

It is common to struggle with the search for the reasons "why", however this can lead to blaming, "scape-goating", and may put the person being blamed at risk for suicide. Feelings of personal guilt and rejection are also common in the aftermath of a death by suicide. It is important to connect individuals experiencing significant distress or impairment with evidence based interventions for the concerns they are experiencing.

## APPENDICES



## **APPENDIX A:** STUDENT SUICIDE SAFETY REVIEW

| STUDENT SUICIDE SAFETY REVIEW | | | |
|---|---|---|---|
| **STUDENT NAME:** | | **M/F:** | **AGE:** |
| **SCHOOL:** | | **GRADE:** | |
| **DATE:** | **ASIST TRAINED STAFF:** | | |

**SETTING THE STAGE**

1. Be clear about your role and state limits of confidentiality
2. Be calm and non-judgmental

### CURRENT FACTORS – what will keep you safe RIGHT NOW?

**CURRENT PLAN**

*(If the Person at Risk (PAR) is NOT able to participate in the intervention, activate emergency response and 24-hr monitoring services)*

| | | |
|---|---|---|
| **Do you have a current plan to kill yourself? Or harm someone else?** | **YES** | **NO** |

**If YES what is your plan?**

**What things have you done to get ready?**

**How soon?**

**What life/situational factors are contributing to these feelings now?**

**Are you experiencing physical and emotional pain?**

**IF the PAR has a plan, work with them to disable the plan.**
**List interventions to disable plan here: (who, what, when and how)**

- 
- 
- 
- 

### PRECIPITANT AND MOTIVATION – Safety Guards

**Are you currently using alcohol or drugs, or prescription medication?**
*Plan with the PAR for safe or no use of alcohol or drugs.*
*Confirm safe use of any medication the PAR is taking and the side effects of any medications*
**List interventions here: (who, what, when and how)**

- 
- 
- 
- 

| PAST SUICIDAL BEHAVIOUR | | |
|---|---|---|
| **Have you thought or attempted killing yourself in the past?** : | | |
| **When?** | | |
| **What have you learned from your past experience that might help with keeping safe now?** | | |
| **MENTAL HEALTH** | | |
| **Are you currently engaged in any MENTAL HEALTH treatment or other counseling support?** | **YES** | **NO** |
| **Have you had any previous mental health or concerns where you sought counseling?** | **YES** | **NO** |
| **What have you learned from current or past counselling or mental health supports that might help with keeping safe now?** *If PAR agrees connect/contact current or past counsellor for additional ongoing supports*<br><br>**List here:**<br>• <br>• | | |
| **IMMEDIATE SAFEPLAN** | | |
| **Agreement to keep safe for now** | **YES** | **NO** |
| **What is doable now?**<br>Situational changes that disable the plan and the difficult situation:<br>• <br>• <br>• <br>What personal strengths are available to the PAR now?<br>• <br>• <br>• | | |
| **Establish safety contacts** | **YES** | **NO** |
| Who is able, available and acceptable? (list name and contact info)<br>• <br>• <br>• <br>• | | |
| **Emergency Safety Contact** (List medical doctor and local crisis line numbers)<br>• <br>• | | |
| **CHECKING THE PLAN** | | |

| | | |
|---|---|---|
| **Is the suicide plan disabled and was the PAR able to participate in the development of this SAFEPLAN? (remove the means and opportunity )** | **YES** | **NO** |
| **Has the PAR been provided with appropriate and available SAFETY CONTACTS, including their doctor or mental health counsellor and the local CRISIS LINE numbers?** | **YES** | **NO** |

| **SIGNATURES** | | |
|---|---|---|
| **Parent / Guardian - signed Parent Notification Form Appendix C** | **YES** | **NO** |
| **Position** | **Signature** | **Date** |
| **Principal / Vice Principal** | | |
| **ASIST Trained Staff Member** | | |
| **Designated Board Staff** | | |
| **Superintendent** | | |
| **Other** | | |

**NOTE: This form is to be completed by *ASIST trained staff* and the School Administrator and Board Designate are to be notified.**

# APPENDIX B: MENTAL HEALTH INTERVENTION SAFEPLAN AND FOLLOW-UP

## PROTECTIVE FACTORS

- ☐ Secure attachment to internal and external resources
- ☐ Positive school experience/connection with school
- ☐ Not acting on previous suicidal thoughts
- ☐ Religious affiliation (cultural belief)
- ☐ Willingness to seek help
- ☐ Positive peer relationships
- ☐ Existing formal and informal resources

## RISK FACTORS

### Psychosocial Factors

- ☐ Past suicidal behaviour
- ☐ Availability of lethal agents
- ☐ Social support
- ☐ Disrupted relationships
- ☐ Economic problems
- ☐ Bullying
- ☐ Family history of suicide
- ☐ Exposure to suicide
- ☐ Parent mental illness
- ☐ Chronic stressors
- ☐ Abuse/maltreatment
- ☐ Questioning Identity (e.g. sexuality, aboriginal, new immigrant)

### Cognitive, Emotional and Behavioural Factors

- ☐ Impulsive
- ☐ Hopeless
- ☐ Poor distress tolerance
- ☐ Poor emotional regulation
- ☐ Rigid/inflexible thinking
- ☐ Poor problem solving
- ☐ Social skills deficit
- ☐ Lack of positive affect
- ☐ Aggressive
- ☐ Antisocial behaviour
- ☐ Sleep problems

### Mental Health Disorders

- ☐ History of diagnosed mental health disorder (example)
  - Depression
  - Anxiety
  - Substance Abuse
  - Disruptive Behaviour Disorders
  - Post-Traumatic Stress Disorder
  - Eating Disorder
- ☐ Other:

## URGENT CARE FACTORS

- ○ Active suicidal ideation
- ○ Specific/concrete plan
- ○ Clear intent or method
- ○ Sense of hopelessness
- ○ Reports writing suicide note
- ○ Severely depressed
- ○ One or more previous suicide attempts
- ○ Currently abusing substances
- ○ Severely anxious, agitated or irritable
- ○ Limited or no social supports
- ○ Currently being bullied
- ○ Recent exposure to suicide
- ○ Recent acute stressors

## LEVEL 1: AWARENESS

- ○ Suicidal thoughts
- ○ No plan or intent, does not have access to a potential lethal weapon
- ○ The presence of adequate social supports
- ○ School based mental health team will initiate periodic follow-up and check-ins
- ○ Referral back to family doctor or existing mental health clinician
- ○ Referral to local mental health clinic and review of crisis resources in case of escalation

## LEVEL 2: EXTRA CARE

- ○ Persistent and ruminative thoughts of suicide but generally able to cope and function
- ○ The presence of social support/clinical resources
- ○ Arrange for a mental health assessment on an urgent basis and agree on a SAFEPLAN

## LEVEL 3: URGENT CARE

- ○ Specific plan with intent & persistent suicidal thoughts
- ○ Recent attempt
- ○ Inadequate social supports
- ○ Availability of lethal agent(s)
- ○ Engage emergency mental health resources: Crisis Line Worker,
- ○ Direct to emergency department

## MENTAL HEALTH INTERVENTION SAFEPLAN AND FOLLOW-UP

| **Date:** | **Name of School:** | | |
|---|---|---|---|
| **Name of Student**: | ☐ **Male**<br>☐ **Female** | **Date of Birth:** | **Grade**: |
| **Parent/Guardian (Name):** | | | |
| **Staff Members Involved (School and Board Level):**<br>• <br>• <br>• <br>• | | | |
| **REASON(S) FOR DYING:** | | | |
| **REASON(S) FOR LIVING:** | | | |
| **STUDENT'S IDENTIFIED RESOURCES (AREAS OF STRENGTH)** | | | |
| **INTERNAL**<br>**(e.g. spirituality, motivated, athletic):** | •<br>•<br>• | | |
| **EXTERNAL**<br>**(e.g. church, guidance counsellor, parents)** | •<br>•<br>• | | |
| **FOLLOW-UP SAFE PLANNING AND RECOMMENDATIONS:** | | | |
| • <br>• <br>• <br>• | | | |
| **ADDITIONAL EDUCATIONAL OR COMMUNITY SERVICES ACCESSED/TO BE ACCESSED**:<br>(E.G. FAMILY PHYSICIAN, INTERNAL-SCHOOL BOARD REFERRALS, COMMUNITY REFERRALS) | | | |
| **INTERNAL SCHOOL BOARD REFERRALS**: | | | |
| **COMMUNITY MENTAL HEALTH REFERRALS**: | | | |
| **COMMUNITY PROGRAMS:**<br>**(Youth center, church, athletic programs)** | | | |

| | Name: | Intervention: | Date: |
|---|---|---|---|
| **Interventions**<br><br>(Psychologist, Superintendent, Central Board Designate, Mental Health, Justice, Addictions Services, other) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| **Other Recommendations:** | | | |
| | | | |

| MONITOR THIS INTERVENTION PLAN REGULARLY AND MODIFY AS APPROPRIATE | | |
|---|---|---|
| **TEAM MEMBERS** | **DATE** | **SIGNATURE** |
| **Student** | | |
| **Principal/Vice-Principal** | | |
| **Central Board Designate** | | |
| **Mental Health Lead or Psychologist** | | |
| **Superintendent of Education/ Safe Schools** | | |
| **Mental Health/Community Partner** | | |
| **Parents/Guardian(s)** | | |
| **Other** | | |

## **APPENDIX C:** PARENT/GUARDIAN ACKNOWLEDGEMENT FORM & SCHOOL BOARDS' CONSENTS

**This form is an example that can be used to verify that the parents/guardians have been advised of a student's suicide risk.**

### PARENT/GUARDIAN CONTACT ACKNOWLEDGEMENT FORM

**SCHOOL NAME: _____**

This is to verify that I _____ (parent/guardian) have spoken with _____(staff member) on _____(date), concerning my child/youth's suicidal risk. I have been advised to seek services of a mental health agency or mental health professional immediately.

I understand that _____ (staff member) will follow up with me, my child/youth and the agency to whom my child/youth has been referred to for services within two weeks, with consent.

**PARENT/GUARDIAN SIGNATURE:_____ DATE:_____**

**STAFF MEMBER SIGNATURE: _____**

**ADMINISTRATOR SIGNATURE: _____**

**DATE: _____**

# CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO

## PARENTAL CONSENT FOR RELEASE OF INFORMATION

Date: _____

Name of Student: _____ Date of Birth: _____

School: _____ Grade: _____

---

I hereby authorize

Name/Agency: _____

Address: _____

☐ to release information to ☐ to obtain information from

Name: _____

Address: _____

Information to be release and/or obtained:

_____

_____

_____

_____ _____

Signature of Parent or Guardian Date

_____ _____

Signature of Witness Date

**I DO NOT GIVE MY CONSENT** for release of information at this time.

Parent/Guardian Signature: _____ Date: _____

UPPER CANADA
District School Board

# Consent to Obtain and/or Release Information

**With regard to:**

| | |
|---|---|
| Student Name: _____ | D.O.B. (mm/dd/yy): _____/_____/_____ |
| School: _____ | Student ID: _____ |

I, _____, give my consent for the following person/agency:

Name of Person/Agency: _____
Street Address: _____
City/Prov./Postal Code: _____
Phone Number: _____

G **to obtain (specify information)**_____**from:**

Name of Person/Agency: _____
Street Address: _____
City/Prov./Postal Code: _____
Phone Number: _____

G **to release (specify information)**_____**to:**

Name of Person/Agency: _____
Street Address: _____
City/Prov./Postal Code: _____
Phone Number: _____

I understand:
(a) the period of consent will terminate one year from the date it was granted as indicated below;
(b) the nature and purpose for which this information is being obtained/released/exchanged;
(c) this information will be used for the planning and provision of educational services;
(d) that I may revoke my consent at any time;
(e) this information will be treated confidentiality;
(f) that a copy of all information will be made for the confidential files at the UCDSB regional office.
**(g) this information will be placed in the OSR. My initials here _____ indicate that consent for this is NOT given.**

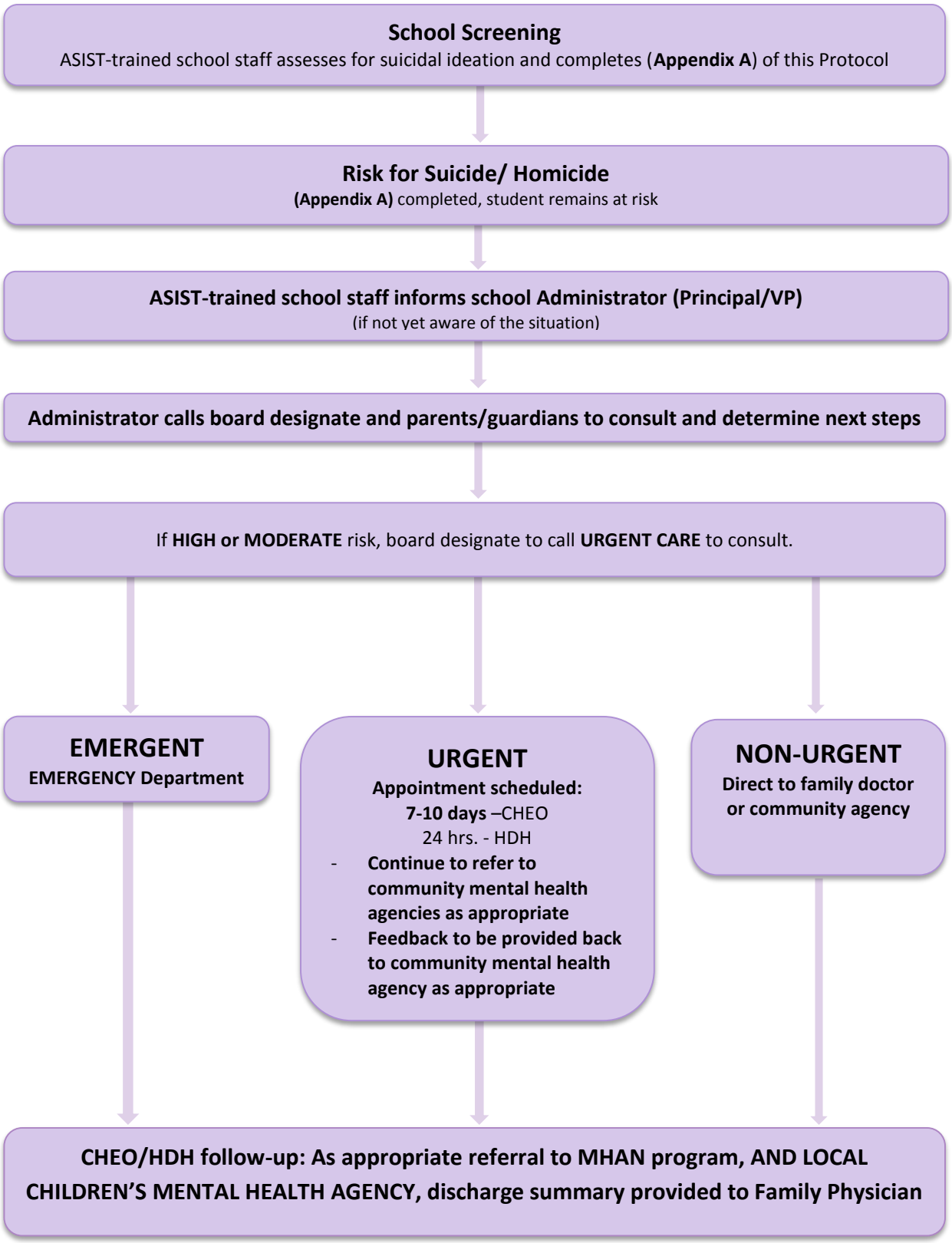
Signature: _____ Relationship to Student: _____

Phone #: _____ Date:_____

Witness Signature:_____ Witness Phone #:_____

## **APPENDIX D:** HOSPITAL URGENT CARE & HIGH RISK STUDENT REFERRALS

**DRAFT: MARCH 2015**



# Referral to CHEO Acute Mental Health Services for Mental Health Assessment*

| | |
|---|---|
| **Date:** | **Form completed by:** |
| **Child/Youth Name:** | **D.O.B.** |
| **Address:** | **Youth aware of consult?** |
| | |
| **School:** | **Board:** |
| **IEP: yes no** | **Grade:** |
| **Specialized Program (please specify)** | |

**Please list any professionals currently involved in the child/youth's care:**

| | |
|---|---|
| | |
| | |

**Please list any medications taken by the child/youth:**

| | |
|---|---|
| | |
| | |

**Reason for referral to Department:**

| | |
|---|---|
| □ sudden/recent onset of psychotic symptoms | □ current/recent suicide attempt/gesture |
| □ specific homicide plan (time/date/means) | □ previous history of suicide attempts |
| □ specific suicide plan (time/date/means) | □ current suicidal/homicidal ideation without specific plan |
| □ inability to care for self | □ acute change in mental status particular as a result of a psychosis |
| □ inability to plan for safety | □ acute mental health services |
| Details | |
| | |
| | |

| | |
|---|---|
| School Board protocol followed □ | Name of person consulted: |
| Parents aware and informed of referral to CHEO □ | Person accompanying child/youth to hospital: |
| Contact Person: | Phone: Fax: |
| Consent received □ no □ yes (please attach ) | |

Fax Form to Centralized Mental Health Intake or Emergency (as appropriate)

**To be filled by CHEO Provider**

| |
|---|
| Decision related in consultation with □ emerg □ Urgent care |
| Outcome recommendations: |

**ONLY Board Designate(s) to initiate Urgent Care and provide completed forms**

**This Form may be revised, updated or amended by CHEO, from time to time as part of its general internal protocol review*

| HEADS-ED | 0<br>No action needed | 1<br>Needs action but not immediate | 2<br>Needs immediate action |
|---|---|---|---|
| **Home**<br>*Example: How does your family get along with each other?* | ○ Supportive | ○ Conflicts | ○ Chaotic / dysfunctional |
| **Education**<br>*Example: How is your school attendance? How are your grades?* | ○ On track | ○ Grades dropping / absenteeism | ○ Failing / not attending school |
| **Activities**<br>*Example: What are your relationships like with your friends?* | ○ No change | ○ Reduced / peer conflicts | ○ Fully withdrawn / significant peer conflicts |
| **Drugs & alcohol**<br>*Example: How often are you using drugs or alcohol?* | ○ None or infrequent | ○ Occasional | ○ Frequent / daily |
| **Suicidality**<br>*Example: Do you have any thoughts of wanting to kill yourself?* | ○ No thoughts | ○ Ideation | ○ Plan or gesture |
| **Emotions, behaviours, thought disturbance**<br>*Example: How have you been feeling lately?* | ○ Mildly anxious / sad / acting out | ○ Moderately anxious / sad/ acting out | ○ Significantly distressed / unable to function / out of control / bizarre thoughts |
| **Discharge resources**<br>*Example: Do you have any help or are you waiting to receive help (counselling etc)?* | ○ Ongoing / well connected | ○ Some / not meeting needs | ○ None / on waitlist / non-compliant |

**Notes:**

## APPENDIX E: ROLES AND RESPONSIBILITIES

The Roles and Responsibilities have been divided into three sub-sections for each community partner; PREVENTION, RISK REVIEW/INTERVENTION and POSTVENTION.

### STUDENT

| PREVENTION | RISK REVIEW/ INTERVENTION | POSTVENTION |
|---|---|---|
| • Participate in Suicide Awareness/Prevention presentations<br>• Advise school team/agency staff of any concerns and available supports | • Provide information for the completion of the Student Suicide Safety Review Form<br>• Participate in treatment where appropriate | • Participate in strategies outlined in intervention/management plan |

### PARENT/ GUARDIAN

| PREVENTION | RISK REVIEW/ INTERVENTION | POSTVENTION |
|---|---|---|
| • Advise school team/agency staff of any concerns and available supports | • Provide information for the completion of the Student Suicide Safety Review Form<br>• Participate in meetings and in developing any recommended intervention/management plans | • Follow up on recommended interventions/management plans |

### ASIST TRAINED SCHOOL LEAD

| PREVENTION | RISK REVIEW/ INTERVENTION | POSTVENTION |
|---|---|---|
| • To promote suicide safer communities<br>• To assist, where appropriate, community partners in the delivery of suicide prevention presentations to selected grades | • Conduct ASIST Student Suicide Safety Review and develop immediate SAFEPLAN<br>• Inform Administrator<br>• Contact Board trained personnel<br>• Complete Student Suicide Safety Review Form<br>• Participate in multidisciplinary team meetings as required | • Participate as required in the intervention/management plans developed by the team |

## SCHOOL ADMINISTRATOR / DESIGNATE

| PREVENTION | RISK REVIEW/ INTERVENTION | POSTVENTION |
|---|---|---|
| • To include community partners in the delivery of suicide prevention presentations to appropriate grades<br>• To identify and maintain a list of staff members trained in ASIST – Applied Suicide Intervention Skills Training | • Designated school team leader<br>• Advise school and safe schools superintendent of education<br>• Ensure Board trained personnel has been consulted<br>• Ensure Student Suicide Safety Review Form is completed<br>• Coordinate the school SPIRR team and contact appropriate community partners after a student has been determined to have suicidal thoughts<br>• Contact and meet with parent or guardian | • Follow up and coordinate intervention/management plans developed by the team, and forward the school SPIRR team documentation and intervention/management plan to the school and safe schools superintendent<br>• Store the intervention/management plan securely in Administrator's file |

## SERT/SSC/ MENTAL HEALTH LEAD STAFF

| PREVENTION | RISK REVIEW/ INTERVENTION | POSTVENTION |
|---|---|---|
| • Trained staff members in suicide prevention programs to deliver identified suicide prevention program | • Assist in data gathering as assigned by the Administrator<br>• Assist the Administrator and ASIST trained personnel in completing the Student Suicide Safety Review Form<br>• Assist in developing plans/interventions, facilitating access to programs or resources, help families obtain needed assistance | • Assist in the implementation of the plan as required |

## DISTRICT SCHOOL BOARD STAFF

| PREVENTION | RISK REVIEW/ INTERVENTION | POSTVENTION |
|---|---|---|
| • Train school/school board staff in prevention, assessment and intervention programs | • As designate, participate in suicide intervention team<br>• Consult with the Administrator, school team, and superintendents involved<br>• Contact community partners to facilitate consultations, and conduct interviews as required<br>• Assist in the completion of the Student Suicide Safety Review | • Follow up on recommended interventions/management plans<br>• Attend meetings as required |

## COMMUNITY PARTNER

| PREVENTION | RISK REVIEW/ INTERVENTION | POSTVENTION |
|---|---|---|
| • Follow internal procedures in support of the Suicide Intervention Protocol<br>• Determine the lead or designate staff for each agency<br>• Deliver Suicide Prevention Programs to identified grades (where appropriate) | • Respond where appropriate to suicide threats<br>• A trained staff member to consult and participate where appropriate on community suicide intervention team<br>• Participate in completion of the Student Suicide Safety Review Form<br>• Participate in a review of school suicide assessment team findings<br>• Participate in developing any recommended intervention/management plans | • Follow up on recommended interventions/management plans |

## POLICE SERVICES

| PREVENTION | RISK REVIEW/ INTERVENTION | POSTVENTION |
|---|---|---|
| • Participate in Suicide Prevention Programs (where possible) | • When it is determined a student will be transported to a hospital, support may be provided<br>• When required and available an officer trained in ASIST will be involved in school suicide assessment teams<br>• Activate VTRA protocol if evidence of fluidity and threats of violence are made. | • Where recommendations from hospital involve police services, police will endeavor to implement recommendations.<br>(e.g. removal/disposal of firearms) |

## MENTAL HEALTH ADDICTION NURSE

| PREVENTION | RISK REVIEW/ INTERVENTION | POSTVENTION |
|---|---|---|
| • Offer education to school and community regarding suicide risks<br>• Aid with transitioning student back to school<br>• Share admission info with school/board team (consent required) | • Participate in suicide intervention team where consent and procedure allow<br>• Complete assessment as warranted<br>• Develop SAFEPLAN with students at risk of suicide who are referred to MHAN program and provide a copy to Administrator and Board Designate with consent<br>• Consult with school and Board team<br>• Refer to community partners<br>• Assist in the completion of the Student Suicide Safety Review Form questions<br>• Act as a liaison between medical professionals and school board | • Follow-up on recommended interventions/management plans<br>• Make community referrals and follow up as necessary |

# **APPENDIX F:** REGIONAL COMMUNITY RESOURCES

## SUICIDE CRISIS NUMBERS, MENTAL HEALTH COMMUNITY RESOURCES AND HOSPITALS

| LANARK COUNTY | |
|---|---|
| **SUICIDE CRISIS NUMBERS** | |
| DISTRESS CENTRE (16 years +) Service available from 5 pm – 12 am | 1-800-465-4442 |
| CHILD, YOUTH & FAMILY CRISIS LINE (Telephone counselling support only) | 1-877-377-7775 |
| MENTAL HEALTH HELPLINE (Agency information and referrals to mental health agencies in Ontario) | 1-866-531-2600 |
| KIDS HELPLINE | 1-800-668-6868 |
| **POLICE EMERGENCY** | |
| ONTARIO PROVINCIAL POLICE | 1-888-310-1122 |
| SMITHS FALLS POLICE SERVICE | 613-283-0357 |
| **MENTAL HEALTH COMMUNITY RESOURCES** | |
| OPEN DOORS FOR LANARK CHILDREN AND YOUTH | 1-877-232-8260 |
| LANARK COUNTY MENTAL HEALTH (18 years +) – Smiths Falls | 613-283-2170 |
| LANARK COUNTY MENTAL HEALTH (18 years +) – Carleton Place | 613-257-5919 |
| TRI-COUNTY ADDICTION SERVICES | 1-800-361-6948 |
| **HOSPITALS** | |
| ALMONTE GENERAL HOSPITAL | 613-256-2500 |
| CARLETON PLACE & DISTRICT MEMORIAL HOSPITAL | 613-257-3533 |
| PERTH & SMITHS FALLS DISTRICT HOSPITAL | 613-267-1500 |
| HOTEL DIEU HOSPITAL | 613-544-3310 |
| CHILDREN'S HOSPITAL OF EASTERN ONTARIO | 613-737-7600 |
| THE ROYAL | 613-722-6521 |

| LEEDS & GRENVILLE COUNTIES | |
|---|---|
| **SUICIDE CRISIS NUMBERS** | |
| MENTAL HEALTH CRISIS LINE (16+) | 1-866-281-2911 |
| DISTRESS CENTRE (16 +) Service available from 5 pm – 12 am | 1-800-465-4442 |
| MENTAL HEALTH HELPLINE (Agency information and referrals to mental health agencies in Ontario) | 1-866-531-2600 |
| KIDS HELPLINE | 1-800-668-6868 |
| **POLICE EMERGENCY** | |
| ONTARIO PROVINCIAL POLICE | 1-888-310-1122 |
| BROCKVILLE POLICE SERVICE | 613-342-0127 |
| GANANOQUE POLICE SERVICE | 613-382-4422 |
| **MENTAL HEALTH COMMUNITY RESOURCES** | |
| CHILDREN'S MENTAL HEALTH OF LEEDS AND GRENVILLE | 1-800-809-2494 |
| LEEDS – GRENVILLE MENTAL HEALTH SERVICES (16 years +) | 1-866-499-8445 |
| CANADIAN MENTAL HEALTH ASSOCIATION OF LEEDS AND GRENVILLE (16 years +) | 613-345-0950 |
| TRI-COUNTY ADDICTION SERVICES | 1-800-361-6948 |
| DEVELOPMENTAL SERVICES OF LEEDS AND GRENVILLE | 1-866-544-5614 |
| **HOSPITALS** | |
| BROCKVILLE GENERAL HOSPITAL | 613-345-5645 |
| KEMPVILLE DISTRICT HOSPITAL | 613-258-6133 |
| HOTEL DIEU HOSPITAL | 613-544-3310 |
| CHILDREN'S HOSPITAL OF EASTERN ONTARIO | 613-737-7600 |
| THE ROYAL | 613-722-6521 |

| PRESCOTT-RUSSELL COUNTIES | |
|---|---|
| **SUICIDE CRISIS NUMBERS** | |
| CHILD, YOUTH & FAMILY CRISIS LINE | 1-877-377-7775 |
| MENTAL HEALTH CRISIS LINE (16 years +) | 1-866-996-0991 |
| MENTAL HEALTH HELPLINE (Agency information and referrals to mental health agencies in Ontario) | 1-866-531-2600 |
| KIDS HELPLINE | 1-800-668-6868 |
| **POLICE EMERGENCY** | |
| ONTARIO PROVINCIAL POLICE | 1-888-310-1122 |
| **MENTAL HEALTH COMMUNITY RESOURCES** | |
| VALORIS FOR CHILDREN AND ADULTS OF PRESCOTT-RUSSELL | 1-800-675-6168 |
| PRESCOTT-RUSSELL COMMUNITY MENTAL HEALTH CENTRE (16 years +) | 1-800-267-1453 |
| ROYAL COMTOIS CENTRE (16 years +) | 1-877-616-0139 |
| CANADIAN MENTAL HEALTH ASSOCIATION (16 years +) | 613-686-4379 |
| PRESCOTT-RUSSELL ADDICTION SERVICES | 1-855-624-1415 |
| **HOSPITALS** | |
| HAWKESBURY & DISTRICT GENERAL HOSPITAL | 613-632-1111 |
| CHILDREN'S HOSPITAL OF EASTERN ONTARIO | 613-737-7600 |
| THE ROYAL | 613-722-6521 |

| STORMONT, DUNDAS AND GLENGARRY COUNTIES | |
|---|---|
| **SUICIDE CRISIS NUMBERS** | |
| CHILD, YOUTH & FAMILY CRISIS LINE | 1-877-377-7775 |
| MENTAL HEALTH CRISIS LINE (16 years +) | 1-866-996-0991 |
| KIDS HELPLINE | 1-800-668-6868 |
| MENTAL HEALTH HELPLINE (Agency information and referrals to mental health agencies in Ontario) | 1-866-531-2600 |
| **POLICE EMERGENCY** | |
| ONTARIO PROVINCIAL POLICE | 1-888-310-1122 |
| CORNWALL COMMUNITY POLICE SERVICE | 613-933-5000 |
| **MENTAL HEALTH COMMUNITY RESOURCES** | |
| CHILD AND YOUTH COUNSELLING SERVICES | 613-932-1558 |
| SINGLE POINT ACCESS | 613-938-9909 |
| YOUTH TRANSITION IMPROVEMENT PROGRAM (16 years +) | 613-936-9236 |
| CHILDREN'S TREATMENT CENTRE | 613-933-4400 |
| TRI-COUNTY MENTAL HEALTH SERVICES (16 years +) | 613-932-9940 |
| COUNSELLING AND SUPPORT SERVICES OF S. D. & G. | 613-932-4610 |
| CANADIAN MENTAL HEALTH ASSOCIATION (16 years +) | 613-933-5845 |
| ADDICTION SERVICES – CORNWALL COMMUNITY HOSPITAL | 1-800-272-1937 |
| S. D. & G. DEVELOPMENTAL SERVICES CENTRE | 613-937-3072 |
| **HOSPITALS** | |
| CORNWALL COMMUNITY HOSPITAL | 613-938-4240 |
| GLENGARRY MEMORIAL HOSPITAL | 613-525-2222 |
| WINCHESTER MEMORIAL DISTRICT HOSPITAL | 613-774-2420 |
| CHILDREN'S HOSPITAL OF EASTERN ONTARIO | 613-737-7600 |
| THE ROYAL | 613-722-6521 |

## LINKS & RESOURCES

The following organizations provide information and resources to promote mental health and prevent suicide:

- **Honouring Life** - The National Aboriginal Health Organization offers culturally relevant information and resources on suicide prevention for Aboriginal youth **www.honouringlife.ca**
- **Ementalhealth.ca** – developed and maintained by psychiatrists at CHEO
- **Kids Help Phone** offers on-line information and counselling for children and youth 1-800-668-6868 **www.kidshelpphone.ca**
- **Mental Health Central** is an information exchange and public forum for individuals, organizations and professionals looking for or offering mental health services or products **www.mentalhealthcentral.ca**
- **Mental Health First Aid** is a two day certified program of the Mental Health Commission of Canada **www.mentalhealthfirstaid.ca**
- **Mind your Mind** is a website for youth created by youth offering information, resources and the tools to help manage stress, crisis and mental health problems **www.mindyourmind.ca**
- **Mobilizing Minds: Pathways to Young Adult Mental Health** is a mental health project led by young adults, community organizations, researchers and health professionals **www.mobilizingminds.ca**
- **River of Life program** provides on-line training about Aboriginal youth suicide **www.riveroflifeprogram.ca**
- **Teen Mental Health** provides information about adolescent mental health to advance the understanding of mental illness and to improve the lives of young people with mental disorders. **www.teenmentalhealth.org**
- **Yoomagazine** from IWK Health Centre is an interactive health magazine for schools, youth and parents **www.yoomagazine.net**
- **Your Life Counts** is a website for youth to share thoughts and get help with their problems **www.yourlifecounts.org**
- **Reachoutnow.ca** offers on line information on suicide prevention and local resources for the Champlain East area **www.reachoutnow.ca**

### THE FOLLOWING ORGANIZATIONS PROVIDE INFORMATION ON SUICIDE AND SUICIDE PREVENTION:

- **Canadian Association for Suicide Prevention** works towards reducing suicide and its impact in Canada, through advocacy, support and education **http://www.suicideprevention.ca/**
- **Centre for Suicide Prevention** **http://www.suicideinfo.ca/**
- **Ontario Association for Suicide Prevention** **http://www.ospn.ca/**
- **American Association for Suicidality** works to understand and prevent suicide through research, training, and promotion **www.suicidology.org**
- **Canadian Mental Health Association** **www.cmha.ca**
- **Living Works** offers training in Applied Suicide Intervention Skills Training, as well as other suicide awareness and prevention training programs **www.livingworks.net**
- **Mental Health Commission of Canada** **http://www.mentalhealthcommission.ca/English/Pages/default.aspx**
- **Reasons to Go on Living Project** **http://www.thereasons.ca**
- **Suicide Prevention Resource Centre** provides prevention support, training, and resources to assist organizations and individuals to develop suicide prevention programs, interventions and policies. **www.sprc.org**
- **Working Minds** provides tools and networks to organizations to help them with suicide prevention, intervention and postvention **www.workingminds.org**

## **APPENDIX G:** GLOSSARY OF TERMS

**Bereavement:**
Global term encompassing both the feelings of grief and the process of mourning in reaction to a death.

**Community Referral:**
To obtain additional services provided by hospitals, mental health agencies, organizations, consultants, and/or mental health professionals in the local area.

**Continuum:**
A whole characterized as a collection, sequence, or progression of elements varying by degrees.

**Copycat Behaviour or "Contagion":**
A process by which exposure to suicidal behaviour of other person(s), influences another to attempt or complete suicide. This behaviour may imitate or mimic another suicide by method, timing (such as on an anniversary of another suicide), or in other ways. Numerous studies have shown an increase in suicides, particularly among youth, following prominent or repetitive media coverage of a suicide that gives specific details of the suicide, such as giving a detailed description of the methods used.

**Crisis Intervention:**
Response to an individual who is at moderate or high risk for suicide. The intervention includes the response and medical or psychiatric emergency services for the individual.

**Crisis Team:**
A group of individuals trained and assembled for the purpose of responding to the needs of others during and after a crisis event/situation.

**Debriefing:**
A facilitated session to provide staff intervening in a crisis with an opportunity to discuss and process crisis related events. The purpose of debriefing is to provide support, recognition, and information.

**Evidence Based/Informed:**
An intervention that has been based on scientific literature and/or studies.

**Gatekeeper:**
This is the term used to define the role of individuals who are routinely in direct contact with a specific target audience who are trained to know basic suicide prevention steps. Gatekeepers are trained to recognize and respond appropriately to warning signs of suicidal behaviour and to assist at-risk individuals in getting the help they need.

**Invitations:**
A person with thoughts of suicide usually gives what are referred to as invitations, or more commonly known as signs/indicators/risk alerts. A person is inviting help either through stating their intent directly or indirectly or through their behaviours and actions that they are having thoughts of suicide.

**Mandatory Reporting/Duty to Report:**
People who work with children and families are required by law to make reports of suspected child abuse and neglect to the Children Aid Society of that jurisdiction

**Non-Suicidal Self-Injury (NSSI):**
The deliberate and direct alteration or self-destruction of healthy body tissue without suicidal intent (e.g. cutting, drugs, alcohol).

**Postvention:**
A sequence of planned support and interventions carried out with survivors in the aftermath of a suicide.

**Prevention:**
A coordinated and comprehensive set of specific interventions strategically linked to target populations at risk for the development of specific disorders and dysfunction.

**Protective Factors:**
Personal or environmental characteristics that reduce the probability of suicide. Protective factors can buffer the effects of risk factors. The capacity to resist the effects of risk factors is known as resilience.

**Re-entry:**
The process of returning to the school environment following an extended period of absence is re-entry.

**Risk Alert:**
Changes in actions, thoughts, feeling and personal appearance that may lead one to believe that a person may be contemplating suicide.

**Risk Factors:**
Personal or environmental characteristics about the factors that are associated with suicide risk. People affected by one or more of these risk factors have a greater probability of suicidal behaviour. There are six risk factors outlined in ASIST: suicidal thoughts, current suicide plan, pain, resources, prior suicidal behaviour and mental health.

**Risk Review:**
The process about finding out information about each of the six risk factors to determine if the information creates a risk alert.

**Safe Plan:**
A detailed and specific plan/contract that outlines what the person at risk will do if he/she is having suicidal thoughts (e.g. safety contract, resources, safety contact, what to do to prevent).

**Stigma:**
Stigma is commonly defined as the use of stereotypes and labels when defining someone. Stigmatization of people with mental disorders is manifested by bias, distrust, stereotyping, fear, embarrassment, anger, and/or avoidance. Stigma leads the (public) to avoid people with mental disorders. It reduces access to resources and leads to low self-esteem, isolation, and hopelessness.

**Suicide:**
Suicide is defined as death from injury, poisoning, or suffocation where there is evidence (either explicit or implicit) the injury was self-inflicted and the decedent intended to kill himself/herself. (Note: The term "completed suicide" can be used interchangeably with the term "suicide".) Never use the term "successful" suicide. Suicide completion is not a success.

**Suicide Attempt:**
A non-fatal self-directed potentially injurious behaviour with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

**Suicidal Behaviour:**
Threats of self-injury, gestures, attempts, and completions are all suicidal behaviours.

**Suicide Clusters:**
A series of consecutive suicides in the same geographic area, among a demographically similar group of individuals is termed a suicide cluster.

**Suicidal Ideation:**
Thoughts about completing suicide are clinically referred to as "suicidal ideation."

**Suicide Pact:**
An agreement to complete suicide by two or more individuals.

**Suicide Threat:**
A verbal statement indicating that suicide is being considered.

**Suicide Survivor:**
An individual experiencing the traumatic effects of losing a loved one to suicide.

**Warning Signs**:
Indications that someone may be in danger of suicide, either immediately or in the near future.

# APPENDIX H: RESILIENCE AND PROTECTIVE FACTORS

## WHAT IS RESILIENCE?

Most commonly, the term resilience has come to mean an individual's ability to overcome adversity and continue his or her normal development. However, the RRC (Resilience Research Centre) uses a more ecological and culturally sensitive definition. Dr Michael Ungar, Principal Investigator with the RRC, has suggested that resilience is better understood as follows:

***"In the context of exposure to significant adversity, resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided in culturally meaningful ways."***

This definition shifts our understanding of resilience from an individual concept, popular with western-trained researchers and human services providers, to a more culturally embedded understanding of well-being. Understood this way, resilience is a social construct that identifies both processes and outcomes associated with what people themselves term well-being. It makes explicit that resilience is more likely to occur when we provide the services, supports and health resources that make it more likely for every child to do well in ways that are meaningful to his or her family and community.

## A MULTIDIMENSIONAL MODEL OF RESILIENCE

There are many factors associated with resilience. Some of the more common aspects of successful navigation and negotiation for well-being under stress include the following:

- assertiveness
- ability to solve problems
- self-efficacy
- ability to live with uncertainty
- self-awareness
- a positive outlook
- empathy for others
- having goals and aspirations
- ability to maintain a balance between independence and dependence on others
- appropriate use of or abstinence from substances like alcohol and drugs
- a sense of humour
- a sense of duty (to others or self, depending on the culture)

### Relationships Factors

- parenting that meets the child's needs
- appropriate emotional expression and parental monitoring within the family
- social competence
- the presence of a positive mentor and role models
- meaningful relationships with others at school, home, and perceived social support
- peer group acceptance

### Community Factors

- opportunities for age-appropriate work
- avoidance of exposure to violence in one's family, community, and with peers
- government provision for children's safety, recreation, housing, and jobs when they are at the appropriate age to work
- meaningful rites of passage with an appropriate amount of risk
- tolerance of high-risk and problem behavior
- safety and security
- perceived social equity
- access to school and education, information, and learning resources

### Cultural Factors

- affiliation with a religious organization
- tolerance for different ideologies and beliefs
- adequate management of cultural dislocation and a change or shift in values
- self-betterment
- having a life philosophy
- cultural and/or spiritual identification
- being culturally grounded by knowing where you come from and being part of a cultural tradition that is expressed through daily activities

### Physical Ecology Factors

- access to a healthy environment
- security in one's community
- access to recreational spaces
- sustainable resources
- ecological diversity ( http://www.resilliance.org publications)

Source: Resilience Research Centre, School of Social Work, Dalhousie University www.resilienceproject.org/

# APPENDIX I: REGIONAL SCHOOLS LIST BY BOARD

## CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO

### LANARK

**Holy Name of Mary Catholic School**
110 Paterson St.
Almonte, ON
K0A 1A0
Tel# 613-256-2532
Fax# 613-256-0899

**Notre Dame Catholic High School**
157 McKenzie Street
Carleton Place, ON
K7C 4P2
Tel# 613-253-4700
Fax# 613-253-5544

**Sacred Heart Of Jesus Catholic School**
134 North Street
Lanark, ON
K0G 1K0
Tel# 613-259-2113
Fax# 613-259-5343

**St. Francis de Sales Catholic School**
43 Russell Street East
Smiths Falls, ON
K7A 1G2
Tel# 613-283-6101
Fax# 613-283-4976

**St. Gregory Catholic School**
176 Townline Road West
Carleton Place, ON
K7C 3P7
Tel# 613-257-8468
Fax# 613-257-1336

**St. James the Greater Catholic School**
5 Catherine Street
Smiths Falls, ON
K7A 3Z9
Tel# 613-283-1848
Fax# 613-283-6976

**St. John Catholic Elementary**
34 Wilson Street East
Perth, ON
K7H 1L6
Tel# 613-267-2865
Fax# 613-267-6631

**St. John Catholic High School**
2066 Scotch Line Road
Perth, ON
K7H 3C5
Tel# 613-267-4724
Fax# 613-267-1890

**St. Luke Catholic High School**
4 Ross Street
Smiths Falls, ON
K7A 4L5
Tel# 613-283-4477
Fax# 613-283-7622

**St. Mary Catholic School**
4 Hawthorne Avenue
Carleton Place, ON
K7C 3A9
Tel# 613-257-1538
Fax# 613-257-1960

### LEEDS & GRENVILLE

**Holy Cross Catholic School**
P.O. Box 250,
521 Clothier St. W.
Kemptville, ON
K0G 1J0
Tel# 613-258-7457
Fax# 613-258-9867

**JL Jordan Catholic School**
294 First Ave
Brockville, ON
K6V 3B7
Tel# 613-342-7711
Fax# 613-342-6474

**St Edward Catholic School**
Box 309,
51 Bedford
Westport, ON
K0G 1X0
Tel# 613-273 273-2926
Fax# 613-273-2636

**St. Francis Xavier Catholic School**
74 Church Street
Brockville, ON
K6V 3X6
Tel# 613-342-0510
Fax# 613-342-7313

**St. John Bosco Catholic School**
12 Durham Street
Brockville, ON
K6V 7A4
Tel# 613-498-0656
Fax# 613-498-2610

**St. Joseph Catholic School**
235 Georgiana Street
Gananoque, ON
K7G 1M9
Tel# 613-382-2361
Fax# 613-382-2924

**St. Joseph Catholic School**
80 County Road #1,
Main St.
Toledo, ON
K0E 1Y0
Tel# 613-275-2353
Fax# 613-275-1542

**St. Mark Catholic School**
Box 1720,
420 McAuley Rd.
Prescott, ON
K0E 1T0
Tel# 613-925-4342
Fax# 613-925-0512

## LEEDS & GRENVILLE

**St. Mary Catholic High School**
40 Central Avenue
Brockville, ON
K6V 4N5
Tel# 613-342-4911
Fax# 613-342-2971

**St. Michael Catholic High School**
2755 Highway 43
Kemptville, ON
K0G 1J0
Tel# 613-258-7232
Fax# 613-258-3527

## PRESCOTT-RUSSELL

**Mother Teresa Catholic School**
1035 Concession Street
Russell, ON
K4R 1C7
Tel# 613-445-3788
1-888-263-2715
Fax# 613-445-3789

**Pope John Paul II Catholic School**
3818 Legault Road
Hammond, ON
K0A 2A0
Tel# 613-487-3075
1-888-921-2252
Fax# 613-487-3083

**St. Francis Xavier Catholic School**
Box 159,
1235 Russell Road
Hammond, ON
K0A 2A0
Tel# 613-487-2913
1-888-416-2373
Fax# 613-487-3856

**St. Patrick Catholic School**
1001 Heritage Drive
Rockland, ON
K4K 1R2
Tel# 613-446-7215
1-888-240-8602
Fax# 613-446-1145

**St. Jude Catholic School**
5355 Highway 34
Vankleek Hill, ON
K0B 1R0
Tel# 613-678-5455
Fax# 613-678-5452

**St. Thomas Aquinas Catholic School**
1211 South Russell Road,
RR#2
Russell, ON
K4R 1E5
Tel# 613-445-0810
1-877-559-7729
Fax# 613-445-1520

## STORMONT, DUNDAS & GLENGARRY

**Bishop Macdonell Catholic School**
300 Adolphus Street
Cornwall, ON
K6H 3S6
Tel# 613-933-6739
Fax# 613-933-1310

**Holy Trinity Catholic Secondary School**
18044 Tyotown Road,
RR#1
Cornwall, ON
K6H 5R5
Tel# 613-936-0319
Fax# 613-936-0663

**Immaculate Conception Catholic School**
600 McConnell Ave.
Cornwall, ON
K6H 4M1
Tel# 613-932-3455
Fax# 613-932-5573

**Iona Academy**
20019 King's Road
RR#2
Williamstown, ON
K0C 2J0
Tel# 613-347-3518
Fax# 613-347-1510

**Sacred Heart Catholic School**
1424 Aubin Avenue
Cornwall, ON
K6J 4S2
Tel# 613-933-3337
Fax# 613-933-0623

**Our Lady of Good Counsel**
Box 428,
52 Dickinson Drive
Ingleside, ON
K0C 1M0
Tel# 613-537-2556
Fax# 613-537-8540

**St. Andrew's Catholic School**
17283 County Road 18
St. Andrews West, ON
K0C 2A0
Tel# 613-932-6592
Fax# 613-932-2763

**St. Anne's Catholic School**
607 Surgenor Street
Cornwall, ON
K6J 2H5
Tel# 613-933-4615
Fax# 613-933-7982

## STORMONT, DUNDAS & GLENGARRY

**St. Columban's Catholic School**
323 Augustus Street
Cornwall, ON
K6J 3W4
Tel# 613-933-3113
Fax# 613-933-9531

**St. Finnan's Catholic School**
220 Main Street
Alexandria, ON
K0C 1A0
Tel# 613-525-4274
Fax# 613-525-4276

**St. George's Catholic School**
Box 310,
31 Bethune Street
Long Sault, ON
K0C 1P0
Tel# 613-534-2502
Fax# 613-534-2484

**St Joseph's Catholic High School**
1500A Cumberland St
Cornwall, ON
K6J 5V9
Tel# 613- 932-0349
Fax# 613-936-0419

**St. Mary Catholic School**
Box 429, 37 Main St.
Chesterville, ON
K0C 1H0
Tel# 613-448-2158
Fax# 613-448-2740

**St. Mary-St. Cecilia Catholic School**
40 Augusta Street
Morrisburg, ON
K0C 1X0
Tel# 613-543-2907
Fax# 613-543-4048

**St. Matthew Catholic Secondary School**
822 Marlborough St.
Cornwall, ON
K6H 4B4
Tel# 613-930-9928
Tel# 713-932-2887

**St. Peter Catholic School**
1811 Second Street East
Cornwall, ON
K6H 6P1
Tel# 613-933-1007
Fax# 613-933-5584

## UPPER CANADA DISTRICT SCHOOL BOARD

### LANARK

**Almonte and District High School**
126 Martin St. North, Box 880
Almonte, ON
K1A 1A0
Tel# 613-256-1470
Fax# 1-855-340-9073

**Arklan Community Public School**
123 Patterson Cres.,
Carleton Place, ON
K7C 4R2
Tel# 613-257-8113
Fax# 1-855-340-9074

**Beckwith Public School**
1523 9th Line of Beckwith, RR#2
Carleton Place, ON
K7C 3P2
Tel# 613-253-0427
Fax# 1-855-340-9076

**Caldwell Street Public School**
70 Caldwell Street,
Carleton Place, ON
K7C 3A5
Tel# 613-257-1270
Fax# 1-855-340-9079

**Carleton Place High School**
215 Lake Avenue West
Carleton Place, ON
K7C 1M3
Tel# 613-257-2720
Fax# 1-855-340-9082

**Chimo Elementary School**
11 Ross Street
Smiths Falls, ON
K7A 4V7
Tel# 613-283-1761
Fax# 1-855-358-3359

**Drummond Central School**
1469 Drummond School Rd.
RR#6,
Perth, ON
K7H 3C8
Tel# 613-267-4789
Fax# 1-855-358-3362

**Duncan J. Schoular P. S**.
41 McGill Street,
Smiths Falls, ON
K7A 3M9
Tel# 613-283-1367
Fax# 1-855-358-3363

**Glen Tay Public School**
155 Harper Road, RR#4
Perth, ON
K7H 3C6
Tel# 613-267-1909
Fax# 1-855-376-4216

**Maple Grove Elementary School**
Box 90
151 George Street,
Lanark, ON
K0G 1K0
Tel# 613-259-2777
Fax# 1-855-384-1915

**Montague Public School**
1200 Rosedale Road South,
R.R. #5
Smiths Falls, ON
K7A 4S6
Tel# 613-283-6426
Fax# 1-855-384-1920

**Naismith Memorial P. S.**
Box 280
260 King Street,
Almonte, ON
K0A 1A0
Tel# 613-256-3773
Fax# 1-855-408-0857

**North Elmsley Elem. School**
209 County Road 18,
R.R. #5,
Perth, ON
K7H 3C7
Tel# 613-267-1371
Fax# 1-855-408-0860

**Pakenham Public School**
Box 130
109 Jeanie Street,
Pakenham, ON
K0A 2X0
Tel# 613-624-5438
Fax# 1-855-408-0864

**Perth & District Collegiate Institute**
13 Victoria Street
Perth, ON
K7H 2H3
Tel# 613-267-3051
Fax# 1-855-408-0865

**Queen Elizabeth Elem. School**
80 Wilson Street East
Perth, ON
K7H 1M4
Tel# 613-267-2702
Fax# 1-855-428-1499

**R. Tait McKenzie Public School**
175 Paterson Street
Almonte, ON
K0A 1A0
Tel# 613-256-8248
Fax# 1-855-428-1500

**The Stewart School**
7 Sunset Blvd.,
Perth, ON
K7H 0A1
Tel# 613-267-2940
Fax# 1-855-496-0970

**Smiths Falls D.C.I.**
299 Percy Street
Smiths Falls, ON
K7A 5M2
Tel# 613-283-0288
Fax# 1-855-484-6076

## LEEDS & GRENVILLE

**Athens District High School**
Box 279
21 Church Street
Athens, ON
K0E 1B0
Tel# 613-924-2618
Fax# 1-855-340-9075

**Benson Public School**
Box 340
4005 James St
Cardinal, ON
K0E 1E0
Tel# 613-657-3095
Fax# 1-855-340-9077

**Brockville Collegiate Institute**
90 Pearl Street East
Brockville, ON
K6V 1P8
Tel# 613-345-5641
Fax# 1-855-340-9078

**Centennial '67 Public School**
Box 100
7 Henderson Street
Spencerville, ON
K0E 1X0
Tel# 613-658-3114
Fax# 1-855-358-3355

**Commonwealth Public School**
166 Pearl Street
Brockville, ON
K6V 1R4
Tel# 613-345-5031
Fax# 1-855-358-3360

**Front Of Yonge Elem. School**
1504 County Road 2,
Mallorytown, ON
K0E 1R0
Tel# 613-923-5284
Fax# 1-855-376-4213

**Gananoque Secondary School**
175 William Street South,
Box 640
Gananoque, ON
K7G 1S8
Tel# 613-382-4741
Fax# 1-855-376-4214

**Kemptville Public School**
Box 70
215 Reuben Cres.
Kemptville, ON
K0G 1J0
Tel# 613-258-2206
Fax# 1-855-376-4219

**Linklater Public School**
300 Stone Street
Gananoque, ON
K7G 1Y8
Tel# 613-382-3689
Fax# 1-855-384-1911

**Lombardy Public School**
596 Highway 15
R.R. #1
Lombardy, ON
K0G 1L0
Tel# 613-283-0860
Fax# 1-855-384-1912

**Lyn Public School**
Box 184
38 Main Street East
Lyn, ON
K0E 1M0
Tel# 613-345-1242
Fax# 1-855-384-1914

**Maynard Public School**
21 Stewart Drive
R.R. #2
Prescott , ON
K0E 1T0
Tel# 613-925-4291
Fax# 1-855-384-1917

**Meadowview Public School**
9234 Addison-Greenbush Road, R.R.#2
Addison, ON
K0E 1A0
Tel# 613-924-2880
Fax# 1-855-384-1918

**Merrickville Public School**
Box 520
306 Drummond Street East,
Merrickville, ON
K0G 1N0
Tel# 613-269-4951
Fax# 1-855-384-1919

**North Grenville D.H.S.**
2605 Concession Road
Kemptville, ON
K0G 1J0
Tel# 613-258-3481
Fax# 1-855-408-0861

**Oxford-On-Rideau Public School**
Box 217
50 Water Street
Oxford Mills, ON
K0G 1J0
Tel# 613-258-3141
Fax# 1-855-408-0863

**Pineview Public School**
Box 220
8 George Street
Athens, ON
K0E 1B0
Tel# 613-924-2055
Fax# 1-855-408-0866

**Prince Of Wales Public School**
210 Pearl Street West
Brockville, ON
K6V 4C8
Tel# 613-342-3718
Fax# 1-855-428-1498

**Rideau Centennial ES**
2761 Highway 15
Portland, ON
K0G 1V0
Tel# 613-272-2209
Fax# 1-855-428-1501

**Rideau District High School**
251 Main Street
Elgin, ON
K0G 1E0
Tel# 613-359-5391
Fax# 1-855-428-1502

## LEEDS & GRENVILLE

**South Grenville District High**
Box 670
1000 Edward Street North,
Prescott, ON
K0E 1T0
Tel# 613-925-2855
Fax# 1-855-496-0966

**Sweet's Corners Elem. School**
276 Lyndhurst Road
R.R. #2
Lyndhurst, ON
K0E 1N0
Tel# 613-928-2777
Fax# 1-855-496-0968

**Thousand Islands Elem School**
Box 90
101 King Street W
Lansdowne, ON
K0E 1L0
Tel# 613-659-2216
Fax# 1-855-496-0971

**Thousand Islands Sec. School**
2510 Parkedale Avenue
Brockville, ON
K6V 3H1
Tel# 613-342-1100
Fax# 1-855-496-0972

**Toniata Public School**
24 Scace Avenue
Brockville, ON
K6V 2A4
Tel# 613-342-6310
Fax# 1-855-496-0973

**Vanier Public School**
40 Vanier Drive
Brockville, ON,
K6V 3J5
Tel# 613-342-8081
Fax# 1-855-496-0974

**Wellington Elementary School**
Box 1329
920 Boundary Street,
Prescott, ON
K0E 1T0
Tel# 613-925-2803
Fax# 1-855-508-1585

**Westminster Public School**
29 Central Avenue,
Brockville, ON
K6V 4N6
Tel# 613-345-5552
Fax# 1-855-508-1586

**Wolford Public School**
2159 County Road 16
R.R. #2
Merrickville, ON
K0G 1N0
Tel# 613-283-6326
Fax# 1-855-508-1589

## PRESCOTT-RUSSELL

**Cambridge Public School**
2123 Route 500 W
Embrun, ON
K0A 1W0
Tel# 613-443-3024
Fax# 1-855-340-9080

**Plantagenet Public School**
Box 295
635 Water Street
Plantagenet, ON
K0B 1L0
Tel# 613-673-5414
Fax# 1-855-428-1496

**Pleasant Corners Public School**
4099 Highway # 34
Vankleek Hill, ON
K0B 1R0
Tel# 613-678-2030
Fax# 1-855-428-1497

**Rockland District High School**
1004 St. Joseph Street
Rockland, ON
K4K 1P6
Tel# 613-446-7347
Fax# 1-855-428-1504

**Rockland Public School**
999 Giroux Street
Rockland, ON
K4K 1C2
Tel# 613-446-4552
Fax# 1-855-428-1505

**Russell High School**
982 North Russell Road,
Russell, ON
K4R 1C8
Tel# 613-445-2659
Fax# 1-855-484-6072

**Russell Public School**
14 Mill Street
Russell, ON
K4R 1E1
Tel# 613-445-2190
Fax# 1-855-484-6073

**Vankleek Hill Collegiate Inst**.
5814 Highway 34
Vankleek Hill, ON
K0B 1R0
Tel# 613-678-2023
Fax# 1-855-496-0975

## STORMONT, DUNDAS & GLENGARRY

**Central Public School**
200 Amelia Street
Cornwall, ON
K6H 0A5
Tel# 613-932-0857
Fax# 1-855-358-3356

**Char-Lan District High School**
19743 County Road 17
Williamstown, ON
K0C 2J0
Tel# 613-347-2441
Fax# 1-855-358-3357

**Chesterville Public School**
Box 489
38 College St
Chesterville, ON
K0C 1H0
Tel# 613-448-2224
Fax# 1-855-358-3358

**Cornwall Collegiate V.S.**
437 Sydney Street
Cornwall, ON
K6H 3H9
Tel# 613-932-8360
Fax# 1-855-358-3361

**Eamer`s Corners Public School**
2258 Pitt Street
Cornwall, ON
K6K 1A3
Tel# 613-933-0644
Fax# 1-855-358-3364

**East Front Public School**
1810 Montreal Road
Cornwall, ON
K6H 5R5
Tel# 613-932-5318
Fax# 1-855-376-4212

**TR Leger School**
1500 Cumberland Street
Cornwall, ON
K6J 4K9
Tel# 613-933-5500
Fax# 613-930-7251

**Gladstone Public School**
825 McConnell Avenue
Cornwall, ON
K6H 4M5
Tel# 613-932-5650
Fax# 1-855-376-4215

**Glengarry District High School**
212 Main Street North
Alexandria, ON
K0C 1A0
Tel# 613-525-1066
Fax# 1-855-376-4217

**Iroquois Public School**
Box 9
66 Lakeview Drive
Iroquois, ON
K0E 1K0
Tel# 613-652-4580
Fax# 1-855-376-4218

**Laggan Public School**
20345 Gleneig Road
Dalkeith, ON
K0B 1E0
Tel# 613-525-3112
Fax# 1-855-376-4221

**Longue Sault Public School**
Box 460
13 Bethune Street
Long Sault, ON
K0C 1P0
Tel# 613-534-2415
Fax# 1-855-384-1913

**Maxville PS**
15 Alexander Street
Maxville, ON
K0C 1T0
Tel# 613-527-2195
Fax# 1-855-384-1916

**Morrisburg Public School**
Box 817
16 Second Street,
Morrisburg, ON
K0C 1X0
Tel# 613-543-3166
Fax# 1-855-384-1921

**Nationview Public School**
Box 140
3045 County Road 1
South Mountain, ON
K0E 1W0
Tel# 613-989-2600
Fax# 1-855-408-0858

**North Dundas D.H.S.**
12835 Highway # 43
R.R. #3
Chesterville, ON
K0C 1H0
Tel# 613-448-2328
Fax# 1-855-408-0859

**North Stormont Public School**
Box 100
57 Cockburn Street
Berwick, ON
K0C 1G0
Tel# 613-984-2061
Fax# 1-855-408-0862

**Rothwell-Osnabruck School**
Box 40
1 College Street
Ingleside, ON
K0C 1M0
Tel# 613-537-2474
Fax# 1-855-484-6070

**Roxmore Public School**
Box 39
16279 Fairview Drive
Avonmore, ON
K0C 1C0
Tel# 613-346-5502
Fax# 1-855-484-6071

**S. J. McLeod Public School**
5449 County Road 26
R.R. #1,
Bainsville, ON
K0C 1E0
Tel# 613-347-2648
Fax# 1-855-484-6074

**Seaway District High School**
Box 100
2 Beach Street
Iroquois, ON
K0E 1K0
Tel# 613-652-4878
Fax# 1-855-484-6075

**St. Lawrence Secondary School**
1450 Second Street East
Cornwall, ON
K6H 5Z8
Tel# 613-933-8410
Fax# 1-855-496-0967

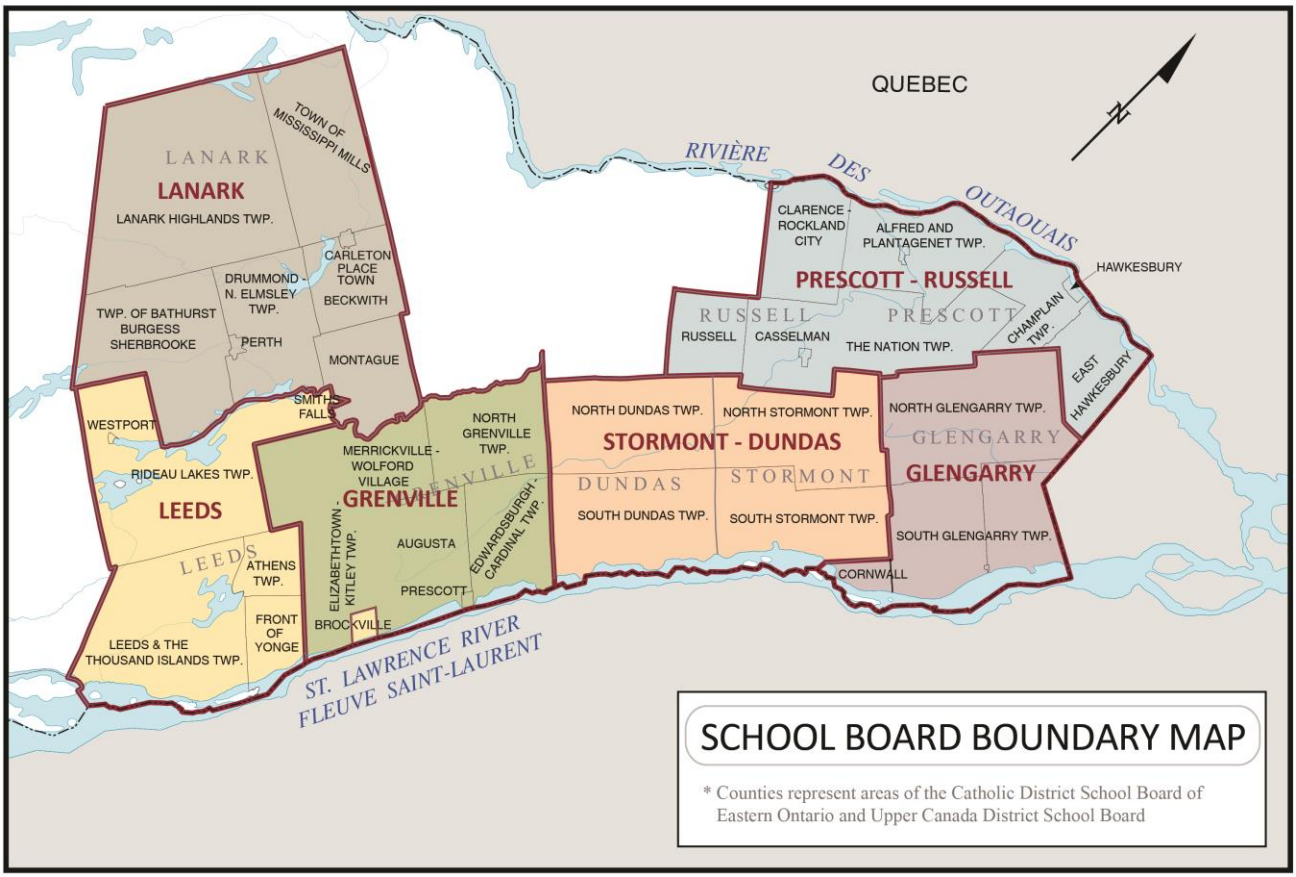
**Tagwi Secondary School**
16750 Highway # 43
R.R. #1
Avonmore, ON
K0C 1C0
Tel# 613-346-2122
Fax# 1-855-496-0969

**Viscount Alexander P. S.**
1401 Dover Road
Cornwall, ON
K6J 1V6
Tel# 613-932-4131
Fax# 1-855-508-1584

## STORMONT, DUNDAS & GLENGARRY

**Williamstown Public School**
19754 County Road 17, Box 100
Williamstown, ON
K0C 2J0
Tel# 613-347-3641
Fax# 1-855-508-1587

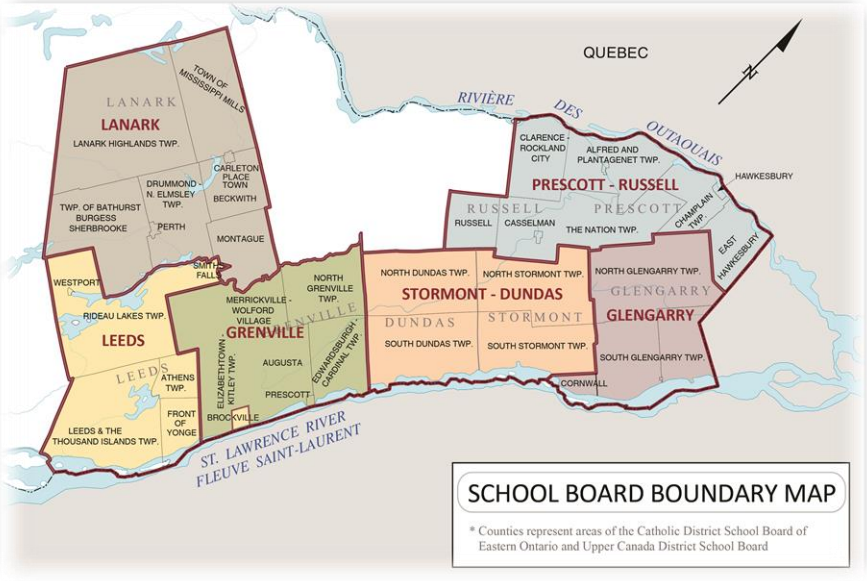
**Winchester Public School**
547 Louise Street South,
P.O. Box 280
Winchester, ON
K0C 2K0
Tel# 613-774-2607
Fax# 1-855-508-1588



# **APPENDIX J:** DISTRICT SCHOOL BOARDS AND COMMUNITY PARTNERS: SIGNING MEMBERS

## Catholic District School Board of Eastern Ontario

Box 2222, 2755 Highway 43
Kemptville, Ontario
K0G 1J0
Telephone: 613-258-7757
Toll-free: 1-800-443-4562
Fax: 613-258-7134
**www.cdsbeo.on.ca**




## Upper Canada District School Board

Administration Building
225 Central Ave. W
Brockville, Ontario
K6V 5X1
Telephone: 613-342-0371
Toll-Free: 1-800-267-7131
Fax: 1-855-586-8748
**www.ucdsb.ca**

### LANARK

| | |
|---|---|
| **Open Doors for Lanark Children and Youth**<br>http://www.opendoors.on.ca<br>**Smiths Falls**<br>Unit A1 -88 Cornelia Street W.<br>Smiths Falls, ON, K7A 5K9<br>Telephone: 613-283-8260<br>Toll Free: 1-877-232-8260<br>Fax: 613-283-8757<br><br>**Perth**<br>Unit 123, 40 Sunset Blvd<br>Perth, ON, K7H 2Y4<br>Telephone: 613-264-1415<br><br>**Carleton Place**<br>Unit A, 40 Bennett Street<br>Carleton Place, ON, K7C 4J9<br>Telephone: 613-257-8260 | **Perth & Smiths Falls District Hospital**<br>http://psfdh.on.ca/<br>**Perth Site**<br>(Great War Memorial Site)<br>33 Drummond Street West<br>Perth, ON, K7H 2K1<br>Telephone: 613-267-1500<br>Fax: 613-264-0365<br><br>**Smiths Falls Site**<br>60 Cornelia Street West<br>Smiths Falls, ON, K7A 2H9<br>Telephone: 613-283-2330<br>Fax: 613-283-8990 |

**Family and Children's Services of Lanark, Leeds and Grenville**
http://www.fcsllg.ca/
**Perth**
8 Herriot Street
Perth, ON, K7H 1S9
Telephone: 613-264-9991
Fax: 613-264-0067

**Carleton Place & District Memorial Hospital**
http://www.carletonplacehospital.ca/
211 Lake Avenue East
Carleton Place, ON, K7C 1J4
Telephone: 613-257-3533

**Almonte General Hospital**
http://www.almontegeneral.com/agh/home/
75 Spring Street
Almonte, ON, K0A 1A0
Telephone: 613-256-2500

**Smiths Falls Police**
http://www.sfps.ca/
7 Hershey Drive,
Smiths Falls, ON, K7A 4W7
Telephone: 613-283-0357

**Ontario Provincial Police**
http://www.opp.ca/
**Eastern Regional Headquarters**
441 Hwy 15 South
Smiths Falls, ON, K7A 5B8
Telephone: 613-283-5691

**Carleton Place Detachment**
15 Coleman Street
Carleton Place, ON, K7C 4N9
Telephone: 613-257-5610

**Perth Detachment**
75 Dufferin Street
Perth, ON, K7H 3A5
Telephone: 613-267-2626

## LEEDS & GRENVILLE

**Children's Mental Health of Leeds and Grenville**
http://www.cmhlg.ca/
**Brockville**
779 Chelsea Street, Suite BU,
Brockville, ON, K6V 6J8
Telephone: 613-498-4844
Toll-Free: 1-800-809-2494
Fax: 613-498-2402

**Kemptville**
3-5 Clothier Street, 2nd Floor
Kemptville, ON, K0G 1J0
Telephone: 613-258-1959

**Children's Mental Health of Leeds and Grenville**
http://www.cmhlg.ca/
**Gananoque**
215 Stone Street South, Sampson House
Gananoque, ON, K7G 2T8
Telephone: 613-382-5047

**Prescott**
193 Water Street, Unit 401
Prescott, ON, K0E 1T0
Telephone: 613-925-1615

**Elgin** - by appointment only
10 Perth Street, Guthrie House
Elgin, ON, K0G 1E0
Telephone: 1-800-809-2494

| | |
|---|---|
| **Ontario Provincial Police**<br>http://www.opp.ca/<br>**Leeds Detachment**<br>Box 636, 4109 County Road 29<br>Brockville, ON, K6V 5V8<br>Telephone: 613-345-1790<br>Fax: 613-345-3202<br><br>**Grenville Detachment**<br>200 Development Drive<br>Prescott, ON, K0E 1T0<br>Telephone: 613-925-4221<br>Fax: 613-925-1115 | **Family and Children's Services of Lanark, Leeds and Grenville**<br>http://www.fcsllg.ca/<br>**Brockville**<br>438 Laurier Blvd.<br>Brockville, ON, K6V 5C5<br>Phone: (613) 498-2100<br><br>**Gananoque**<br>300-375 William St.S.<br>Gananoque, ON, K7G 1T2<br>Telephone: 613-382-8220<br>Fax: 613-498-2108<br><br>**Kemptville**<br>5 Clothier St. East<br>P.O Box 1299<br>Kemptville, ON, K0G 1J0<br>Telephone: 613-258-1460<br>Fax: 613-258-4459 |
| **Brockville Police Service**<br>http://www.brockvillepolice.com<br>2269 Parkdale Ave.<br>Brockville, ON<br>Telephone: 613-342-0127<br>Fax: 613-342-0452 | **Canadian Mental Health Association**<br>http://www.cmha-lg.ca/<br>25 Front Street West, Suite 3<br>Brockville, ON, K6V 4J2<br>Telephone: 613-345-0950<br>Toll-Free: 1-866-499-8455 ext. 4 |
| **Kemptville District Hospital**<br>www.kdh.on.ca/<br>2675 Concession Road<br>Kemptville, ON, K0G 1J0<br>Telephone: 613-258-6133 | **Brockville General Hospital**<br>http://www.bgh-on.ca/<br>75 Charles St,<br>Brockville, ON, K6V 1S8<br>Telephone: 613-345-5645 |

## STORMONT, DUNDAS & GLENGARRY

**Cornwall Community Hospital**
https://www.cornwallhospital.ca
840 McConnell Avenue
Cornwall, ON, K6H 5S5
Telephone: 613-938-4240

**Cornwall Community Hospital**
**Children's Mental Health Services**
https://www.cornwallhospital.ca
132 Second Street East, Suite 305,
Cornwall, ON, K6H 1Y4
Telephone: 613-932-1558

**Children's Aid Society of the United Counties of Stormont, Dundas and Glengarry**
www.cassdg.ca
150 Boundary Road
Cornwall, ON, K6H 6J5
Telephone: 613-933-2292
Fax: 613-933-6767

**Canadian Mental Health Association**
**Champlain East**
http://www.cmha-east.on.ca/
329 Pitt Street
Cornwall, ON, K6J 3R1
Telephone: 613-933-5845
Fax : 613-936-2323

**Cornwall Community Police Service**
http://www.cornwallpolice.com/
340 Pitt Street
Cornwall, ON, K6H 5T7
Telephone: 613-932-2110
Fax: 613-932-9317

**Ontario Provincial Police**
**Stormont, Dundas, Glengarry Detachment**
http://www.opp.ca/
**Alexandria**
624 Main S
Alexandria, ON
Telephone: 613-525-1954

**Morrisburg**
6 – 5th Street West
Morrisburg, ON
Telephone: 613-543-2949

**Ontario Provincial Police**
**Stormont, Dundas, Glengarry Detachment**
http://www.opp.ca/
**Long Sault**
Box 430, 4 Milles Roches Road
Long Sault, ON, K0C 1P0
Telephone: 613-534-2223
Fax: -613-534-2486

**Lancaster**
134 Pine
Lancaster, ON
Telephone: 613-347-2449

**Winchester**
547 Saint Lawrence St
Winchester, ON
Telephone: 613-774-2603

## PRESCOTT-RUSSELL

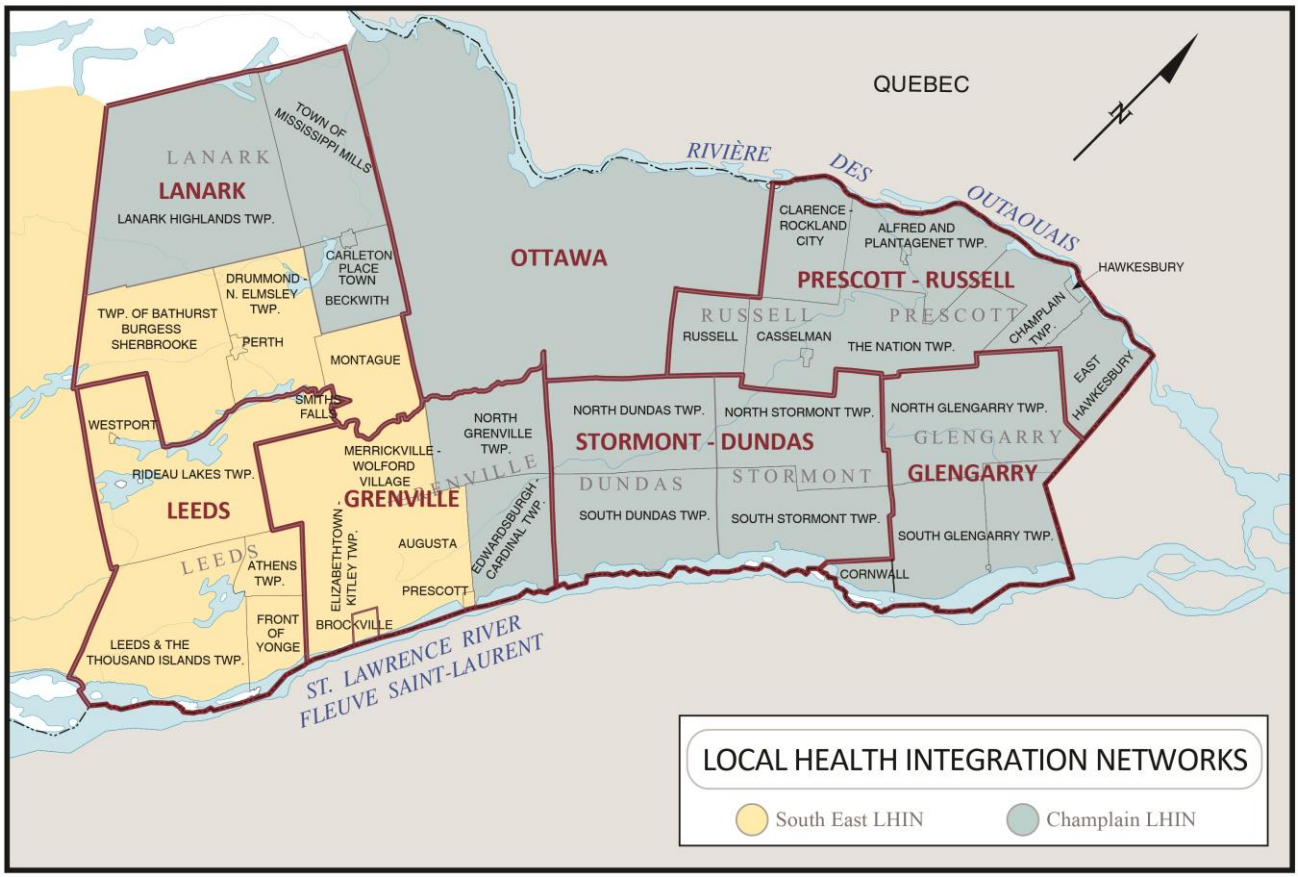
| | |
|---|---|
| **VALORIS for Children and Adults of Prescott-Russell**<br>http://www.valorispr.ca<br>**Head Office - Plantagenet**<br>173, Old HWY 17<br>Plantagenet, ON, K0B 1L0<br>Toll Free: 1-800-675-6168<br>Fax: 613-673-4800<br><br>**Casselman**<br>41 Racine Street<br>Casselman, ON, K0A 1M0<br>Toll Free: 1-800-675-6168<br>Fax: 613 764-7449 | **VALORIS for Children and Adults of Prescott-Russell**<br>http://www.valorispr.ca<br>**Hawkesbury**<br>411 Stanley Street<br>Hawkesbury, ON, K6A 3E8<br>Toll Free: 1-800-675-6168<br>Fax: 613-673-4831<br><br>**Clarence-Rockland**<br>860 Caron Street,<br>Rockland, ON, K4K 1H1<br>Toll Free: 1-800-675-6168<br>Fax: 613 446-7838 |
| **Canadian Mental Health Association – Champlain East**<br>444 McGill Street<br>Hawkesbury, ON, K6A 1R2<br>Telephone: 613-632-4924<br>Toll-Free: 1800-493-8271<br>Fax: 613-63226522<br>http://www.cmha-east.on.ca/ | **Hawkesbury and District General Hospital**<br>1111 Ghislain Street<br>Hawkesbury, ON, K6A 3G5<br>Telephone: 613-632-1111<br>http://www.hgh.ca/ |
| **Ontario Provincial Police**<br>http://www.opp.ca/<br>**Russell**<br>411 New York Central Avenue<br>Embrun, ON<br>K0A 1W1<br>Tel: (613) 443-4499<br><br>**Hawkesbury**<br>419 Cartier Blvd<br>Hawkesbury, On<br>K6A 1V9<br>Telephone: 613-632-2729 | **Ontario Provincial Police**<br>http://www.opp.ca/<br>**Rockland**<br>626 de La Baie<br>Rockland, ON<br>K4K 1K6<br>Telephone: 613-446-5128 |

## REGIONAL HOSPITALS

| | |
|---|---|
| **CHEO Children's Hospital of Eastern Ontario**<br>http://www.cheo.on.ca/<br>401 Smyth Road<br>Ottawa, ON, K1H 8L1<br>Telephone: 613-737-7600 | **Hotel Dieu Hospital**<br>http://www.hoteldieu.com/<br>166 Brock Street<br>Kingston, ON, K7L 5G2<br>Telephone: 1-855-544-3400 |
| **The Royal**<br>http://www.theroyal.ca/<br>1145 Carling Ave Ottawa, ON, K1Z 7K4<br>Telephone: 613-722-6521 (Ottawa)<br>Telephone: 613-345-1461 (Brockville) | |

## CCAC Community Care Access Centre

| | |
|---|---|
| **Champlain CCAC (For CDSBEO)**<br>4200 Labelle St.<br>Suite 100<br>Ottawa ON K1J 1J8<br>Telephone: 1 800 538-0520<br>Fax: 1-613-745-1422 | **South East CCAC (For UCDSB)**<br>1471 John Counter Blvd<br>Suite 200<br>Kingston, ON K7M 8S8<br>Telephone: 1 800 869 8828<br>Fax: 613-544-1494 |



## **APPENDIX K:** SIGNATORIES TO THE PROTOCOL

**William J. Gartland**
Director of Education
Catholic District School Board of Eastern Ontario

**Charlotte Patterson**
Director of Education
Upper Canada District School Board

**Gilles Lanteigne**
Executive Director
Champlain Community Care Access Centre

**Jacqueline Redmond**
Chief Executive Officer
South East Community Care Access Centre

**Kevin Kapler**
Executive Director
Children's Mental Health of Leeds and Grenville

**Kevin Clouthier**
Executive Director
Open Doors for Lanark Children and Youth

**Hélène Fournier**
Executive Director
Valoris
For Children and Adults of Prescott-Russell

**Mary Wilson Trider**
President and CEO
Almonte General Hospital

**Tony Weeks**
President and CEO
Brockville General Hospital

**Alex Munter**
President and CEO
Children's Hospital of Eastern Ontario

**Toni Surko**
Chief Executive Officer
Carleton Place and District Memorial Hospital

**Jeanette Despatie**
Chief Executive Officer
Cornwall Community Hospital

**Linda Morrow**
Chief Executive Officer
Glengarry Memorial Hospital

**Marc LeBoutillier**
Chief Executive Officer
Hawkesbury and District Community Hospital

**David Pichora**
Chief Executive Officer
Hotel Dieu Hospital Kingston

**Collin Goodfellow**
Chief Executive Officer
Kemptville District Hospital

**Beverley McFarlane**
President and CEO
Perth and Smiths Falls District Hospital

**George Weber**
President and CEO
The Royal

**Cholly Boland**
Chief Executive Officer
Winchester Memorial District Hospital

**Rachel Daigneault**
Executive Director
Children's Aid Society
of the United Counties of Stormont, Dundas and Glengarry

**Allan Hogan**
Executive Director
Family and Children's Services
of Lanark, Leeds and Grenville

**Scott Fraser**
Chief of Police
Brockville Police Service

**Dan Parkinson**
Chief of Police
Cornwall Community Police Service

**Garry E. Hull**
Chief of Police
Gananoque Police Service

**J.V.N. (Vince) Hawkes**
Commissioner
Ontario Provincial Police

**Robert Dowdall**
Chief of Police
Smiths Falls Police Service