

## Policy: Suicide Prevention, Intervention, & Postvention

The Nisichawayasi Nehetho Culture and Education Authority (NNCEA) is committed to fostering a safe and supportive learning environment that prioritizes the mental well-being of all students. This policy outlines prevention, intervention, and postvention procedures to support students at risk of suicide while respecting Nehetho cultural values, traditions, and holistic approaches to wellness.

### Rationale:

This policy applies to all students, staff, educators, school administrators, and community partners within the NNCEA education system. It establishes clear guidelines for recognizing warning signs, reporting concerns, and providing culturally appropriate support.

### Guidelines & Procedures

- **Cultural Sensitivity:** Incorporate Indigenous perspectives on mental health and wellness, including holistic healing, connection to land, language, and Elders.
- **Community-Based Approach:** Engage Elders, Knowledge Keepers, families, and local mental health providers in prevention and intervention efforts.
- **Trauma-Informed Care:** Recognize the impacts of intergenerational trauma and residential school history on Indigenous youth mental health.
- **Confidentiality & Safety:** Ensure that reporting procedures protect student privacy while prioritizing safety.

### Prevention Strategies

- **Culturally Relevant Mental Health Education:** Implement programming that integrates traditional healing practices.
- **Training for Staff & Students:** Provide regular training on suicide awareness, intervention, and de-escalation strategies for staff and students.
- **School-Based Counselling & Support Services:** Ensure access to mental health professionals, including Indigenous counsellors, social workers, and Elders.

### Warning Signs & Risk Factors

Educators and staff should be trained to recognize common warning signs of suicide, including:

- Withdrawal from family, friends, and activities
- Expressions of hopelessness or worthlessness
- Talking about death or self-harm
- Sudden changes in behavior, mood, or academic performance
- Giving away possessions or saying goodbye unexpectedly
- Increased substance use

## Intervention

### Reporting Protocol

#### Identifying At-Risk Students

During school hours, any staff member, student, or community member who notices warning signs must report concerns to a trusted school official (e.g., counsellor, social worker, principal, or designated mental health team member).

#### Assessment

The designated mental health support worker (counsellor or social worker) will conduct a risk assessment to determine low, medium, or high risk.

#### Parental/Guardian Notification

Legal guardians will be notified with cultural sensitivity, unless doing so would place the student at greater risk.

#### Immediate Safety Concerns

If a student is in immediate danger (e.g., violent behaviour, unwilling to seek help, or identified as high risk), staff should:

- Contact **RCMP (204-484-2288)**
- If the student refuses to speak with school mental health staff, contact **Counselling Services at the Wellness Centre** or the **Nelson House Nursing Station**
- Administration must report critical incidents to the **NNCEA Executive Director**

## Postvention (Response to a Suicide or Attempt)

The school's general response to a suicide does not differ significantly from responses to other sudden deaths. The approach should strive to treat all student deaths with the same respect and support.

- **Support for Students & Staff:** Provide grief counselling and sharing circles facilitated by mental health professionals and Elders.
- **Respect for Cultural Practices:** Respect traditional mourning practices and healing ceremonies.
- **Preventing Contagion:** Monitor at-risk students closely and provide additional mental health resources.
- **Memorialization:** Ensure any memorials are culturally appropriate and do not inadvertently glorify suicide.

### Partnerships & Collaboration

- Collaborate with **Indigenous mental health organizations, crisis response teams, and local community services.**
- Provide **culturally relevant training for non-Indigenous staff** to ensure they understand Indigenous approaches to healing and mental health.

## Review & Evaluation

- This policy will be **reviewed annually** in collaboration with community mental health support workers, administration, school mental health team, and NNCEA staff.
- Feedback from **students, staff, and community members** will be collected to ensure continuous improvement and cultural relevance.

## Emergency Contacts & Resources

### Emergency Suicide Crisis Line

- **988** (Available 24/7)

### Indigenous-Specific Crisis Lines

- **Hope for Wellness:** [hopeforwellness.ca](http://hopeforwellness.ca) or **1-855-242-3310**

### Local Mental Health & Crisis Services

- **RCMP:** 204-484-2288
- **Ambulance/Fire:** 204-484-2911
- **Family and Community Wellness Centre:** 204-484-2341
- **FCWC Mental Health After Hours:** 431-354-1270

### School-Based Support Contacts

- - Guidance Counsellor (NNOC)
- - Social Worker (NNOC)
- - Guidance Counsellor (OK)
- - Child and Youth Care Worker (OK)
- - Cultural Counsellor (OK)
- - School Health Team (NNOC & OK)

## Mental Health Risk Assessment for Schools

Risk Factor	Indicators	Risk Level (Low/Medium/High)	Actions/Interventions
Emotional Well-being	Persistent sadness, anxiety, mood swings	<b>Low</b> - occasional sadness. <b>Medium</b> - frequent mood swings. <b>High</b> - prolonged depressive symptoms.	Regular check-ins with school counselors, peer support programs
Behavioral Concerns	Aggressive behavior, withdrawal, self-harm tendencies	<b>Low</b> - minor behavioral issues. <b>Medium</b> - withdrawal or occasional aggression. <b>High</b> - self-harm or violent outbursts	Implement behavioral intervention plans, involve parents/guardians
Academic Performance	Drop in grades, lack of participation, difficulty concentrating	<b>Low</b> - slight drop in grades. <b>Medium</b> - moderate decline. <b>High</b> - severe academic failure	Provide academic support, tutoring, or alternative learning strategies
Social Relationships	Bullying (victim or perpetrator), isolation, conflicts with peers	<b>Low</b> - occasional conflicts. <b>Medium</b> - persistent peer issues. <b>High</b> - severe isolation or bullying	Encourage inclusion programs, mediation sessions
Family Environment	Domestic violence, neglect, parental mental health issues	<b>Low</b> - mild family stress. <b>Medium</b> - occasional instability. <b>High</b> - severe neglect or abuse	Coordinate with social services, offer family counseling referrals
Substance Use	Alcohol/drug use, smoking, risky behaviors	<b>Low</b> - experimental use. <b>Medium</b> - frequent use. <b>High</b> - dependency or addiction	Implement awareness programs, early intervention referrals
Self-harm/Suicidal Ideation	Expressions of hopelessness, self-injury, suicidal thoughts	<b>Low</b> - mild distress. <b>Medium</b> - self-harm tendencies. <b>High</b> - active suicidal thoughts	Immediate referral to mental health professionals, safety planning
Trauma/Adverse Experiences	Exposure to abuse, grief, displacement	<b>Low</b> - minor trauma. <b>Medium</b> - significant distress. <b>High</b> - severe trauma requiring intervention	Trauma-informed practices, specialized counseling
Access to Support Services	Lack of mental health resources, financial barriers	<b>Low</b> - minor access issues; <b>Medium</b> - moderate financial or logistical barriers. <b>High</b> - complete lack of access	School-based mental health initiatives, partnerships with external agencies
Cultural/Community Factors	Stigma around mental health, lack of cultural support	<b>Low</b> - minimal stigma. <b>Medium</b> - moderate stigma affecting access.	Inclusive mental health education, culturally responsive support

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		<b>High</b> - strong cultural barriers to seeking help.	
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**Assessment Notes:**

- Conduct regular assessments with input from teachers, counselors, and parents.
- Ensure confidentiality while following legal obligations for reporting serious risks.
- Adjust interventions based on student needs and feedback.