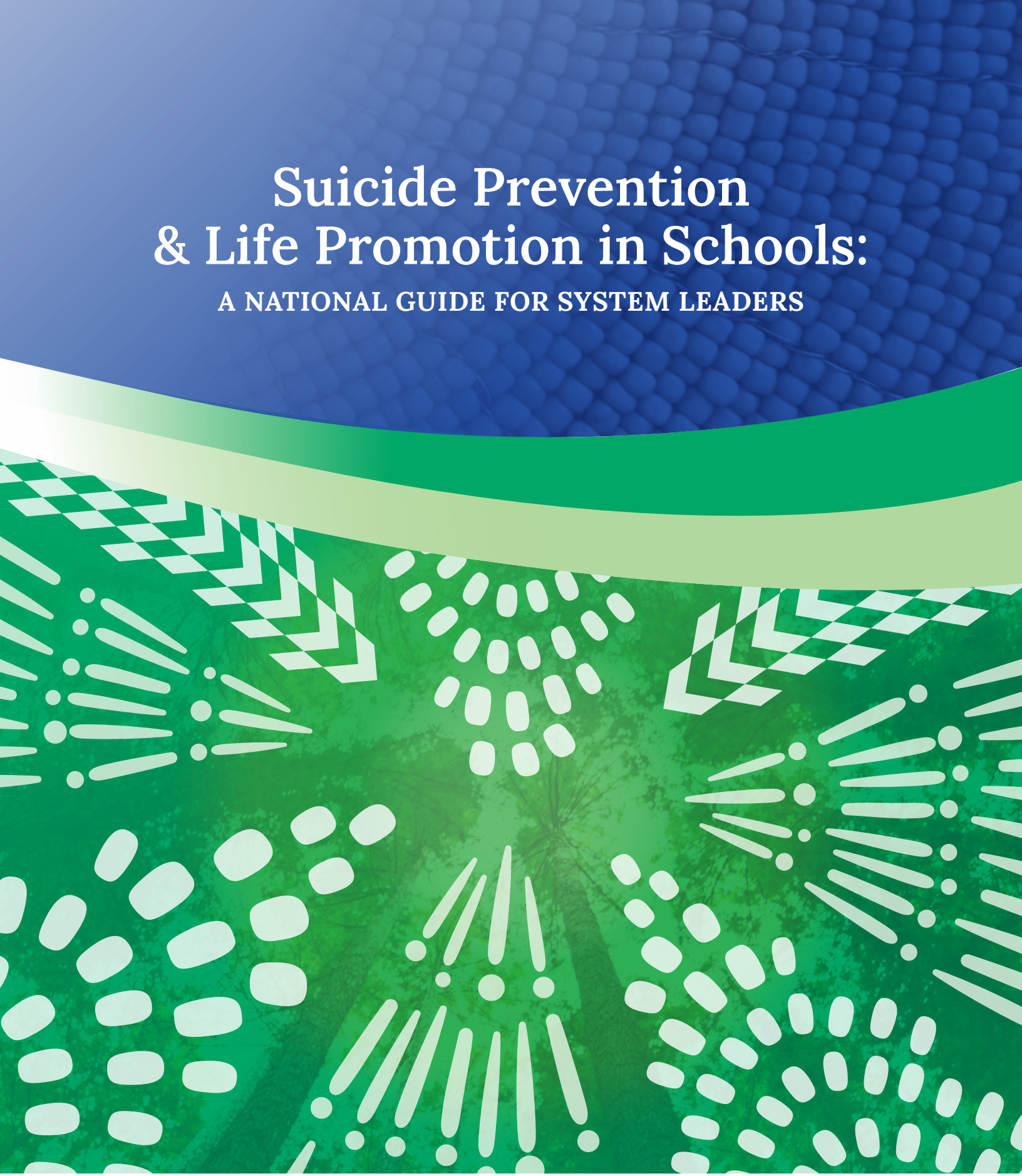
Suicide Prevention & Life Promotion in Schools:

A NATIONAL GUIDE FOR SYSTEM LEADERS



Mental Health Commission of Canada
Commission de la santé mentale du Canada
School Mental Health Ontario
Santé mentale en milieu scolaire Ontario
WE MATTER

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Acknowledgments

The **Mental Health Commission of Canada** (MHCC) head office is located on the unceded traditional territory of the Algonquin Anishinaabe Nation, in what is now called Ottawa, Ontario. As a national organization, we also acknowledge that we work on the traditional lands of many different nations. We give credit to their stewardship and sacrifices and are committed to recognizing and contributing to a new and equitable relationship with the First Peoples.

School Mental Health Ontario (SMH-ON) is based within the Hamilton-Wentworth District School Board, situated upon ancestral Anishinaabe and Haudenosaunee Confederacy land as determined by the Dish with One Spoon treaty. The intent of this agreement is for all nations sharing this territory to do so responsibly, respectfully and sustainably in perpetuity. We respect the longstanding relationships with the local Indigenous communities, the Mississaugas of the Credit First Nation and the Six Nations of the Grand River. In addition, we acknowledge the contributions and stewardship of the many First Peoples across the regions we serve and seek to work in relationship and reciprocity to advance the mental health of every student.

As a team working remotely across Canada, **We Matter** acknowledges the Indigenous peoples who have been stewards of these lands since time immemorial. We honour deep connections to the land, rich diverse cultures, and enduring contributions to these territories. We remain committed to fostering meaningful relationships and mutual respect with Indigenous communities in our mission to support Indigenous youth.

This guide was developed in collaboration with a team of authors, each of whom bring a unique and valued perspective to the field of suicide prevention and life promotion. Each author's distinct writing style and form of expression is evident throughout this document, with contributions rooted in lived experience and in-depth knowledge. The MHCC, SMH-ON, and We Matter would like to thank the following partners and staff for their contributions to the successful development of this guide.

Process and engagement advisors

Dr. Brenda Restoule – *First Peoples Wellness Circle*

Kelly Brownbill – Indigenous Educator and Facilitator

Service Provider consultation participants

Alexandra Mauro, Andrew Culberson, Anne Duriez, Anne Marie Duguay, Breanne Mellen, Brooke Neufeld, Carolyn Moore-Jenkins, Christie Ladouceur, Deb Melmer, Elizabeth Read, Elizabeth Shen, Gina Almquist, Harmonie King, Heather Woodward, Jennifer Grant, Jonny Morris, Kristine Stasiuk, Lorna Black, Maria Weaver, Megan Semeniuk, Melissa Graves, Michelle Allison, Michelle Bates, Patti Wagman, Rhonda Harkins, Sheena Abar-Iyamu

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Expert reviewers

- **Alisa Simon** – executive vice president, e-mental health transformation, Kids Help Phone
- **Abrar Mechmechia** – founder, ABRAR Trauma and Mental Health Services
- **Dr. Cindy Finn** – director general, Lester B. Pearson School Board
- **Dr. Deinera Exner-Cortens** - Tier II Canada research chair and associate professor, Department of Psychology, University of Calgary
- **Kevin Garringer** – director of education and CEO, Horizon School Division No. 205
- **Dr. Marie-Claude Geoffroy** – Tier II Canada research chair and associate professor, Department of Psychiatry, McGill University

Wisdom2Action team

Marissa Campbell, Candice Alm, Reem Al-Ameri, Marcie Casler, Brandon Mott, Maxwell Holmes

We Matter team

Alyssa Trick, Behdahbuhn Logan, Gage Perley

Mental Health Commission of Canada staff

Alexie Laplante, Krista Benes, Lavan Kandiah, Lisa Cowley, Meagan Barrett-Bernstein, Nitika Rewari

School Mental Health Ontario team

Ashley Hendy, Kathy Short, Lisa Doerksen, Maureen MacKay

Executive summary

According to Statistics Canada (2022), suicide is the second leading cause of death among youth and young adults (15-24 years).[1] Approximately 17 to 20 per cent of all adolescent deaths in Canada are attributed to suicide.[2] In addition to the tragic loss for the young person and their family and friends, a student death by suicide can be associated with suicidal ideation and behaviour among peers.[3] The ripples of impact are significant and long-standing.

Since youth spend much of their time in school, this can be an excellent setting for prevention. School-based suicide prevention and life promotion includes a range of efforts designed to promote mental wellness and to reduce the risk of suicidal thoughts and behaviours among students. Engaging in this important work within the school system creates an opportunity for a holistic, proactive, and culturally responsive approach. While this includes caring for young people who are experiencing mental health problems and/or suicidal thoughts, a school-based suicide prevention approach that incorporates a core focus on mental health promotion broadens the lens, and the opportunity.

Drawing on the wisdom of Indigenous leaders, this approach can and should prioritize life promotion, vitality, and living a full and healthy life.[4] For Indigenous students, life promotion encourages hope, belonging, purpose, and meaning[5] and is nurtured through connection to self, the land, and community.[6,7] Students with different identities and cultural backgrounds can also benefit from the wisdom in this approach and can be supported to draw on their personal and community strengths and supports to build mental wellness in a proactive and ongoing manner.

The Multi-Tiered System of Support (MTSS) that is used to organize services for child and youth mental health further punctuates this upstream approach to suicide prevention in schools.[8] It features a continuum of care, including mental health promotion, prevention, early intervention, and intensive therapeutic support, that is made available to students in ways that are identity affirming and culturally responsive. Applying this globally recognized thinking to suicide prevention highlights the powerful role of wellness promotion in any suicide prevention effort.

Bringing the potential for this multi-tiered approach to fruition in scalable and sustainable ways across school districts and within individual schools requires leadership, critical infrastructure, clear processes, and collaborative planning.[9] System leaders and those who oversee mental health services in schools have an essential role in selecting, coordinating, and monitoring suicide prevention activities. This work is best done as a team, working closely with school mental health professionals, in consultation with students, parents/caregivers, and community partners. Suicide prevention and life promotion are most effective when approached collaboratively and systematically, with strong consideration of evidence, careful implementation, and ongoing monitoring of outcomes.[10]

Because suicide prevention and life promotion are complex, and school districts across Canada have uneven access to mental health resources, this guide was developed to support school system leaders with this challenging work. It was created in consultation with representatives from community mental health services, school districts, research institutions, and young people across Canada.

The intended audience for this guide includes school district decision makers, such as directors of education, chief executive officers, superintendents, and system principals, as well as people overseeing the MTSS such as school mental health leaders, and managers of social work and psychology services.

The purpose of this guide is to provide these leaders with information related to:

- the **role** of school districts in youth suicide prevention and life promotion
- **conditions** for effective youth suicide prevention and life promotion in schools
- **coordinated programming** across the tiers of intervention
- **considerations** for students who identify as Indigenous, 2SLGBTQQIA+, and/or Black, and/or who are newcomers to Canada
- **capacity building** for effective youth suicide prevention and life promotion in schools
- **collaboration** with students, families, and community partners
- **communication** about school-based suicide prevention efforts and related progress

This guide was developed to provide system leaders with key information to support their important role in mental health and life promotion. Mental health promotion, early identification related to mental health problems; and suicide prevention, intervention, and postvention. Where the research literature in this area is incomplete, the authors drew on practice-based evidence and inputs from those with lived experience to arrive at recommendations that they hope will be helpful in school districts across Canada. Working together, with the best available information, school systems can help to realize the promise of school-based suicide prevention and life promotion efforts, truly making a difference in the lives and well-being of Canadian students.

Contents

Chapter 6

Supporting students who identify as 2SLGBTQQIA+

Chapter 7

Capacity building for effective suicide prevention and life promotion in schools

Chapter 8

Collaboration for suicide prevention and life promotion

Chapter 9

Communicating progress related to suicide prevention and life promotion in school

Conclusion

Chapter 1
Overview

A. BACKGROUND

The identified need

Suicide is a tragic reality with far-reaching impacts. It was the 12th leading cause of death nationally across all age groups in 2020, and the statistics were even more stark among youth: it was the third leading cause of death for young people aged 10 to 14 years and the second leading cause of death for those aged 15 to 24 years.[11] Student deaths by suicide have been shown to increase the risk of suicidal thoughts and behaviours among peers, particularly for at-risk youth.[12]

Particular population groups, including those who identify as Indigenous and/or 2SLGBTQQIA+, have a higher risk of suicidal thoughts and behaviours because of disproportionate exposure to and experiences with discrimination, stigma, and/or a lack of affirmation of their gender or identity.[13,14,15] Recent data suggest that rates of suicidal thoughts and behaviours among Black youth are also increasing.[16] Other groups at risk because of oppression and negative impacts related to the social determinants of health include newcomers to Canada (especially those with refugee backgrounds and trauma history), those who experience racialization and racial trauma, and those experiencing financial strain.[17,18] Victims of bullying and young people residing in rural and remote areas of Canada, among others, also face higher risks.[19,20]

The role of schools

The quality of a student's mental health has a bearing on their academic performance, their social relationships, and their future wellness, employment, and health.[21,22,23] Research published in 2014 indicated that between 50 and 70 per cent of mental illnesses emerge before the age of 18 years[24] and recent studies have shown that mental health distress continues to be a challenge for youth in Canada's schools.[25]

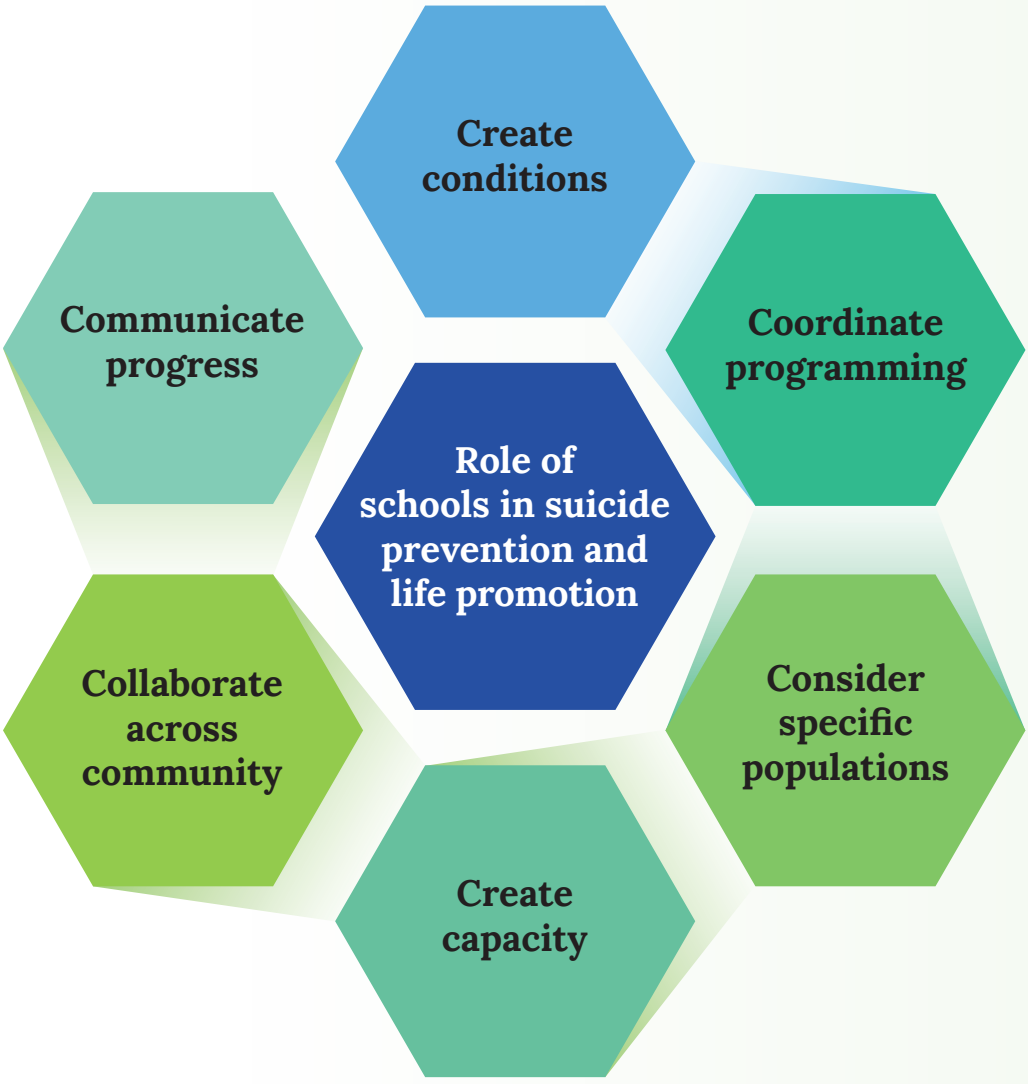
Given the early onset of mental health challenges, the power of prevention, and the substantial portion of their day-to-day lives that young people spend in school, it makes sense to optimize the school environment for suicide prevention. Creating supportive and welcoming learning spaces, and equipping school staff with the resources to support mental health promotion and literacy and to respond to students at risk of suicidal behaviours, are key parts of a comprehensive suicide prevention plan.[26] Further, schools are uniquely situated to enhance protective factors in mental well-being,[27] particularly as school-based mental health and suicide prevention programming can reach diverse student populations, including individuals at higher risk for suicide. When school-based mental health programming is identity affirming and life promoting, it can facilitate early intervention, provide pathways to care, lead to better academic performance, support emotional and behavioural functioning, and maximize positive mental health outcomes for all students.[28,29,30]

For example, from an identity-affirming perspective, introducing a life promotion approach at school can be very supportive. As shared by Indigenous youth in Chapter 5, this is a way to engage students that strengthens mental health and well-being within a cultural context and is rooted in community, identity, relatability, and preparation for the future. With an emphasis on mentors, cultural engagement, and practical life skills, this approach provides students with opportunities and teachings to overcome challenges and create positive change within their communities. This holistic approach, shaped by cultural context, is a foundation for well-being and resilience.

No single organization or government department is responsible for school-based suicide prevention and life promotion. However, **schools have a unique and important role to play in supporting student mental health and well-being.** With coherent and comprehensive direction in this area, and a strong mental health and addictions strategy, school districts[i] can play an even greater role in suicide prevention and life promotion.

B. GOALS AND OUTLINE FOR THE GUIDE

This national guide is designed to help school system leaders and those who oversee school-based mental health services to understand and implement the core elements of effective school-based suicide prevention and life promotion. It outlines best practices in the implementation of school-based activities and highlights potentially harmful practices that should be avoided. More specifically, this guide aims to provide decision makers with information related to key roles that they play in effective and comprehensive suicide prevention and life promotion in schools. These roles are outlined in the graphic below and elaborated throughout the guide:



i Across Canada, different terms are used to refer to school jurisdictions. In some areas these are called school divisions; in others they are called school boards. The generic term *school district* is used throughout this guide.

Similarly, those in senior leadership positions in school districts have different titles. The term system leader is used to refer to Directors of Education, Superintendents of Education, and Director-Generals. Recognizing that there are many roles for those who oversee school mental health services in school districts, the term "those with responsibility for mental health service delivery" is used to refer to roles like Mental Health Leaders, Managers of Psychology or Social Work Services, Lead or Consulting Mental Health Professionals, etc.

C. DEVELOPMENT OF THE GUIDE

The Mental Health Commission of Canada (MHCC) and School Mental Health Ontario (SMH-ON) came together with the ***First Peoples Wellness Circle*** and other advisors to consider a way to galvanize and mobilize system leaders with organizations working in suicide prevention and life promotion among young people. Efforts began with a series of consultations with key community partners across Canada, such as community mental health services, school districts, and municipal and provincial governments. As part of this consultation process, it was determined that a national guide that summarizes the research in this area and provides guidance to school district leaders would be beneficial and supportive.

During this national consultation, partners identified the following central components of effective youth suicide prevention and life promotion:

- **It takes a village.** Suicide prevention and life promotion among youth is everyone's responsibility, and building strong relationships and pathways is critical to the success of these efforts.
- **School staff are a critical part of an early warning system for mental health challenges and suicidal thoughts and behaviours among youth.** School staff are well positioned to notice mental health problems and they can alert people who are trained to intervene and activate care pathways.
- **Initiatives need to go where the students are.** Students spend a significant amount of time in school and programs need to engage with them there.
- **Continuity of care to, from, and through services and supports.** Schools can facilitate warm connections to community providers and collaborate with those who offer more intensive services in developing care plans to support young people during and following treatment.
- **Be there.** While the role of schools in suicide prevention and life promotion primarily focuses on mental health promotion and prevention and early intervention related to mental health challenges, school mental health professionals are often the only regulated health professionals available, and they are called to provide crisis or intensive mental health support.

Further consultations with the First Peoples Wellness Circle and other advisors about the importance of weaving Indigenous mental wellness approaches in this work from the beginning led to a partnership with ***We Matter*** to amplify the good work that this Indigenous-led team had already created in this area. In addition to reading the chapter that features the voices and guidance of Indigenous youth in this document, readers are invited to learn more about how We Matter inspires hope and healing for Indigenous young people and expands the work described in this guide through related toolkits for Indigenous ***youth*** and for ***teachers***.

Community partnership and youth engagement. This guide was developed between 2022 and 2024 and was informed through consultations with community partners, students, and experts with experience in school mental health and suicide prevention. Two gatherings of service providers from across Canada were held early in the project development to assess overall needs and gaps in this area.

Virtual youth consultations were held in in collaboration with Wisdom2Action[ii] to gather insight from school-aged youth on effective school-based suicide prevention programming and needs. Notable quotes gathered from

youth participants during these consultations are included throughout this guide to provide first-hand accounts of their experiences with suicide prevention and life promotion programming in schools.

We Matter facilitated a series of consultations with Indigenous young people to inform the development of a chapter focused on suicide prevention and life promotion from Indigenous perspectives, chapter five.

Literature review. The development of this guide included a review of relevant literature. Publications from academic institutions and community and front-line organizations were examined to ensure the latest findings and knowledge of school-based suicide prevention and life promotion programming are reflected in this guide. It should be noted that the recent overview from the Standing Senate Committee on Social Affairs, Science and Technology (2023) stated that "data on suicide and suicide attempts is inconsistent at best, and unavailable at worst."[31] The limited availability of data and a lack of rigorous research evidence create challenges for making practice and policy decisions and for selecting and monitoring outcomes for suicide prevention and life promotion programming. The lack of race-based, disaggregated data makes it more difficult to identify key factors about identity that may have impacts on current suicide prevention practices.[32] The guidance provided in this guide is based on the available research evidence in this area, but it is also informed by practice-based and experiential evidence where appropriate.

Expert external review. This guide was reviewed by a panel of six experts to ensure that the latest research and best practices in school-based suicide prevention and life promotion programming were included. Experts included academics, front-line workers, and representatives from school districts and educational authorities. These reviewers are listed in the Acknowledgments above.

While findings from rigorous longitudinal studies on the long-term impacts of the pandemic are not yet available, studies and surveys conducted between 2020 and 2023 revealed that youth experienced higher levels of distress than other age groups during the pandemic, particularly during school closures and lockdowns.[33,34] Rates of mental health problems were most pronounced for those disproportionately impacted by the pandemic and those negatively impacted by the social determinants of health (e.g., youth who experience forms of systemic oppression and marginalization, such as those who identify as 2SLGBTQQIA+, Indigenous youth, young persons with disabilities, ethnic minority youth, young refugees, youth living in rural areas, and youth with pre-existing mental health conditions).[35]

This guide is not a response to the COVID-19 pandemic. The pandemic has, however, highlighted the mental health risks faced by young people and the need for comprehensive suicide prevention frameworks that include schools as part of upstream prevention efforts.[36] This guide takes into account the effects of the pandemic on youth mental health in the formulation of its recommendations.

Key terms used in the guide are defined in ***Appendix A****.*

ii Wisdom2Action (W2A) is a social enterprise and consulting firm that works with civil society and governmental organizations to facilitate positive change and strengthen communities. W2A's services include research and knowledge mobilization, capacity building and organizational development, and community and partner engagement with a focus on gender justice and 2SLGBTQQIA+ inclusion, children's rights and youth engagement, and mental health and substance use.

Chapter 2

School mental health and suicide prevention foundations

With positive intentions, districts may have adopted a variety of school-based suicide prevention programs to decrease youth suicide rates, however many of these programs remain unproven.

A review of systematic reviews in this area noted a lack of evidence to suggest that this programming is associated with reduced suicidal behaviours amongst young people.[37] As such, it is important to look beyond single programmatic solutions. A comprehensive, community-wide youth suicide prevention and life promotion strategy has many components and involves many groups, organizations, and settings. Schools are a key part of the strategy, offering a range of upstream supports and services, most often organized according to a school-based Multi-Tiered System of Support (MTSS).[38] The MTSS provides a strong base for school mental health service delivery and contributes to wider suicide prevention and life promotion efforts.

A. UNDERSTANDING SCHOOL MENTAL HEALTH

Introduction to mental health and wellness

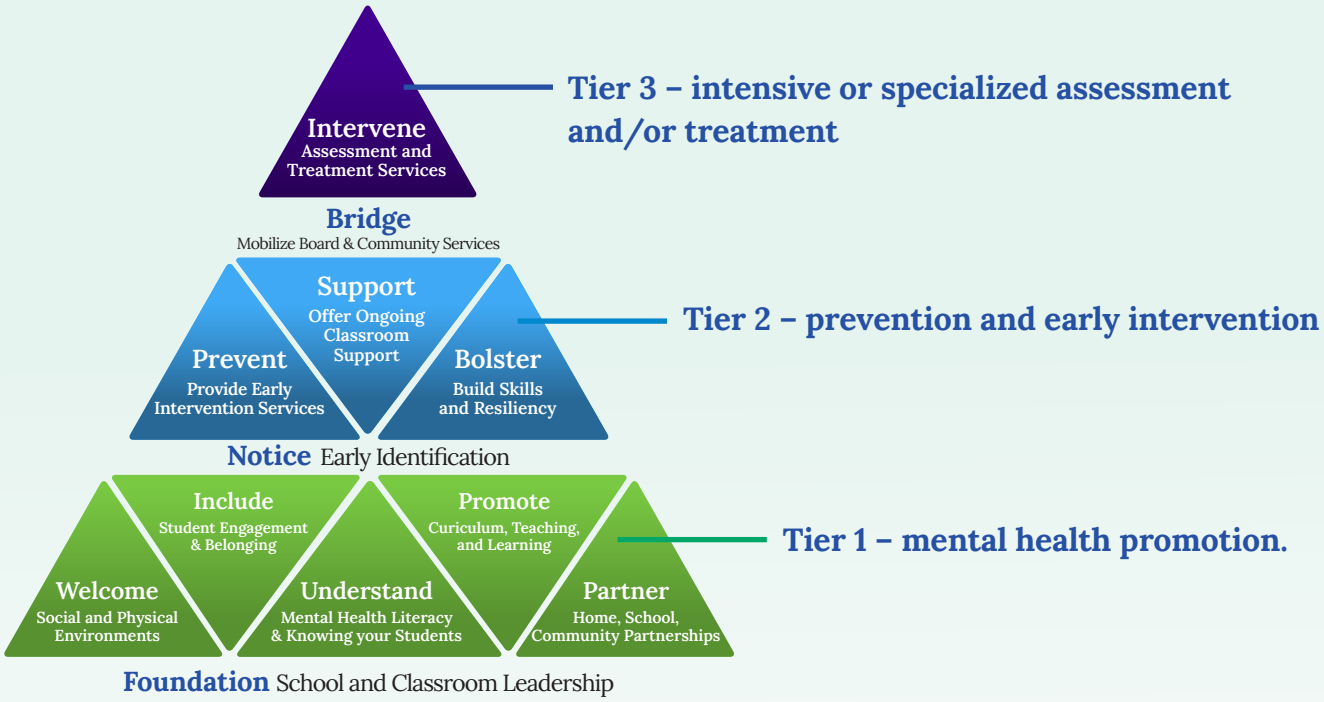
The term *mental health* refers to our psychological and emotional functioning;[39] mental health is part of our overall health. When we are experiencing positive mental health, we feel capable of managing stress and adversity, we enjoy life, and we find ways to contribute.

When considering individual experiences of mental health and wellness it is important to recognize that each culture has unique ways of knowing and being. Many cultures approach mental health using terminology and activities that differ from Western perspectives. There is important wisdom in understandings of mental health that centre hope and highlight the central role of culture and community. For example, ***the First Nations Mental Wellness Continuum Framework*** outlines an approach that is grounded in culture and demonstrates wellness through all stages of life. It describes a range of components and considerations for the creation of a culturally relevant mental health system for First Nations communities. It explores the balance of the mental, emotional, physical, and spiritual aspects of wellness and infuses each aspect with a sense of **hope, belonging, meaning, and purpose.**

Schools are well positioned to help students to build and maintain good mental health. Providing welcoming, culturally responsive, and identity-affirming environments (Section B of this chapter) for every student, introducing wellness promotion activities that build on student strengths, and offering high-quality mental health learning can help young people to nurture their mental health. When schools take time to support their students' well-being at school, it helps students to understand that, like maintaining good physical health, maintaining good mental health requires attention and care.

Introduction to the Multi-Tiered System of Support

A MTSS helps systems and schools to identify and respond to students' mental health needs in a comprehensive and integrated manner.[40,41] Research suggests that this is integral to supporting student mental health and well-being and provides a strong foundation for suicide prevention and life promotion efforts.[42,43] There are three tiers or levels of support:



- **Tier 1 – mental health promotion.** This tier focuses on upstream work and includes creating a welcoming, inclusive, supportive environment for all students and promoting good mental health through wellness-promoting strategies and developmentally appropriate mental health literacy activities. Life promotion activities that emphasize connection to the land, self, and community are examples of tier 1 efforts.

- **Tier 2 – prevention and early intervention.** This tier includes a range of lower to higher intensity prevention and early intervention services, typically provided by school mental health professionals (psychologists, social workers), designed to meet the needs of students experiencing mild to moderate mental health problems. Effective school-based services are evidence informed, culturally responsive, and implementation sensitive, and they are provided in time-limited ways (e.g., six sessions of cognitive behavioural therapy to support students with mild symptoms of anxiety and/or depressed mood).

- **Tier 3 – intensive or specialized assessment and/or treatment**. Students requiring more intensive assessments and services receive supports at the tier 3 level. These students may receive more specialized services from school mental health professionals, including suicide risk assessment and management, or they may need support in accessing community- or hospital-based services. Support at this level typically involves collaboration with community partners. Interventions after attempted suicide and postvention efforts are examples of tier 3 efforts.

B. INTRODUCTION TO IDENTITY-AFFIRMING SCHOOL MENTAL HEALTH ACTIVITIES

Identity and mental health are inextricably linked. When a student feels that their identity is affirmed, reflected, and celebrated, they are more likely to feel a strong sense of positive mental health, well-being, and connection. In contrast, when identities are ignored, excluded, or misunderstood, or if a student experiences racism or oppression, they can suffer emotionally and must work much harder than others to gain a sense of well-being.

Identity-affirming school mental health activities:

- place the student, with their unique and intersecting identities, at the centre of mental health support at school
- recognize and build upon individual, cultural, and community strengths
- adapt or accentuate mental health programming and services to meet each student's identified needs, in a respectful, humble, and collaborative manner
- support every staff member to critically reflect on their practice, exploring and understanding their identities and how these impact the work they do and the relationships they have
- ensure that service delivery across the three tiers of support is accessible, inclusive, culturally relevant, and responsive
- are offered in partnership with communities and organizations with unique expertise in equity, reconciliation, and mental wellness.

A critical aspect of mentally healthy schools is prioritizing an identity-affirming approach within the school culture. This includes centring students' diverse backgrounds, experiences, and perspectives while actively working to dismantle any systems and structures that perpetuate inequities and marginalization.[44] A student's sense of belonging and connectedness is essential for positive mental health and life promotion.[45] School leaders are encouraged to take action to dismantle oppressive structures and engage and amplify student voices when considering how to support students across the MTSS, particularly marginalized students.[46] Incorporating the First Nations Mental Wellness Continuum Framework in the school district's life promotion and suicide prevention strategy is one way to support identity-affirming strategies and activities.

Barriers to obtaining mental health services and achieving positive outcomes are reinforced through discrimination and oppression. The legacies of colonialism, intergenerational trauma, ongoing racism, and oppression contribute to a significantly higher rate of death by suicide for First Nations, Métis, and Inuit youth than among non-Indigenous youth.[47] In addition, 2SLGBTQQIA+ youth also have an increased risk of attempted suicide compared with cisgender and heterosexual youth because of identity-specific stressors, such as bullying by peers, antiqueer views of peers, the hetero- and cis-normative nature of most school environments, and systemic homophobia, biphobia, and transphobia.[48]

Before the pandemic, rates of mental health disorders among Black youth were relatively consistent with rates among White youth in Canada, and suicidal behaviours among Black youth was considerably lower than among their White peers.[49] However, an increase in mental health problems and suicidality among Black students has been documented in the United States,[50,51] and Canadian data appear to echo this trend.[52,53] Data also indicate that most mental health problems among Black young people are associated with experiences of racism, oppression, and racial trauma.[54,55,56] Further, research indicates that Black individuals are far less likely to seek and receive support when they experience mental health problems, because of stigma, experiences of racism within the health and education systems, and poor access to culturally responsive services.[57,58]

During youth consultations, when asked "What makes students feel welcomed, supported, included, and that they belong at their school?" students said:

> ***Teachers showing that they care, and lots of kindness, respect and understanding.***
>
> **(student, age 12)**

> ***At school, we had a room that was supervised by an educational assistant (EA) or a counsellor that students could go to and take a 20-minute break or as long as they needed from the classroom. It was like some students had schedules where they could go a couple of times a day to take a break from class. I found this very helpful.***
>
> **(student, age 13)**

C. SUICIDE PREVENTION – STRENGTHENING PROTECTIVE FACTORS AND REDUCING RISK FACTORS

A protective factor is anything that can reduce the likelihood of a person acting on suicidal thoughts.[59] These factors vary from person to person and may change over time. They can be internal (e.g., abilities, skills, personal strengths, resiliency, personal beliefs) or external (e.g., consistent relationship with a caring and supportive person, a place where one feels grounded). School can be a protective factor when a student experiences it as a place where they encounter success, feel accepted and cared for, and have a sense of belonging and purpose. It can also be a place where young people experience a sense of stability, predictability, and routine and obtain ongoing support from caring adults.

The presence of a risk factor does not cause thoughts of suicide; however, it may increase the likelihood that an individual will think about or act on thoughts of suicide. Risk factors can be internal (e.g., history of suicide, low mood, misuse of substances, mental health challenges) or external (e.g., family history of death by suicide, stigma, family conflict, history of or current abuse, negative peer interactions).

It is important to emphasize that when individuals from specific racial or cultural groups or identities are noted to be at higher risk of suicide, it is the oppression and marginalization that they experience that puts them at risk, not something inherent to their culture or identity. For example, Indigenous peoples have experienced a history of exploitation, assimilation, genocide, and attempts to eradicate their cultures and languages. This has led to generational trauma with widespread impacts. These realities have created greater risk factors and reduced protective factors for Indigenous children and youth (e.g., less access to cultural strengths). In addition, some cultural groups continue to experience high levels of stigma regarding the expression of distress or suicidal ideation, and individuals from these groups may be less likely to seek support directly for mental health problems. For example, in some Caribbean and Asian cultures, stigma impacts a student's willingness to disclose suicide ideation, whereas seeking support for somatic symptoms may be more accepted. Note also that help-seeking and help-giving may look different across cultures and that some students and families may be unfamiliar with the supports available, particularly those who are newcomers to Canada.[60,61,62]

D. SUICIDE INTERVENTION AND RISK MANAGEMENT

Schools are ideally placed to identify and support students experiencing mental health challenges. Staff members can, however, feel ill prepared for conversations about these challenges. High-quality professional development and support that is differentiated for specific roles in the school can make a significant difference in staff confidence (see Chapter 7). Being prepared "just in case a student chooses you" can help a staff member to stay calm and confident while they help the young person to obtain the professional mental health care they need in ways that are within their scope of practice. Further, when all staff members have strong mental health literacy, they will be better able to engage in day-to-day wellness promotion, reduce stigma, and support student mental health learning at school.

School staff members may have to actively intervene when a student is experiencing a mental health crisis. All school staff need to be aware of the protocol for suicide intervention, which may include contacting emergency services, parents/caregivers, and/or school mental health professionals for immediate assistance.

E. POSTVENTION – RESPONSE FOLLOWING A DEATH BY SUICIDE

Despite increased knowledge about mental health promotion, suicide prevention, early identification of at-risk students, suicide intervention, and risk management, student death by suicide continues to be a reality. Many district and school administrators will have to organize a response following a student death by suicide at some point in their career. These are incredibly difficult moments, and it is helpful to be knowledgeable and equipped for the leadership needed.

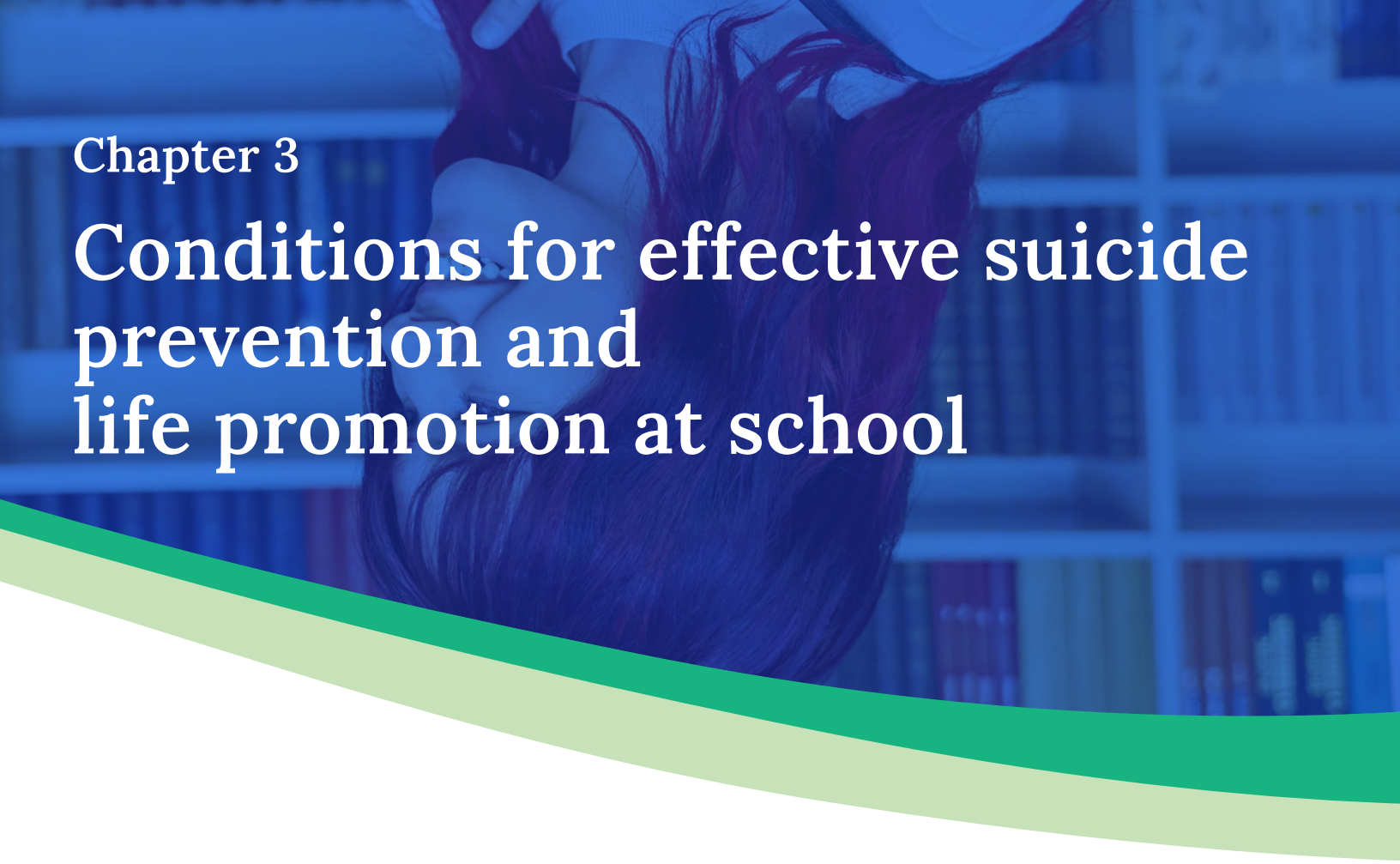
Postvention is an organized response to a death by suicide and an integral part of suicide prevention and life promotion. Successful postvention efforts encourage conversations and understanding about suicide, provide an opportunity for healing and help-seeking, and can reduce the risk of suicide contagion.[63]

Youth are at higher risk of suicide contagion than adults, particularly during early adolescence,[64] and may be exposed to death by suicide through their family or social circles.[65] Interventions Media and social media platforms, including fictional formats, also pose a risk of contagion among youth. In the aftermath of a celebrity's death by suicide, research has documented mass clusters of death by suicide or an increase in calls to suicide prevention hotlines.[66] As research continues to evolve regarding suicide contagion it is helpful to consider how schools and communities might plan to identify and support all students that have been exposed to suicide and suicidal thoughts, in addition to those identified as vulnerable for suicide ideation, as part of their postvention plan.[67]

It is recommended that schools create a postvention plan in advance of needing one. Having a clear protocol related to the first 12 hours, first 24 hours, first 48 hours, first week, and so on following a death by suicide helps ensure that all facets of postvention are carefully considered and roles are clear.

Broadly, it is critical to consider the following:

- creating a postvention mobilizing team at the school level, with support from a district team
- ensuring role clarity regarding communication (e.g., media, parents/caregivers, staff, students)
- taking a thoughtful approach to connecting with the family of the student who died to understand their wishes and the support they need
- establishing ways to support the students who were closest to the student who died, by mobilizing a tragic events response team that might provide both virtual and in-person supports
- collaborating with community mental health partners to build a strong safety net around the entire community both inside and outside of the school
- assessing the mental health needs of school staff, school leadership team, and the district support team
- creating guidelines for memorialization following a student death.



Chapter 3

Conditions for effective suicide prevention and life promotion at school

System leaders play a key role in developing and implementing district-wide approaches to support mental health and prevent suicide. In addition to careful selection and planning for student-facing services, there are essential elements to be considered related to implementation and sustainability.

A. ORGANIZATIONAL CONDITIONS FOR EFFECTIVE SCHOOL MENTAL HEALTH PRACTICE

Within school districts, there are key conditions, also called foundations or infrastructure, that provide necessary grounding for effective mental health promotion and suicide prevention. These structures, processes, protocols, and systems help to ensure consistency, clarity, scalability, and sustainability of programming. Without these foundational elements, programming can be fragmented, duplicative, and difficult to maintain. **System leaders have a central role in building, sustaining, and monitoring organizational conditions for effective practice in this area.**

A vision and strategy for school mental health

In recent years, many provinces have articulated a vision for student mental health, sometimes supported by frameworks, expectations, and supports. This helps to ensure that programming is consistent across school districts.[68,69,70] Each district's **vision** for student mental health should align with provincial directions, while centering the district's priorities and providing an aspirational outcome for all students.[71] This vision guides the development and implementation of a district **strategy** and focuses related decision-making. If the district's leaders are visibly committed to this vision, it will help staff, students, and the community to see that this is something that the school district is collectively striving toward.

Strategy development includes:

- identifying student needs and strengths
- mapping existing resources and services in the district and wider community
- articulating gaps in current supports and services
- establishing clear, time-limited goals
- considering the capacity for implementation and sustainability at the district and school levels

The school mental health strategy helps to manage internal resources, ensure alignment across portfolios and initiatives, and leverage opportunities within the district and community.[72] Within the vision and strategy, the approach to suicide prevention, intervention, and postvention can be articulated. This includes a wider community focus, to make clear the strong and coordinated support available so that staff, students, and their families can feel confident that there is a safety net in place should a student need immediate and urgent care.

District leadership commitment

Leadership commitment helps to align the core work of a school district with the mental health strategy. If all levels of leadership, including school trustees and system leaders, are engaged in implementing the mental health strategy, it helps to signal that there is a strong district-wide commitment to student mental health promotion. **When all members of the leadership team, at the system and school levels, engage with the strategy, understand their role and the tremendous positive influence they can have when they visibly communicate about mental health, or include suicide prevention as a core priority in district and school plans, the community takes notice, and this can deepen their commitment as well.**[73]

Infrastructure for school mental health service delivery

The infrastructure for supporting student mental health can look different across individual schools and across school districts. It is helpful when considering a system-wide approach to strategy implementation to establish a **multidisciplinary mental health leadership team.**[74] The composition of the team will depend on the specific mandate and scope of the work, as well as the available resources. For example, some districts may have one mental health leadership team with the ability to make key decisions, whereas others may have an oversight or decision-making team as well as more action-oriented implementation or work teams. Regardless of the structure, teams might include system leaders, senior clinicians, school leaders, equity leads, curriculum leads, educators, student support staff, psychology or social work staff, union leaders, parents/caregivers, students, human resources personnel, community mental health partners, and cultural and faith group partners, among others.

Protocols and procedures

Standard processes help to provide a seamless experience of mental health services. Protocols and procedures provide clarity regarding decisions about the roles and responsibilities of various disciplines and departments, the selection of evidence-informed programs, priorities for professional development, standards and tools for monitoring progress, and access to district or community services.[75]

The most critical protocols relate to suicide prevention and life promotion. **Every district should have a clearly articulated and communicated suicide prevention, intervention, and postvention protocol.** This helps to ensure adequate preparation and planning to support students and staff when concerns about suicide arise.

An established protocol can foster a sense of calm and confidence by providing clear guidelines for access to appropriate support. In the same way, a postvention protocol assists during the difficult times that follow a student death by suicide.

Protocols created in collaboration with community agencies clarify accountability, strengthen communication, and create a stronger sense of coordination between services within the larger system of care.[76] When the system of care is clearly outlined and pathways to access supports are well described, students and their families know where and how to seek help when needed.

During youth consultations, when asked "*How would students like to learn about the mental health supports available in their school and community?*" students said:

> ***I found when a student has a very accessible place to get help or they're already in contact with a school counsellor, they tend to get help a lot faster and they don't feel [like] as much of a burden. Whereas if someone feels like they don't have a place to go or they're not as close with their parents or a school counsellor or school counsellors are not available then they often take a lot longer to get help."***
>
> **(student, age 13)**

Evidence and monitoring

As an important part of the planning process, continuous monitoring and refining of the mental health strategy and related supports enhances the quality and sustainability of programming. The ongoing review of mental health needs, gaps, resources, initiatives, and capacity provides important considerations to ensure schools provide effective supports across the tiers of intervention. **Those who oversee mental health services in the district should also routinely consult the research evidence related to mental health programming to support decision-making in this area.**

In addition, gathering practice-based evidence and the perspectives of students, parent/caregivers, and community partners is an important part of the continuous quality improvement cycle. The student voice is particularly powerful in this area, as young people know what they and their peers need most and have key insights into how information and support are best delivered to inspire uptake. Many districts gather student and family voice data through annual surveys, student forums, student focus groups, or student mental health leadership groups. Note that data collection related to mental health should be wellness focused and needs to be sensitive to the safety and support needs of young people who may be struggling with their mental health. Questions about mental illness and suicide need to be introduced with considerable caution and in close consultation with mental health professionals.[77]

Ensuring that a wide range of reliable evidence, data, and feedback opportunities are built into the strategy development and monitoring process helps to ensure that the actions taken are aligned with current research, help to meet local needs, and are appropriate given the available resources. This includes adjusting or refining supports on the basis of effectiveness and feedback.[78]

B. ANTI-RACIST AND ANTI-OPPRESSIVE SYSTEMS AND SCHOOL ENVIRONMENTS

School communities reflect a wide range of intersecting social and cultural student and staff identities. When an individual's identity is affirmed, reflected, and celebrated, they will feel a sense of **hope, purpose, belonging, and meaning**, and they are more likely to feel a strong sense of positive mental health, well-being, and connection.[79]

"A person's mental health and... common disorders are shaped by various social, economic, and physical environments operating at different stages of life. Risk factors for many common mental disorders are heavily associated with social inequalities, whereby the greater the inequality the higher the inequality in risk."[80]

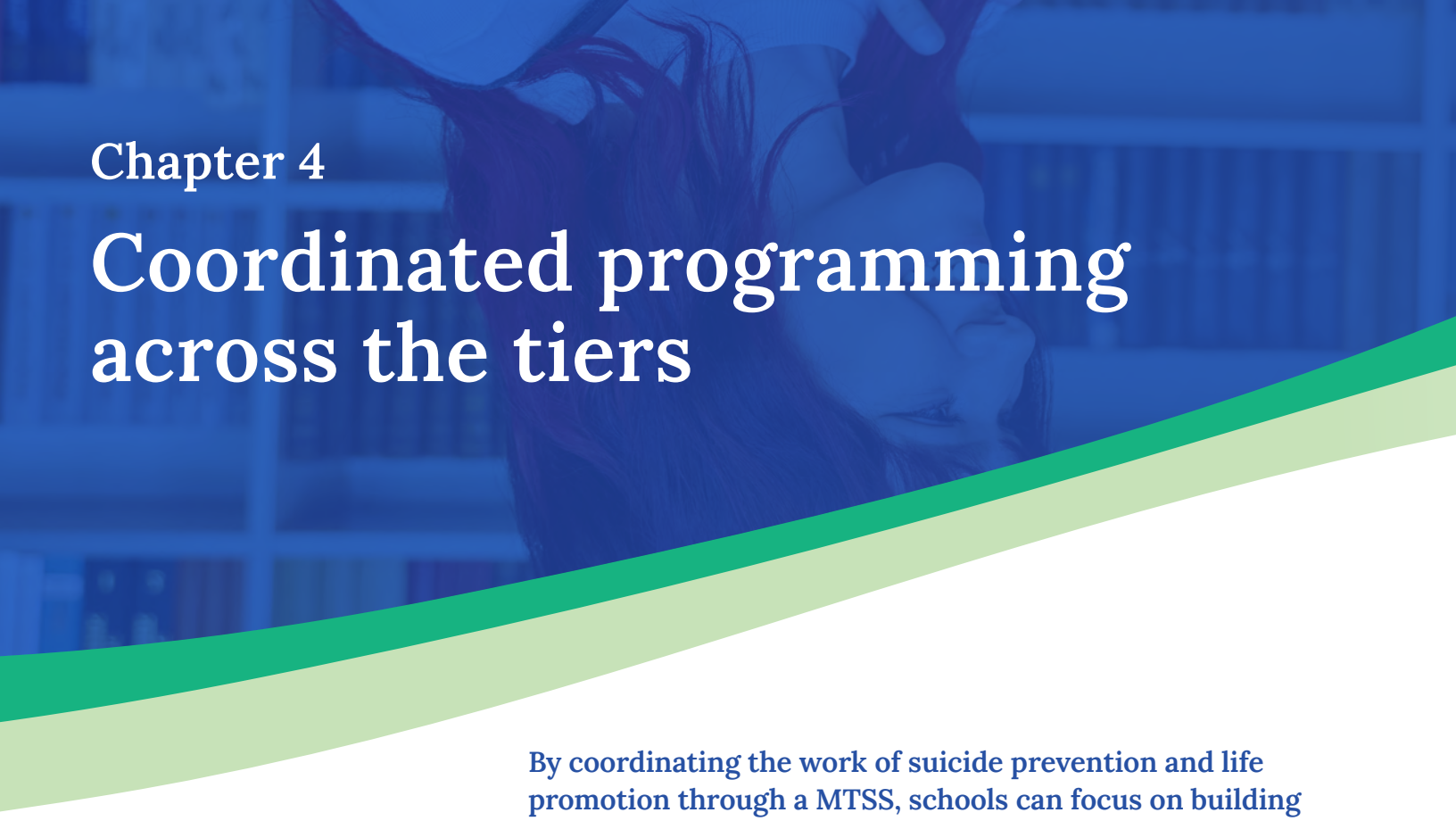
During youth consultations, when asked "*What makes students feel welcomed, supported, included, and that they belong at their school?*" students said:

> ***Actively talk about identity."***
>
> **(student, age 14)**

> ***When there is representation like a Black student association or a queer student group, and making people feel like they're important and not degraded."***
>
> **(student, age 13)**

School system leaders and those who oversee mental health services in districts lead the way when it comes to anti-racist, anti-oppressive practice. Leadership can be shown through:

- demonstrated commitment to equity and reconciliation as a core focus of work in the district
- structures and roles that include a broad range of representation
- clear expectations and structures to address instances of hate, racism, and other harms
- systematic professional learning related to equity, reconciliation, implicit bias, and cultural humility that is cascaded across the district
- use of inclusive language in board communication
- meaningful partnership with community, cultural, and faith groups
- opportunities for student and parent/caregiver voices to inform decision-making
- election of mental health programming that considers the diversity of students served.



Chapter 4

Coordinated programming across the tiers

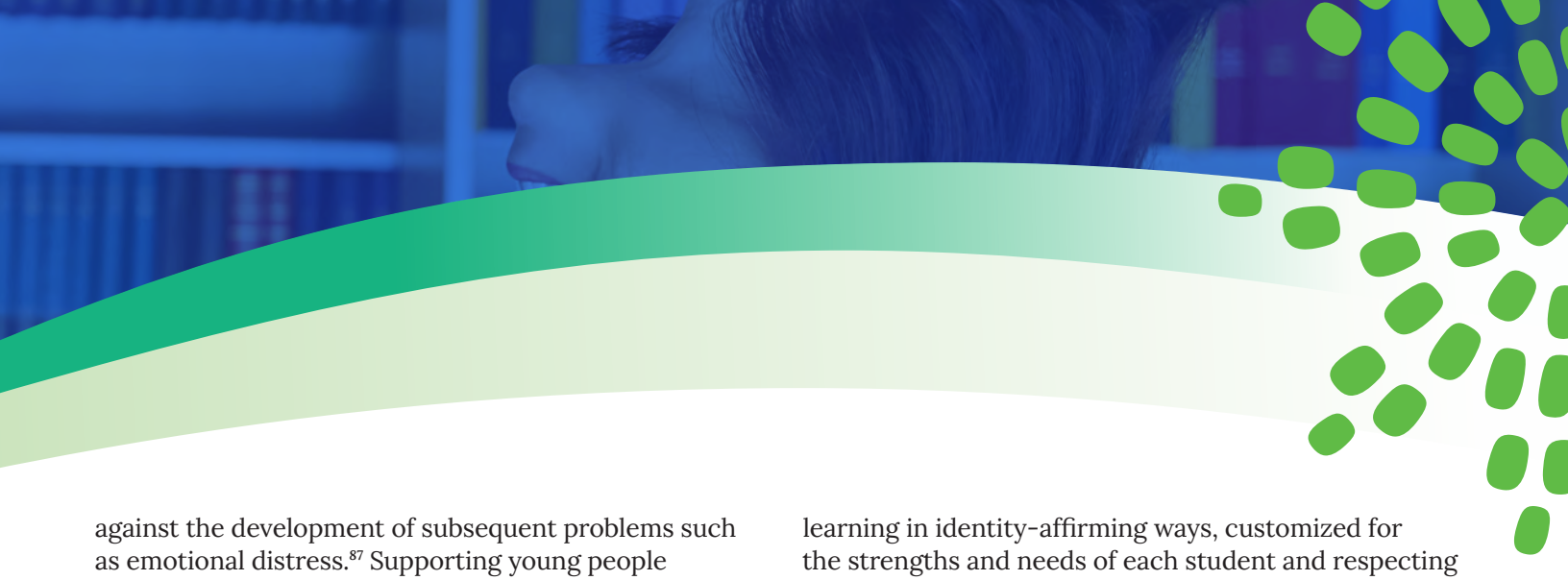
By coordinating the work of suicide prevention and life promotion through a MTSS, schools can focus on building student well-being and protective factors while reducing risk factors for suicide.[81] System leaders need to have an understanding of service delivery and related supports in the district, and opportunities to enhance programming across the tiers of intervention, in view of available resources.

A. THE POWER OF MENTAL HEALTH AND WELLNESS PROMOTION FOR SUICIDE PREVENTION AND LIFE PROMOTION (TIER 1 PROGRAMMING AND SUPPORTS)

"Whole-school programs and strategies that promote mental health and well-being are considered the most effective way of preventing suicide."[82]

School-based mental health promotion includes instruction and modelling related to ***wellness-enhancing strategies.*** While strategies that work for one person may not work for another, some things are known to commonly help with maintaining good mental health. For example, practicing good sleep hygiene, limiting screen time, engaging in regular physical activity, and keeping a balanced diet are all foundational to good physical and mental health. In addition, strengths related to one's identity and family, peer, and community connections can be very supportive for many students. Wellness-enhancing strategies can be included in class-wide programming associated with curriculum, such as The Learning First Peoples Classroom Resources,[83] or may be woven into daily practice, such as The First 10 Days (and Beyond),[84] Everyday Mental Health Classroom Resource,[85] or Kids Help Phone Counsellor in the Classroom.[86]

Studies indicate that universal mental health and wellness initiatives, including those that promote identity-affirming ***social emotional skill development***, have positive impacts on overall functioning, mental health and indicators of well-being, while also protecting



against the development of subsequent problems such as emotional distress.[87] Supporting young people to develop skills for identifying and managing their emotions, building healthy relationships, planning and organizing, and problem-solving can help them with their present and future mental health as well as their academic performance.[88] It is important to offer this learning in identity-affirming ways, customized for the strengths and needs of each student and respecting diverse ways of knowing and being. This instruction should include clear messaging about times when individual coping is not appropriate or sufficient and requires intervention by an adult (e.g., incidents of racism, bullying, hate, oppression).

Example: Medicine Hat, Alberta

All four school divisions in Medicine Hat have well-established *mental health capacity-building programs* at the universal level incorporating *evidence-based, age-appropriate social emotional learning for all students.* These programs cover social and emotional learning, conflict resolution, stress reduction, emotional literacy, and more. Older students are taught a *mental health literacy curriculum* that helps them to recognize when they may be at risk and need to seek help and to identify warning signs in their peers.

The schools also *engage with parents/caregivers* and offer additional *community programming*, especially during the summer. One school division shared how, under COVID-19 protocols, its annual Mental Health Week and Month, which has traditionally been kicked off with a run, was hosted virtually with even greater engagement than usual.

Participants noted that the small size of the community (population 63,200) helps to reinforce connections, with *many people involved in multiple committees and coalitions.* This makes it easier to collaborate and reach out to new partners when specific issues or trends call for additional resources or expertise.

Initiatives that promote ***mental health literacy*** are also an important part of strong wellness promotion programming. Students indicate that they want to learn from their teachers but also want to ensure that all school staff have good mental health knowledge as well.[89,90] Educator mental health literacy is an important part of wellness promotion in the classroom.[91,92] When knowledgeable educators offer instruction to increase the mental health knowledge of students, this can help them to build and maintain good mental wellness, to notice signs of mental health difficulty in themselves and their peers, and to reach out for support when needed. Classroom mental health literacy holds promise by reducing stigma around mental health when all students are learning the same material as part of regular instruction. This can assist with early identification and help-seeking, sometimes preventing more serious mental health disorders and suicidality.

Student engagement and mental health leadership initiatives promote connectedness, a protective factor that builds resilience and promotes positive relationships between peers and adults within the school.[93] In a topic area such as mental health or life promotion, students understand their needs and realities as well as those of their peers, and they have a strong desire to share their ideas. Engaging students in these conversations can assist in promoting or advancing strategies for mental health and well-being in the school community. Authentic student engagement is facilitated, and platforms for meaningful student leadership and agency are created, when adults are committed to gathering, supporting, and emphasizing the voice of students in meaningful ways.[94] **It is important to note that students should not take on a role that includes peer helping in the area of suicide prevention as this can burden young people and can lead to harm for the students involved.**[95]

Communication focusing on help-seeking and clear pathways to care is an integral part of all mental health promotion efforts. The pathways to care, including easy access helplines and supports, cannot be shared too often or in too many ways with young people. Helping to ensure that students, families, and school staff know how to access support when they require it is a meaningful aspect of suicide prevention.[96] When schools are clear and proactive in articulating the services and supports that are available and empower students and their families to access them, students are more likely to reach out when facing challenges or when concerned about themselves or others.[97]

During youth consultations, when asked "*What do students need to know about how and where to ask for help for themselves and for their friends?*" students said:

> ***I only found out about the counsellors when I asked about it. No one else in my class really knew that was an option.***
>
> **(student, age 12)**

> ***At my school, we have school counsellors that are assigned to students by their last name. At the beginning of the year, we talked about who our counsellor is, how we can go to the counsellors and how to book an appointment. So, we have easy access to help and we can book an appointment whenever we need it.***
>
> **(student, age 14)**

Mental health promotion strategies at a glance

Schools are well positioned to focus attention on supporting student mental health and well-being through activities that create a strong foundation for wellness, which is at the heart of suicide prevention and life promotion. According to research, an upstream approach to suicide prevention can include programming throughout all grades that builds developmentally appropriate skills and supports.[98] Mental health promotion programming of this nature includes the following:

Wellness-enhancing strategy instruction **focuses on common techniques for building and maintaining good mental health. This may include:**

- foundational learning related to sleep hygiene
- safe screen use
- nutrition
- physical activity

Social emotional skill development **takes many forms and needs to be introduced within an anti-racist, anti-oppressive learning environment through which students' strengths and ways of knowing are appreciated and shared. Skill development may include areas such as:**

- identifying and managing emotions
- building healthy relationships
- organizing, planning, and time management
- problem-solving and decision-making
- stress management and coping
- identity and mattering

Mental health literacy **involves providing young people (and the adults who support them) with factual and relevant information on topic including:**

- mental health and mental illness
- signs of mental health problems
- ways to manage mild problems with mental health for self and others
- help-seeking strategies, and ways to access appropriate mental health services

Stigma reduction **activities build knowledge and understanding about mental health and mental illness and might include:**

- providing education to both staff and students regarding mental health, stigma, and critical thinking
- campaigns that normalize mental health problems
- a focus on one's circle of support and how, when, and where to ask for help
- sharing hopeful stories by carefully trained lived-experience speakers (i.e., contact-based education)
- information about accessing professional mental health support
- information about accessing crisis and distress support

Student engagement and mental health leadership initiatives provide a way for students to meaningfully contribute to mental health promotion and stigma reduction activities at school. Student engagement that allows for authentic student voices to make a contribution, balanced with strong adult allyship, has many benefits.

It is important to note, however, that students *should not* take on a role that includes peer helping in the area of suicide prevention as this can burden young people and can lead to harm for the students involved. Helpful student-led activities may include:

- wellness campaigns
- stress management tips
- hope-focused messaging
- stigma reduction activities
- identity-affirming affinity groups

***Communication focusing on help-seeking and clear pathways to care is an* integral part of all mental health promotion efforts. It can be woven into the activities listed above. Communication may include:**

- sharing ways to access school, district, and/or community mental health supports and services
- listing easy-access helplines and supports across a range of platforms and materials
- describing the roles of school-based helpers (e.g., child and youth worker, guidance teacher, social worker, psychologist)
- providing tools for students to articulate their circle of support and local services

Cautions and considerations

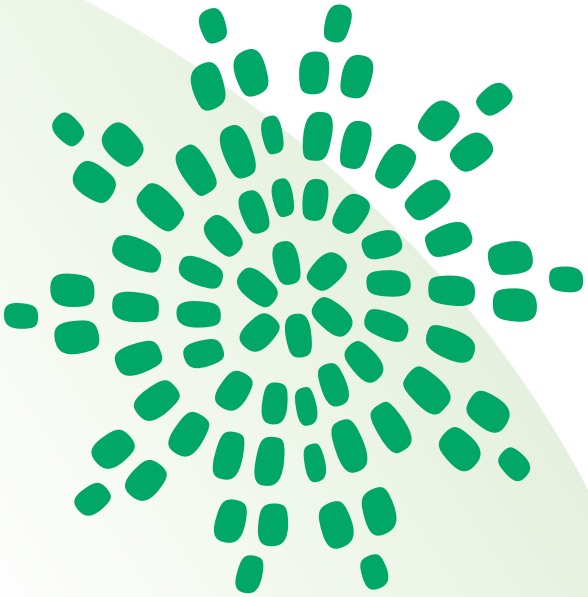
In the area of mental health promotion, school districts are often asked to consider adopting a range of programs and initiatives. **The selection and delivery of programming or services requires careful consideration and should align with the district's mental health strategy.** While some of these offerings have been studied and have demonstrated positive outcomes for students, many have had little or no evaluation or have been shown to be of no benefit or even harmful. Further, even evidence-based programming may not be the right fit for a given district or school, depending on other resources and programming in place, alignment with the mental health strategy, the specific student needs, the cultures and identities of the students served, and the availability of resources to scale and sustain the initiative. It is important for system leaders to take a systematic and evidence-informed approach to the selection and implementation of school-based suicide prevention initiatives, resources, and services. This area of work is extremely complex and carries many risks; therefore, benchmarks of safety, equity, diversity and inclusivity, quality, and alignment need to be at the heart of decision-making about individual offerings. Before adopting a resource or hosting a speaker on the topic of suicide prevention and life promotion it is best to consult with a mental health professional or use a tool such as the ***Decision Support Tool Version for System and School Leaders***.[99,100]

Research suggests that mental health promotion activities are most effective as agents for suicide prevention when they are

- offered within school settings that are welcoming, safe, and inclusive
- culturally relevant and responsive
- delivered by knowledgeable and trusted adults
- integrated into regular classroom life and as part of the school day
- offered by adults who know the students and can recognize changes in behaviour
- offered in safe spaces for dialogue and co-learning
- mindful of boundaries and risks
- focused on reducing stigma and encouraging skills for help-seeking
- reinforced with opportunities to practise skills
- supportive of youth agency and expression.[101]

B. EARLY IDENTIFICATION AND SUPPORT

Knowing the difference between typical moments of distress and a potential mental health problem is difficult, but school staff can learn what to watch for to identify students who may need additional support.[102] Best practice in this area relies on strong relationships between staff and students, where student strengths, needs, backgrounds, and identities are known, recognized, and respected.



Mental health and suicide prevention literacy helps school staff notice changes in student behaviour or functioning that might signal that the student is experiencing a mental health problem. **This type of knowledge-building stresses that educators and student support staff are not mental health professionals and are not being asked to diagnose the presence of a mental health disorder.** This would be beyond their scope of practice. School staff are the eyes, ears, and hearts of school mental health, and they may be the person a student chooses to confide in when experiencing a mental health problem. Noticing warning signs or being aware of risk factors for students can lead to early identification and support.

Questions for reflection to assist with early identification:

- ***Does the student show signs of distress that are inconsistent with their usual behaviour or emotions?***
- ***Does this appear to be interfering with their day-to-day functioning?***
- ***Is this occurring more frequently?***
- ***Has this lasted more than two weeks?***

When difficulties are noted, with parent/caregiver and student consent, a more formal assessment by a mental health professional can help to determine the presence of a mental health disorder. Common assessments (e.g., psychoeducational to identify learning or attentional challenges), as well as other diagnostic assessments to identify mental health conditions, will provide valuable information to enable school staff to better understand students' strengths and challenges.

Many caring adults within the school environment can provide ongoing support and care for students who are experiencing higher levels of stress or who need help coping with challenges.

These include, but are not limited to:

- child and youth practitioners
- Indigenous helpers
- Black student grad coaches
- guidance teachers
- affinity space leaders (e.g., Genders and Sexualities Alliance leads, Black Student Alliance leads)
- educational assistants
- chaplains

To make student support seamless, referral pathways and procedures can guide school staff when they are concerned about a student and feel that professional mental health support may be needed.

All staff should be regularly (e.g., annually) made aware of the protocols and procedures regarding suicide risk. When a school staff member is concerned about a student, clear protocols and pathways to support are integral in ensuring student safety. Educators are not expected to take on new or different responsibilities for student mental health; rather, the aim is for educators to have information and resources to enhance their ability to provide support to a student who may be struggling.

***Example*: Quebec**

The Lester B. Pearson School Board in Quebec has created a **suicide prevention protocol** to help secondary school staff understand what signs of suicidal behaviours to watch for, how to respond, and where to refer students who need help. This gives teachers, principals, and other staff members the knowledge and confidence to address a potential problem even if they do not know the solution or have the clinical skills to intervene. Every school has **designated mental health professionals**, including an on-site psychologist two days per week, and the protocol promotes **helplines and other community services**. The board also has a protocol for addressing non-suicidal self-injury.

While these protocols have been beneficial for the district's secondary schools, some challenges remain:

- The protocols are not always appropriate for **students who are younger or in lower grades**, where the issues are different and the requirement for greater parental involvement can complicate matters.
- Finding **appropriate resources in both official languages and for 2SLGBTQQIA+ students, racialized minority students, and students in other marginalized groups** is an ongoing challenge.
- The **limited availability of follow-up services outside of the school** can lead to situations where students are advised to seek formal mental health support only to have to wait months to access it.

C. RANGE OF LOWER TO HIGHER INTENSITY EVIDENCE-INFORMED PRACTICES AND MEASUREMENT-BASED CARE

Evidence-informed practices are a cornerstone of quality mental health services. Evidence-informed practices are approaches or programming that reflect current research, clinical judgment, and other (cultural) ways of knowing while delivering measurable outcomes.[103] Within the MTSS, schools can introduce a range of intervention services to provide the least intrusive support to students on the basis of their identified strengths and needs and the supports available within the district.[104] For example, offerings for students with emerging symptoms of mental health challenges might include instruction on coping strategies or programs targeting managing stress.

School mental health professionals are well positioned to provide brief, evidence-informed interventions that can prevent the need for more intensive services. For example, in Ontario, early findings from a trial of Brief Coping Kits used by regulated school mental health professionals showed significant improvements in mood and anxiety symptoms with as few as two sessions of intervention.[105] Similarly, the Brief Intervention for School Clinicians has demonstrated strong results with an average of four school-based sessions.[106] Many interventions that are rooted in cognitive behavioural therapy, acceptance and commitment therapy, motivational interviewing, or other evidence-informed techniques have been shown to help young people onto a better path for their mental health, and they can allow many students to be seen in a short time.[107]

***Example*: Brief, evidence-informed early intervention protocols – Ontario**

More than 800 school mental health professionals in Ontario have received training in the Brief Intervention for School Clinicians (BRISC) through a partnership with the SMART Center at the University of Washington. BRISC is a brief intervention that draws on principles of cognitive behavioural therapy and motivational interviewing to help students identify and work on a problem over a series of four sessions. In many cases, this problem-solving intervention is enough to help a student to use the skills they've learned to address difficulties they're experiencing and requires no additional support. Sometimes, a few additional sessions may be needed, and in some instances, more intensive service needs are identified. This approach allows for referrals to be made to community mental health care.[108]

Evidence-informed interventions often include a measurement-based care or progress monitoring component, such as a pre- and post-assessment, plus session-by-session brief measurements on relevant scales (e.g., monitoring of mood on a mood thermometer, or assessment of a top problem). Including such measures as part of the intervention allows students and clinicians to monitor symptoms in real time and to make adjustments together if symptoms are not improving. Aggregate data can be used to help with planning and evaluating services.[109] Increased attention is being given to using an anti-oppressive approach to defining and collecting data. Service enhancements can be determined when data are analyzed in true partnership with equity-deserving groups. This work informs future decisions about programming and services for populations who historically have been less likely to receive services.[110]

D. RELATIONSHIP AND COORDINATION WITH COMMUNITY-BASED MENTAL HEALTH CARE

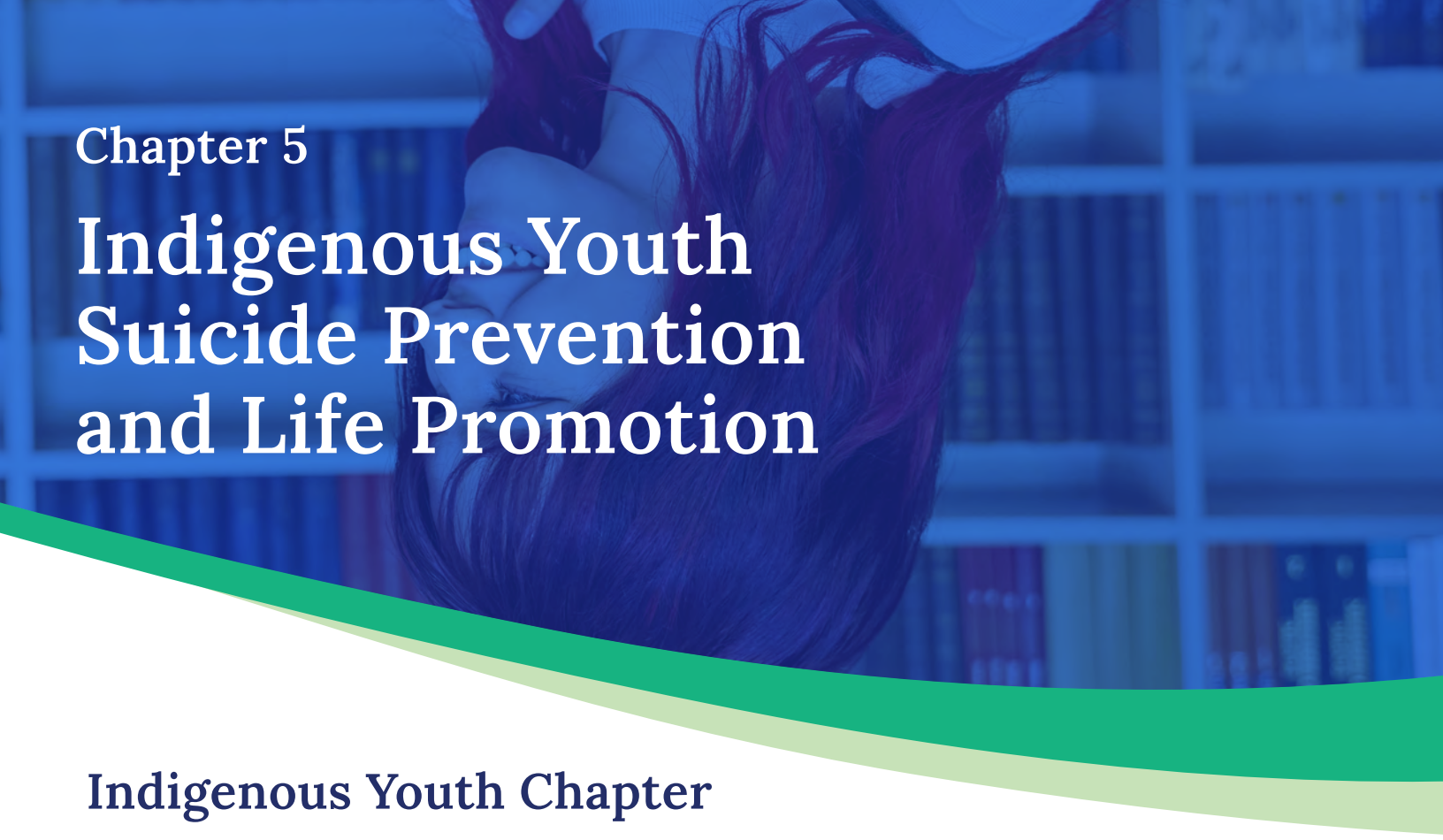
When students need more than brief services or specialized school-based supports, referrals to community mental health services, hospital care, or support from a specialized practitioner (e.g., a cultural practitioner) can be activated. Students and their families may also access mental health services through a variety of entry points in the community. This works best when there are clear pathways and when information sharing (i.e., informed consent) within and between systems is seamless.

An initial step in this work is to ensure the school district has a clear description of the available supports and services and how they are accessed across the tiers of intervention.[111] This provides transparency at times when a student's support needs fall outside what the school can offer, and other services need to be mobilized. When there is an increased risk to student safety, or in times of crisis, it can be helpful to have collaborative protocols within the community to facilitate efficient communication and intervention.[112]

Example: Collaborative care – New Brunswick

The province of New Brunswick has implemented an **integrated service delivery model** involving coordination between the departments of education, social development, health, and public safety. Previously, there were challenges with communication and treatment consistency across sectors. Redundancies led to longer wait times. Now with a **unified Child and Youth Team**, students are triaged according to the severity of their needs and receive services with **consistent risk assessment, and treatment and monitoring plans**. Those at low risk of suicide are supported at school, and those at medium-level risk are monitored by an integrated service team including school staff, the student, and parents/caregivers. Students considered at high risk receive **acute psychiatric care in a hospital setting**. This has led to fewer hospitalizations and a better partnership between schools and hospitals, as hospital staff know that only students with urgent needs are being sent to them. **Wait times have also been reduced significantly**, allowing greater access to the treatments needed. The province has also invested in professional training to draw attention to early warning signs of potential violent behaviour and to facilitate effective responses in the aftermath of traumatic events.

Collaborative conversations with service system partners provide opportunities to understand how to connect when supporting students with more complex mental health challenges. Creating a circle of support around students facilitates the development of a support plan that includes culturally responsive and identify-affirming activities and services.[113] Sometimes, individualized plans may be required to ensure students feel safe and supported at school, particularly when transitioning between services or supports.[114] See Chapter 8 for collaborative considerations pertaining to community partners, parents/caregivers, students, and the media.



Chapter 5

Indigenous Youth Suicide Prevention and Life Promotion

Indigenous Youth Chapter

"We call upon the federal government to establish multi-year funding for community-based youth organizations to deliver programs on reconciliation, and establish a national network to share information and best practices."

– Truth and Reconciliation Commission of Canada, Call to Action no. 66

Introduction

This chapter of the Suicide Prevention / Life Promotion in Schools: A National Guide for System Leaders *School-Based Suicide Prevention and Life Promotion Resource* is crafted with the voices and knowledge of Indigenous youth from across Canada, including 10 *We Matter Ambassadors of Hope* and three members of the We Matter youth-comprised directors' team, who came together over a series of knowledge-sharing sessions in 2023 to curate these recommendations. We Matter is an Indigenous youth-led and nationally registered organization dedicated to Indigenous youth support, hope, and life promotion. Our journey began in 2016 with the We Matter campaign, where Indigenous role models, youth, their families, and community members shared stories of overcoming hardships — *hardships that Indigenous youth and their communities continue to face today*. Our mission is to communicate to Indigenous youth: I Matter, You Matter, and We Matter. We do this by creating spaces of support for those going through a hard time while fostering unity and resiliency. We provide a national forum for Indigenous youth to share their stories, words of encouragement, and authentic messages of hope and resilience. *We prove that we are all #StrongerTogether.* We Matter also supports Indigenous communities across Canada to become stronger: we create and distribute resources to facilitate important conversations on Indigenous mental health, while also generating opportunities for Indigenous youth to step into their power and see themselves represented positively. These *Ambassadors of Hope* then help build capacity in their schools and communities through youth-led initiatives and peer-to-peer support.

The valuable contributions of Indigenous youth and their unique perspectives have shaped this chapter, ensuring that their voices have guided its writing in a good way. The knowledge-sharing sessions in which the recommendations in this chapter were curated were designed to provide Indigenous youth and their communities with a platform to share their lived experiences, perspectives, and wisdom. Along with knowledge sharing, the same youth played a pivotal role in ground truthing, reviewing, and refining the chapter for publication.

This chapter centres the knowledge and wisdom shared during these sessions, and we recommend it as a mandatory read to inform school districts, administrators, and mental health decision-makers about what it means to truly create supportive, culturally sensitive, and effective suicide prevention and life promotion practices *in a way that resonates with Indigenous youth.* We hope this will be the start of colonial institutions speaking and working directly with the youth who curated this chapter. Readers are invited to connect with us using the contact information at the end of this chapter to help us to continue to foster discussion as a nationally registered Indigenous youth-led organization.

Life promotion

Indigenous youth's perspective on life promotion is rooted in community, identity, understanding of pre-colonial teachings, and preparation for the future. During the knowledge-sharing sessions the participating youth emphasized mentors, cultural engagement, and practical life skills, which highlights their determination to overcome challenges and create positive change within their communities. They feel it is paramount to preserve and revitalize Indigenous languages and traditions, which contributes to Indigenous youth's overall sense of identity and well-being.

- A crucial aspect of the understanding of life promotion within Indigenous communities is the *restoration of identity*. Indigenous youth stressed the significance of participating in cultural ceremonies and receiving guidance from Elders and other knowledge-keepers known to their communities. These activities connect youth to their roots, helping them overcome challenges while instilling a strong sense of belonging. This journey of rediscovering identity involves embracing Indigenous traditions and values and seeing these as integral to their overall well-being.
- From the ancestors before colonialism came to this land, the understanding of life has always been connected to community. Our communities emphasize the importance of mentors who share and know of pre-colonial experiences. *This continues to remind us that our ancestors lived without the challenges of suicide or loss of youth life before colonialism.* This historical perspective plays a vital role in passing down such knowledge and instilling a sense of hope and resilience, even during challenging times.
- *Transitioning into adulthood* is a significant aspect of life promotion. Indigenous youth expressed a need for guidance in practical life skills, including finding housing, managing finances, and developing healthy habits. This preparation for the future is seen by youth as crucial to their overall well-being, as it equips them with the tools necessary to navigate life's challenges. A key priority expressed by youth is the need for balance between Indigenous practices and colonial systems from which we are meant to learn. Indigenous youth recognized the importance of maintaining their culture while acquiring western education (Two-Eyed Seeing). *The preservation and revitalization of Indigenous languages and traditions are paramount, contributing to Indigenous youths' overall sense of identity and well-being.*

Historical and cultural factors

The ongoing national discussion on Indigenous mental health highlights the significant historical and cultural factors impacting the well-being of Indigenous youth. The lived experiences of Indigenous youth reveal a range of challenges, including the loss of culture, identity, and life purpose, as well as the challenges associated with navigating individual, family, and community trauma resulting from residential schools, day schools, the Sixties Scoop, and generational displacement. *These insights demonstrate the critical importance of incorporating traditional Indigenous practices, ceremonies, and teachings into school-based suicide prevention and life promotion programs.*

Our youth also stressed the importance of establishing platforms for students to share their culture and land connections to nurture strong Indigenous identities. Suggestions include creating safe spaces for smudging, welcoming ceremonies, and direct access to Elders or Indigenous counsellors; these are seen as important steps to establish cultural connections within schools. From the experiences that Indigenous youth currently navigating the Canadian school system shared with us, we also stress that it can be re-traumatizing when youth are forced to share personal stories or are used as examples. It is important to build relationships based on mutual understanding, foster a safe space, and involve Indigenous resources in school-based suicide prevention and life promotion activities.

Community resources and support

Existing community resources and support networks serve as pivotal tools for Indigenous youth. Indigenous youth highlighted the value of partnering with established Indigenous organizations and bringing Indigenous resources directly to youth. This encompasses collaborative efforts, such as organizing comprehensive events like employment fairs, forums, information sessions, and/or conferences. Youth emphasized the importance of community agencies, friendship centres, and after-school programs to provide accessible support during hours they are meant to be at home. *The insights shared by Indigenous youth underscore the importance of proactive collaboration and intentionally integrating resources directly into students' lives.* To strengthen partnerships between schools, Indigenous communities, and local mental health organizations, we recommend

- laying the groundwork required to establish connections that prioritize accountability and foster trust between school systems and Indigenous communities
- including Indigenous support workers in schools to ensure readily available support for students facing mental health challenges
- prioritizing ongoing in-school initiatives involving Elders, land-based workshops, and culturally familiar faces to help Indigenous youth build and maintain comprehensive care networks.

Decolonizing education practices with a trauma-informed approach

Decolonizing education systems means replacing stereotypes, biases, and power dynamics with trauma-informed approaches. Applying a trauma-informed lens within education means shifting the focus from "What's wrong with you?" to "What's hur ting you?" This recognizes the need for educators, mental health professionals, other health-care providers, and care teams to have a complete picture of a young person's life situation — past and present — to provide effective support designed to meet their unique needs.

Indigenous youth also emphasized the importance of ensuring equality and empathy in educational spaces:

- While aiming to foster more inclusive environments for Indigenous youth, it is important for school districts, mental health professionals, and social workers to work together to promote trauma-informed approaches to these issues. This includes recognizing that Indigenous communities have had and continue to have a negative view of Western medicines and education because of the long-time mistreatment of Indigenous peoples within these systems.
- Fostering holistic well-being, cultural pride, and a strong sense of identity among Indigenous youth is critical to any suicide prevention and life promotion initiatives for youth who face the challenges of intergenerational trauma.
- Creating safe spaces within school settings involves creating community guidelines and employing innovative consultation techniques with Indigenous youth and their communities. These strategies, along with adjusting curriculum and introducing healing exercises (smudging, talk therapy, etc.), nurture a sense of belonging.
- Integrating youth voices through councils or advisory committees and inviting them to participate in program design ensures their perspectives are valued, integrated, and centred.
- To ensure that school environments are culturally sensitive, it is crucial to provide educators and school support staff with training in trauma-informed practices, strength-based approaches, and other important gatekeeper training programs. These efforts contribute to creating a supportive environment that fosters the well-being and identity of Indigenous youth.

Cultural identity and connection

In keeping with all aspects of culture, identity, and connection, educators have the opportunity to ensure Indigenous youth are provided with a sense of identity, pride, and belonging.

These can be introduced easily by:

- celebrating newcomer Indigenous youth with a welcoming ceremony
- honouring Indigenous youth and community achievements with tailored events
- standardizing the practice of language and territory acknowledgments
- including drum groups in graduation ceremonies
- fostering ongoing communications with Indigenous education systems and educators
- integrating cultural knowledge into classroom curricula
- displaying language labels throughout school environments to emphasize the importance of cultural pride
- collaborating with local Indigenous communities by inviting them into the school and engaging in joint initiatives to strengthen the bonds between the school, its surrounding Indigenous communities, and Indigenous youth
- implementing classroom-based activities and initiatives in partnership with local Indigenous communities to promote and appropriately embed Indigenous Knowledge (IK), language revitalization, and cultural continuity.

Indigenous leadership and empowerment

Indigenous leadership and empowerment involves more than just granting youth a voice within their classroom or school. Given that suicide is an epidemic that plagues Indigenous communities, suicide prevention and life promotion resources such as this chapter provide platforms for Indigenous youth to engage more meaningfully within their education systems. These efforts can include youth panels, conferences, invitations to speak to student bodies, and ensuring the active participation of Indigenous youth in conversations with decision-makers. Through these approaches, Indigenous youth can be equipped to take on leadership roles and become effective advocates for suicide awareness and empowerment. *Youth perspectives — often overlooked — must guide the development and implementation of these initiatives.* To support Indigenous youth to become leaders and advocates for mental health within their communities and schools, we recommend

- embedding inspirational figures and role models who share relatable experiences into school curriculum to ignite Indigenous youth' motivation and aspiration for leadership (e.g., We Matter's *Ambassadors of Hope* are Indigenous youth aged 16 to 30 years who share messages of hope, culture, and strength with schools and communities across Canada [to learn more, visit ***wemattercampaign.org/activities/ambassadors-of-hope***])
- integrating Indigenized spaces and perspectives within the school environment to allow youth to connect with their culture and identity and develop a greater sense of Indigenous empowerment
- establishing supportive environments with trained professionals to provide Indigenous youth with safe spaces to reflect on the challenges they experience and receive culturally appropriate mental health supports
- promoting the use of Indigenous youth's ancestral languages for communication and fostering a positive classroom atmosphere within their cultural context to empower Indigenous youth to express themselves and inspire positive change.

Calls to Action of the Truth and Reconciliation Commission of Canada that are relevant to suicide prevention and life promotion initiatives for Indigenous youth

In keeping with education and understandings of Indigenous youth well-being, we call upon all agencies and educational liaisons, superintendents, teachers, counsellors, support workers, and advocates to implement the recommendations of this chapter within all of Canada's school systems, as well as the following recommendations outlined in the Truth and Reconciliation Commission of Canada's (TRC) 2015 Calls to Action:

Education

7. ***We call upon the federal government to develop with Aboriginal groups a joint strategy to eliminate educational and employment gaps between Aboriginal and non-Aboriginal Canadians.***

Language and culture

13. ***We call upon the federal government to acknowledge that Aboriginal rights include Aboriginal language rights.***

14. ***We call upon the federal government to enact an Aboriginal Languages Act that incorporates the following principles:***

- **i.** *Aboriginal languages are a fundamental and valued element of Canadian culture and society, and there is an urgency to preserve them.*
- **ii.** *Aboriginal language rights are reinforced by the Treaties.*
- **iii.** *The federal government has a responsibility to provide sufficient funds for Aboriginal-language revitalization and preservation.*
- **iv.** *The preservation, revitalization, and strengthening of Aboriginal languages and cultures are best managed by Aboriginal people and communities.*
- **v.** *Funding for Aboriginal language initiatives must reflect the diversity of Aboriginal languages.*

Professional development and training for public servants

57. ***We call upon federal, provincial, territorial, and municipal governments to provide education to public servants on the history of Aboriginal peoples, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, Indigenous law, and Aboriginal–Crown relations. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.***

Education for reconciliation

62. ***We call upon the federal, provincial, and territorial governments, in consultation and collaboration with Survivors, Aboriginal peoples, and educators, to:***

- **i.** *Make age-appropriate curriculum on residential schools, Treaties, and Aboriginal peoples' historical and contemporary contributions to Canada a mandatory education requirement for kindergarten to Grade Twelve students.*
- **ii.** *Provide the necessary funding to post-secondary institutions to educate teachers on how to integrate Indigenous knowledge and teaching methods into classrooms.*
- **iii.** *Provide the necessary funding to Aboriginal schools to utilize Indigenous knowledge and teaching methods in classrooms.*
- **iv.** *Establish senior-level positions in government at the assistant deputy minister level or higher dedicated to Aboriginal content in education.*

63. ***We call upon the Council of Ministers of Education, Canada to maintain an annual commitment to Aboriginal education issues, including:***

- **i.** *Developing and implementing Kindergarten to Grade Twelve curriculum and learning resources on Aboriginal peoples in Canadian history, and the history and legacy of residential schools.*
- **ii.** *Sharing information and best practices on teaching curriculum related to residential schools and Aboriginal history.*
- **iii.** *Building student capacity for intercultural understanding, empathy, and mutual respect*
- **iv.** *Identifying teacher-training needs relating to the above.*

Strengthening Indigenous youth resilience: School-based strategies for suicide prevention and life promotion

To ensure school-based suicide prevention programming meets the needs of Indigenous youth, we recommend

- **Life promotion:** Highlighting the role of Indigenous cultural engagement and identity preservation, emphasizing that celebrating cultural heritage and *fostering a sense of belonging can mitigate suicide risks among Indigenous youth*
- **Historical and cultural factors:** Stressing the necessity of incorporating IK and local Indigenous practices and teachings into school-based suicide prevention programs and classroom curricula, emphasizing that understanding and *addressing historical traumas* are crucial in creating safe and supportive school environments for Indigenous youth
- **Community resources and support:** Advocating for proactive collaboration between schools, Indigenous communities, and mental health organizations, underlining that accessible community resources and support networks are essential protective factors against suicide risks for Indigenous youth in school settings
- **Decolonizing education practices with a trauma-informed approach:** Promoting trauma-informed approaches in education to mitigate suicide risks among Indigenous youth, emphasizing the importance of replacing stereotypes and biases with empathy and understanding in school environments
- **Cultural identity and connection:** Highlighting the significance of fostering a sense of cultural pride and belonging within schools as protective factors against suicide risks for Indigenous youth, emphasizing that schools should *actively promote Indigenous identity as a strength*, not a risk factor
- **Indigenous leadership and empowerment:** Empowering Indigenous youth within school environments to become advocates for mental health promotion and suicide prevention, emphasizing that established platforms where Indigenous youth can engage meaningfully in school systems serve as protective factors against suicide risks

Resources for Indigenous youth suicide prevention and life promotion

We recognize the critical importance of equipping administrators and mental health decision-makers at the school district level with valuable tools and resources. Embracing a strength-based and culturally sensitive approach, we have cultivated a list of resources for Indigenous youth suicide prevention and life promotion designed to foster positive mental health outcomes, promote resilience, and honour the unique cultural identities of Indigenous youth. From honouring traditional practices to decolonizing approaches, the resources offered here serve as a powerful compass for navigating the complex landscape of suicide prevention and life promotion among Indigenous communities. By leveraging this knowledge, we aim to foster a collective commitment to nurturing safe, inclusive, and thriving environments, ensuring that every Indigenous youth's well-being and potential are nurtured, celebrated, and embraced as they journey through their school years and beyond.

Resources by We Matter

- The **Pathfinding Towards a Flourishing Future, an Awareness and Advocacy Guide** raises awareness and informs ways to address the support needs of Indigenous children, youth, and 2SLGBTQQIA+ young people. Created from gathering knowledge from the lived experiences of a diverse group of Indigenous youth, this resource describes the struggles that Indigenous youth experience and the barriers they face.

  Download it here: *wemattercampaign.org/toolkits/pathfinding-toolkit.*

- The **We Matter Campaign** is an ongoing campaign that predominantly lives on social media. Through filmed and submitted video messages, art and stories, photo series, callouts, articles, and custom content, We Matter shares positivity, love, hope, and support with Indigenous youth nationally.

  Watch them here: *wemattercampaign.org/campaigns/videos.*

- The **We Matter Toolkits** are comprehensive resources created to empower Indigenous youth by providing them with the necessary tools to navigate the challenges they encounter. Designed to address intergenerational trauma, self-care, coping mechanisms, identity exploration, fostering hope, and numerous other relevant subjects, the Toolkits are pivotal in supporting Indigenous youth's well-being.

  Learn more here: *wemattercampaign.org.*

Other Indigenous resources

- The Thunderbird Partnership Foundation's **Strengthening Our Connections to Promote Life: A Life Promotion Toolkit by Indigenous Youth** addresses suicide, mental wellness, and substance use within Indigenous communities through a youth-focused approach.

  Download it here: *wisepractices.ca/life-promotion-toolkit.*

- The **We Belong: Life Promotion to Address Indigenous Suicide Discussion Paper**, by Jennifer White and Christopher Mushquash (2016), provides a comprehensive understanding of youth suicide by situating the issue within historical and sociopolitical contexts, summarizing current knowledge and practices, and emphasizing the need for collaboration between Indigenous and non-Indigenous groups.

  Download it here: *wisepractices.ca/wp-content/uploads/2017/12/White-Mushquash-2016-FINAL.pdf*.

Conclusion

Thank you.

We extend our gratitude to you, dedicated readers, for engaging with this chapter. We acknowledge the contributions of the Indigenous youth whose insights and voices have shaped this content. As you navigate the paths of Indigenous youth life promotion, *we encourage you to explore the dedicated 2SLGBTQQIA+ chapter within this guide for comprehensive insights into two-spirit identity.*

For any further inquiries or questions, please don't hesitate to reach out to us at *info@wemattercampaign.org*.

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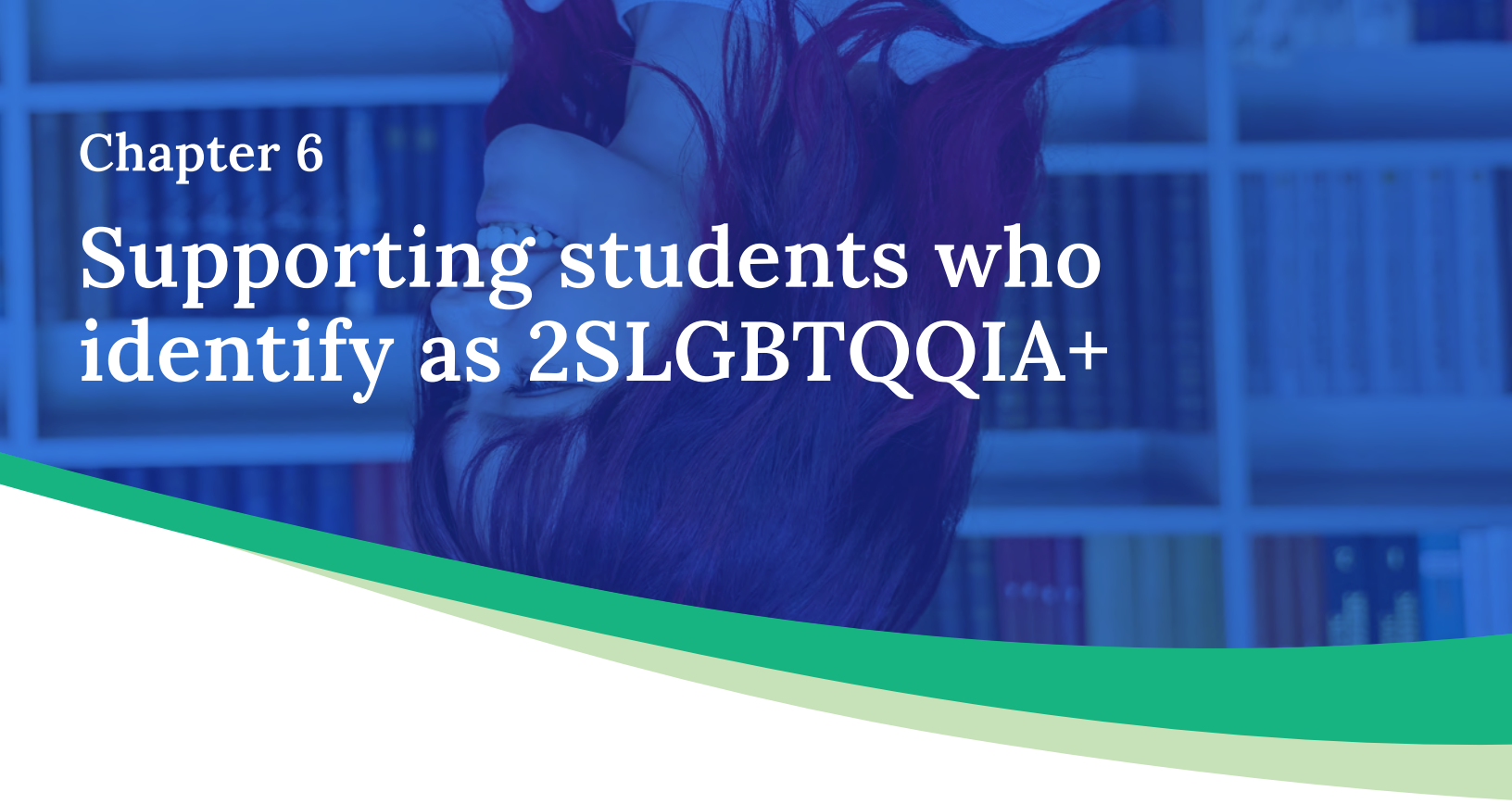


Chapter 6

Supporting students who identify as 2SLGBTQQIA+

A. INTRODUCTION

The 2SLGBTQQIA+ community has gained more recognition in the public eye, which has created a higher demand to address the concerns and needs of this population of Canada. School can play a huge role in an impressionable youth's life as they attend it daily. For some students, school can be a place where they learn, grow, and see the potential for the future, but for others, attending school can be an overwhelming experience that can make them feel unsafe, especially if they are a part of the 2SLGBTQQIA+ community.

2SLGBTQQIA+ youth face several challenges in the school system, including (but are not limited to) the following:

- identity-based bullying
- harassment
- discrimination
- physical violence
- isolation
- social rejection
- lack of support and understanding from peers and teachers

Because of these challenges, many 2SLGBTQQIA+ youth feel unsafe and excluded in an environment that doesn't recognize, acknowledge, or affirm their identities and that doesn't provide them with any of the resources and accommodations they need. The lack of these resources can lead to higher rates of mental health issues.

The mental health issues 2SLGBTQQIA+ youth face can include:

- depression
- anxiety
- low academic performance
- suicide ideation and/or behaviours
- addiction

The purpose of this chapter is to provide school system leaders with insights and considerations to implement change and create a safer space for queer and trans youth in schools.

This chapter has three sections: the first provides context about the issues that members of the 2SLGBTQQIA+ population, particularly youth, have faced; the second section provides more context about two spirit youth, including what it means to be two spirited and the issues these Indigenous youth face; and the third section provides suggestions on creating safe spaces for 2SLGBTQQIA+ youth and implementing change within schools.

B. UNDERSTANDING THE 2SLGBTQQIA+ IDENTITY AND THE EXPERIENCES OF THE 2SLGBTQQIA+ POPULATION

In recent years, there has been a significant increase in the number of youth identifying under the 2SLGBTQQIA+ umbrella; roughly four per cent of the Canadian population identifies as being a part of this population,[115] and one-third of Canada's 2SLGBTQQIA+ population was under the age of 25 years in 2018.[116] With this growing population of youth coming out as a part of this community, it is essential for educators to understand what each initial in the acronym means:

2S Two spirit (2S): A pan-Indigenous term that refers to Indigenous people who embody both masculine and feminine energy or spirits.

L Lesbian: Those who identify as female and have an emotional and/or physical attraction to those of the same gender.

G Gay: Those who identify as male and are emotionally and/or physically attracted to the same gender.

B Bisexual: Those who are attracted to both genders.

T Transgender: Those whose gender identity is different than the sex they were assigned to at birth.

Q Queer: Once used as a slur against those who identify under the 2SLGBTQQIA+ umbrella; however, it has been reclaimed and is used as an umbrella term for everyone in the 2SLGBTQQIA+ population.

Q Questioning: Those who are exploring their sexuality/gender identity and are questioning where they may fall under the umbrella.

I Those whose chromosomal, hormonal, or anatomical sex characteristics fall outside the conventional classifications of male or female.

A Asexual, aromantic, agender: Those who do not have sexual or romantic feelings for others. Agender refers to those who identify with not having a gender.

+ Those with gender identities and sexual identities not covered by the other initials.

Recognizing the issues 2SLGBTQQIA+ youth face

To promote a positive and fulfilling life for youth, it is essential to consider the challenges and obstacles that queer and trans students may face. By understanding these students' unique circumstances, strengths, and needs, school decision-makers can create a more supportive and inclusive environment that allows every student to thrive. This includes recognizing the many social, emotional, and academic challenges these students may face in the school setting, taking steps to address them, and providing the necessary support and resources to help them overcome the obstacles they face and succeed. By bringing forward and recognizing these issues, we can work together to create a more compassionate and effective educational environment that benefits all students and promotes their well-being.

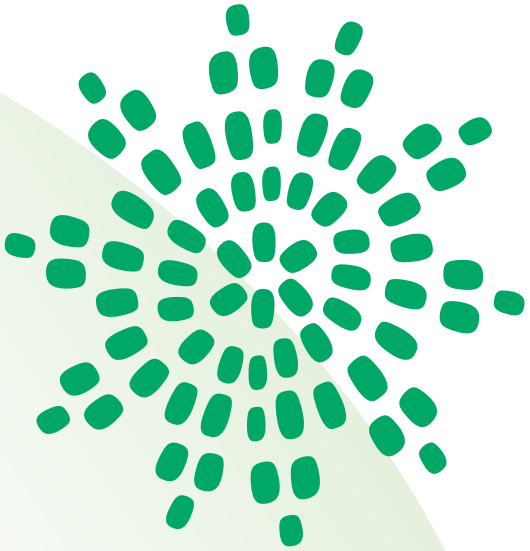
- **Homophobia and transphobia**
  - Homophobia and transphobia are very common in Canadian schools nationwide; a survey[117] found that 64 per cent of 2SLGBTQQIA+ students who participated reported hearing homophobic comments.[118]
- **Identity-based bullying**
  - Identity-based bullying is something that 2SLGBTQQIA+ youth can face daily from peers. Bullying can include verbal harassment and physical altercations, and bullies sometimes even sexually harass these students.
- **Cyberbullying**
  - Cyberbullying is also very common today; 24 per cent of 2SLGBTQQIA+ students who responded to an Egale Canada survey reported having been victims of cyberbullying compared with eight per cent of cisgender respondents.[119]
- **Lack of support system**
  - 2SLGBTQQIA+ youth can face familial rejection of their identity; several factors may contribute to this, such as religious beliefs, cultural beliefs, lack of education and understanding, and lack of desire to understand their child's identity.
- **Racial discrimination and cultural beliefs**
  - Racialized 2SLGBTQQIA+ students experience another layer of discrimination when it comes to their identities as they face not only prejudice about their sexuality and gender identities but also racism, xenophobia, and classism along with homophobia.[120]
  - Racialized youth also face discrimination within the 2SLGBTQQIA+ community.
  - The home life of a 2SLGBTQQIA+ student is an important issue to consider when trying to understand their situation, as things beyond the school's walls can contribute to mental health-related issues. For some, school can provide an escape from a hostile home environment, as some youth face discrimination and violence from their own family. Depending on their family's culture and beliefs, some of these youths are more vulnerable to abuse and discrimination from their own families and communities.[121]
  - Familial rejection can lead to several mental health and safety issues, such as homelessness: approximately 25-40 per cent of homeless youth in Canada identify as 2SLGBTQQIA+.[122] Some youth may not openly identify with their identity because challenges in their home life and relationship with their parents/guardians mean that it isn't safe for them to do so.

The impacts of these issues

As a result of the discrimination and trauma that 2SLGBTQQIA+ youth endure, they often feel uncomfortable and on edge in school. They may feel isolated from their peers and feel uncomfortable confiding in their teachers[123] and therefore they often find other ways to cope with their emotions that can affect not only their academic performance but also their mental health. Members of the 2SLGBTQQIA+ population are vulnerable to issues such as substance use disorder, which in turn can have a negative effect their perception of life and their mental health. It is important to promote a safe and accepting environment for these youth; this will show them that they are understood and deserving of a safe learning environment.

C. TWO SPIRIT

In collaboration with We Matter, this section has been developed to provide details about the "2S" aspect of the 2SLGBTQQIA+ umbrella for those who are new to the term two spirit, to discuss what two spirit looks like to Indigenous youth across Canada, to present situations these youth face in the Western school system, and to help further knowledge of two spirit in relation to life promotion. It is important to pay close attention to two spirit youth in the school system, as an increasing number of youth are discovering the term two spirit and are identifying with it.



Understanding two spirit identity

Two spirit (2S) is an umbrella term for Indigenous people who identify under the 2SLGBTQQIA+ umbrella. There are different interpretations of what the term means to everyone; there isn't a simple definition for it. It was coined in 1990 at the Native American, First Nations Gay and Lesbian American Conference in Winnipeg by Elder Myra Laremee, who translated it from ***Niizh Manidoowag***, an Anishinaabemowin term that translates to "two spirits."[124] It was coined so the public outside the Indigenous community had a term by which refer to the members of the two spirit community.

Although the term is fairly new, two spirit people have always been present. Historically, two spirit people were well-respected community members in different Indigenous groups across Turtle Island; they served as liaisons between community members and leaders, some even taking on leadership roles themselves.[125] An example of a notable two spirit person is We'Wha, who was a cultural ambassador for the Zuni.[126]

Two spirit is most understood as referring to those who encapsulate both masculine and feminine energies; however, every individual identifies differently. For example, if an Indigenous person identifies as a cis-gender gay man it does not necessarily mean they are two spirited. As another example, an individual may identify as both two spirit and their assigned birth gender (such as a female who also identifies as two spirit). Each person has a unique interpretation of what it means and how it feels to be two spirited.

Unique issues that two spirit youth face

- **Isolation by community members and cultural practices**
  - Unfortunately, owing to colonization and the impact of residential schools and the Catholic church, many traditional Indigenous teachings have been lost to history. These factors have created a much more cisgender-based approach to traditions and created hostility to two spirit individuals within Indigenous communities.
- **Intergenerational trauma**
  - Two spirit youth have been heavily impacted by the intergenerational trauma that comes with being Indigenous, which has complicated the process of trying to recognize and accept their own identities. They also deal with trauma inflicted by family members who have not been taught appropriate coping mechanisms.[127]
- **Lateral violence**
  - Lateral violence is an increasing issue in Indigenous communities. This behaviour is particularly harmful because it is hostility by Indigenous people toward Indigenous people. It can include gossiping, belittling, and isolation, among other things.[128] Two spirit youth are especially vulnerable to being victims of this behaviour.
- **Misconception of identity**
  - Given the lack of understanding of the two spirit Identity, it is hard for two spirit youth to feel seen and heard by their peers and by members of their broader community. There are many misconceptions about what it means to be two spirit, and there is a lack of understanding of the term itself, which makes two spirit youth feel misunderstood.
- **Non-Indigenous people claiming two spirit identity**
  - In a form of cultural appropriation, there are non-Indigenous people who romanticize the idea of two spirit and claim the identity as their own. Doing so disregards the cultural context, oppressions, and resilience that resonate with Indigenous peoples.[129]

For further information regarding two spirit identity and for definitions by Indigenous youth of what it means to be two spirited, readers are invited to consult the ***WE MATTER Two-Spirit Dictionary.***

D. ALLYSHIP AND CREATING SAFE SPACES

Why allies in schools are essential

Allies are crucial in learning environments for several reasons. They play critical roles in creating safe and inclusive environments for 2SLGBTQQIA+ students, and they advocate for the well-being of people within the community. Allies can also educate their colleagues and peers about 2SLGBTQQIA+ issues, raise awareness of terms that their colleagues and peers may have trouble understanding, and promote educational tools to those who want to expand their knowledge and understanding of queer and trans youth. Allies can also help implement change as well as review and update policies as necessary to ensure that students from every group are well protected.

Who can be an ally?

- teachers
- guidance counsellors
- Indigenous liaisons
- fellow students
- school board members
- support staff
- **Anyone and everyone in the school can be an ally!**

Simple things an ally can do:

- Indicate that an area such as a classroom or office is a safe space for queer students; this can be as simple as prominently displaying a sign or a poster.
- Show the students that an area is a safe space for them by centring their needs and experiences in the curriculum being taught.
- Recognize a student's pronouns and proper names.

Creating safe spaces

Safe spaces are key aspects to consider when thinking about addressing concerns in a school environment. Students want to be able to walk the school halls without fearing for their safety.

Things to consider when creating safe spaces

- **Policies**
  - Implementing clear anti-bullying and anti-discrimination policies will help protect students from acts of violence related to their race and sexuality.
  - Students are more likely to report incidents if they are aware that there are policies in place that protect them.[130]
  - It is important that staff, students, and parents/caregivers know these policies are in place, so they know what to look for and how to protect the students.
- **Washrooms and locker rooms**
  - Having designated gender-neutral washrooms and locker rooms in schools is something to consider. Washrooms and locker rooms are places where queer youth are very vulnerable and potentially exposed to danger, as they are places where harassment and bullying often occur. Locker rooms in particular are associated with high violence rates for those transitioning or gender non-conforming.[131] Designated spaces promote safety and indicate that people are listening to the concerns of queer youth.
- **Access to 2SLGBTQQIA+ literature**
  - Access to 2SLGBTQQIA+ literature is essential as it can educate students about their identity, provide them stories written from a perspective close to theirs, and challenge the heteronormative environment of genres such as young adult novels.[132]
  - Access to 2SLGBTQQIA+ literature will benefit not only youth in the community but also the wider community. This literature can also serve as a resource for staff members and other students who want to further their understanding and become better allies for 2SLGBTQQIA+ students.
- **Professional development for school staff**
  - School staff are the adults who deal with queer students directly, including teachers, support workers, administrators, and even school board members. These decision-makers must have the necessary training and development to understand these youth and handle their unique situations.
  - Professional development can help school staff to engage in empathetic and supportive behaviours that encourage students and address biases that staff may have.[133]
- **Support groups**
  - Genders and Sexualities Alliances (previously Gay Straight Alliances, GSAs)

    A GSA is a great way to promote a safer school environment as it bridges the gap between the 2SLGBTQQIA+ student population and their heterosexual peers. Groups like these show youth that there is an allyship in the schools and help 2SLGBTQQIA+ students feel less alienated.
  - Mentorship

    A mentor with the same identity can play an essential role for a 2SLGBTQQIA+ youth as they can provide support for these students in areas where they need assistance, such as in creating meaningful relationships, developing life skills, making connections with others, and navigating the transition into adulthood.[134]

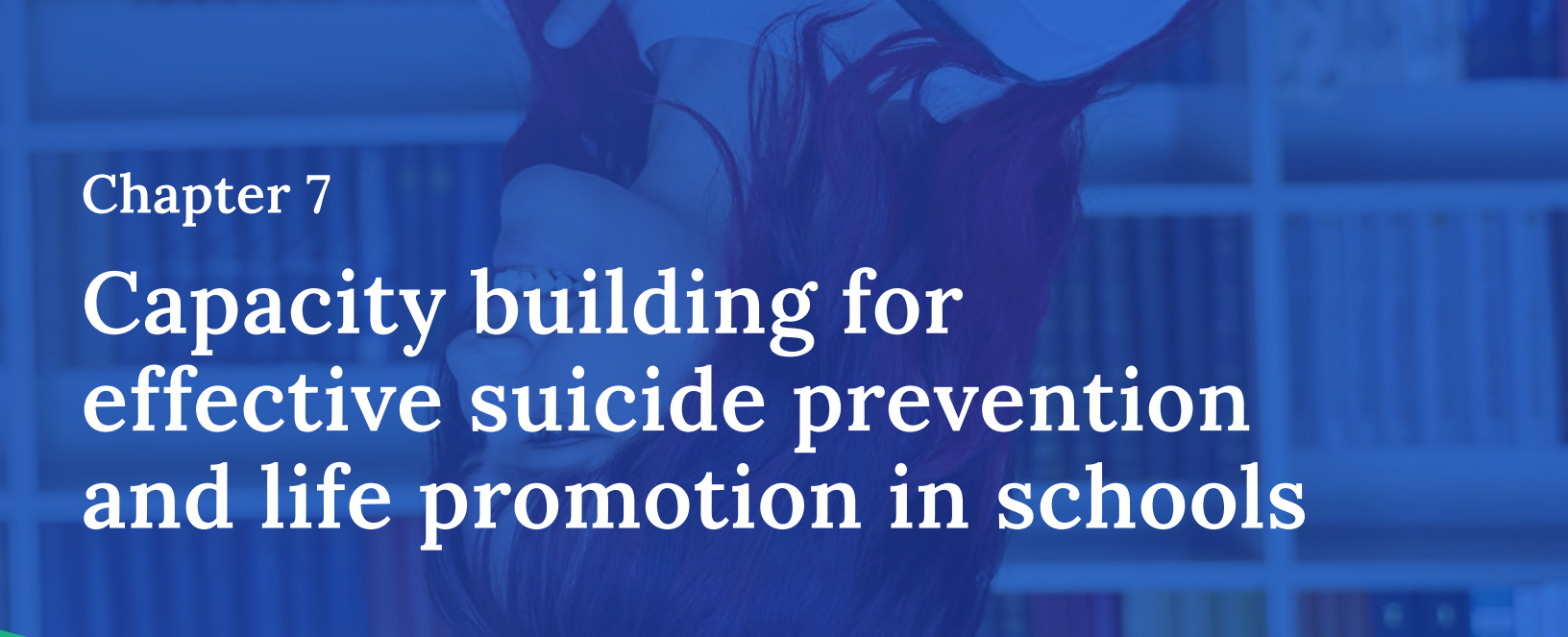
Creating safe spaces for two spirit youth

In addition to the points listed above, here are some ways to incorporate life promotion that specifically targets two spirit youth:

- **Indigenous cultural expression and community involvement**
  - Indigenous cultural expression and recognition are essential to two spirit youth, especially those who do not live on-reserve or have limited access to community resources.
  - Collaboration with inclusive Elders and gender-diverse community members can be invaluable for students and staff, as these individuals can provide more in-person context on two spirit teachings and help provide further education for those around them.
  - Bringing in gender-diverse community members can help youth envision a healthy and happy future for themselves; there is very little representation of two spirit people in the media, so any opportunity for a two spirit youth to see and connect with another member of their community who is happy and successful builds hope in the student and helps promote life.
- **Indigenous spaces in schools**
  - Creating a designated Indigenous space in a school, such as a cultural room or a culture centre, helps provide a safe space for two spirit youth to connect with their fellow students, other community members, school staff, and others. This also gives the school an appropriate space to hold ceremonies and workshops for Indigenous students.

E. CONCLUSION

Schools should be safe spaces. 2SLGBTQQIA+ youth face hardships and challenges on a day-to-day basis in the school system and creating a safe and inclusive environment can ease their anxieties. Understanding the current and historical challenges that these youth face is one part of creating a safe space for 2SLGBTQQIA+ students. This knowledge provides additional perspectives that will aid in creating policies and procedures that help keep these students safe. Encouraging student-led groups such as GSAs, mentorship programs, and Indigenous knowledge-sharing sessions, to name just a few examples, can help all students in the school to develop a sense of belonging and a better understanding of what allyship means and how to be a better ally.



Chapter 7

Capacity building for effective suicide prevention and life promotion in schools

Each and every person has an important and distinct role to play in promoting student mental health and well-being; different audiences in a school district need different types and levels of knowledge and skill relating to supporting students. All capacity building with adults who support students should be done in a role-specific, iterative, and differentiated manner, but this is even more true in the challenging area of suicide prevention.

System leaders and those with responsibility for mental health service delivery may wish to use the guidance in this chapter to help in developing or fine-tuning a systematic capacity-building strategy for their district that includes mental health awareness, literacy, and expertise learning that is differentiated by role.

Professional learning related to mental health based on a continuum of knowledge needs can assist in engaging staff and students with information that pertains to their role.

Awareness-level learning:	The goal:
foundational, high-level mental health information that is tailored for different school audiences and is beneficial for all school staff	**to convey factual information about mental health from an identity-affirming perspective and to help with stigma reduction**
Literacy-level learning:	**The goal:**
learning that fosters a deeper understanding of mental health and mental illness for those who routinely work with students, focused on practical strategies for wellness promotion, stigma reduction, early identification, and role-focused support	**to help school staff to enhance student wellness, notice when mental health difficulties emerge, and support young people to, from, and through services**
Expertise-level learning:	**The goal:**
for school mental health professionals who have specialized training and knowledge in mental health-related topics	**to ensure that those who serve students with mental health disorders have access to the most recent evidence-informed guidance to inform their practice**[135]

The sequence in which learning and training related to mental health and suicide prevention occurs is important. School mental health professionals who are relied upon for urgent and intensive clinical care need ongoing training and support to ensure that they are fluent in evidence-informed interventions so they can provide needed safety nets for students when they are most in need. These individuals can advise on best practices in suicide prevention more generally and have lead responsibility for suicide risk assessment and management, transitions to, from, and through needed services, crisis response, and postvention. Training other audiences before this strong net of clinical support is set in place can lead to gaps in care. For example, a teacher trained in identifying signs of possible suicidal thoughts and behaviours needs to be able to confidently refer a student about whom they have concerns to a mental health professional who is well equipped with expertise-level knowledge and skills to provide swift risk assessment and management support.

As noted in Chapter 3, a precondition for effective and appropriate capacity building is a strong foundation of anti-racist, anti-oppressive practice. All mental health learning at school needs to consider the individual strengths and needs of the students and staff members involved. Those delivering professional learning must engage in continuous reflection, in the spirit of cultural humility, to recognize and address implicit biases that may interfere with effectively supporting every student in culturally responsive and affirming ways. It is the responsibility of district and school leaders to support adequate preparation in terms of anti-oppressive and other equity-related professional development for leaders and staff to ensure that capacity building includes trauma-informed and resilience-focused opportunities.[136]

Further, facilitators need to be sensitive to the fact that in any audience there will be people who are struggling with their own mental health and may have painful lived experiences with suicide. Learning related to suicide prevention should be offered in such a way that individuals who are not emotionally ready for the material can quietly step back from participating. Learning may need to be offered more than once, or in different ways, so that these individuals can acquire the skills they need when the time is right for them. Similarly, during learning sessions, protocols and practices should be put in place to ensure that participants are well supported as this material is presented (wellness room, follow-up with anyone needing to leave the session, counsellors available, etc.). Follow-up with staff who are supporting students with thoughts of suicide is strongly encouraged.

A. SCHOOL MENTAL HEALTH PROFESSIONALS – EXPERTISE-LEVEL LEARNING

School mental health professionals play an integral role in a district's mental health and well-being strategy. Depending on the structure and resources of the district, these individuals may or may not be employed by the school district but provide services to students within the school setting and work as part of a multidisciplinary team. Given the fast-paced nature of schools, high caseloads, the complexity of some situations, and often limited resources, professional development is often difficult to prioritize and may be delivered inconsistently. **If there is limited time for learning, three particular areas are most deserving of expertise-level focus for professional learning: evidence-informed prevention and early intervention protocols, suicide risk assessment and management, and tragic event response.** All learning and practice should emphasize an identity-affirming approach to service delivery, and where possible and responsive to needs, identity-specific protocols and practices should be used. This may mean partnering with individuals and organizations with specific knowledge and expertise in this area (e.g., clinicians with expertise in newcomer mental health, Indigenous Knowledge Keepers).

System leaders and those with responsibility for mental health services in school districts are well positioned to prioritize and invest in high-quality expertise-level professional development and training for school mental health professionals. Investments in the uptake of evidence-informed protocols to address mild-to-moderate concerns related to mood, anxiety, addictions, and/or social relationships can lead to overall savings when fewer students then require more intensive supports.[137] Ensuring that school mental health professionals are fluent in practices related to suicide risk assessment and management and postvention is a proactive step that will yield meaningful benefits.

Investments in expertise-level professional development and training for school mental health professionals, in addition to the provision of regular access to clinical supervision and ongoing coaching to support the uptake of new skills and strategies, will result in higher quality services for students. This is a good example of visible leadership commitment in action. When leaders prioritize and fund high-quality and ongoing professional learning for school mental health professionals, not only do students benefit, but members of the school and district community can feel more confident that they are part of a mentally healthy school and system.

Evidence-informed prevention and early intervention protocols

Use of evidence-informed approaches and specific school-based intervention prevention protocols, delivered in culturally responsive and identity-affirming ways, helps to ensure that students receive an appropriate level of care, quickly, in a cost efficient and scalable manner. For evidence-informed practices to become embedded in the delivery of support to students in a school, implementation efforts require robust training, ongoing coaching, problem solving, supervision, evaluation and ongoing leadership and system support.[138]

Suicide risk assessment and management

School mental health professionals also need specific expertise-level training in suicide risk assessment and management, as part of their role in the district's and school's suicide prevention and intervention protocol. When a knowledgeable school staff member encounters a student experiencing suicidal thoughts or behaviours, they will activate the pathway to service and need to be able to count on rapid and competent suicide risk assessment and management. A school mental health professional, trained in a specific suicide risk assessment procedure, should be poised to assist staff in making determinations regarding safety and to ensure students receive the level of service they need.[139]

Tragic events, including postvention supports

Finally, school mental health professionals require training and ongoing support related to their central role in the response to a tragic event, including postvention supports. This training includes instruction on district and school procedures to follow during tragic event mobilization and support, as well as follow-up considerations for the students most closely impacted by the event and coordination of needed services. Postvention requires special care and attention for training so that school mental health professionals can sensitively navigate the many layers of grief that are deeply felt throughout the school community, school district, and beyond following a student (or staff) death by suicide. Training related to their role in providing differentiated tragic event response during postvention must include practices to employ (e.g., suicide risk assessment, triage of supports to those most closely impacted, care and support to the family, mobilization of community supports) as well as practices to avoid (e.g., large-scale assemblies for critical incident stress debriefing).[140]

Special note: Community mental health service providers in schools

Not all provinces and territories have services that include school mental health professionals employed within school districts. In many regions, mental health and suicide prevention, intervention, and postvention services are provided through arrangements with community providers. In circumstances where school mental health professionals are not employed by the district, there are additional considerations related to training. Individuals coming in from community mental health or private practice to provide suicide prevention services need to understand the school district's processes and protocols, and there must be clear agreements related to supervision and clinical information sharing. These individuals also need to be engaged in district training related to evidence-informed protocols that are suitable for the school setting, suicide risk assessment and management, and tragic event response within schools. School districts need to fully understand the scope of practice of community mental health service providers and have responsibility for overseeing their work. The nuances of school practice may not be well understood by those who work outside of the school system, and it is incumbent upon district mental health leadership teams and senior leaders to ensure that these individuals are working within their scope of practice in ways that are aligned with the school district's mental health strategy and action plan.

An active partnership, where relative roles are clear and expectations for service delivery have been discussed, is required. Some regions make use of a memorandum of understanding to clearly articulate the nature of services provided by external providers, board requirements for communication, protocols for record keeping and information sharing, clinical supervision, and other matters.

B. SCHOOL STAFF – MENTAL HEALTH AND SUICIDE PREVENTION AWARENESS AND LITERACY

The term ***school staff*** includes a broad spectrum of personnel performing a variety of roles, including but not limited to ***school leaders, educators, speech language pathologists, occupational therapists, student support staff, lunch supervisors, administrative assistants, librarians, and custodians***.
As mentioned previously, it is important to consider audiences when building staff knowledge and capacity. Within the scope of their roles, there is an opportunity for staff to build knowledge and skills related to mental health awareness, suicide prevention, and life promotion that complement the work they do collectively to support learners each day. [141] School staff are often the first to notice changes in students, and they require professional development, including a solid understanding of referral pathways, to best support students.[142]

Some school staff require only broad mental health and suicide prevention awareness to be supportive and prepared, should a student choose them as the person to whom they will disclose thoughts of suicide (e.g., custodial staff, administrative assistants). **Those who have more direct daily interactions** with students, and who have responsibility for student mental health learning and wellness promotion, require a deeper level of mental health literacy. **Classroom educators and student support staff** each play a distinct role in the daily lives of their students and should be adequately trained and supported to engage in strategies that promote a welcoming classroom environment, to build caring adult–student relationships, and to notice signs of a student needing additional support. Providing educators and student support staff with training in mental health literacy will prepare them to best support their students and to provide instruction and support for student mental health learning.

Historically, in the field of suicide prevention, **gatekeeper training has been introduced with a view to providing people in some specific staff roles with more mental health literacy training** because it is thought that students are more likely to turn to them when thoughts of suicide arise (e.g., guidance teachers, coaches, learning resource teachers). The literature on gatekeeper training effectiveness is mixed and this practice may inadvertently place a burden of responsibility on some staff members that is beyond their scope of professional expertise. **It appears that better practice is to train *all school staff* in suicide prevention literacy broadly, so that everyone is equipped to identify students at risk of suicide, to know how to respond effectively in their role, and to refer students to the appropriate professional mental health support.**[143,144]

Example: Youth suicide prevention and life promotion literacy for school staff – Ontario

"Our school board is committed to the important work that supports life promotion and suicide prevention for all children and youth. We built in a suicide prevention and intervention in-service for all school staff through our annual health and safety training. This training highlights and guides all staff in understanding our internal process to support students who may be at risk. To further enhance the knowledge and confidence of our staff, we are providing School Mental Health Ontario's Prepare, Prevent, Respond Suicide Prevention / Life Promotion Literacy for School Staff training to guidance counsellors, special education resource teachers, principals, vice-principals, and support staff. This highly accessible training ensures more staff have in-depth awareness and feel more prepared when supporting a student who may be at risk of suicide. With the flexible model, more staff can be trained allowing for increased safety and well-being for all our students."

C. STUDENTS AND FAMILIES – AWARENESS AND LITERACY

Students want to learn about mental health at school and believe that enhanced understanding of mental health among parents and caregivers would support their mental health by *reducing the stigma* surrounding professional help and *encouraging help-seeking behaviour*, which are considered key factors in preventing suicide among youth.[145, 146] Opportunities to learn about and access supports in schools also increase the likelihood of students engaging in mental health supports.[147,148] In addition to direct suicide prevention awareness learning, activities might include promotional posters regarding helplines, local resources, posters featuring staff photographs with referral pathways, or wellness activities led by internal or local supports over the lunch hour and/or in small groups. Sources like ***Kids Help Phone*** provide helpful mental health information written for young people, and include identity-specific supports.

Student mental health literacy is increasingly part of provincial school mental health policy and practice in Canada (e.g., the Ontario Ministry of Education's Student Mental Health ***Policy/Program Memorandum 169***, the British Columbia Ministry of Education's ***Mental Health in Schools Strategy***).

Example: Grade 7 and 8 mental health literacy modules – Ontario

Mental health learning has been part of the health and physical education curriculum in Ontario since 2018. In 2023, the Ontario Ministry of Education announced that it would be **mandating the use of specific modules to facilitate consistent, evidence-informed instruction in this area.** Six modules were developed, three for grade 7 and three for grade 8. A robust and iterative implementation plan that relied on the organization infrastructure of school districts (e.g., development of mental health modules, district implementation team led by the mental health leadership) and partner engagement (e.g., mobilization kit for partners such as teacher federations, principal associations, and public health) coincided with the scale-out of these modules. The plan includes ongoing and iterative professional learning and support for grade 7 and 8 educators in mental health literacy to prepare them to deliver effective and culturally responsive instruction related to mental health and substance use. There are also mental health literacy notes for parents/caregivers to assist them in reinforcing the learning at home.

During youth consultations, when asked "*What do students need to know about how and where to ask for help (for themselves and for their friends)?*" students said:

> ***Literally just how and where to ask for help because that hasn't been told to students at many schools***
>
> **(student, age 15)**

"*How would students like to learn about the mental health supports available in their school and their community?*"

> ***I think that using school bathroom posters is a great way to spread the word as well. Specifically on the doors in the bathroom stalls — it is a good idea that my school did because you go to the bathroom every day and you see it every day.***
>
> **(student, age 16)**

Because this topic carries sensitivities and potential risks for some students and families (e.g., those grieving a death by suicide, those struggling with depression and suicidal thoughts), there are a number of additional considerations that need to be brought into focus before learning is delivered in this area. For example, **it is recommended that suicide prevention awareness be provided in small groups (not assemblies) and with adequate preparation before, support during, and debriefing following the learning.**

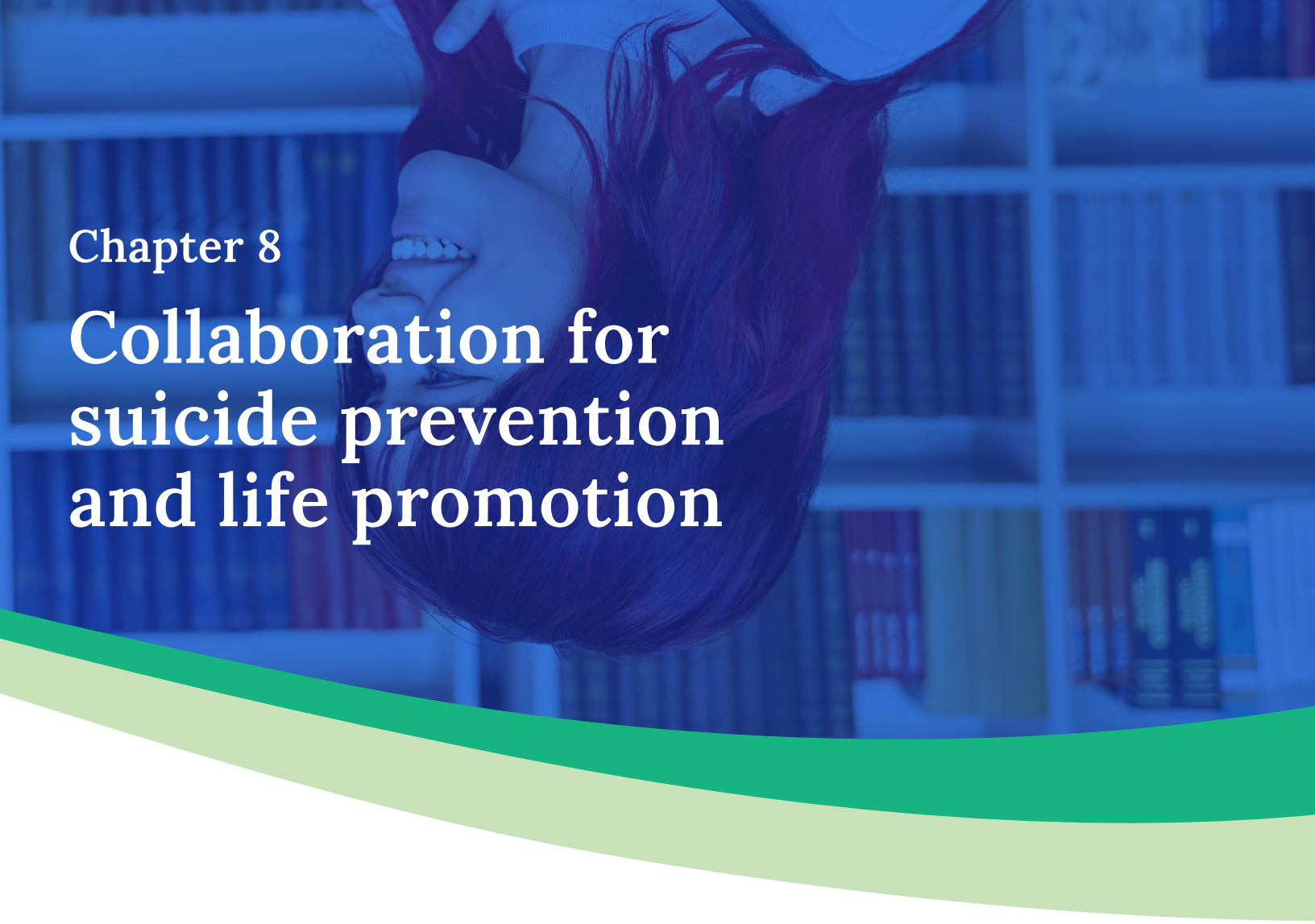
School districts are often approached by outside organizations or individuals for suicide prevention awareness activities. They have good intentions to raise awareness and to prepare students with supportive information, but unfortunately not all initiatives are safe and supportive for every student. Careful consideration and vetting should be completed before decisions are made, using tools such as School Mental Health Ontario's ***Decision Support Tool for Classroom Teachers – Checklist for Educators for the Planning of Student Mental Health-Related Activities.***[149]

Important considerations include the following:

- **advance notice** about the topic to students and their parents/caregivers
- **alternate learning** if a student chooses to opt out
- **careful review** of content, including speaker notes
- **thoughtful timing** of the event, avoiding the end of a day or a Friday when it is hard to monitor student reactions
- **the size of the audience,** favouring smaller groups
- **whether there will be students present who have recently suffered a loss** to suicide and/or who have a history of suicidal thoughts and behaviours
- **the availability of student supports** for students in distress

If activities involve using stories, theatre, or movies, school districts should ensure that vetting includes a review of how a death by suicide is portrayed to ensure that suicide is not inadvertently glamourized as romantic or heroic or that the activity sends a message that someone is "better off" having died. There may be a tendency in this sort of media to oversimplify a death by suicide. In all cases, it is important to consider the most psychologically vulnerable students in the room and whether there could be a risk of copycat behaviour even when suicide is only suggested or hinted at.

It is important to note that student gatekeeping initiatives are *not* recommended for youth.[150] Research shows that while peers may disclose mental health concerns or suicidal thoughts to a friend, engaging in any form of peer counselling puts students who are trying to help a friend at risk themselves.[151] Complex mental health issues, especially suicidality, should be addressed by caring adults who can ensure safety and access adequate support. Instead, young people should be coached to support friends to reach out to a caring adult who will be better positioned to help the individual in need. ***Be There***[152] offers some helpful tips on how young people can help a friend, as does the ***Student MH Lit module entitled Help a Friend.***[153] Schools can also provide opportunities for students to engage in mental health promotion activities as peer mentors, advocates, or champions of mental health initiatives when they are focused on life promotion and well-being.[154] **Students should not take on a peer-helping role in the area of suicide prevention.**



Chapter 8

Collaboration for suicide prevention and life promotion

The systems supporting student mental health can be complex. Collaboration often begins because of system interactions with local community mental health and health partners, including Indigenous partners and communities, which provide opportunities for learning and collaborative problem solving. As these relationships strengthen and a gap or need is identified, community partners, including schools, can commit to working together to address the mental health and well-being needs of all students. [155]

A. COMMUNITY ENGAGEMENT AND COLLABORATION

Research evidence indicates that collaboration based on a clear understanding of roles and priorities will assist partners to establish parameters, map resources, identify gaps, and establish effective processes for moving work forward.[156] Collaboration across sectors to advance student mental health can result in strengthened relationships, fewer overlaps and gaps in services, and more consistent uptake of strengths-based, evidence-informed activities and initiatives to support young people across the tiers of intervention.[157] Specific to suicide prevention and life promotion, strong collaboration can also highlight complementary initiatives and supports in other settings that reinforce key messages, enhance early identification, improve help-seeking, reduce stigma, and ensure seamless transitions to, from, and through intensive or urgent services.[158,159]

Tier 1: Mental health and life promotion and suicide prevention awareness

Collaboration at this level helps to ensure consistent messages and approaches across settings. For example, when all partners recognize the risks involved in convening large student assemblies or having one-off guest speakers on the topic of suicide, they can put collective energy into more suitable actions, reaching more young people and their families with wellness and life-promoting messages and strategies.

The value of collaboration can also be seen with respect to ensuring ***culturally responsive and identity-affirming wellness supports*** at school. Working alongside partners who know students in their communities well and amplifying culturally responsive and identity-affirming wellness-promoting supports from these organizations helps to ensure that every student will see themselves in the mental health promotion and suicide prevention activities at school. For example, working closely with local Indigenous communities, schools can support ways of knowing and being that promote wellness for Indigenous students. Working with partners who can highlight Black joy and excellence and related programming in the community can help to support identity and wellness for Black students. Drawing awareness to wellness-promoting connections in the community for 2SLGBTQQIA+ students can guide young people toward places and people who can help to build their sense of belonging and identity. Working with newcomer organizations to learn more about the unique stressors and needs of students and families with immigrant or refugee backgrounds can help to ensure relevant and supportive programming alongside those with this expertise and lived experience. These sorts of wellness-promoting offerings and affinity groups may already be available within the school setting through the work of the existing complement of staff members, but partnering with organizations and individuals from the community can extend and enrich these activities and can deepen relationships across the system in helpful ways.

Tier 2: Prevention and early intervention

Prevention and early intervention services can be delivered in a range of settings, giving young people and their families choice in where they receive supports. In addition to receiving such services at school from a regulated school mental health professional, young people may seek support from a community mental health organization, culturally specific service, or faith-based organization.

Tier 3: Intensive or specialized assessment and/or treatment

It can be helpful for community mental health organizations, culturally specific service, and faith-based organization to connect to know what is offered in each setting so they can offer informed referrals and, at times, engage in cross-organizational training when the same protocols are offered. Collaboration at this level helps to ensure seamless service delivery. ***The Right Time, Right Care*** resource provides more information about building and sustaining a strong cross-sectoral system of care. In addition, it is helpful for school districts to help students and families to navigate to more intensive supports when needed. Communicating available local services and pathways is helpful. Kids Help Phone's, ***Resources Around Me***, can also be a helpful tool for sharing local information.

Example: System Collaboration – Ontario

In Thunder Bay, the community has formed a youth tragic event response committee that deploys support staff with psychological first aid training in the aftermath of tragic events. Without sharing identifying details, the committee ensures local schools and mental health agencies are informed of events so appropriate support can be provided to higher risk youth and their families. The local hospital also works with the committee, ensuring that all agencies work and plan together, so youth discharged following an attempt or other mental health-related hospitalization get the community and school support they need to move forward.

Other initiatives include building the capacity of non-clinical staff to identify red flags and use screening tools, and promoting resources and information, so that youth and families know when walk-in clinics are available, for example. One organization also hosts First Nations-specific youth groups that engage in cultural activities including traditional teachings, music, and crafts to promote mental health without focusing exclusively on mental health.

Postvention

Finally, as demonstrated in the examples throughout this guide, **pre-planning for a tragic event or death by suicide that includes collaboration with community partners can ensure efficient mobilization of information and communication** in addition to seamless supports to students and families.[160]

Postvention is a very challenging time, and shared protocols provide strong support when it is most needed. Schools are only one place where students and their families may receive help through their grief. Even during times of crisis, schools must continue to operate with day-to-day rhythms of academic learning, to help students find calm and constancy through a troubling time. Community mental health, cultural, faith-based, and other identity-specific organizations each play a significant role during times of postvention. Consistent messaging and agreed-upon postvention practices are essential.

Example: System Collaboration – Ontario

Consultation participants from Halton Region stressed the importance of deep community-based collaborations and relationships with a wide range of partners with unique perspectives and insights on their communities. **The Halton Suicide Prevention Coalition**, for example, brings together representatives from mental health and other health organizations, school boards (districts), police services, and libraries.

The coalition also involves individuals impacted by suicide — including youth — to provide leadership, advocacy, and education in suicide-related issues. The introduction of a parent bereaved by suicide to the table, for example, brought noticeable change to the discussions held and actions taken. The coalition has a **strong social media presence** to speak to youth where they are and actively promotes the **Be Safe crisis safety plan app**.

B. PARENT/CAREGIVER ENGAGEMENT AND COLLABORATION

School personnel working with parents/caregivers on mental health promotion and suicide prevention efforts can help to enhance the richness of initiatives considered and selected. At the district or school level, parents/caregivers are well positioned to

- **offer insights** regarding programming and initiatives
- **help with connections to cultural and faith organizations** that can enhance programming
- **point out important cautions** in program delivery.

Efforts should be made to reach out to and engage parents/caregivers whose voices are not typically heard because of a historical lack of trust, conflicts with work schedules, and other issues. Building strong relationships is the first step toward effective collaboration with parents/caregivers.

When students appear to be struggling with their mental health, early connections with their parents/caregivers to share what is being observed at school are very important, unless safety is a concern with this communication (in which case staff would defer to district protocols). Parents/caregivers are an essential part of the support team for a student, and they can offer ideas and strategies that they've found helpful at home and may be supportive at school. They can also take the lead in accessing school or community mental health services when needed, with navigation support from school personnel. Note that when a student is experiencing a mental health disorder, parents/caregivers are likely to feel anxious or upset and may not be at their best when meeting with the school or those with responsibility for mental health services, depending on the circumstances. Compassionate leadership is required to support the parent/caregiver and student in these moments. Listening to and validating their concerns, before engaging in problem solving or other actions, is always a helpful step in providing support.

Parent/caregiver engagement is an ongoing process that facilitates meaningful partnership in planning and decision-making processes.[161] Building relationships with parents/caregivers can sometimes take time, and a variety of factors may influence their ability to engage with the school, including historical, cultural, economic, or personal factors. School staff and leaders are encouraged to **consider barriers that may be impacting parent/caregiver engagement**, including considering internal efforts that disrupt structures and processes that perpetuate racism and marginalization. Approaches that enable school staff and leaders to respond in a differentiated and identity-affirming way to mental health concerns provide room to engage and amplify the voices of equity-deserving populations.[162]

Communicating with and providing support for parents/caregivers when their child is exhibiting suicidal behaviour is very difficult and requires special care. Most often, there would be a mental health professional present for these conversations. If this is not possible, school personnel should consider the student's safety first; when they have a safety concern they should reach out to the parent/caregiver to ensure that they are aware of it and have appropriate safeguards in place (e.g., restriction of lethal means, close monitoring, clear safety plan). If a student experiences a mental health crisis at school and may be at risk for suicidal behaviours,

reaching the parent/caregiver is a key priority, but this might be second to securing emergency services, depending upon the situation. Student outcomes improve when parents/caregivers are included in a collaborative process with schools and community agencies to create local systems for enhancing student mental health and well-being across the continuum of care.[163] Including parents/caregivers will not only help their own child but will also help to identify necessary improvements within a school system or broader system of care.[164,165]

Postvention

Perhaps the most difficult contact a school leader has to make is with a parent/caregiver following their child's death by suicide. In these tragic circumstances, the school leader may want to first consult with the district mental health leadership team or school mental health professional to determine the words of support that they will offer. This is a time for listening and for following the lead of the family. During this contact, it is important to determine how the family would like the news of their child's death to be addressed at school. Some families give permission to share that their child died by suicide, often in the hope that it will give other young people in the school community the opportunity to seek support as they manage their grief. In some cases, the family may not want the cause of death to be shared as suicide. This request needs to be honoured and may create difficulties in providing needed supports and communication with students and staff members. In these situations, it may be possible to gain approval from parents/caregivers to share the cause of death on an as-needed basis, recognizing that some students will know and will need related postvention supports to be safe themselves.

C. STUDENT ENGAGEMENT AND COLLABORATION

Many schools and districts have student mental health clubs or student leadership teams who are keen to get involved and have many exceptional ideas for reaching their peers. Increasingly, young people have voiced a desire to engage in mental health promotion activities and are seeking supportive platforms for leadership, in collaboration with caring adults.[166]

During youth consultations, when asked "*Who do students turn to when they are looking for support for mental health-related issues/problems (e.g., friends, teachers)?*" students said:

> ***Students turn to friends first. Sometimes this isn't good because a lot of students don't know how to handle those situations. This can worsen the mental health of the student and it just doesn't start anything good. I think that students need to be taught how to handle these situations and be able to set up boundaries for their friends.***
>
> **(student, age 13)**

In the area of suicide prevention, the main role for students is to help to build wellness among their peers and to encourage help-seeking when mental health problems arise, often through stigma reduction activities. Youth play a vital role in initiatives and planning around suicide prevention and life promotion, not only as participants but also as innovative, creative, active individuals with important ideas and constructive feedback to share about enhancing and improving their schools and communities. [167] Engaging youth encourages a sense of belonging, connectedness, and empowerment by providing youth with opportunities to advocate for themselves and their vision of the future.[168] [169] For example, as schools are creating or evaluating their suicide prevention and life promotion plans, youth can contribute valuable feedback and assist in implementation.[170]

Studies have shown that the meaningful engagement of youth

- increases uptake
- has positive impacts on psychological well-being
- increases critical thinking skills
- Engages the correct youth audiences
- delivers on-trend messages
- broadens reach of initiatives.[171]

Chapter 9

Communicating progress related to suicide prevention and life promotion in school

"If I haven't heard about it, as far as I know it isn't happening"

– Global leader in child and youth mental health

Clear and frequent communication to the community and wider public is part of the role of a district leader. Informing partners about priorities and initiatives taking place across the district builds knowledge and confidence among community members.

In the area of mental health, suicide prevention, and life promotion, where there is much misinformation and misunderstanding, communication about district activities and progress is very important. In addition to helping students, parents/caregivers, staff, and education partners to know more about the district strategy in this area, good communication can also advance mental health literacy and reduce stigma. Clearly describing the work underway related to **conditions, coordinated programming, considerations for identity-affirming care, capacity building, and collaboration** can also help to prevent well-meaning groups from approaching the district with solutions to fill a perceived vacuum of effort.

A. COMMUNICATION ON DISTRICT SUICIDE PREVENTION AND LIFE PROMOTION STRATEGY, ACTIONS, AND PROGRESS

There are many ways for system leaders and those with responsibility for mental health service delivery to share an overview and updates.

A mental health communication strategy should include several key considerations:

- Who needs to know what about the district's work on its suicide prevention and life promotion strategy?
- What key messages does the district want to share?
- How will each audience want to receive this information?
- How will the effectiveness of the communication be determined?

Many districts introduce this communication broadly, with an overview of the district's mental health and addictions strategy. As part of the overview, the district may outline the suicide prevention and life promotion strand of its work. Often the overview is provided on the district's website, along with key contact and helpline information.

Additional communications may be differentiated by audience. For example, district staff may need to know more about the systematic capacity-building plan and training calendar, whereas community partners who deliver complementary services may require information about the coordinated programming offered across the tiers and how it is differentiated to support students with diverse identities. Students and parents/caregivers may be interested in the overall strategy work but will probably be most interested in opportunities for engagement and collaboration and in ways to access school-based and local services. In some school districts, the mental health leadership team provides regular newsletter inserts on wellness promotion strategies for use by school leaders in their communication with parents/caregivers. Other districts make use of social media to highlight mental health-related days of significance, wellness-promoting activities, research-based facts and figures, and district initiatives.

While there is no current national platform for district-level measurement and monitoring of student mental health and wellness, there are some data sources that can be helpful for assessing progress toward the goals noted in the district's mental health and addictions strategy. Many districts use student or staff surveys, forums, and interviews to gather perspectives on actions underway and related strengths and gaps in implementation. As well as informing continuous quality improvement efforts, theses data can be summarized in reports for the senior leadership team and trustees or for other audiences with an interest in the district's progress related to its mental health and addictions strategy.

Example: Communication - Alberta

Consultation participants in Edmonton described efforts to develop more universal awareness and understanding of mental health, including mental health first aid and psychoeducation on best practices for suicide prevention. Among these efforts are multidisciplinary teams that include social workers who are all trained in risk assessment techniques.

In response to the ever-growing amount of time children and youth spend in online spaces, Edmonton organizations have developed strategies to help identify potentially risky online activities, provide feedback to parents, and ensure students get the support they need.

B. COMMUNICATION TO BUILD MENTAL HEALTH LITERACY

System leaders and those with responsibility for mental health service delivery are well positioned to share the current research and the best available practice evidence on mental health promotion, prevention of mental illness, and early intervention services, as well as on suicide prevention and life promotion. Familiarity with this information helps to counteract the misinformation that young people and their families encounter. While sessions explicitly on mental health awareness are a helpful part of the capacity-building cascade as noted in Chapter 7, foundational mental health knowledge and other information that dispels misinformation can also be woven into presentations and meetings led by system leaders, memos on related topics, or via websites, newsletters, or social media.

Perhaps the most important communication in this area that can be offered to students and families by those who oversee mental health service delivery is a review of ways to nurture mental health, information on signs of mental health problems, and a clearly articulated overview of available services and how to access them. Information for parents/caregivers about signs to watch for related to suicidal ideation and behaviours can be life-saving. ***Prepare; Prevent; Respond*** is an example of a resource that may be useful in this regard; it can be updated and adapted for school settings across Canada.

In the area of suicide prevention and life promotion, communication needs to be considered carefully. Use of language is important. For example, rather than saying that someone "committed suicide," it is more appropriate to say that they "died by suicide" to avoid any connotation that suicide is perceived as a sin or crime. The Centre for Addiction and Mental Health provides an excellent guide to communication about suicide called ***Words Matter***. This guide supports respectful and hopeful ways to talk about suicide.

During times of suicide postvention, a clear school and community response protocol can be life-saving. Communication is a critical intervention, as how one shares messaging with young people following a death by suicide can prevent contagion and can facilitate a more hopeful response and recovery. Consistent messaging across the community that recognizes the importance of grieving in addition to focusing on hope and help-seeking is a part of a comprehensive plan.

C. COMMUNICATION WITH MEDIA ON MENTAL HEALTH AND SUICIDE PREVENTION

Evidence suggests that media reporting of suicide can have significant impacts on the public, depending on what and how information is shared. Stories demonstrating help-seeking and providing information about where to find support have been found to be protective.[172] In contrast, inappropriate reporting of death by suicide, particularly when death is inadvertently glamourized or explained simplistically or when the methods for suicide are described, can lead to a rise in suicidal behaviour (refer to Chapter 2 for information on contagion).[173] There are clear media guidelines for describing death by suicide in media in Canada and it is important to reinforce these, both proactively and in circumstances of postvention.[174]

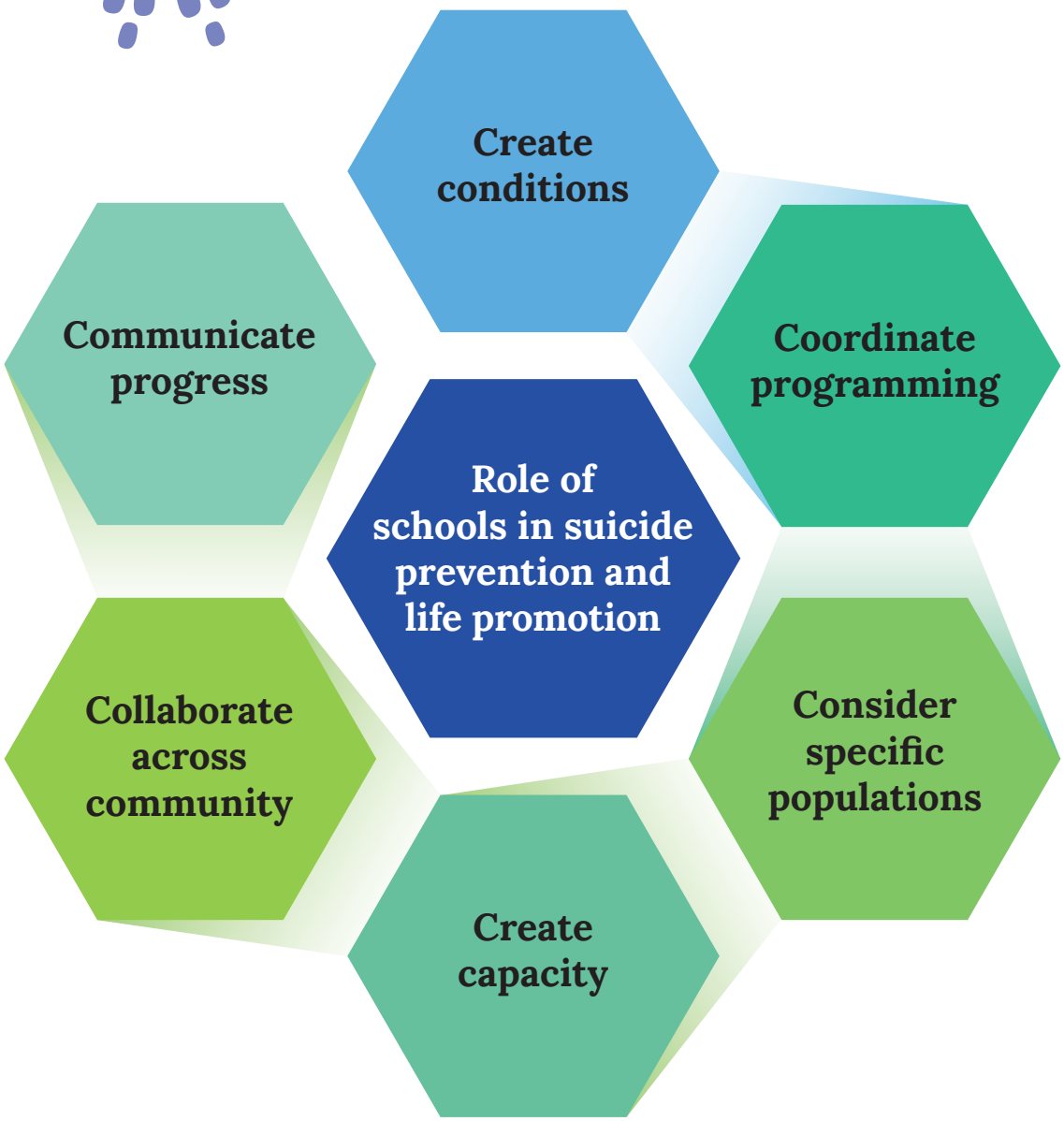
Members of the media play an integral role in shaping messaging and are important partners in raising awareness regarding mental health and well-being. Working in collaboration with local media outlets can help **amplify help-seeking behaviour** and **reduce risk of suicide contagion** after a death by suicide.[175] Partnering with local media outlets in advance, or while the school district is creating its protocols and procedures for a tragic event, including death of a student by suicide, can ensure communication pathways are clear and reporting is done safely.

Mindset: Reporting on Mental Health **is a web-based resource developed by journalists for journalists. It includes a section exploring the complexity of death by suicide and important considerations for reporting responsibly:**

> ***Reporting appropriately about suicide gives journalists an important opportunity to help people understand the underlying social ills,to help prevent further tragedies and to raise awareness of the importance of mental wellness in the community.***
>
> **Dr. Paul Yip, Director, Hong Kong Jockey Club Centre for Suicide Research and Prevention.**

mindset-mediaguide.ca

Social media has created a different kind of reach and reality for students and staff. News of a tragedy travels quickly through social media channels, creating a sense of urgency, anxiety, and upset.[176] It is essential when considering tragic events or postvention planning to have **safe media guidelines** prepared for responding in a planful and appropriate way. This may include preparing draft statements or information packages to be shared with media outlets and other partners who may also receive media requests.[177] It is also important to consider informing all families and caregivers of events that could be impacting their student, even if not directly (i.e., a student in grade 9 may be indirectly impacted by a student who dies by suicide in grade 12), and providing them with resources and information on how to support and monitor their student.[178] Monitoring social media following a student death by suicide can help with identifying emerging issues (e.g., planned memorials or unsafe gatherings) and with identifying students who may be more vulnerable.


Create conditions
Coordinate programming
Consider specific populations
Create capacity
Collaborate across community
Communicate progress
Role of schools in suicide prevention and life promotion

Conclusion

Because suicide prevention and life promotion are complex, and school districts across Canada have uneven access to mental health resources, this guide was developed to support school system leaders with this challenging work.

It was created in consultation with representatives from community mental health services, school districts, research institutions, and young people across Canada. It outlines best practices in the implementation of school-based activities and highlights potentially harmful practices that should be avoided. More specifically, this guide aims to provide decision makers with information related to key roles that they play in effective and comprehensive suicide prevention and life promotion in schools.

Through the guide, these roles are highlighted:

- **Create conditions** for uptake of effective mental health promotion and suicide prevention programming,
- **Coordinate programming** across the multi-tiered system of support,
- **Consider specific populations** that are more at risk for mental health disorders and suicide,
- **Create capacity** across the system in role-specific ways,
- **Collaborate across community** to ensure a comprehensive and shared approach to suicide prevention and life promotion, and
- **Communicate progress** to inspire knowledge and confidence amongst stakeholders.

It is important to note that rigorous evidence on school-based suicide prevention and life promotion programming in the Canadian context is scarce. This guide has been informed by available research, practice-based evidence, and perspectives of school district staff and students. To further assist school system leaders in their efforts, more study is needed to explore the impact of suicide prevention and life promotion programming in schools. In the meantime, **it is hoped that this guide provides some direction to support decision-making in this complex area of work.**

Appendix A

Glossary of terms

The following definitions apply to this guide:

2S: An Indigenous person who identifies as queer but does not fall into the other categories of the 2SLGBTQQIA+ umbrella.

2SLGBTQQIA+: A term that includes individuals who identify as two spirit or lesbian, gay, bisexual, transgender, queer, intersex, asexual, or other identities reflecting gender diversity.[iii,i]

Affinity group: A gathering opportunity for people who share a common identity.

Ally: A cisgender or heterosexual person who advocates for and supports the equal treatment of 2SLGBTQQIA+ people.

Bereavement: A multi-year process after the loss of a loved one during which grief is experienced and mourning occurs.

Capacity building: "The process of developing and strengthening the skills, abilities, processes and resources that organizations and communities need to adapt and thrive."[179]

Cisgender: A person whose identity is in tune with the gender they have been assigned to at birth; this is also shortened to "Cis" in conversations. "Cishet" refers to a Cis heterosexual person.

Death by suicide: A term used by mental health advocates as an alternative to "committed suicide," which reduces the stigmatization and culpability of the person who lost their life.

Developmentally appropriate: A term associated with suicide prevention frameworks or strategies tailored to the age and developmental stage of the target population.

Equity: "The absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g., sex, gender, ethnicity, disability, or sexual orientation)."[180]

Gatekeeper: Individuals in communities who can facilitate access to support services for individuals at risk of suicide and those bereaved by suicide; they can include family members, teachers, elders, religious leaders, and coaches, among others.[181]

Gatekeeper training: Training provided to gatekeepers with the objective of "developing the knowledge, attitudes and skills to identify suicide risk and seek or refer help when necessary."[182]

Gender binary: A classification system that recognizes only two genders, male and female.

Gender non-conforming: Those who do not conform to the idea of one gender or gender norms.

Gender pronouns: Pronouns that a person uses to identify themselves (he/him, she/her, they/them, etc.)

Help-seeking behaviour: Any action where an individual seeks help from health-care professionals, friends, family members, teachers, or other individuals to address a problem.[183]

Heteronormative: The idea that heterosexual is the "normal" sexual orientation and that everyone is heterosexual until revealing otherwise. As an example, romantic comedies tend to have heteronormative couples and storylines.

iii In this guide, the term 2SLGBTQQIA+ is as an inclusive representation of the diverse spectrum of sexual orientations and gender identities that exist across Canada. We acknowledge that this term may not resonate with every individual or community. The language of identity varies across individuals and experiences, and across regions and groups. In using 2SLGBTQQIA+, we aim to embrace a broad array of identities and at the same time recognize the distinctiveness of every individual's identity.

Identity-affirming: Behaviours and mental health interventions that acknowledge, respect, and are informed by an individual's ethnic identity, gender identity, or other identity marker.[184]

Identity-affirming care: Mental health care that considers how social and historical contexts, as well as structural and interpersonal power imbalances, shape health and health-care experiences.

Life promotion: A concept from Indigenous culture that encourages hope, belonging, purpose, and meaning through connection to self, the land, and community. By relying on stories and wise practices we work to empower our communities (Thunderbird Partnership).

Means restriction: Techniques, policies, and procedures designed to remove access to and/or availability of means and methods of suicide.[185,186] Means restriction measures can be implemented universally, at a population level, through government legislation or industry policy standards. They can also be implemented on the individual level, where people in a suicidal crisis are prevented from obtaining lethal means of suicide.

Mental health disorder: A disorder "characterized by clinically significant disturbance in an individual's cognition, emotional regulation or behaviour."[187]

Mental health literacy: "The degree to which people can access, process, understand, use and communicate" mental health information.[188]

Mental health promotion: Actions taken to enhance mental health and well-being. "[M]ental health promotion works to ensure that individuals are enabled to gain control over their lives and their mental health, and that the environment in which they live supports their recovery."[189] It is similar to but distinct from life promotion.

Multi-tiered System of Support (MTSS): A framework for providing school-based supports to students struggling with mental health or substance challenges. Interventions can be universal (directed to an entire population), targeted (directed to a specific population or population subgroup identified as being at risk) or indicated (directed to a specific population or population subgroup showing signs of suicide risk).[190]

Non-binary: Those who do not identify with the imposed gender binary.

Non-suicidal self-injury: A deliberate self-injury inflicted by a person on himself or herself, but without the intent of causing death.

Peer support: "Emotional and practical support between two people who share a common experience," including mental health or other challenges.[191]

Population at risk: A population of individuals facing situational and historical circumstances that may make them more likely to attempt suicide.

Postvention: Work that is done after a person has attempted suicide or after a person has died by suicide. Postvention interventions can be directed to individuals who have attempted suicide and to family, friends, students, and school staff who have experienced a suicide loss.[192]

Protective factors: "Capacities and resources within individuals, families, communities or the larger society that help build resilience and the ability to adapt in the face of adversity."[193]

Queer: An umbrella term for those who identify as 2SLGBTTQQIA+.

Risk factors: Any attribute, characteristic, or exposure of an individual that increases the likelihood of suicidal behaviour or ideation.[194]

School board/division/district leaders: Titles will vary across the country; when we reference a school board/division/district leader we are referring to organizational leaders at the highest levels such as directors of education, associate directors, superintendents, managers of social work or psychology, mental health leaders, and system or central leaders.

School climate: "The learning environment and relationships in a school and school community."[195]

School connectedness: Students' feeling of connection and belonging with their school and peers. A central factor of school connectedness is students' belief that their peers and teachers in the school care about their learning and well-being.[196]

Sexual minorities: Groups of people whose sexual orientation, identity, and practices are those that are not heterosexual.

Social determinants of health: "The non-medical factors that influence health outcomes." Examples are income, education, and job insecurity.[197]

Stigma: "Negative attitudes, beliefs or behaviours about or towards a group of people."[198] In the context of mental health there are additional stigmas experienced by individuals:

- **Public stigma** involves the negative or discriminatory attitudes that others have about mental illness.
- **Self-stigma** involves the negative attitudes, including internalized shame, that people with mental illness have about their own condition.
- **Institutional stigma** is more systemic, involving policies of government and private organizations that intentionally or unintentionally limit opportunities for people with mental illness. Examples include lower funding for mental illness research or fewer mental health services relative to other health-care services.[199]

Strength-based approaches: Mental health approaches that engage with the strengths, protective factors, and capabilities that an individual or group possess, to provide support. Strength-based approaches seek to avoid problem-based or risk-based approaches to addressing individual mental health challenges, which may paint the individual as the problem.[200]

Suicidal behaviours: Behaviours that indicate an individual may be at risk of suicide.

Suicidal ideation: Often called suicidal thoughts or ideas, this is a broad term to describe a range of contemplations, wishes, and preoccupations with death and suicide.

Suicidal intent: The aim, purpose, wish or goal of ending one's life or being dead."[201]

Suicide contagion: "The process whereby one suicide, within a school, community or geographic area, increases the likelihood that others will attempt or die by suicide."[202]

Suicide prevention and life promotion continuum: A framework that describes the processes and stages that encompass suicide risk; these include life promotion, suicide prevention, intervention, and postvention.[203]

Suicide risk assessment: A comprehensive evaluation to confirm suspected suicide risk in an individual, estimate the immediate danger, and decide on a course of intervention. Suicide risk assessments are predominantly carried out by a clinician, mental health professional, or individual trained in assessing suicide risk and in the use of suicide risk assessment tools. [204]

Transitioning: A term for someone transitioning from one gender to another.

Upstream approach: An approach to mental health services that seeks to address the root causes of and structures that influence health outcomes and inequities.[205]

Whiteness: Whiteness has been socially constructed to unfairly confer unequal power and influence to White perspectives. White perspectives are historically rooted in colonialism and Eurocentrism. Placing White perspectives at the centre of society resulted in marginalizing other ways of knowing and being. At the centre, the power and influence of whiteness pervades all aspects of society and defines the standard by which everything else is measured and practised, including school mental health. If whiteness continues to go unnamed and unchallenged as the default, the diversity of other ways of knowing and being continues to be marginalized.[206]

Whole-school approach: An approach to mental health interventions in schools that recognizes the needs and roles of all students and teachers, across the entire school community, in ensuring positive mental health outcomes.[207]

Youth/Young people: For the purposes of this guide, this term refers to individuals enrolled in grades 7 to 12 (ages 12 to 18 years).

Appendix B
Resources

Resources to consider for 2SLGBTQQIA+ youth

- **Egale:** *egale.ca*
- **The 519:** *the519.org/education-training/lgbtq2s-youth-homelessness-in-canada/*
- **The Trevor Project:** *thetrevorproject.org/resources/article/creating-safer-spaces-in-schools-for-lgbtq-youth/*
- **It Gets Better Canada:** *itgetsbettercanada.org*
- **Trans PULSE Canada:** *transpulsecanada.ca*

Resources to consider for 2S youth specifically

- **WE MATTER Two Spirit Dictionary:** *wemattercampaign.org/two-spirit-dictionary*
- **Missing and Murdered Indigenous Women, Girls, and 2SLGBTQQIA+ People National Action Plan:** *mmiwg2splus-nationalactionplan.ca/eng/1670511213459/1670511226843*
- **Métis Nation of Alberta Life Promotion Guide:** *albertaMétis.com/app/uploads/2022/03/Life-Promotion-Guide-V5.pdf*
- **Thunderbird Life Promotion Toolkit:** *thunderbirdpf.org/wp-content/uploads/2021/08/Life-Promotion-Toolkit-WEB.pdf*
- **An Introduction to The Health of Two-Spirit People: Historical, Contemporary and Emergent Issues:** *ccnsa-nccah.ca/docs/emerging/RPT-HealthTwoSpirit-Hunt-EN.pdf*

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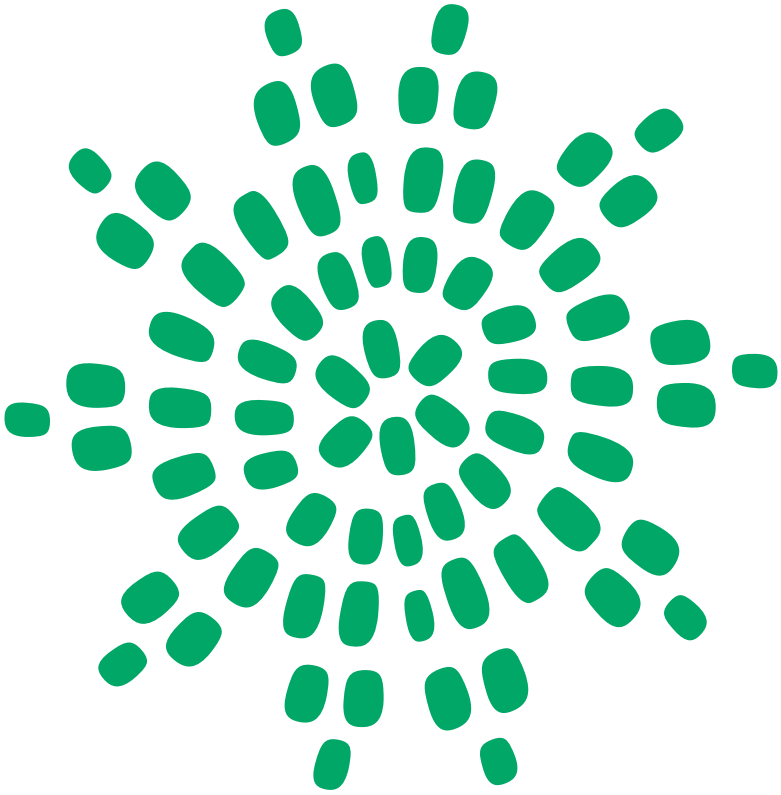

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