

Protocol guide for risk management

A risk management protocol should be implemented in cases where a youth is identified or suspected to be at risk for suicide. You can use this protocol guide to support the development of your own organization or community's risk management protocol. This guide highlights key elements and recommended steps to consider when developing a risk management protocol.

1. Defining roles

Anyone can *become aware* of a suicide risk. However, everyone's role in *addressing* the risk will be different. The first step in risk management is to know exactly what your role is, should you ever suspect or learn that a youth may be experiencing suicidal thoughts or behaviours.

Practice recommendations

- Roles in risk management will vary according to levels of training in intervention. Untrained staff should refer youth to personnel with formal training in risk assessment and/or crisis intervention. That key person may be another staff member within the organization or they may be an external resource – hence the importance of creating and sustaining connections with relevant community partners.
- Clear role definitions for each staff member should be captured in an open-access, readily-accessible document (for example, *administrative staff and volunteer personnel should immediately notify a counsellor or supervisor if they become aware of a youth at risk*). Staff members who have been trained in intervention and who can act as that key *go-to* person should be clearly highlighted.

2. Dealing with a disclosure about suicidal thoughts or behaviours

Knowing what your role is in risk management doesn't make conversations about suicide any easier. To help you anticipate these conversations, you should establish appropriate ways to deal with a youth's initial disclosure about suicidal thoughts or behaviours.

Practice recommendations

- There are helpful and harmful ways to respond to a youth's disclosure about suicidal thoughts or behaviours. This is important to highlight in your protocol. For more information on how to talk to youth about suicide, see the [risk-management \(best practices\)](#) section.
- Determine how to deal with situations where a youth asks a staff/community member to keep their disclosure about suicidal thoughts or behaviours a secret. You should never swear to secrecy in conversations with youth about suicide. You can find more information about what to do in this type of situation in the [risk-management \(best practices\)](#) section.

Key policy

- If you see a clear and imminent risk for a youth to engage in suicidal behaviour, it's your responsibility to get the appropriate help to keep the youth safe (see recommendations in step 4 for *responding to the risk for suicidal behaviour*). Whenever possible, you should obtain the youth's consent to disclose any information about them. However, if the youth is deemed at high-risk, information must be shared with appropriate parties regardless of consent.

3. Performing risk assessments

How exactly should qualified personnel determine the level of suicide risk? It's important that you determine what approaches and methods staff should use to conduct risk assessments.

Practice recommendations

- Determine exactly *what* the assessment should cover and *how* it should be carried out. What evidence-informed assessment tool(s) should be used in the assessment? What risk and protective factors should you look for? How should you document the assessment? For more information on risk assessments, refer to the [risk-management \(best practices\)](#) section of the toolkit.
- Determine in what cases it may be appropriate and/or necessary to contact additional sources of information (such as parents, roommates, friends or the youth's mental health practitioner) to supplement the assessment within the realm of confidentiality.

4. Responding to the risk for suicidal behaviour

A risk-assessment has been completed – what happens now? Deciding *what to do* at this stage can be particularly stressful and difficult because crucial decisions need to be made quickly. Setting clear guidelines and recommendations will help ensure that decisions made are ultimately well-informed.

Practice recommendations

- For any youth you suspect has a resolved intent, plan and/or means available (or has already made an attempt), call a mental health crisis team, 911, or bring the youth to the emergency department yourself. Notify your supervisor as needed, and most importantly, don't leave the youth alone - keep them under close supervision.
- There may be instances where hospitalization is necessary, but the youth refuses to go to the hospital. To be prepared for this difficult situation, develop a separate process for initiating involuntary hospitalization.
- Think about the practical details of your procedures. Who accompanies the young person to the hospital? Who should establish and maintain communication with the hospital? How will the timing of the incident affect your response (e.g. weekend, evening, just before a vacation)?
- If you identify a youth as being at moderate risk for suicide and not requiring hospitalization, appropriately trained staff (e.g. psychologist, school nurse) should complete a safety plan together with the youth. More information on safety plans can be found in the [risk-management \(best practices\)](#) of the toolkit. A referral to mental health supports should also be made (see recommendations for *facilitating the youth's entry into support services* in step 8).



5. Notifying parents/caregivers

You'll need to contact parents/caregivers as soon as you identify a youth as being at risk for suicide, regardless of whether hospitalization is required or not. Develop a process that allows for effective communication to take place.

Practice recommendations

- The person responsible for notifying the parents/caregivers about the situation should be the staff member who knows most about the youth's situation or one that has a special relationship with the youth or family.
- Document all communications you have with the parents/caregivers. You can also develop a parent/caregiver contact or acknowledgment form for them to sign to confirm they have been notified of the suicidal thoughts or behaviours their child is experiencing.
- Acknowledge the parents'/caregivers' emotions (e.g. anger or fear), let them know their presence is appreciated and emphasize that their involvement is paramount.
- Develop a decision-making process for cases where the youth expresses concern, fear or complete resistance in regard to the involvement of their parents/caregivers. Keep in mind that suicide ideation is, in some cases, intimately tied with negative family contexts (e.g. abuse or conflict). In such cases, it may not be appropriate to initiate contact with the youth's parents/caregivers right away. Think about the questions you should ask the youth in these circumstances.
- It's important to bear in mind that some youth won't have parents or caregivers that you can notify, either right away or at all. For example, you may run into an older youth who is living on their own entirely because their parents live outside the country or passed away. While the notification step may not apply in these situations, it's important to support the youth in other ways (see recommendations for *facilitating the youth's return to school or other settings* in step 7).

6. Sharing information

It's crucial to manage the information you've gathered about the youth in your assessment confidentially. By doing so, you can promote the youth's recovery by protecting them from the spread of rumours among peers and facilitating a more positive return to normal routines. Your protocol should include guidelines for the collection, use and disclosure of personal information.

Key policies

- A child or youth can block information sharing if they can both understand and explain, in their own words, what information is being shared and to whom, as well as the realistic consequences of released vs. unreleased information.
- Whenever possible, you should obtain the youth's consent to disclose any information about them. However, if the youth is deemed in imminent danger of harming themselves or others, information has to be shared to appropriate parties regardless of consent.

7. Facilitating the youth's return to school or other settings

Following an intervention for suicidal behaviour, a youth might miss school, work or be absent from other settings. This could be because they've been hospitalized or simply because they needed to recuperate from the stress of the event. In either case, a youth's absence from their usual settings warrants supportive re-entry arrangements. Think about how the youth's first days back into their daily routine can be made easier and less nerve-racking.

Practice recommendations

i. Re-entry to school

- Coordinate a re-entry plan prior to the youth's return to school in partnership with the youth, their parents/caregivers and relevant community partners (e.g. the youth's therapist).
- In the re-entry plan, designate a person in the school to support the youth at the time of re-entry (for example, by discussing getting caught up on class work/academic expectations, coordinating modifications to their schedule in the first days back, etc.). This person should also set up a follow-up meeting with the youth once they have returned to school.
- You should also find a safe school staff member that can act as the youth's go-to person in the long-term, in the event that they need further support.
- School administrators should hold a staff debriefing session to address any circulating rumours or false information about the episode.

ii. Re-entry to other settings

- School is not the only community setting that youth will be going back to – some youth don't go to school at all. Think about ways to support youth in going back to community settings other than the school setting. What if the youth works a job on weekends? Plays on a sports team? Lives in a group home? These may not all require extensive re-entry plans, but this will be up to you and the youth to decide together.
- There may also be instances where the youth *shouldn't* go back to these settings, either immediately or ever (e.g. high stress job, abusive family setting). Plan for an appropriate response in these cases.
- If you are helping to support an older youth (e.g. that has graduated high school, lives alone), ensure your re-entry plan is age-sensitive and not overbearing.

8. Facilitating the youth's entry into support services

You've mobilized an immediate response to a crisis – it's now time for you to think about long-term support. What kind of professional support might help to minimize the risk of the youth experiencing future suicidal thoughts or behaviours? How can you enable an effective pathway to care for this youth?

Practice recommendations

- Have your options ready. Develop a list of support services that youth can readily access in their community. Make sure this list includes a variety of different options (e.g. specialized services for a particular population or problem, different levels of treatment, affordability options).
- Discuss these treatment options with the youth and their parents/caregivers, and provide them with support service options in their community. Stress the importance of getting the youth the appropriate help. If possible, call to make an appointment together with the youth and their parents/caregivers.
- Your community-based protocol should include safe referral processes (i.e. how are cross-agency referrals carried out?).

Key policy

- If a child (under the age of 16) is in imminent danger, and parents/caregivers refuse to seek support or treatment services for their child, then you have a duty to report this to child protection services.

9. Keeping records

It's not unlikely that you or another community partner might need to re-visit information about the case at a later time. What information about the youth was written down? What should be recorded? How can you keep readily-accessible records of the episode?

Practice recommendations

- Staff should be reminded to keep records of all steps of the response to suicidal behaviour, including the assessment, management and referral plans.
- Develop a format or template that staff can use to record information in. You can also include reminders of the protocol steps in this template. This is a way to prompt people to actually follow the protocol and keep it up to date.



Reminder: Make sure you **evaluate, review** and **update** your protocols and policies – don't just file them away and forget about them! This will ensure they continuously reflect the most up-to-date, meaningful knowledge you have on youth suicide prevention, risk management and postvention. For guidance on how to evaluate, refer to the [evaluation section](#) of the toolkit.

