



## Suicidal Ideation & Gestures and Non-Suicidal Self-Injury (NSSI)

**Date of Issue:** September 2008  
**Reviewed/Revised:** July 2015, July 2018, September 2023, December 2025, April 2026  
**Memo To:** All Staff  
**From:** Director of Education

### ACCESSIBILITY:

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### PURPOSE:

The purpose of this Administrative Procedure is to provide direction and guidelines for staff when responding to concerns of suicide, and non-suicidal self-injury (NSSI). School social workers, have a key role when staff identify issues of suicide, depression and non-suicidal self-injury.

### REFERENCES:

- [Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56 | ontario.ca](#)
- [Child, Youth and Family Services Act, 2017, S.O. 2017, c. 14, Sched. 1 | ontario.ca,](#)
- [Education Act, R.S.O. 1990, c. E.2 | ontario.ca](#)
- [The Ontario College of Social Workers and Social Service Workers Ontario College of Social Workers & Social Service Workers \(OCSWSSW\)](#)
- [Prepare; Prevent; Respond: Suicide Prevention/Life Promotion Literacy for School Staff Quick Reference Guide for School Staff - School Mental Health Ontario](#)
- [Suicide and Self-Harm - Key Statistics — Canada.ca](#)

### FORMS:

- N/A.

### REPORTS:

- N/A.

### APPENDICES:

- Appendix A: [Suicidal Comments and Gestures](#)
- Appendix C: [Non Suicidal Self Injury \(NSSI\)](#)
- Appendix E: [Suicidal Ideation and Non-Suicidal Self-Injury Response Flowchart](#)



## COMMENTS AND GUIDELINES:

### Context

For more than 25 years, the Waterloo Catholic District School Board (WCDSB) has maintained a protocol to address suicidality, depression, and non-suicidal self-injury (previously referred to as self-harm) in students. Suicide is the second leading cause of death among youth and young adults aged 15–24 in Canada (Statistics Canada, 2024), and while it more commonly occurs in older adolescents, it is also a concern in elementary school-aged youth. Although any one at any age may begin to engage in non-suicidal self-injury, the most common age of onset is early adolescence.

Students require a compassionate, non-judgemental, and clear response from school staff. This protocol provides basic information to school personnel about potential indicators of depression, non-suicidal self-injury as well as suicidal thoughts and gestures to assist staff in recognizing safety concerns that require immediate attention. When such concerns are identified, school social workers provide a critical role in assessment and intervention.

Equity and student mental health are deeply connected. Students experience in the context of their education setting is understood from an intersection (Crenshaw, 1989) of cultural and social identities including, but not limited to: race, culture, gender identity & expression, sexual orientation, religion, geographic location, physical and intellectual ability and socio-economic status. We should be especially vigilant for signs of suicide among young people who identify as Indigenous and/or 2SLGBTQIA+ who have a higher rate of suicide due to disproportionate exposure to and experiences with discrimination, stigma and/or lack of affirmation of their gender or identity (Suicide Prevention and Life Promotion in Schools, School Mental Health Ontario).

WCDSB remains committed, to responding in a clear and compassionate manner to concerns of this nature. In doing so, staff must consider that students' experiences are shaped by their diverse identities and circumstances, interventions, including when assisting students to access community health service providers should be inclusive and culturally responsive, when possible.

### Guiding Principles

Responding to concerns of this nature must always be taken seriously and responded to immediately by school staff. School staff will promptly inform the principal or guidance counsellor of the concern.

The inherent dignity of the student will be maintained, and they are to be responded to respectfully.

All disclosures of this nature by students are to be viewed as invitations for help.

Principals or guidance counsellor are to consult with school social work staff in a timely manner every time there is concern about issues of suicidality and non-suicidal self-injury. All referrals will be assessed based on current and historical information, as well as the student's individual needs and circumstances. The school social worker will triage based on information presented and their professional training and experience. Interventions may include a comprehensive suicide risk assessment, crisis support, coordination with parents/caregivers, and referrals to appropriate community or mental health services. Details about interventions and next steps will be shared with school staff who require the information to support the student, in compliance with applicable privacy legislation.

1. Every person is entitled to privacy under the law, regardless of age. The right to privacy, however, is balanced with the professional responsibility of school staff to act in loco parentis regarding a student's health and safety. When a student is presenting with health and safety risk, staff must act to protect the student from all reasonably foreseeable harm. For this reason, confidentiality cannot be promised under these circumstances.
2. Suicidal gestures and comments must always be taken seriously, viewed as invitations for help, and responded to immediately each and every time. Refer to [Suicidal Comments and Gestures](#) (APH019-AX: Appendix A).

3. If signs and symptoms of depression or other mood concerns are identified but do not include suicidal comments or behaviour, a consultation with, or referral to, the school social worker may be made by the principal or guidance counsellor. An immediate response for depression symptoms may not be needed unless they co-exist with suicidal gestures and comments. This determination should be made in consultation with the school social worker. Signs and symptoms may include:
  - a. changes in sleep patterns or eating habits
  - b. agitation (nervousness, irritability)
  - c. lethargy or loss of energy
  - d. difficult concentrating, changes in school performance (drop in grades, incomplete assignments, poor test results)
  - e. increased absenteeism, lateness, or school avoidance
  - f. increased difficulty managing relationships, and/or social isolation
  - g. loss of interest or pleasure in usual activities
  - h. feelings of worthlessness
  - i. lack of interest in the future
  - j. emotional reactivity (crying, anger outburst, etc.) or emotional flatness/apathy (showing little to no affect)
  - k. increase in high risk or self-destructive behaviours (drug and alcohol use aggression)
  - l. comments about worthlessness, hopelessness, or death
4. When non-suicidal self-injury includes wounds that are more than superficial, medical intervention should be sought with parental consent. As self-harm and suicidality can co-exist, timely consultation with the school social worker is required. See [Non Suicidal Self Injury \(NSSI\) \(APH019-CX: Appendix C\)](#)
5. When a third-party disclosure is received (i.e., another student reports concerns about non-suicidal self-injury or suicidality of a peer), the staff member will treat the information as serious and respond without delay. The student of concern must be located as soon as possible to assess safety as outlined in the procedure below. If the student cannot be located in a timely manner following a disclosure of suicidal thoughts, the principal/designate or guidance counsellor should contact the student's parent/caregiver and 911, if necessary.
6. This procedure directs the timely and effective notification of parents and provides recommendations to ensure the safety of the student.

## Procedure

***If the situation is a medical emergency (i.e., a student has ingested medication, is in acute distress that requires police, or is experiencing severe bleeding, etc.) call 911 immediately.***

***If the self-injury is beyond a superficial wound, advise the student and parent/legal guardian to ensure the student is seen medically.***

When staff become concerned that a student is showing signs of suicidal ideation, suicidal gestures, or non-suicidal self-injury they will:

1. Ensure the student is not left alone nor permitted to leave the school.
2. Not promise confidentiality, rather inform the student that because their safety is a priority, this information must be shared with other staff who can help.
3. Immediately notify the administrator, designate or guidance counsellor.
4. For all instances, including after 911 has been called, the administrator, designate or guidance counsellor will contact the assigned school social worker directly by cell phone and/or contact the on-call school social worker at the Catholic Education Centre (519)-578-3660. **Information of this nature should never be left on voicemail or sent via email.** Next steps, including planning for communication with the parent will be determined in consultation with the school social worker.

5. The administrator, or guidance counsellor will notify the parent/legal guardian of concerns and recommended next steps.
6. A social work crisis /support plan will be completed and documented with the student if circumstances warrant and will be shared with parents and school staff as appropriate.
7. Re-entry from hospital procedures will be followed if applicable.