



Suicide Prevention, Intervention and Postvention Policy and Protocol

A Model Operational Guide for
Los Angeles County Local Education Agencies



**Los Angeles County
Office of Education**



Introduction	4
Background	4
Purpose	5
Accurate Language and Concepts About Suicide	5
Additional Definitions	6
 Prevention	 8
Safe and Caring School Climate	8
Suicide Awareness and Prevention Training for School Staff	9
Development and Training of District and School Crisis Teams	11
Training for and Communication with Parents, Caregivers and Families	13
Student Participation and Education	13
 Intervention	 15
Warning Signs for Suicide	15
Protective and Risk Factors	15
Resiliency Skills	16
Vulnerable Student Populations	16
Protocol for Responding to Students at Risk for Suicide	17
Secure the Safety of the Student	17
Conduct a Suicide Risk Screening	18
Determine Risk Level	18
Determine an Appropriate Action Plan	20
Special Considerations	21
Report of Student Suicidal Ideation or Risky Behavior when Student is off Campus	21
Responding to Students Who Self-Injure	22
Responding to a Suicide Pact	24



Responding to an In-School Suicide Attempt	24
Communicating with Parents and Caregivers	25
Developing Student Safety Plans	25
Re-Entry and Supporting Students After a Mental Health Crisis	26
Postvention	28
Protocol for Responding to a Student Death by Suicide	28
Assisting Other Students During a Crisis	28
Important Considerations	31
Memorials	31
Social Media and Networking	31
Suicide Contagion	31
School Culture and Events	32
Appendix	
Resources for District and School Staff	33
Suicide Risk Assessment and Action Plan Protocol Checklist	35
Columbia Suicide Severity Rating Scale	36
Suicide Risk Assessment: Levels and Action Plan	37
Developing a Student Safety Plan	41
My Safety Plan	43
Protocol for Responding to Students Who Self-Injure	47
Return to School Information for Parents/Caregivers	49
Student Re-Entry Guidelines	50
Handle with Care Email Template	54

INTRODUCTION

recognizes that suicide is a leading cause of death among youth in America and that an even greater percentage of California's high school students report having considered and attempted suicide. During 2024, 13 percent of California seventh graders, 13 percent of ninth and 12 percent of eleventh graders reported that they have seriously considered attempting suicide. (California Healthy Kids Survey 2024).

Suicide prevention requires vigilant attention from school communities (all school staff, students, parents) and public members. As a result, school communities have an ethical and legal responsibility to provide an appropriate and timely response to suicidal ideation, attempts and deaths. School leaders and staff must ensure their campuses are safe and nurturing environments that mitigate suicidal ideation and behaviors in students and staff and that appropriate procedures, protocols and supports are well promulgated and easily accessible to all.

In an attempt to reduce suicidal behavior and its impact on students and families, the _____ has developed strategies for suicide prevention, intervention and postvention, and the identification of the risk factors frequently associated with suicidal ideation and behavior. These strategies include professional development for all school personnel (certificated and classified) in all job categories who regularly interact with students or are in a position to recognize the risk factors and warning signs of suicide, including substitute teachers, volunteers, expanded learning staff (afterschool) and other individuals in regular contact with students such as crossing guards, tutors and coaches.

Information to develop this guide was gathered from a review of best practices in accordance with the stipulated requirements included in State Assembly Bills and _____ Board Policies. Every attempt was made to incorporate research-based interventions and procedures. In particular, many procedures and guidelines were based on recommendations from the California Department of Education Model Youth Suicide Prevention Policy for Local Educational Agencies that serve Kindergarten through Twelfth Grade Students and the Heard Alliance K-12 Toolkit For Mental Health Promotion and Suicide Prevention.

BACKGROUND

Youth suicides have been on the rise across the nation. The Centers for Disease Control and Prevention (CDC) indicates that suicide rates have increased by 33 percent between 1999 and 2019, with a slight decline in 2019, across the nation. CDC's 2019 Web-based Injury Statistics Query and Reporting System's (WISQARS') Leading Causes of Death Report indicates that suicide is the second leading cause of death for youth ages ten through twenty-four. The agency documented a 57 percent increase in suicides among this age group between 2007 and 2018. For every youth who dies by suicide, an estimated 100–200 youth make suicide attempts. CDC data also indicates a 57 percent increase in adolescents seeking care for a

mental health crisis in California from 2012 to 2018.

In recent years, state leaders have passed legislation to help address and curtail the increasing rates of suicidal ideation and behaviors. [California Education Code \(EC\) Section 215, added by Assembly Bill 2246, \(Chapter 642, Statutes of 2016\)](#) and [AB 1767 \(Chapter 694, Statutes of 2019\)](#) mandate the governing board of an LEA to adopt a policy on pupil suicide prevention for kindergarten, grades 1 through 7, and grades 7 through 12 that is age-appropriate, delivered and discussed in a manner that is sensitive to the needs of young pupils. Additionally, the policy shall specifically address the needs of high-risk groups and include consideration of suicide awareness and prevention training for all teachers of pupils in all the grades served by the local education agency. Furthermore, the law mandates that the governing board or body of a local education agency that serves pupils in grades K through 12 inclusively shall review its policy on pupil suicide prevention every year at minimum. If necessary, they shall update its policy on pupil suicide prevention to incorporate best practices identified by the local education agency and the California Department of Education.

The _____ has ensured LEA and school employees adhere to EC Section 215 which mandates district and school employees and their partners to act only within the authorization and scope of their credential or license. While it is expected that school professionals are able to identify suicide risk factors and warning signs, screen and assess to identify suicide risk, and provide ongoing supports to youth identified at risk, the care or treatment for suicidal ideation is typically beyond the scope of services offered in the school setting.

PURPOSE

The purpose of this Resource Guide is to outline administrative procedures for preventing and intervening with students presenting with suicidal and self-injurious behaviors and provide best practice responses to school and district teams in the aftermath of a student's death by suicide. The guide aims to safeguard against suicide attempts, deaths, and other trauma associated with suicide, which includes ensuring adequate supports for students, staff and families affected by suicidal behavior, attempts and loss.

ACCURATE LANGUAGE AND CONCEPTS ABOUT SUICIDE

Research has shown that talking about suicide prevention does not increase risk of suicide if those messages are aligned with the National Action Alliance for Suicide Prevention's Framework for Successful Messaging for suicide prevention. The National Action Alliance for Suicide Prevention's Framework for Successful Messaging website can be seen here: <https://suicidepreventionmessaging.org/>. In fact, positive messages about suicide prevention may have protective effects such as increased help-seeking. However, unsafe messages on the topic of suicide may influence a vulnerable person towards suicidal behavior such as those that oversimplify the causes of suicide or attribute suicide to identification with a population or group.

This policy and all related communication, documents, materials, etc. include clear and respectful, people-first language that encourages an environment free of stigma. As part of safe messaging for suicide prevention, we use specific terminology when referring to actions related to suicide or suicidal behaviors:

- **Person who is bereaved by suicide** - Someone who has been exposed to the death by suicide of another person and experiences a high level of psychological, physical and/or distress for a

considerable length of time. In the U.S. the term “loss survivor” is often used. This loss can cause PTSD, complicated grief or other detrimental physical and emotional consequences. Everyone grieves differently and on their own timeline. Incorporating such a loss into one’s life requires work and support.

- **Person who has died by suicide** (Also ‘Died by suicide’) - Suicide is death caused by injuring oneself with an intent to die. In a suicidal state, thought processes become distorted because of biological, psychological, social, cultural and/or situational reasons. People with/experiencing suicidal ideation are not thinking clearly. They are in fact struggling with an illness in their thinking processes. The term “Committed suicide” is no longer recognized as the appropriate terminology as it does not describe accurately what has occurred. Committed implies a crime or immoral act. Suicide is no longer seen as a crime or sin but is recognized to be the result of a mental health condition with a medically treatable cause at least 90% of the time.
- **Person who has experienced a fatal or non-fatal attempt** - Applying the general principle of speaking about suicide using illness-based language, fatal and non-fatal is language in line with a fatal or non-fatal heart attack or other illness. It is not advised to add a value statement to suicide such as calling an attempt failed, successful, or botched, etc. Also, the term “completed” suicide is not advised. Completing something implies success.
- **Person with lived experience** - A person with experience of suicide who has either survived a suicide attempt, witnessed a suicide attempt, or has struggled with suicidal ideation or behaviors. Resilience is a skill that can be developed, and an individual is not “permanently fragile” when they have lived experience of suicide.

ADDITIONAL DEFINITIONS

- **Intentional:** injuries resulting from purposeful human action whether directed at oneself (self-directed) or others (assaultive), sometimes referred to as violent injuries (<https://www.sprc.org>).
- **Intervention:** a strategy or approach intended to prevent an outcome or to alter the course of an existing condition. (<https://www.sprc.org>).
- **Means restriction:** techniques, policies, and procedures designed to reduce access or availability to lethal means and methods of deliberate self-harm (<https://www.sprc.org>).
- **Methods:** any action or technique that results in an individual inflicting self-harm or death, such as asphyxiation, overdose, jumping (<https://www.sprc.org>).
- **Psychiatric Mobile Response Team (PMRT):** composed of Los Angeles County Department of Mental Health (DMH) clinical staff assigned to specific mobile response teams located in the eight Los Angeles County Service Areas. Teams have legal authority per the Welfare and Institutions Code (WIC) 5150 and 5585 to perform evaluations for the involuntary detention of mentally disordered adults and children respectively. (<https://dmh.lacounty.gov/our-services/countywide-services/eotd/pmrt/>).
- **Postvention:** suicide postvention is a crisis intervention strategy designed to assist with the grief process following suicide loss. When used appropriately, this strategy reduces the risk of suicide contagion, provides the support needed to help survivors cope with a suicide death, addresses the social stigma associated with suicide and disseminates factual information after the death of a member of the school community. Oftentimes, a community or school’s healthy postvention effort can lead to readiness to engage further with suicide prevention efforts and save lives.



- **Re-entry Planning (aka Transition Planning):** a process which supports the transition, safety and well-being of students who have been out of school for any length of time for mental health reasons such as a previous suicide attempt, hospitalization, etc. This meeting is done to reduce the risk of a future attempt and to ensure that the student receives appropriate support and services necessary.
- **Risk Assessment:** a comprehensive evaluation of a student that is completed to confirm suspected risk of suicide, estimate the immediate danger and decide on a course of immediate intervention. Risk assessments may be conducted by the administrator/designee and/or school crisis team member. This assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, the presence of a suicide plan and availability of lethal means, the presence of support systems, level of hopelessness and helplessness, mental status, and other relevant risk factors.
- **Safety Plan:** a prioritized written list of coping strategies and steps that the student agrees to use to cope with their feelings without doing something harmful. The safety plan usually involves things they can do to self-regulate, distract themselves from painful feelings and people they can reach out to for support.
- **School Crisis Team (SCT):** the administrator/designee and/or mental health professionals (e.g., School Social Worker, School Psychologist or School Counselors) identified in the Comprehensive Safe School Plan. The school site administrator designates these individuals annually. School staff may seek support from the SCT member when they are concerned about a student that exhibits suicidal/homicidal ideation.
- **School Threat Assessment Response Team (START):** composed of Los Angeles County Department of Mental Health staff assigned to provide threat prevention and management assistance to educational institutions and law enforcement agencies throughout the county. (<https://dmh.lacounty.gov/start/>).
- **Self-injury:** the deliberate act of harming one's body, through intentional tissue damage that can include cutting, severe scratching, pinching, stabbing, puncturing, burning and ripping or pulling skin or hair. Self-injury is an unhealthy way to cope with emotional pain, intense anger or frustration and is a strong predictor for suicide-related behavior (Ribeiro, et al., 2016).
- **Self-injury contagion:** self-injurious behaviors that are imitated by other students and can spread across grade levels, peer groups and schools.
- **Suicidal behavior:** the spectrum of activities related to thoughts and actions that include suicidal thinking, suicide attempts and death by suicide (<https://www.sprc.org>).
- **Suicidal ideation:** a broad term used to describe a range of contemplations, wishes and preoccupations with death and suicide.
- **Suicide contagion:** the process by which exposure to suicidal behavior or death by suicide increases the suicidal behaviors of others. Guilt about a loved one's death, identification with the person who has died and modeling suicidal behaviors may play a role in contagion.

Youth suicide is a preventable public health problem. Children and teens spend a significant amount of their young lives in school. The personnel who interact with them daily are in a prime position to recognize the warning signs of suicide and make the appropriate referrals for help.

Suicide prevention involves school-wide activities and programs that enhance connectedness, contribute to a safe and nurturing environment and strengthen protective factors that reduce risk for students.

Suicide prevention includes appropriate messaging consistent with:

- Promoting a school climate of positive behavioral support and interventions guided by cultural sensitivity and inclusivity.
- Promotion of mental health and well-being.
- Increasing staff, student and parent/caregiver knowledge of warning signs and risk factors for suicide and what to do when a student is expressing suicidal ideation/behavior.
- Engaging students by providing structure, guidance and fair discipline.
- Monitoring students' emotional state, well-being and making referrals for support as needed.
- Modeling and teaching desirable skills and behavior.
- Promoting access to school and community resources.
- Ensuring policies and protocols are implemented that prevent and address bullying, harassment and safety.
- Means restriction counseling for student, parent and staff: Reducing access to lethal means (ie. firearms, medication, ropes) puts lifesaving time between suicidal thought and the action.

SAFE AND CARING SCHOOL CLIMATE

Positive and nurturing school climates coupled with suicide prevention activities decrease suicide risk, increase help-seeking behavior, identify those who may be at risk for suicide, and help decrease such behaviors. Empirical evidence refutes a common misconception that talking about suicide can increase risk or "place the idea in someone's mind." Therefore, it is critical to address all suspected thinking and behaviors directly and in a timely manner.

Positive school climates have been linked to lower levels of violence, bullying victimization and greater perceived safety. School climate is of particular importance since it has the potential to affect the risk of suicidality among youth. Existing studies reveal adolescents who report perceptions of a more positive school climate are less likely to report suicidality (Cornell & Huang, 2016; La Salle et al., 2017; Marraccini & Brier, 2017). This is most likely due to positive peer and teacher relationships that are promoted in schools with positive school climates along with high levels of safety and social support.

district and school leaders underscore the importance of all staff and students

working together to create safe, respectful, nurturing and welcoming campuses in which students feel comfortable seeking help for themselves or their peers. Leaders provide opportunities for continuous improvement and monitoring of school climate.

A safe and caring school climate includes feeling safe at school, feeling part of decision-making and having a sense of school connectedness. Effective prevention/intervention programs and strategies are being used consistently to create a safe and drug-free learning environment and to address school safety and violence prevention issues that frequently impact campuses such as:

- Bullying Prevention
- Conflict Management
- Gang Risk Intervention
- Harassment
- Hate Violence-Motivated Behavior
- Human Trafficking
- Internet Safety
- Mental Health, Anti-Stigma and Prevention Strategies
- Student Assistance Programs or other interventions and referral systems
- Teen Dating Abuse
- Youth Development

Additional information on school climate and school safety is available on the CDE Safe Schools Planning web page at <https://www.cde.ca.gov/ls/ss/vp/safeschlplanning.asp>.

Additional information on Bullying Prevention Training & Resources can be found at: <https://www.cde.ca.gov/ls/ss/se/bullyres.asp>

The CDE sample policies on Bullying Prevention and Conflict Resolution can be found at <https://www.cde.ca.gov/ls/ss/se/samplepolicy.asp>

SUICIDE AWARENESS AND PREVENTION TRAINING FOR SCHOOL STAFF

EC Section 215 mandates LEAs to provide suicide prevention training for staff. The [Suicide Prevention, Intervention and Postvention Policy and Protocol](#) provides annual suicide prevention professional development for all school staff members (certificated and classified) and other adults on campus (including substitutes and intermittent staff, volunteers, interns, tutors, coaches, classified and certificated, and expanded learning [afterschool] staff).

The district has collaborated with the Los Angeles County Office of Education to review the training materials and content to ensure it incorporates and aligns with best practices that are evidence-based and evidence-informed.

While all school staff and adults on campus should learn how or improve their ability to support youth experiencing mental health issues, it is strongly recommended for LEAs to begin with general mental health trainings before moving on to trainings that focus on suicide, especially for youth.

LEAs are encouraged to use the California Healthy Kids Survey (CHKS) with Mental Health module or other survey data to determine the prevalence of suicidal ideation and behaviors, including patterns or trends, among all students, particularly among identified high-risk populations at their schools and district, and to include this data in their annual suicide prevention trainings.

TRAINING FOR ALL STAFF

At least annually, all staff are required to participate in training on the Suicide Prevention, Intervention and Postvention Operational Guide, as well as mental health awareness and suicide prevention that includes risk and protective factors, warning signs of suicide, intervention, referral processes and postvention.

- The school site administrator/designee is responsible for ensuring all school site staff complete the required training and that the Suicide Prevention, Intervention and Postvention Operational Guide is implemented at their school site.
- All suicide prevention trainings are to be offered under the direction of school-employed mental health professionals (e.g., school counselors, school psychologists, school social workers, school nurses, etc.), who have received advanced training specific in suicide prevention.
- Staff training is reviewed and adjusted annually based on previous professional development activities, emerging best practices and feedback.
- At a minimum, all staff are required to participate in a one-hour training on the core components of suicide prevention (identification of suicide risk and protective factors, warning signs, prevention, intervention, referral and postvention) at the beginning of their employment prior to working with youth. Core components of the general suicide prevention training shall include:
 - How to identify youth who may be at risk for suicide including suicide warning signs, risk and protective factors.
 - Appropriate ways to approach, interact, and respond to youth who are demonstrating emotional distress or having thoughts of suicide, including skill building to ask directly about suicidal thoughts.
 - District-approved procedures for responding to suicide risk (including programs and services in a Multi-tiered System of Support (MTSS) and referral protocols). Such procedures will emphasize that the student should be under constant supervision and immediately referred for a suicide risk assessment.
 - District-approved procedures identifying the role educators, school staff and volunteers play in supporting youth and staff after a suicide death or attempt (postvention).
- In addition to the core components of suicide prevention, ongoing annual professional development for all staff should include the following:
 - The impact of traumatic stress on emotional and mental health with an emphasis on

reducing stigma associated with mental illness and how early prevention and intervention can drastically reduce the risk of suicide.

- Common misconceptions about suicide.
- School and community mental health and suicide prevention resources.
- Appropriate messaging about suicide (correct terminology and safe messaging guidelines).
- Ways to identify youth who may be at risk for suicide including suicide warning signs, risk and protective factors.
- Appropriate ways to approach, interact and respond to youth who are demonstrating emotional distress or having thoughts of suicide including skill building to ask directly about suicidal thoughts and warm handoffs.
- District-approved procedures for responding to suicide risk (including MTSS and referrals). Such procedures will emphasize that the student should be constantly supervised and immediately referred for a suicide risk assessment.
- District-approved procedures identifying the role educators play in supporting youth and staff after a suicide death or attempt (postvention).
- Additional information regarding vulnerable student groups may be at elevated risk for suicide. Vulnerable student groups include:
 - Youth bereaved by suicide
 - Youth with disabilities, mental illness or substance use disorders
 - Youth experiencing homelessness or in out-of-home settings, including foster care
 - Lesbian, gay, bisexual, transgender or questioning youth

DEVELOPMENT AND TRAINING OF DISTRICT AND SCHOOL CRISIS TEAMS

District Crisis Team Membership and Roles:

To ensure the policies regarding suicide prevention are properly adopted, implemented and updated, the Los Angeles County Office of Education has developed a central crisis team consisting of administrators, mental health professionals, and relevant staff.

The district has identified a district crisis team and one staff member from each school to serve as the suicide prevention liaison to the district's crisis team.

Additionally, each school site, if appropriate, will identify one or two students to represent the student voice on this team.

The functions of this district crisis team are to:

- Review mental health-related school policies and procedures
- Provide annual updates on school and district data and trends

- Review and revise school prevention policies
- Review and select general and specialized mental health and suicide prevention trainings
- Review and oversee staff, parent/caregiver, and student trainings
- Ensure that the suicide prevention policy, protocols and resources are posted on the district and school websites
- General compliance with EC Section 215.
- Collaborate with community mental health organizations
- Identify resources and agencies that provide evidence-based or evidence-informed treatment
- Help inform and build skills among law enforcement and other relevant partners
- Collaborate to build community response.

School Crisis Team Membership and Roles:

Each school site administrator/designee must designate staff to annually participate in the School Crisis Team and document this in the Comprehensive School Safety Plan (CSSP). Additionally, each school must identify a suicide prevention liaison to communicate with the district crisis team.

This team is made up of, but is not limited to, school administrators, school counselors, school psychologists, school social workers and school nurses employed by the

The district and school site administrators/designees must ensure that the names, titles and contact information of school crisis team members are distributed annually to all staff, parents/caregivers/ caregivers and students, included in parent/student handbook, and prominently available on school and LEA websites.

The school crisis team is responsible for:

- Providing education and training to school site staff on the policy and procedures for identifying and referring students for a suicide risk screening/assessment.
- Responding to reports of students at risk for suicide or exhibiting self-injurious behaviors immediately or as soon as practically possible.
- Administering suicide risk screenings/assessments to determine level of risk and appropriate action steps.
- Communicating with parents/caregivers of students who have been screened for suicide.
- Monitoring and following up with students that are considered low, medium, or high risk has been mitigated through support, resources, and development of a safety plan.
- Providing follow-up to district-level administrators or designees as appropriate.
- Ensuring annual mental health and suicide prevention training is offered to school staff, parents and students.

Crisis Team Training:

Additional professional development in suicide risk assessment and crisis intervention is provided to designated student mental health professionals and school crisis team members. Training for these staff is specific to best practices and skill building on:

- Approaching and talking with a student about their thoughts of suicide and how to respond to such thinking, based on district guidelines and protocols.
- How to conduct an effective suicide risk screening/SRA, in-person or virtually, using a district approved evidence-based tool such as the [Columbia–Suicide Severity Rating Scale \(C-SSRS\)](#).
- Effective strategies and requirements for communication and follow-up with parents/caregivers.
- Effective strategies and requirements for [developing student safety plans](#).
- Effective strategies and requirements for facilitating re-entry/transition meetings and developing student re-entry plans.

TRAINING FOR AND COMMUNICATION WITH PARENTS, CAREGIVERS AND FAMILIES

Parents, caregivers and families play a vital role in the prevention of youth suicide. To ensure parents and caregivers have the information needed to support their student(s),

- Provides training annually for parents, families and caregivers to help them learn how to recognize and identify suicide risk and protective factors
- Provides information on the _____ referral processes and how they or their children can reach out for help.
- Provides information on suicide prevention resources including crisis hotlines, local warmlines and also school and community-based support.
- Strongly encourages communication with appropriate school staff (counselor, administration, nurse, school-employed mental health professional, etc.) for assistance when needed.
- Informs parents and caregivers that mental health and academic records are kept separately to ensure confidentiality and to help protect the privacy of educational records.

STUDENT PARTICIPATION AND EDUCATION

Effective suicide prevention efforts must also include student education and engagement. The _____ and its partners have and will continue to carefully review potential student curricula to ensure it includes information on recognizing and responding to signs and symptoms (within themselves and friends), learning coping skills, encouraging help-seeking behavior and being knowledgeable of supports and resources.

_____ provides instruction to middle and high school students on general mental health and suicide prevention. The instruction is provided under the supervision of LEA-employed mental health professionals. The instruction is developmentally appropriate, student-centered and includes:

- Recognizing behaviors (signs and symptoms) of mental health challenges and emotional distress.
- Recognizing life issues (risk factors) associated with suicide and mental health issues in oneself and others.
- Learning coping strategies for dealing with stress and trauma.
- Learning about protective factors.

- Learning help-seeking strategies for oneself and others, including how to engage school-based and community resources and refer peers for help.
- Emphasizing stigma reduction associated with mental illness and how early prevention and intervention can drastically reduce the risk of suicide.
- -based supports and self-reporting procedures, so students are able to seek help if they are experiencing thoughts of suicide or if they recognize signs with peers.

Suicide is death caused by self-directed injurious behavior with the intent to die. Sometimes there may be a precipitating event, such as a break-up or recent death of a loved one, prior to the death by suicide. However, it is important to remember that suicide is a complex phenomenon that cannot be attributed to one single cause.

WARNING SIGNS FOR SUICIDE

Warning signs are behaviors that may signal the possible presence of suicidal thinking. The signs might be considered cries for help or opportunities to intervene. Warning signs indicate the need for an adult to inquire directly about whether the student has thoughts of suicide. Warning signs include:

- Feelings of sadness, hopelessness and helplessness
- Significant changes in behavior, appearance, thoughts and/or feelings
- Social withdrawal and isolation
- Threats of suicide (direct and indirect)
- Suicide notes and plans
- History of suicidal ideation/behavior
- Self-injurious behavior
- Preoccupation with death
- Making final arrangements (e.g., giving away prized possessions, posting plans on social media, sending text messages to a friend)

PROTECTIVE FACTORS:

A protective factor is something that is associated with a lower likelihood of negative outcomes. Protective factors include individuals, families, schools or communities that support resilience, help people more effectively manage stressful events and strengthen other characteristics that minimize the risk of mental health or substance use challenges. Protective factors that promote resilience can include:

- Participation in group activities outside of work and school
- Supportive family relationships,
- Religious or spiritual practices,
- Social support,
- Physical exercise and healthy diet,

- Positive emotions and hope for the future,
- Active coping skills, such as journaling, connecting with community clubs or groups, talking to a trusted person about how you're doing, using online support groups or chat rooms, writing, creating art or music, or developing a hobby. ([mentalhealthfirstaid.org](https://www.mentalhealthfirstaid.org)).

RESILIENCE SKILLS:

Schools are encouraged to actively promote, teach, and model resiliency skills which aid students in overcoming, adapting, and coping with stressors. These skills include:

- Help Seeking Behaviors
- Emotional Awareness and Self-Regulation
- Problem Solving
- Empathy
- Optimism
- Positive Communication
- Goal Setting
- Identifying Reliable Adults
- Engaging in Healthy & Supportive Relationships

*Additional resources are listed below in the resources section.

RISK FACTORS FOR SUICIDE:

Risk factors are characteristics or conditions that may increase the chance that a person may try to take their life. Suicide risk tends to be highest when someone has several risk factors at the same time. Mental health problems are complex issues and are never the result of one risk factor. Someone who has several risk factors could have more resilience towards problems than someone else who has experienced fewer risk factors. It is important to remember that each individual person experiences stress, pain and risk in different ways. Risk factors may encompass biological, psychological and/or social factors in the individual, family and environment. Risk factors include:

- Access to means (e.g., firearms, knives, medication)
- Stressors (e.g., loss, peer relations, school, gender identity issues)
- History of depression, mental illness, or substance/alcohol abuse disorders
- History of suicide in the family or of a close friend
- History of mental illness in the family

VULNERABLE STUDENT POPULATIONS:

Vulnerable student populations disproportionately contend with conditions that often compromise healthy development and access to support for it, even as they carry rich cultural resources and cultivate strength and insight through adversity. These student populations include those:



- Who may be lesbian, gay, bisexual, transgender, queer or questioning
- With [Adverse Childhood Experiences \(ACEs\)](#) including trauma
- With mental health and/or substance use disorders
- Bereaved by suicide
- With history of suicidal thoughts or behavior
- With disabilities
- Involved with bullying
- Experiencing homelessness
- In out-of-home care settings such as foster care
- Identified as newcomers or immigrants (unaccompanied, accompanied, undocumented, mixed-status youth)
- Who experience labor or sex trafficking
- Exposed directly or indirectly to abuse
- Engaged in non-suicidal self-injury
- Students who are members of marginalized communities

PROTOCOL FOR RESPONDING TO STUDENTS AT RISK FOR SUICIDE

All staff members must adhere to the Suicide Prevention, Intervention and Postvention (SPIP) board policy and administrative regulations.

The following are general procedures for the school site administrator/designee and/or School Crisis Team member(s) to respond to reports of students at risk for suicide. For an abbreviated version of the protocol outlined below see [Protocol for Responding to Students at Risk for Suicide](#) document.

Respond and Report Concerns/Incidents Immediately

- Staff members must take every warning sign or threat of self-harm seriously. Whenever a staff member has knowledge of suicidal intentions of a student or potential risk of suicide, they are required to promptly notify the school crisis team.
- Collaboration and communication between the teacher/staff and the suicide prevention crisis team is critical during the supervision, referral and assessment processes.

Secure the Safety of the Student

- **Supervise the student at all times.** Students experiencing suicidal ideation shall not be left unsupervised. Students with suicidal ideation or behaviors should be respectfully escorted to the office for an assessment and never sent alone or without staff supervision.
- If the student is in imminent danger (e.g., has access to a gun, is on a rooftop, or in other unsafe conditions, etc.) staff members are required to request assistance from other school or district staff and call 911. When possible, the call shall not be made in the presence of the student and the student shall not be left unsupervised.
- Ensure the physical environment of the student is free of any items/objects that could potentially



be harmful including but not limited to scissors, letter openers, staplers, pushpins, pencil sharpeners, belt and shoelaces.

- Adhere to board policy, regarding conducting an administrative search of the student, their belongings and locker to ensure there is no access to potentially lethal means, such as razor blades or pills.
- If a student is agitated, unable to be contained or there is a need for immediate assistance, the employee must adhere to board policy to ensure student safety.
- If the school receives information that the student may pose a danger to self and/or others but are not in attendance, contact local law enforcement to conduct a welfare check to determine the safety and well-being of the student, as well as others.

Conduct a Suicide Screening

- Once the student's safety is secured, the administrator/designee or the designated School Crisis Team member(s) should meet with the student to complete a risk screening. [Columbia Suicide Severity Rating Scale \(CSSRS\) Screener with Triage Points For Schools](#) document.
- School Crisis Team member(s) should gather essential background information that will help with screening the student's risk for suicide utilizing a multi-disciplinary approach. Gathering information may involve obtaining information from peers, school staff and family members as well as gathering information such as what the student said or did, information that prompted concern or suspicion, copies of any concerning writings, drawings, text messages, social media or previous incident reports.
 - When/if interviewing and/or consulting with others, staff should maintain a high level of confidentiality to protect the privacy of all those involved.
- Based on the information gathered and screening of the student, the team member conducting the screening should collaborate with at least one other designated School Crisis Team member(s) or other designee to determine the level of risk.
- Any consultations made by the team member conducting the screening should be in a confidential setting. Students should be supervised at all times.

Determining Risk Level

Determining the level of suicide risk should incorporate several factors including:

- Utilization of the [Suicide Risk Assessment: Levels and Action Plan](#) document
- A completed suicide risk screening, using an evidenced-based screening tool.
- Background information gathered through interviews, student records, documents, social media, etc.
- Prior history of thoughts of suicide or suicide attempts
- Evidence of risk and protective factors
- Consideration of belonging to a vulnerable student population/higher-risk groups:

The following guidelines may be used to determine the student's level of risk for suicide:

No Known Risk:

- No known history of suicidal ideation or behavior, or self-injurious behavior.
- No current evidence of depressed mood/affect.

Low Risk:

- Suicidal ideation with low frequency, intensity and duration
- No intent or plan
- Few risk factors
- Good self-control
- Presence of protective factors

Moderate Risk:

- Suicidal ideation with moderate frequency, intensity and duration
- Some plans without concrete intent or means
- History of self-injurious behavior
- Recent trauma
- May express previous suicide attempt(s)
- May have some risk factors
- Moderate self-control
- Presence of some protective factors

High Risk:

- Current thoughts of suicide
- Plan with specific method, intent, means and access
- May express previous suicide attempt(s)
- Hopelessness and/or feeling like a burden
- Depression
- Impulsivity and risk-taking behaviors
- Currently abusing alcohol/substances
- History of trauma or self-injury
- Exposure to suicide
- Sudden change in behavior
- Poor self-control
- Few, or no presence of, protective factors



Determining An Appropriate Action Plan:

Action Plans should be determined based on the level of risk for suicide.

No Known Risk:

- Communicate with parent/caregiver
- Provide information regarding the incident or statement made
- Explore with the parent/caregiver if there are any concerning behaviors at home, school or community. Concerns expressed by parents/caregivers may change the level of risk.
- Reinforce the importance of student safety and use of appropriate language.
- Provide Parent Brochure
- Document all actions according to district protocol.

Low Risk:

- Reassure and provide support to student
- Notify administrator
- [Develop a safety plan](#) and provide copy to student, parents/caregivers and involved staff
- Communicate concerns to parent/caregiver
- Discuss means restriction with parent/caregiver
- Confirm understanding of next steps for student care
- Provide parent/guardian with Suicide Prevention Parent Brochure
- Provide referrals to outside agencies and services as needed
- Provide referrals for mental health services if student is not currently linked
- Communicate to appropriate staff**
- Document all actions according to district protocol.

Moderate Risk:

- Reassure and provide support to student
- [Develop Safety Plan](#) and provide copy to parents/caregivers and involved staff
- Notify Administrator
- Communicate concerns to parent/caregiver
- Discuss means restriction with parent/caregiver
- Confirm understanding of next steps for student care
- Provide parent/guardian with Suicide Prevention Parent Brochure
- Provide referrals for mental health services if student is not currently linked
- Provide referrals to outside agencies and services as needed
- Student released to parent/caregiver, if applicable
- Communicate to appropriate staff**

- Document all actions according to district protocol.

High Risk:

- Remain with student to ensure safety
- Reassure and provide support to student
- Notify Administrator
- Contact the Psychiatric Mobile Response Team (PMRT)
- Notify parent/caregiver with student present
- Discuss means restriction with parent/caregiver
- Establish a plan for follow-up with parent/caregiver and student
- Confirm understanding of next steps for student care
- Communicate to appropriate staff**
- [Develop Safety Plan](#) and provide copy to parents/caregivers and involved staff if appropriate, or at the time of the re-entry meeting
- Document all actions according to district protocol.

*** The privacy of all students should be protected at ALL times. Disclose confidential information only on a need-to-know basis. (Do not share sensitive information e.g., situations that may increase student risk, such as SOGIE/LGBTQ, pregnancy or suspected child abuse without the student's consent.).*

SPECIAL CONSIDERATIONS

Report of Student Suicidal Ideation or Risky Behavior(s) when the Student is off Campus

- When _____ staff learns of a student who is at risk of suicide but is not on campus, efforts to ensure student safety are a priority.
- If there is indication that a student is at imminent risk, verify the current location of the student if possible, then call 911 or local law enforcement.
- Inform the school site administrator/designee and/or SCT Member(s) immediately for support and guidance. If the incident occurs after hours, refer to _____ board policy and administrative regulations for responding to an emergency after hours.
- If a school staff member becomes aware of and/or is informed that a student who is off campus may be at risk for suicide, the staff member should attempt to contact the student and/or parent/caregiver in the home to ensure student's immediate safety and supervision. Risk screening should be conducted if possible.
- If the school staff member is unable to complete a risk screening and unable to make contact with parent/caregiver the staff member should call 911 or local law enforcement to conduct a welfare check and mental health evaluation.
- Engage the school site crisis team member(s) to establish the appropriate [action plan](#) including [safety plan](#) and [re-entry guidelines](#). School site crisis team member(s) should also ensure the safety and well-being of the student and others who might have been exposed or triggered by the incident.



Students who Self-Injure

Self-injury is the deliberate act of harming one's own body, through means such as cutting or burning. Self-injury is an unhealthy way to cope with emotional pain, intense anger or frustration. Even though this behavior often lacks suicidal intent, risk of suicide increases because of the emotional problems that trigger self-injury. Therefore, students who engage in self-injurious behaviors should be assessed for suicide risk.

Signs and Symptoms of Self-Injury

- Frequent or unexplained bruises, scars, cuts or burns
- Consistent inappropriate use of clothing to conceal wounds (e.g., long sleeves or turtlenecks, especially in hot weather, bracelets to cover the wrists, not wanting to change clothing for Physical Education)
- Possession of sharp objects (e.g., razor blades, shards of glass, thumb tacks)
- Evidence of self-injury in journals, drawings, social networking sites, etc.

Risk Factors of Self-Injury

Although self-injury can affect individuals at any age, there are certain risk factors that may increase the chance of someone engaging in self-injurious behavior, including the following:

- **Age:** Most people who self-injure are adolescents or young adults. Self-injury often starts in the early teen years when emotions are often volatile, and they are facing increasing social pressures.
- **Having friends who self-injure:** People who have friends who intentionally harm themselves are more likely to begin self-injuring, sometimes as a way to bond with their peers.
- **Psychosocial factors:** Some people who injure themselves may be experiencing neglect, abuse or other traumatic events. They may have grown up and remain in an unstable family environment, or they may be young people questioning their personal identity or sexuality. Some people who self-injure are socially isolated.
- **Mental health issues:** People who self-injure are more likely to be highly self-critical and be poor problem-solvers. In addition, self-injury is commonly associated with certain mental disorders, such as depression, anxiety disorders, post-traumatic stress disorder and eating disorders.
- **Alcohol or drug use:** People who harm themselves often do so while under the influence of alcohol or drugs.

PROTOCOL FOR RESPONDING TO STUDENTS WHO SELF-INJURE

The following are procedures for the school site administrator/designee and/or Suicide Prevention Liaison(s) to respond to reports of students exhibiting self-injurious behaviors.

The urgency of the situation will dictate the order and applicability in which the subsequent steps are followed.

- Respond immediately or as soon as practically possible.
- Supervise the student.
- Seek medical attention, as needed.
- Consult with school administrator to discuss whether an administrative search should be

conducted of student's belongings to remove access to dangerous objects such as razor blades, shards of glass or other sharp instruments to ensure student and school safety.

- Screen for suicide risk.
- Communicate with and involve the parent/caregiver so the self-injurious behavior can be addressed as soon as possible. Provide parent/caregiver with the [Supporting Your Child's Mental Health: A Parent & Caregiver's Guide to Self-Harm Awareness and Prevention](#) *handout*
- Encourage appropriate coping and problem-solving skills; do not shame the student about engaging in self-injury.
- Listen calmly and with empathy; reacting in an angry, shocked or shaming manner may increase self-injurious behaviors.
- [Develop a safety plan](#) with the student.
- Provide resources.
- Document all actions according to district protocol.

Self-Injury and Contagion

Self-injurious behaviors may be imitated by other students and can spread across grade levels, peer groups and schools. If the self-injurious behavior involves a group of students, the assessment of each student individually will often identify a student whose behaviors have influenced the behaviors of others in the group. The self-injurious behavior may be indicative of complex mental health issues of this student.

The following are guidelines for addressing self-injurious behaviors among a group of students:

- Respond individually to students but try to identify peers and friends who may also be engaging in self-injurious behaviors.
- Self-injury should be addressed with students individually and never in group settings, such as student assemblies, public announcements, school newspapers or the classroom.
- As students are identified, they should be supervised in separate locations.
- Each student should be screened for suicide risk individually. If the self-injurious behavior involves a group of students, the assessment of each student individually will often identify a student whose behaviors have influenced the behaviors of others in the group. The self-injurious behavior may be indicative of complex mental health issues of this student.
- [Develop a safety plan](#) collaboratively with each student to ensure ongoing safety

The following are guidelines for how to respond as a school community when addressing self-injurious behaviors among a group of students:

- When self-injurious behaviors affect the larger school community, schools may respond by inviting parents/caregivers to an informational parent meeting at the school. The meeting should be reserved for parents/caregivers only. The administrator/designee may decide to invite all parents/caregivers from the school community, as the meeting would provide psychoeducation, awareness and tools for addressing self-injurious behaviors in youth. Limiting the invitations may inadvertently leave other parents/caregivers feeling uninformed or concerned about their child. Arrangements should be made to supervise students and children during the parent/caregiver meeting.

- Consult and work with the District Communications Office or dissemination of information regarding a parent/caregiver meeting or other media matters, as needed.

Suicide Pact

A suicide pact is when two or more individuals agree to kill themselves at the same time and place, or agree that if one dies, the other(s) will soon follow. Suicide pacts are very rare, extremely dangerous and must be taken seriously whenever rumored or threatened.

- Suicide pacts often result from the separation of two people who have been restricted from seeing one another. The fear of losing the relationship is generally the main motivating factor that will provoke a suicide pact. This exclusive relationship is usually free from significant links to friends or family making a suicide pact harder to spot.
- Pacts can be made via text message, social media or in person.
- Suicides enacted as part of a pact are more likely to be done quickly and involve less preparation than individual suicides.
- Usually, there is a “leader” who clearly dominates the other(s) putting one or more individuals in danger. It is important to identify him/her as soon as possible. Often, the parties involved have been sworn to secrecy and are reluctant to disclose information out of fear and loyalty.

Responding to a Suicide Pact

- Follow all the steps in the previous Section - [Protocol for Responding to Students at Risk for Suicide](#), expanded to identify all of the individuals involved in the pact and those who know about it.
- Follow-up with all of those involved and their parents/caregivers is vitally important, as is careful planning for transitioning back into the school environment.
- To keep the behavior from escalating, ongoing communication between school personnel, parents/caregivers, mental health care providers and the individual students involved in planning the pact is necessary.

Responding to An In-School Suicide Attempt

- In case of a student suicide attempt, the health and safety of the student is paramount. The following are important steps to consider in these situations:
- Call 911, if appropriate.
- Render first aid as needed until professional medical treatment and/or transportation can be received.
- Supervise the student to ensure their safety. Never leave the student alone. Designate one or more staff members to stay with and support the individual in crisis while help is being sought.
- Inform the school site administrator/designee and/or SCT member immediately or as soon as practically possible.
- Clear the area by relocating nearby students and staff, as soon as practically possible.
- Inform the parent/caregiver what has occurred and arrange to meet them wherever appropriate (as students might need emergency transportation to hospital).

- Engage the SCT member(s) to ensure the appropriate [action plan](#), [safety plan](#) and [re-entry guidelines](#) are established to ensure the safety and well-being of the student and others who might have been exposed or triggered by the incident.

COMMUNICATING WITH PARENTS AND CAREGIVERS

When a student has been screened or assessed for suicide risk, regardless of outcome, the School Crisis Team member(s) or other appropriate designated staff member is required to contact the parent/caregiver or an authorized third party as documented on the emergency card, unless doing so would contribute to increased risk for the student.

When communicating with parent/caregiver:

- Share concerns and solicit additional information regarding any concerning behaviors the parent/caregiver/caretaker has observed at home, school or community.
- Provide recommendations for establishing safety in the home with “means restriction” (e.g., securing/removing firearms, medications, cleaning supplies, cutlery and razor blades).
- Provide school and/or local community mental health resources and referrals, as needed. Assist students in accessing services through their provider, if needed.
- Provide the parent/caregiver the [Supporting Your Child’s Mental Health: A Parent & Caregiver’s Guide to Suicide Awareness and Prevention](#) handout or the [Supporting Your Child’s Mental Health: A Parent & Caregiver’s Guide to Self-Harm Awareness and Prevention](#) handout.
- Obtain parent/caregiver permission to communicate with outside mental health care providers regarding their child using the approved Parent/caregiver Authorization for Release/Exchange of Information form.
- Communicate a plan for re-entry if the student is hospitalized. Complete and provide [parent/caregiver Return to School Information for Parent/Caregiver letter](#) which outlines steps to facilitate a positive return to school.
- It is recommended that school staff verify with the parent/caregiver that follow-up treatment has been accessed after a referral is made for a student. Parents/caregivers should be encouraged to provide documentation of care to the school.
- If parents/legal caregivers refuse or neglect to access treatment for the student, an appropriate designated staff member should meet with the parents/legal caregivers to identify barriers to treatment (e.g., cultural, stigma, financial issues, transportations, etc.), and work to assist families in building an understanding of the importance of care.
- Document all actions according to district protocol.

COMPLETING STUDENT SAFETY PLANS

A school crisis team member needs to continue to work collaboratively with the student who has been determined to have low, moderate, or high risk for suicide by developing a student safety plan. The safety plan should emphasize attainable and practical strategies for coping with and preventing suicidal thoughts and behaviors. Refer to [Developing a Student Safety Plan](#) and [My Safety Plan](#) documents.

A [safety plan](#) should be developed at the time of screening/assessment. For high-risk students, the safety plan may be developed upon re-entry to school.

Copies of the student's safety plan should be provided to the student, parent/caregiver and other trusted adults at school and in the community who can support the student in utilizing their plan.

The plan should include a description of:

- Coping skills/healthy behaviors
- Student strengths
- Extra-curricular activities and positive social connections
- Safe places
- Trusted adults at school
- Adult supports in the student's community
- Upsetting situations
- Warning signs
- Means restriction
- Monitoring and re-screening

RE-ENTRY AND SUPPORTING STUDENTS AFTER A MENTAL HEALTH CRISIS

A student who has verbalized ideation or attempted suicide is at a higher risk for suicide in the months following the crisis. Having a streamlined and well-planned re-entry process ensures the safety and well-being of students who have previously attempted suicide and reduces the risk of another attempt. An appropriate re-entry process is an important component of suicide prevention. Involving students in planning for their return to school provides them with a sense of control, personal responsibility and empowerment.

The _____ has determined the following steps be implemented upon the student's re-entry:

1. Prior to the student's return, the assigned School Site Care Coordinator shall:
 - Encourage the parent/caregiver to provide the school with any relevant hospital discharge paperwork.
 - Inform the student's teachers about possible days of absences.
2. Upon the student's return to school, a designated school crisis team member and/or administrator should facilitate a re-entry planning meeting with the student and parent/caregiver present. Please refer to the [Student School Reentry Guideline document](#). During this meeting the school crisis team member and/or administrator shall:
 - Obtain a written release of information form signed by parents/guardian and providers which allows school staff to obtain information from the hospital and/or other mental health provider(s)
 - Confer with the student and parents/caregivers to determine what information will be shared and with whom.
 - Confer with the student and parents/caregivers/families to develop a safety plan



- Provide student and parents/caregivers local emergency numbers for after-school and weekend emergency contacts
- Maintain ongoing contact with student and parent/caregiver to monitor student's actions and mood
- Work with the teacher(s) to accommodate work missed during the student's absence
- Adhere to district attendance protocol for any out of school absences.
- Document all actions according to district protocol.

After a death by suicide in the school community, it is important to implement a coordinated crisis response to assist students, staff and families who are impacted by the death and to restore an environment focused on education. For information about how to respond to a death by suicide, the following are general procedures for the administrator/designee in the event of a death by suicide.

PROTOCOL FOR RESPONDING TO A DEATH BY SUICIDE

Gather Pertinent Information

- The administrator/designee should attempt to obtain information regarding the cause of death. This can be done by communicating with the parent/caregiver, local law enforcement or the Department of Medical Examiner-Coroner.
- The administrator/designee should designate one certificated staff member to be the point of contact with the family of the deceased.
- Information about the cause of death should not be disclosed to the school community without the family's consent for disclosure. The consent may be verbal and given in-person or by telephone and should be documented according to district policy.

Notify on a Need to Know Basis

- County Administrator
- Executive Cabinet
- District Crisis Team Lead

Mobilize the School Crisis Team

- Consider the concerns and wishes of family members regarding disclosure of the death and cause of death when providing facts to students, staff and parents/caregivers.
- Assess the extent and degree of psychological trauma and impact to the school community.
- Administrators should consult with the Crisis Response Team Lead to determine if there is a need to mobilize a crisis team with support from district and/or community crisis service providers, to help staff address the reactions of other students.
- Develop an action plan and assign responsibilities.
- Establish a plan to notify staff of the death, when/if consent is obtained by the family of the deceased.
 - Notification of staff is recommended as soon as practically possible, such as during an optional emergency meeting before or after school.

- Dispel rumors. Disclose accurate information and all known facts about the death that the family has approved to be shared.
 - Emphasize that no one person or event is to blame for suicide. Suicide is complex and cannot be over simplified; for example, blaming individuals, drugs, music, school or bullying.
 - Allow staff to express their own reactions and grief. Identify anyone who may need additional support and provide resources.
- Establish a plan to notify students of the death, when/if consent is obtained from the family of the deceased.
 - Develop a plan for notification of students in small group settings. Do not notify students using a public announcement system.
 - Provide staff with information allowed to be shared with the students, recommendations for responding to possible student reactions and questions and activities to help students process the information (e.g., writing, drawing or referral to a crisis counselor).
 - Review student support plan, making sure to clarify procedures and locations for crisis counseling.
- Establish a plan to notify other parents/caregivers of the death, when/if consent is obtained from the family of the deceased. Consult with the Crisis Team Lead and Operations when preparing a death notification letter for parents/caregivers.
- Define triage procedures for students, staff and/or parents/caregivers who may need additional support in coping with the death.
 - Identify a Care Coordinator who will serve as the lead school site crisis response staff member to assist with coordination of crisis counseling and support services.
 - Identify locations on campus to provide crisis counseling to students, staff and parents/caregivers.
 - Request substitute teachers as needed.
 - Maintain sign-in sheets and documentation to support follow-up efforts.
 - Provide students, staff and parents/caregivers with after-hours resource numbers, such as the 24/7 National Suicide Prevention Lifeline 988
 - Request crisis counseling support from the District Office.
- Refer students, staff and parents/caregivers who require a higher level of care for additional services, such as a community mental health provider or their health care provider. Indicators of students, staff and parents/caregivers in need of additional support may include the following:
 - Persons with close connections to the deceased (e.g., close friends, siblings, relatives and teachers).
 - Persons who experienced a loss over the past year, experienced a traumatic event, witnessed acts of violence or had a loved one who died by suicide.
 - Persons who appear emotionally withdrawn (e.g., a student who was very close to the

deceased who is exhibiting no emotional reaction to the loss) or those who are angry when the majority are expressing sadness.

- Persons with multiple traumatic experiences. These individuals may have strong reactions that require additional assistance.

Monitor and Manage

- The administrator/designee, with support from the school site crisis team, should monitor and manage the situation as it develops to determine follow-up actions.
- School Crisis Response Team members should maintain consistent communication with appropriate parties.
- Designated staff shall alert appropriate staff and/or principals at schools attended by siblings and close relatives, who in turn will notify counselors, nurses and others in a position to help siblings and other students who might be affected. It is recommended to alert other districts and schools of the siblings if applicable.
- Hold a mandatory debriefing for staff, administrators and crisis response team members who directly dealt with students in crisis.

Special Consideration: Documentation

Consider referring to district/board policy and administrative regulations pertaining to the maintenance and security of individual student records related to confidential information, as well as documentation of actions taken.

Consider reviewing/developing district board policy for procedures related to the transfer of confidential student information upon student transfer to another school within or outside of the district.

Dissemination of information about at-risk students is governed by provisions of the United States Family Education Rights and Privacy Act of 1974, Public Law 93-380, as amended by Public Law 93-586, the Education for All Handicapped Children Act, Public law 94-142, and 20 A MRSA. §§ 6001 – 6001-B.

IMPORTANT CONSIDERATIONS

Memorials

- Memorials for all student deaths (accident, illness, suicide) should be treated the same way. Memorials or dedications to a student who has died by suicide should not romanticize the death.
- Memorials should not disrupt the daily school routine. It is highly advisable for funerals and memorials to not take place on school grounds to prevent students from associating the space with death.
- If possible, conduct memorial services outside of regular school hours and consider having parents accompany students who wish to attend, with mental health professionals and administrators present.
- If student-led spontaneous memorials are created on school grounds, school staff should monitor for messages that may be inappropriate or indicate students who may themselves be at risk.
- Placement of memorials should be time limited. For example, they may be kept in place until the funeral services. Memorial items may be offered to the family upon review of appropriateness of items by administrator/designee. (After a Suicide: A Toolkit for Schools 2nd, 2018)

Social Media and Networking

Students will often turn to social media to communicate about the death and to express their thoughts and feelings about the deceased, death and suicide. Some considerations regarding social media include:

- To the extent possible, designated staff should monitor social media sites as they may provide insight to what students are communicating, considering and/or planning
- Encourage parents/caregivers to monitor internet postings regarding the death, including the deceased's personal profile or social media.
- Social networking sites may contain inaccurate information about the deceased or other students. Such messages may need to be addressed. In some situations, postings may warrant notification to parents/caregivers or law enforcement.

Suicide Contagion

Suicide contagion is rare but more prominent among adolescents and teenagers due to their identification with peers. Highly publicized suicides can contribute to contagion. Schools should take extra measures, like identifying at-risk students, collaborating with the community and consulting the mental health staff member if contagion is suspected. (After a Suicide: A Toolkit for Schools 2nd, 2018)

Some considerations for preventing suicide contagion are:

- Identifying students who may be at an increased risk for suicide, including those who have a reported history of attempts, are dealing with known stressful life events, witnessed the death or are friends with or related to the deceased.
- Referring students for mental health services as necessary.
- Carefully considering what public officials are reporting about suicide and monitor media coverage.

Some characteristics of media coverage may contribute to contagion, while other characteristics may help prevent future suicide. (O'Carroll, P. W., & Potter, L. B., 1994).

School Culture and Events

It is important to acknowledge that the school community may experience a heightened sense of loss in the aftermath of a student death when significant events transpire that the deceased student would have been a part of, such as culmination, prom, dissemination of yearbooks or graduation. Depending on the impact, such triggering events may require planning for additional considerations and resources.

- Prior to graduation ceremonies for the deceased student's class, check with the student's family about any requests. Acknowledgement of a student who has died by suicide should be consistent with acknowledgement of a student who has died by any other means.
- Be aware of special events, holidays and anniversaries, as these may activate possible stress/grief responses in students or staff.
- The risk of contagion may be heightened on the anniversary of the death as well as on other meaningful days.

RESOURCES FOR DISTRICT AND SCHOOL STAFF

Crisis Lines

- National Suicide Prevention and Crisis Lifeline: Call or Text 988
- Crisis Text Line: Text “TALK” or “HOME” to 741741
- Trevor Project Suicide Hotline for LGBTQ Youth: Text “START” to 678678
- Teen Line: Text “TEEN” to 839863
- Call or text the CalHOPE Warm Line: (833) 317-HOPE (4673)

Psychiatric Mobile Response Teams (PMRT)

The Psychiatric Mobile Response Teams (PMRT) provides non-law enforcement-based mobile crisis response for clients experiencing a psychiatric emergency in the community. PMRT consists of LACDMH clinicians designated to perform evaluations for involuntary detention of individuals determined to be at risk of harming themselves or others, or who are unable to provide food, clothing or shelter for themselves

If a student is experiencing a psychiatric emergency, please call PMRT at (800) 854-7771.

Website: <https://dmh.lacounty.gov/our-services/countywide-services/eotd/ert>

Other Toolkits & Educational Resources

After a Suicide: A Toolkit for Schools, Second Edition: This comprehensive guide assists schools in effectively responding to and supporting their communities after a suicide loss, accessible at <https://sprc.org/online-library/after-suicide-toolkit-schools>.

CalHHS Back-to-School Mental Health Resources: Provides a range of mental health resources tailored for back-to-school transitions, supporting the mental well-being of students and families, available at <https://www.chhs.ca.gov/back-to-school-resources/>.

CDE/WestEd Virtual Be Well Space: An online platform providing resources, tools and support for educators and students to prioritize mental health and well-being in virtual learning environments, accessible at <https://bewell.wested.org/>.

Each Mind Matters: A mental health advocacy platform offering resources and support to promote awareness and understanding of mental health challenges.

Website: <https://takeaction4mh.com/>

Employee Assistance Service for Education (EASE): Offers confidential support and resources for Los Angeles County employees in the education sector through counseling and assistance programs, accessible at <https://laoe.edu/ease>.

Family Acceptance Project: Provides research, resources, and support aimed at promoting the wellbeing and acceptance of LGBTQ+ youth within their families and communities, available at <http://familyproject.sfsu.edu>.



Know the Signs: Raises awareness about suicide prevention by providing information, resources and training on recognizing the signs of suicide risk and how to intervene effectively, accessible at <https://www.suicideispreventable.org/>.

LA County INFO Line (24-hour hotline): Connects individuals in Los Angeles County with vital community resources and assistance through a 24-hour hotline at www.211la.org.

Los Angeles County Department of Mental Health Suicide Prevention Resources: Provides a comprehensive array of suicide prevention resources and support services for residents of Los Angeles County at <https://dmh.lacounty.gov/resources/suicide-prevention/>.

NAMI Mental Health Education: Offers valuable support, education and advocacy for individuals and families affected by mental health challenges through NAMI's website at <https://www.nami.org/Support-Education>.

Safe Spaces Toolkit: Provides resources and guidance to create safe and inclusive environments for LGBTQ+ individuals, accessible at <https://osg.ca.gov/safespacestoolkit/>.

The Heard Alliance K-12 Toolkit For Mental Health Promotion & Suicide Prevention: Equips schools and educators with resources and strategies to promote mental health and prevent suicide among K-12 students, available at <https://www.heardalliance.org/help-toolkit/>.

Wellbeing 4 LA Online Training Resource: Offers online training resources aimed at promoting mental health and well-being within the Los Angeles community, accessible at <https://www.Wellbeing4LA.org>.





SUICIDE RISK ASSESSMENT AND ACTION PLAN PROTOCOL CHECKLIST

Instructions: When it is determined that a student may be a danger to self or others, use this summary sheet as a checklist to ensure you are following proper protocols. Items are listed in order of importance.

The urgency of the situation will determine the order and applicability of the steps below.

1. Respond immediately. If a student is in imminent danger, call 911.

- Secure the safety of the student and ensure that the student is supervised at all times.
- Promptly notify the school site crisis team (SCT) for immediate assessment of the student.

2. School Site Crisis Team member conducts a suicide assessment

- Gather essential background information
- Meets with the student to administer the [Columbia Suicide Severity Rating Scale \(C-SSRS\)](#)

3. School Site Crisis Team member determines initial risk level and action plan

- Utilizing the [Suicide Risk Assessment: Levels and Action Plan](#) document, the school site crisis team member should collaborate with at least one other designated School Crisis Team member to determine the risk level and associated action plan.

4. Communicate with Parent/Guardian

- Communicate concerns with parent/guardian and gather additional information regarding any other concerning behaviors in home, school, or community. Concerns expressed by parent/caregiver may change the level of risk.
- Refer to the [Suicide Risk Assessment: Levels and Action Plan](#) document for additional information on what should be shared and/or discussed with the parent/caregiver.

5. Implement the Action Plan

6. If applicable, schedule a re-entry meeting upon release from hospitalization or absence.

7. Document all Actions.

8. File copies of all forms in confidential student file (refer to your current policies and practices)



SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
Ask questions that are bolded and <u>underlined</u> .	YES	NO
Ask Questions 1 and 2		
1. <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2. <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3. <u>Have you been thinking about how you might do this?</u> E.g., "I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it....and I would never go through with it."		
4. <u>Have you had these thoughts and had some intention of acting on them?</u> As opposed to "I have the thoughts but I definitely will not do anything about them."		
5. <u>Have you started to work out or worked out the details of how to kill yourself?</u> <u>Do you intend to carry out this plan?</u>		
6. <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask; <u>Was this within the past three months?</u>	YES	NO

To determine risk level refer to the Suicide Risk Assessment: :Levels and Action Plan document.



SUICIDE RISK ASSESSMENT: LEVELS AND ACTION PLAN

Risk Level/Definition	Warning Signs May Include:	Action Plan Options:
<p>No Known Risk-</p> <p>No known current evidence of suicidal ideation</p> <p>Start here if the student answered "No" to all questions on the CSSRS.</p>	<ul style="list-style-type: none"><input type="checkbox"/> No known history of suicidal ideation, behavior, or self-injurious behavior<input type="checkbox"/> No current evidence of depressed mood/affect. For example, statement made was a figure of speech, intended as a joke, or was a repetition of song lyrics or movie script	<ul style="list-style-type: none"><input type="checkbox"/> Communicate with parent/caregiver, even if it is determined that there is no known current risk at this time:<ul style="list-style-type: none"><input type="radio"/> Provide information regarding the incident or statement the student made.<input type="radio"/> Explore with the parent/caregiver if there are any concerning behaviors at home, school, or community. Concerns expressed by parent/caregiver may change the level of risk.<input type="radio"/> Discuss the importance of student safety and use of appropriate expression.<input type="radio"/> Provide Handout - Suicide Prevention for Parents/Caregiver or Self-Injury Parents/Caregiver handouts<input type="checkbox"/> Document all actions per district board regulations.



SUICIDE RISK ASSESSMENT: LEVELS AND ACTION PLAN

Risk Level/Definition	Warning Signs May Include:	Action Plan Options:
<p>Low Risk-</p> <p>Thoughts of death with no plan, intent or behavior.</p> <p>Start here if the student answered Yes to questions 1 and/or 2 on the CSSRS.</p>	<ul style="list-style-type: none"><input type="checkbox"/> Suicidal ideation with low frequency, intensity, and duration<input type="checkbox"/> No intent or plan<input type="checkbox"/> Few risk factors<input type="checkbox"/> Effective self-control<input type="checkbox"/> Presence of protective factors	<ul style="list-style-type: none"><input type="checkbox"/> Take all warning signs seriously<input type="checkbox"/> Always notify parent/caregiver with or without student present, including recommendations to seek mental health care<input type="checkbox"/> Assist with connecting to referrals to outside agencies and provide Parent/Caregiver Resources Develop a Safety Plan with student and parent/caregiver<input type="checkbox"/> Refer to mental health services as needed<input type="checkbox"/> Communicate to appropriate staff and document<input type="checkbox"/> Provide a copy of the safety plan to: student, parent(s), assigned school site care coordinator, and school trusted adult(s) listed on the safety plan<input type="checkbox"/> Follow-up with the student and family as indicated on the student's safety plan<input type="checkbox"/> Debrief with involved staff who assisted with the intervention; provide for expressions of feelings, concerns, and suggestions<input type="checkbox"/> Document all actions per district board regulations.



SUICIDE RISK ASSESSMENT: LEVELS AND ACTION PLAN

Risk Level/Definition	Warning Signs May Include:	Action Plan Options:
<p>Moderate</p> <p>Thoughts of death with non-specific intent, some plans, not concrete.</p> <p>Start here if the student answered Yes to questions 1 and/or 2 and Yes on question 3 on the CSSRS.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Suicidal ideation with moderate frequency, intensity and duration <input type="checkbox"/> Non-specific intent, some plans, not concrete <input type="checkbox"/> History of self-injurious behavior <input type="checkbox"/> Recent trauma <input type="checkbox"/> May communicate previous suicide <input type="checkbox"/> attempt, some risk factors (mental illness, history of abuse, bullying, history of substance use) <input type="checkbox"/> Moderate self-control, presence of some protective factors 	<ul style="list-style-type: none"> <input type="checkbox"/> Remain with student to ensure safety <input type="checkbox"/> Reassure and provide support to the student <input type="checkbox"/> Communicate concerns to parent/caregiver (see above section for details), including recommendations to seek mental health care <input type="checkbox"/> Develop a Safety Plan <input type="checkbox"/> Discuss means restriction with parent/caregiver <input type="checkbox"/> Confirm understanding of next steps for student care <input type="checkbox"/> Assist with connecting to referrals to outside agencies <input type="checkbox"/> Complete <i>Parent/Caregiver Notification Form</i> <input type="checkbox"/> Provide Parent/Caregiver Resources <input type="checkbox"/> Consider sending student's teachers the Handle With Care email. <input type="checkbox"/> Notify administration <input type="checkbox"/> Document all actions per district board regulations.



SUICIDE RISK ASSESSMENT: LEVELS AND ACTION PLAN

Risk Level/Definition	Warning Signs May Include:	Action Plan Options:
<p>High</p> <p>Thoughts of death with a specific plan and intent to act on the plan within a short period of time.</p> <p>Start here if the student answered Yes to questions 1 and/or 2, YES on question 3 and YES on questions 4, 5 or 6 on the CSSRS.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Students have a specific plan and an intent to act on the plan within a short period of time. <input type="checkbox"/> The student has the means to act on their plan. <input type="checkbox"/> Additional risk factors may include, but are not limited to, the following: <ul style="list-style-type: none"> <input type="radio"/> May communicate previous suicide attempt <input type="radio"/> Sudden change in behavior <input type="radio"/> Hopelessness, feeling like a burden <input type="radio"/> Impulsivity-Risk taking behaviors <input type="radio"/> Currently abusing alcohol/substances <input type="radio"/> History of trauma or self-injury <input type="radio"/> Exposed to suicide <input type="radio"/> Poor self-control <input type="radio"/> No presence of protective factors 	<ul style="list-style-type: none"> <input type="checkbox"/> Remain with student to ensure safety <input type="checkbox"/> Contact (Insert Local Mobile Crisis Team Here) <input type="checkbox"/> Notify administrator that (Insert Local Mobile Crisis Team Here) is needed <input type="checkbox"/> Notify parent/caregiver with student present <input type="checkbox"/> Establish a plan for follow-up with parent/caregiver and student including safety planning and re-entry meeting <input type="checkbox"/> Discuss means restriction with parent/caregiver <input type="checkbox"/> Confirm understanding of next steps for student care <input type="checkbox"/> Document all actions per district board regulations.



DEVELOPING A STUDENT SAFETY PLAN

Directions: Complete collaboratively with a student who has expressed thoughts of suicide or self-harm. The individuals working with the student should emphasize attainable and practical strategies from a strengths based perspective. Safety plans should be reviewed and updated as indicated in the student's safety plan.

Safety Plan Guidance: Utilize the following definitions and examples as a guide when helping a student complete their safety plan:

Upsetting Situations: Any situation, person, place or thing that may elicit any negative reaction or feelings that may cause the student to increase thoughts of suicide or to engage in negative behaviors/self-harm.

Warning Signs: Actions, behaviors, and observations informing adults/staff that a student might be feeling suicidal and needs help. Some warning signs may include but are not limited to: students talking, writing, or posting thoughts about death; displaying dramatic mood swings; alcohol and drug use; socially withdrawing from friends, family and the community; drastic personality changes; and neglect of personal appearance. Students may indicate some of the following warning signs: *can't get out of bed, heavy breathing, failing my classes, agitated by my friends and family, feeling like I can't express myself, not wanting to do the things I used to enjoy, not caring what I look like, and/or sleeping too much/not enough.*

Coping Skills/Healthy Behaviors: Positive actions and behaviors that a student engages in to help them through their struggles on a daily basis. Some coping strategies include activities that students can do to regulate their emotions while in class, on campus, and/or at home. Ask the student for input, and teach additional strategies if necessary. Strategies may include activities such as: *slow breathing, yoga, play basketball, draw, write in journal, take a break from class to drink water, and listen to music.*

Safe Places: Places the student feels most comfortable. It should be a safe, healthy, and generally supportive environment. This can be a physical location, an imaginary "happy place", or being in the presence of safe people. Help students identify a physical and/or emotional state of being. Examples of safe places include *"my 2ND period class, health office, with my friends, youth group at church, imagining I am on a beach watching the waves."*

School Support: Help the student identify one or more school staff members who they feel comfortable with, that can reach out and check in with a student regularly. Meet with and share the safety plan with the selected staff member(s) to assist them in further supporting the student's needs. Emphasize to the selected staff member(s) to notify the School Site Care Coordinator about any safety issues or concerning observations.

Examples of school support may include *Counselor, Teacher, Nurse and After-School Staff.*



Adult Support: Help the student identify one or more healthy adults at home or in the community with whom the student feels connected. These include trusted adults with whom the student feels safe and comfortable asking for help during a crisis. Identify how students will communicate with these individuals and include a phone number when available. Some adults may include *family members (e.g., grandparent, aunt, uncle, and adult sister), family friends, and religious leaders (e.g., clergy, youth pastor)*.

Parents should be informed they are responsible for contacting the identified trusted adult(s) and sharing the **Warning Signs of Suicide and Action Guide for Trusted Adults in the Community** handout with them.

Parent/Caregiver Support: Contact parent/caregiver to identify ways to support the student including the following actions:

- Being aware of the warning signs of suicidal and/or self-injury.
- Identify a plan(s) for lethal means of safety.
- Help parents/guardians identify who will monitor their student when they cannot (e.g., while the parent/guardian is at work, the student will stay with a trusted adult; student will accompany parent to run errands).
- Encourage parents/guardians to obtain access to students' social media accounts and cell phone passwords.
- Encourage ongoing communication with the student's psychiatrist and/or mental health counselor.
- Help students identify how their parents/guardians can support them, such as spending time with family and friends; watching movies with mom; dad will pick me up from school; or going to counseling with mom once a month.

School Site Care Coordinator: The designated school site care coordinator is the lead identified by the administrator/designee for this student should follow-up with the student, monitor and update the safety plan and provide case management activities including:

- Develop strategies to monitor and check-in with the student as indicated on the safety plan.
- Obtain a Release of Information form, if needed, from any outside mental health agency providing services to the student.
- Collaborate with any of the student's mental health providers.



NAME:		DATE OF BIRTH:		DATE:	
Upsetting Situations		Warning Signs			
There are certain situations or circumstances which make me feel uncomfortable, upset, anxious and/or agitated:		I will use my safety plan when I notice these warning signs (thoughts, images, moods, situations, behaviors):			
1.		1.			
2.		2.			
3.		3.			
Coping Skills/Healthy Behaviors		Places I Feel Safe			
Things I can do myself that will help me calm down and/or feel better in the moment (e.g. favorite activities, hobbies, relaxation techniques):		Places where I feel better and feel safe (e.g. can be a physical location, an imaginary "happy place", or being in the presence of safe people):			
1.		1.			
2.		2.			
3.		3.			
Trusted Adults at School		Trusted Adults in My Community			
Healthy adults at school and/or ways school staff can give me support:		Healthy adults at home or in my community, whom I trust and feel comfortable asking for help during a crisis (include phone number):			
1.		1.			
2.		2.			
3.		3.			
Parent Support		School Site Care Coordinator			
Actions my parent/guardian can take to help me stay safe:		Actions my school support lead can take to help me stay safe:			
1.		1.			
2.		2.			
3.		3.			



Making Home and the Environment Safer (Plan for Lethal Means Safety)

The one thing that is most important to me and worth living for is:

The Mental Health Agency Providing Support to me and my family*

Mental Health Agency:

Clinician Name:

Office Number:

Clinician Email:

Cellphone Number:

*** Request family completes a Release of Information form to allow for communication to and from the child's mental health provider.**

During a crisis, I can also call:

- Suicide and Crisis Lifeline (available every day, 24 hours per day) – lifeline, chat and text **988**
- California Youth Crisis Line (available every day, 24 hours per day) – call or text **(800) 843-5200**, chat available at **www.calyouth.org**
- Other:
911 for immediate support

Signatures:

Student Signature

Date

Parent/Guardian Name (please print)

Phone Number

Parent /Guardian Signature

Date

School Site Care Coordinator Signature (please print)

Title

Date

_____(Initial) I, parent/guardian of _____, consent to the notification of the Adult Gatekeeper(s) identified under the Adult Support* section of my child's Safety Plan.

NOMBRE:	FECHA DE NACIMIENTO:	FECHA:
<div style="background-color: #f2f2f2; padding: 5px;">Situaciones Preocupantes</div> <p>Hay ciertas situaciones o circunstancias que me hacen sentir incómodo, molesto, ansioso y/o agitado:</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></div>	<div style="background-color: #f2f2f2; padding: 5px;">Señales de Advertencia</div> <p>Usaré mi plan de seguridad cuando note estas señales de advertencia (pensamientos, imágenes, estados de ánimo, situaciones, comportamientos):</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></div>	
<div style="background-color: #f2f2f2; padding: 5px;">Habilidades de Afrontamiento/ Comportamientos Saludables</div> <p>Cosas que puedo hacer yo mismo que me ayudarán a calmarme y/o sentirme mejor en el momento (por ejemplo, actividades favoritas, pasatiempos, técnicas de relajación):</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></div>	<div style="background-color: #f2f2f2; padding: 5px;">Lugares en los que me siento seguro</div> <p>Lugares donde me siento mejor y me siento segura (por ejemplo, puede ser un lugar físico, un "lugar feliz" imaginario o estar en presencia de personas seguras):</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></div>	
<div style="background-color: #f2f2f2; padding: 5px;">Adultos de confianza en la escuela</div> <p>Adultos sanos en la escuela y/o maneras en que personal escolar puede brindarme apoyo:</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></div>	<div style="background-color: #f2f2f2; padding: 5px;">Adultos de confianza en mi comunidad</div> <p>Adultos sanos en casa o en mi comunidad, en quienes confío y me siento cómodo pidiendo ayuda durante una crisis (incluya número de teléfono):</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></div>	
<div style="background-color: #f2f2f2; padding: 5px;">Apoyo de Padres</div> <p>Acciones que mi padre/madre/tutor puede tomar para ayudarme a mantenerme seguro:</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></div>	<div style="background-color: #f2f2f2; padding: 5px;">Coordinador del Sitio Escolar</div> <p>Acciones que mi líder de apoyo escolar puede tomar para ayudarme a mantenerme seguro:</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></div>	



Hacer que el hogar y el medio ambiente sean más seguros (Plan para la seguridad de los medios letales)

Lo más importante para mí y por lo que vale la pena vivir es:

La Agencia de Salud Mental que me brinda apoyo a mí y a mi familia*

Agencia de Salud Mental:

Nombre del médico clínico:

Número de la Oficina:

Correo electrónico del medico clínico:

Número de celular:

*** Solicitamos que complete un formulario de divulgación de información, que nos permitirá comunicarnos de manera efectiva con su proveedor de salud mental con respecto a su plan de tratamiento y progreso.**

Durante una crisis, también puedo llamar:

- Línea de Prevención del Suicidio y Crisis (disponible todos los días, las 24 horas del día): línea de vida, envíe un mensaje de texto o chatear en línea al **988**
- Línea de Crisis Juvenil de California (disponible todos los días, las 24 horas del día): llame o envíe un mensaje de texto al **(800) 843-5200**, chatear en línea **www.calyouth.org**
- Otro: **911 para apoyo inmediato**

Firmas:

Firma del estudiante

Fecha

Nombre del Padre/Tutor (en letra de imprenta)

Número de teléfono

Firma del Padre/Tutor

Fecha

Firma del Coordinador de sitio Escolar (en letra de imprenta)

Título

Fecha

_____(Inicial) Yo, padre/tutor de _____, doy mi consentimiento para la notificación de la Guardián(es) adulto(s) identificado(s) en la sección de Apoyo para Adultos* del Plan de Seguridad de mi hijo.



PROTOCOL FOR RESPONDING TO STUDENTS WHO SELF-INJURE

The following are general procedures for the school site administrator/designee and/or Suicide Prevention Liaison(s) to respond to reports of students exhibiting self-injurious behaviors.

The urgency of the situation will dictate the order and applicability in which the subsequent steps are followed.

- Respond immediately or as soon as practically possible.
- Supervise the student.
- Seek medical attention, as needed.
- Consult with school administrators to discuss whether or not an administrative search should be conducted of student's belongings to remove access to dangerous objects such as razor blades, shards of glass, or other sharp instruments to ensure student and school safety.
- Screen for suicide risk.
- Communicate with and involve the parent/guardian so the self-injurious behavior can be addressed as soon as possible.
- Encourage appropriate coping and problem-solving skills; do not shame the student about engaging in self-injury.
- Listen calmly and with empathy; reacting in an angry, shocked, or shaming manner may increase self-injurious behaviors.
- Develop a safety plan with the student.
- Provide resources.
- Document all actions.

Self-Injury and Contagion

Self-injurious behaviors may be imitated by other students and can spread across grade levels, peer groups, and schools. If the self-injurious behavior involves a group of students, the assessment of each student individually will often identify a student whose behaviors have influenced the behaviors of others in the group. The self-injurious behavior may be indicative of complex mental health issues of this student.

The following are guidelines for addressing self-injurious behaviors among a group of student

- Respond immediately or as soon as practically possible.
- Respond individually to students, but try to identify peers and friends who may also be engaging in self-injurious behaviors.
- As students are identified, they should be supervised in separate locations.
- Each student should be screened for suicide risk individually. If the self-injurious behavior involves a group of students, the assessment of each student individually will often identify a student whose behaviors have influenced the behaviors of others in the group. The self-injurious behavior may be indicative of complex mental health issues of this student.



- Develop a safety plan collaboratively with each student to ensure ongoing safety.

Self-Injury Contagion Response and Communication for School Community

The following are guidelines for how to respond as a school community when addressing self-injurious behaviors among a group of students:

- Self-injury should be addressed with students individually and never in group settings, such as student assemblies, public announcements, school newspapers, or the classroom.
- When self-injurious behaviors affect the larger school community, schools may respond by inviting parents/guardians to an informational parent meeting at the school. The meeting should be reserved for parents/guardians only. The administrator/designee may decide to invite all parents/guardians from the school community, as the meeting would provide psycho-education, awareness, and tools for addressing self-injurious behaviors in youth. Limiting the invitations may inadvertently leave other parents/ guardians feeling uninformed or concerned about their child. Arrangements should be made to supervise students and children during the parent/guardian meeting.
- Consult and work with the District Communications Office for dissemination of information regarding a parent/guardian meeting or other media matters, as needed.



RETURN TO SCHOOL INFORMATION FOR PARENT/CAREGIVER

School Name:

Date:

Re: Student Name

Dear Parent/Caregiver:

Please follow the steps below to help facilitate a positive transition back to school and to prepare for a re-entry meeting.

- Communicate with the Principal and/or School Site Care Coordinator when your student is expected to return to school and to schedule a re-entry meeting for your student.
- Please bring all documentation provided by the hospital, if applicable. This includes but is not limited to discharge paperwork, information regarding medication prescriptions, safety plans, treatment recommendations, etc.
- If medication was prescribed, please bring your student's prescription information to the meeting, including the name of the medication(s) and dosage.
- Escort your student to school on the first day back after the hospitalization.
- Participate in your students Re-Entry Meeting, which will include creating or revisiting their safety plan and discussing any needed services and accommodations.
- Please inform the school if you need a letter informing your employer that you were required to take time off from work to participate in your student's meeting.

School Contacts:

Administrator Name: _____

School Phone Number: _____

School Site Care Coordinator Name: _____

School Site Care Coordinator Number: _____

Thank you for working with us to support your student at school.



STUDENT RE-ENTRY GUIDELINES

Student Name and ID: _____

School/Program: _____

Absence Start Date: _____ Re-Entry Meeting Date: _____

Administrator/Designee: _____

School Site Care Coordinator: _____

Evaluated by a Crisis Mental Health Team (i.e. PET, PMRT, MET, etc.) Transported to hospital, but did not meet criteria for hospitalization

Met hospitalization criteria and was held for: _____

When preparing for the return of a student who has been out of school for any length of time and for reasons that may include mental health reasons the school site administrator/designee may consider any of the following action items:

Items:	Actions:
Preparing for the Re-Entry Meeting	<ul style="list-style-type: none">• Designate the school-site care coordinator and/or administrator/designee that will serve as the point of contact with the parent/caregiver.• Make contact with the parent/caregiver and ask how the student is doing.• Obtain consent by parent/caregiver to discuss student information with outside providers, including hospital staff if applicable, using the district's approved Parent Authorization for Release of Information form.• If the student is currently hospitalized, contact the hospital to discuss hospital discharge plans.• Schedule the re-entry meeting for the student's first day back to school.• Provide the parent/caregiver with written instructions to prepare for the Re-Entry Meeting and the student's day of return. <p>Service provider names and agencies with contact information:</p>



STUDENT RE-ENTRY GUIDELINES

Returning Day	<ul style="list-style-type: none">• Have a parent/caregiver escort the student on the first day back for the re-entry meeting. If the parent/caregiver is not present, continue to meet with the student prior to going to class and follow up with the parent/caregiver to review the safety plan completed with the student.• Conduct the re-entry meeting with the parent/caregiver, student (if appropriate), and one or more of the following staff: a school site administrator, the assigned school site care coordinator, the Suicide Prevention Liaison. Additional staff are encouraged to participate in this meeting, as needed.
Re-Entry Meeting	<ul style="list-style-type: none">• Welcome the student back to school and discuss the reason(s) for the student's absence.• Request the hospital discharge paperwork. Review paperwork for discharge orders and aftercare plan. It is strongly advised that the student is discharged and cleared to return to school by the healthcare provider.• If the student is prescribed medication, consult the school nurse/health designee regarding medications and discuss if any need to be administered during school hours.• Discuss removal of access to firearms and other lethal means from the home.• Determine if a continuous administrative search is needed and obtain parent/caregiver consent per district administrative regulations.• Develop, or review the current, student safety plan with the student and parent/caregiver. If a safety plan was completed in the hospital, this plan can be utilized to support the development of the student safety plan, however, best practice is to ensure the plan is reflective of the learning environment.• Discuss supervision of the student. Offer parent/caregiver suggestions regarding monitoring personal communication devices, including social networking sites.• Identify on-going mental health resources in the school and community. Obtain written parent/caregiver consent to release information for school and community mental health referrals.• Plan together what information will be shared and with whom.• Inform the student and parent/caregiver that sharing information with school personnel will be done on a need-to-know basis only.
Re-Entry Meeting (cont.)	<ul style="list-style-type: none">• Consult with the student's counselor, teacher, 504 and/or IEP team if educational accommodations and/or services are needed. For students whose disabilities interfere with their ability to go to school or to learn, communicate next steps with the parent/caregiver. If the student has an IEP, consider if counseling services are needed to be added to the IEP, or modified.



STUDENT RE-ENTRY GUIDELINES

School Safety	<ul style="list-style-type: none"> Identify events/reasons when the school site administrator/designee may need to evacuate the student's classroom, contact local law enforcement, child protection services, request a mental health evaluation team, etc. (e.g. active suicide attempt and/or unsafe behaviors). Refer to your site's Comprehensive Safe School Plan to determine if/when the school site crisis team may need to be activated.
Additional Considerations:	<ul style="list-style-type: none"> Ensure that any bullying, harassment, or discrimination is addressed by the school's Title IX Coordinator. Notify the Homeless and/or Foster Education Liaison if the student has experienced a change in status. Update the Student Emergency Card if there have been any changes to the parent/caregiver's contact information or emergency contacts. Documentation. <i>Student Safety Plans</i> are confidential documents and should be stored separately from educational records. However, school staff can notate if a Student Safety Plan was completed and any necessary meeting info documented in a role restricted section of the district's student information system.
Monitor and Manage	<p>Case management and monitoring ensures that the student is accessing and receiving the proper mental health and educational services needed.</p> <p>The student's assigned school site care coordinator will check in with the student and parent/caregiver on a _____ basis (to be updated as needed).</p> <p>Student Check-Ins: Start date: _____ End date: _____</p> <p>Parent/Caregiver Follow-Ups: Start Date: _____ End Date: _____</p>

Additional School Staff to be Notified:

Name	Title	Purpose



Student Re-Entry Meeting Sign-In

Title	Name	Signature
Student		
Parent/Caregiver		
School Administrator		
Assigned School Site Care Coordinator		
School Suicide Prevention Liaison		
School Crisis Team Member		
School Staff		
School Staff		
Community Service Provider		
Other		



Confidential Email Example:

Suggested Subject Line: Handle with Care

(Please do not put student's name in subject line)

(Student name) has experienced a stressful or traumatic event recently. As a result, this student may exhibit academic, emotional, or behavioral challenges. Please allow the student to come to my office if needed and please handle with extra care.

Thank you for your support of all our students.

Sincerely,

Warning Signs of Suicide and Action Guide for Trusted Adults within the School Community

A trusted adult plays an important role in suicide prevention. As a trusted adult, you are someone who can recognize warning signs that a student may be contemplating suicide. These signs include behaviors or statements indicating thoughts of self-harm. While it can be frightening to confront this reality, there are steps you can take to support them. As a trusted adult, you hold a vital role in ensuring that every student has access to compassionate support. By offering genuine care and assistance, you help maintain their safety and overall well-being.



Recognizing Common Warning Signs

This fact sheet can help you recognize common warning signs that may indicate a student is at risk of suicide. It also provides tips on how to respond if you observe these warning signs and when to seek immediate professional help.

Thoughts and feelings may include:

- Feeling hopeless, worthless or trapped
 - Feeling guilt, shame or anger
 - Feeling like they are a burden to others
 - A recent episode of depression
 - Emotional distress, and/or anxiety
 - Feeling unbearable pain
 - Thinking about death or a recent fascination with death
-

Behaviors may include:

- Self-Injury (i.e. cutting)
- Active suicide attempt
- Planning a suicide attempt
- History of a suicide attempt
- Increased alcohol or substance use
- Sudden change in personal appearance or hygiene
- Withdrawing from family, friends or community
- Saying goodbye to friends and family
- Giving away prized possessions
- Changes in eating patterns
- Changes in sleep patterns
- Becoming violent or being a victim of violence
- Expressing rage
- Engaging in recklessness



How to Respond If You Observe Warning Signs

- Remain calm.
- Let the student know that you are concerned and ask if they are ok.
- Ask the student if they are having thoughts of suicide.
- Listen attentively and without judgment.
- Take it seriously and do NOT leave the student alone.
- Let the student know you care about them and support them.
- Notify the school administrator, Suicide Prevention Liaison or crisis team member for an assessment and continued support.
- Follow-up with the student to make sure they are receiving support.

Important School Contacts

- School: _____
- Administrator: _____
- Crisis Team Member/Suicide Prevention Liaison: _____
 - Office/Room/ Telephone #: _____
- Other School/District Staff: _____
 - Office/Room/Telephone #: _____

Resources and Support

- For **IMMEDIATE HELP**, call 911.
- **988 Suicide & Crisis Lifeline**: Available 24/7.
Call or Text 988 or 800-273-8255
- **The Trevor Project for LGBTQ Teens**: Available 24/7.
Call 1-866-488-7386 or Text **START** to 678678



Warning Signs of Suicide and Action Guide for Trusted Adults in the Community

A trusted adult plays an important role in suicide prevention. As a trusted adult, you are someone who can recognize warning signs that a student may be contemplating suicide. These signs include behaviors or statements indicating thoughts of self-harm. While it can be frightening to confront this reality, there are steps you can take to support them. As a trusted adult, you hold a vital role in ensuring that every student has access to compassionate support. By offering genuine care and assistance, you help maintain their safety and overall well-being.

Recognizing Common Warning Signs

This fact sheet can help you recognize common warning signs that may indicate a student is at risk of suicide. It also provides tips on how to respond if you observe these warning signs and when to seek immediate professional help.

Thoughts and Feelings may include:

- Feeling hopeless, worthless or trapped
- Feeling guilt, shame or anger
- Feeling like they are a burden to others
- A recent episode of depression
- Emotional distress, and/or anxiety
- Feeling unbearable pain
- Thinking about Death or a recent fascination with death

Behaviors may include:

- Self-Injury (i.e. cutting)
- Active suicide attempt
- Planning a suicide attempt
- History of a suicide attempt
- Increased alcohol or substance use
- Sudden change in personal appearance or hygiene
- Withdrawing from family, friends or community
- Saying goodbye to friends and family
- Giving away prized possessions
- Changes in eating patterns
- Changes in sleep patterns
- Becoming violent or being a victim of violence
- Expressing rage
- Engaging in recklessness



Common Risk Factors:

- Access to weapons or lethal means (i.e. firearms, knives, medication, heights, ropes/belts/curtains or other objects that can be used for hanging, etc.)
- Stressors (i.e. family and peer relations, loss, gender identity, school, etc.)
- History or current symptoms of depression, anxiety, substance/alcohol use
- History of suicide in the family or of a close friend
- History of mental illness in the family

How to Respond If You Observe Warning Signs

- Remain calm.
- Let the student know that you are concerned and ask if they are ok.
- Ask the student if they are having thoughts of suicide.
- Listen attentively and without judgment.
- Take it seriously and do NOT leave the student alone.
- Let the student know you care about them and support them.
- Offer to connect them with professional help.
- Some behaviors may indicate an emergency is happening or that a



- person is in crisis. If you observe the following behaviors, you should immediately connect the person with professional help, such as the 988 Suicide & Crisis Lifeline, emergency medical services or a mental health professional.
- Talking about immediate harm to oneself or others
- Planning to attempt suicide (for example, searching online for information about how to attempt suicide)
- Acting in such an erratic manner that you are concerned about their safety
- If the person in crisis is unwilling or unable to seek professional help, or if you are struggling yourself, contact the 988 Suicide & Crisis Lifeline to ask for guidance and support.
- Follow-up with the student to make sure they are receiving support.
- Offer to notify and/or connect them with their school counselor for continued support.

Resources and Support

- For **IMMEDIATE HELP**, call 911.
- **988 Suicide & Crisis Lifeline:** Available 24/7.
Call or Text 988 or 800-273-8255
- **The Trevor Project for LGBTQ Teens:** Available 24/7.
Call 1-866-488-7386 or Text **START** to 678678



Supporting Your Child's Mental Health: A Parent and Caregiver's Guide to Suicide Awareness and Prevention

Suicide is a significant public health concern in the US, affecting youth and adults regardless of age, gender, race or ethnicity. It's preventable, and support is available. Each of us, from parents to educators and mental health providers, contributes to creating a supportive environment for mental well-being. By working together and understanding warning signs, we can save lives and build resilient communities.

Understanding Suicide and Mental Health

- Suicide is a leading cause of death among children and adolescents, with suicidal thoughts and behaviors being common (Kann et al., 2016). Parents and caregivers should be ready to respond to youth who have thoughts of ending their own lives.
- Risk factors contribute to suicide risk, but there is no definitive profile to predict it. However, warning signs are observable behaviors signaling suicidal ideation and can be seen as cries for help. Recognizing these signs indicates the need to ask directly if they are thinking about suicide or dying.

Some common risk factors and warning signs that increase the risk for suicide in children and teens includes:

- **Common Risk Factors:**
 - Access to lethal means (firearms, knives, medication, heights, etc.)
 - Stressors (family/peer relations, loss, gender identity, school)
 - History or current symptoms of depression, anxiety, substance/alcohol use
 - Family or close friend history of suicide or mental illness
- **Common Warning Signs:**
 - Expressing emptiness, hopelessness, worthlessness or feeling trapped
 - Extreme sadness, anxiety, agitation or rage
 - Unbearable emotional or physical pain
 - Withdrawing from loved ones, saying goodbye or giving away important items
 - Sudden behavior changes, planning or researching ways to die
 - Taking dangerous risks (e.g., reckless driving, increased substance use)
 - Changes in eating or sleeping habits
 - Talking about wanting to die, feeling guilty, ashamed or being a burden

Suicide Prevention Strategies

- **What You Can Do:**

It's natural for parents to think a behavior change is normal, "just a phase," and will pass, but if you sense something is wrong, don't delay in getting help!

- Find the words to have this difficult conversation.
- Express your concern.
- Mention specific things you have noticed.
- Ask directly if they are thinking of harming themselves or thinking of suicide. Talking about suicide does not increase suicidal behavior. By talking openly and directly, you are sending the message that you care and want to help.

You may ask: *"Are you thinking about suicide? Have you thought about suicide?"*



- **If they say “no”:**

- Continue to talk to your child and let them know you are there for them.
- Listen without lecturing or judgment.
- Be vigilant about behaviors and regularly check in with your child.
- Promote positive problem-solving and coping skills.
- Help your child identify challenges and find healthy ways to cope.
- Promote good mental health in your family and address your own emotional challenges.
- Encourage using available resources or connect your child to a mental health therapist for ongoing support.

- **If they say “yes”:**

- Take it seriously and **do not leave your child alone** until their safety is ensured.
- **Remove access to all lethal means** (firearms, weapons, medications, substances, ropes, etc.).
- Remain calm and thank them for their honesty.
- Encourage them to talk about their feelings and listen.
- Say: *“I’m sorry you’re in pain. Let’s figure this out together and get help.”*

- **Consider the Next Steps.** A youth who is having thoughts about suicide, should be evaluated by a mental health professional. Next steps may include, calling:

- If you are unable to maintain your or your child’s safety, call 911.
- If you would like to speak to someone, the Suicide & Crisis Lifeline can be reached by calling or texting 988.
- Seek assistance from a mental health professional such as a therapist, counselor or the Los Angeles County Department of Mental Health at (800) 854-7771.
- Contact your family doctor/ healthcare provider.
- Engage your child’s school, which can also provide a variety of support and help keep your child safe.

- **Healing Takes Time.** If your youth is undergoing mental health treatment, or treatment after a suicide attempt, remind them that recovery takes time and they may not feel better right away. It can help to:

- Create a network of trusted friends, family and healthy adult caregivers for support.
- Discuss with your child who their trusted adults are and who they can speak to.
- Encourage participation in healthy activities they enjoy.
- Spend extra time together, even just watching a movie.
- Promote healthy emotional skills and remind them that stress and problems are part of life.
- Help your child cope with emotions like stress, anger and sadness.
- Encourage exercise, as it can reduce stress and prevent depression; activities like yoga and mindfulness are especially helpful.

Important School Contacts

- School: _____
- Administrator: _____
- Crisis Team Member/Suicide Prevention Liaison: _____
 - Office/Room/ Telephone #: _____
- Other School/District Staff: _____
 - Office/Room/Telephone #: _____

Resources and Support

- For **IMMEDIATE HELP**, call 911.
- **Los Angeles County Department of Mental Health, ACCESS Center:** Available 24/7.
Call 800-854-7771 for crisis evaluation teams, information, and referrals.
- **988 Suicide & Crisis Lifeline:** Available 24/7.
Call or Text 988 or 800-273-8255
- **Teen Line:** Where adolescents can talk to other youth about things that might be troubling them.
Call 800-852-8336 (6 p.m. to 10 p.m. daily) or Text **TEEN** to 839863 (6 p.m. to 9 p.m. daily)
- **The Trevor Project for LGBTQ Teens:** Available 24/7.
Call 1-866-488-7386 or Text **START** to 678678



Supporting Your Child's Mental Health: A Parent and Caregiver's Guide to Self-Harm Awareness and Prevention

For some students, when depression and anxiety lead to intense emotions, they turn to self-harm looking for a release. Self-harm and self-injury are any forms of hurting oneself on purpose. Usually, when people self-harm, they do not do so as a suicide attempt. Rather, they self-harm as a way to release painful emotions. However, if you suspect that your child is self-harming with the intent to die, seek professional help immediately.

Types of Self-Harm

Self-harm can look differently for everyone. And, the ways people may self-harm extend far beyond the usual references to cutting usually seen in the media. Simply, self-harm is anything and everything someone can do to purposely hurt their body.

- Cutting
- Scratching
- Burning
- Carving words or symbols into the skin
- Hitting or punching oneself (including banging one's head or other body parts against another surface)
- Piercing the skin with sharp objects such as hairpins
- Pulling out hair
- Picking at existing wounds



Things to look out for

- Unexplained cuts, burns, bite marks, bruises or bald patches
- Keeping themselves covered, for example wearing long sleeves or trousers even during hot weather, not wanting to change clothes around others or avoiding activities like swimming
- Bloody tissues in waste bins
- Seeming low or depressed, for example withdrawing from friends and family
- Blaming themselves for problems or expressing feelings of failure, uselessness or hopelessness
- Outbursts of anger or argumentativeness

Strategies to Prevent Self-Harm and Manage Emotions

- **Seek medical attention.** If you observe your child has a physical injury that requires immediate medical attention, call 911. If the injury does not appear to pose immediate medical risks, below are other actions you may take:
 - **Remove access to common or known self-harm means from your home.** This includes: firearms or other weapons; medications, drugs or other substances; and ropes/belts/curtains or other objects that could be used to self-harm or result in death.
 - **Talk to a professional.** Self-harm is serious. While the intention behind self-harm usually is not death, it can still be dangerous—both physically and emotionally. Talking to a professional who can help you find alternatives to self-harm is important.
 - **Connection.** Support your child in an open and understanding way. You may also have your child talk to someone they trust—a friend, family member or calling a helpline.
-

- **Get creative.** Studies show that diving into making art can help people process emotions. So, next time your child is feeling like self-harming, grab some crayons and have your child doodle their worries away.
- **Journal.** Have your child write down how they're feeling. You can also have them write down difficult feelings on pieces of paper and then rip them up.
- **Physical self-care.** Have your child drink some water, take a shower, do some exercise or go for a walk.
- **Find your zen.** Keeping your child safe from self-harming is all about finding healthy alternatives to work through the hard stuff. Researchers found taking time to re-center through meditation to be a powerful way to help others find their cool and calm. Try using an app like Headspace to support your child in practicing meditation.

Helpful tips for parents/caregivers from children and youth

- Model calm and empathy. This supports emotional co-regulation and can help your child begin the process of finding their calm.
- Remain open-minded and don't make assumptions.
- Remember that your child is not doing this for attention—it's their way of letting out the pain on their terms.
- Let your child know you are there to help, and aren't going to judge them.
- Listen to them and offer reassurance—things like *'I'm proud of you'*, *'we will get through this together'* and *'I recognize your pain and want to help'* are helpful.



Important School Contacts

- School: _____
- Administrator: _____
- Crisis Team Member/Suicide Prevention Liaison: _____
 - Office/Room/Telephone #: _____
- Other School/District Staff: _____
 - Office/Room/Telephone #: _____

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Señales de advertencia de suicidio y guía de acción para adultos de confianza dentro de la comunidad escolar

Un adulto de confianza juega un papel importante en la prevención del suicidio. Como adulto de confianza, usted es alguien que puede reconocer las señales de advertencia de que un estudiante puede estar contemplando el suicidio. Estos signos incluyen comportamientos o declaraciones que indican pensamientos de autolesión. Aunque puede resultar aterrador afrontar esta realidad, hay medidas que puede tomar para apoyarlos. Como adulto de confianza, usted desempeña un papel vital para garantizar que todos los estudiantes tengan acceso a un apoyo compasivo. Al ofrecer atención y asistencia genuinas, ayuda a mantener su seguridad y bienestar general.



Como reconocer señales comunes de advertencia

Esta hoja informativa puede ayudarle a reconocer señales comunes de advertencia que pueden indicar que un estudiante está en riesgo de suicidio. También proporciona consejos sobre cómo responder si observa estas señales de advertencia y cuándo buscar ayuda profesional inmediata.

Los pensamientos y sentimientos pueden incluir:

- Sentirse desesperado, inútil o atrapado
 - Sentir culpa, vergüenza o ira
 - Sentir que son una carga para los demás
 - Un episodio reciente de depresión
 - Angustia emocional y/o ansiedad
 - Sintiendo un dolor insoportable
 - Pensar en la muerte o una fascinación reciente por la muerte
-

Los comportamientos pueden incluir:

- Autolesión (por ejemplo, cortarse)
- Intento de suicidio
- Planificar un intento de suicidio
- Historial de un intento de suicidio
- Aumento del consumo de alcohol o abuso de sustancias
- Cambio repentino en la apariencia o higiene personal
- Retirarse de la familia, los amigos o la comunidad
- Despidiéndose de amigos y familiares
- Regalar posesiones preciadas
- Cambios en la alimentación
- Cambios en los patrones de sueño
- Volverse violento o ser víctima de violencia
- Expresando rabia
- Involucrarse en imprudencias



Cómo responder si observa señales de advertencia

- Mantenga la calma.
- Hágale saber al estudiante que usted está preocupado y pregúntele si está bien.
- Pregúntele al estudiante si tiene pensamientos de suicidio.
- Escuche atentamente y sin juzgar.
- Tómelo en serio y NO deje solo al estudiante.
- Hágale saber al estudiante que usted se preocupa por él/ella y lo apoya.
- Notifique al administrador de la escuela, al enlace de prevención del suicidio o al miembro del equipo de crisis para una evaluación y apoyo continuo.
- Haga un seguimiento con el estudiante para asegurarse de que esté recibiendo apoyo.

Contactos escolares importantes

- Escuela: _____
- Administrador: _____
- Miembro del equipo de crisis/Enlace de prevención del suicidio: _____
 - Oficina/Habitación/Teléfono: _____
- Otro contacto de la escuela/distrito: _____
 - Oficina/Habitación/Teléfono: _____

Recursos y apoyo

- Para **AYUDA INMEDIATA**, llame al 911.
- **988 Línea de prevención del suicidio y crisis**: Disponible las 24 horas, los 7 días de la semana. Llame o envíe un mensaje de texto al 988 o al 800-273-8255
- **El Proyecto Trevor para adolescentes LGBTQ**: disponible las 24 horas, los 7 días de la semana. Llame al 1-866-488-7386 o envíe un mensaje de texto con **START** al 678678



Señales de advertencia de suicidio y guía de acción para adultos de confianza en la comunidad

Un adulto de confianza juega un papel importante en la prevención del suicidio. Como adulto de confianza, usted es alguien que puede reconocer las señales de advertencia de que un estudiante puede estar contemplando el suicidio. Estos signos incluyen comportamientos o declaraciones que indican pensamientos de autolesión. Aunque puede resultar aterrador afrontar esta realidad, hay medidas que puede tomar para apoyarlos. Como adulto de confianza, usted desempeña un papel vital para garantizar que todos los estudiantes tengan acceso a un apoyo compasivo. Al ofrecer atención y asistencia genuinas, ayuda a mantener su seguridad y bienestar general.

Reconocer señales comunes de advertencia

Esta hoja informativa puede ayudarle a reconocer señales comunes de advertencia que pueden indicar que un estudiante está en riesgo de suicidio. También proporciona consejos sobre cómo responder si observa estas señales de advertencia y cuándo buscar ayuda profesional de inmediata.

Los pensamientos y sentimientos pueden incluir:

- Sentirse desesperado, inútil o atrapado
- Sentir culpa, vergüenza o ira
- Sentir que son una carga para los demás
- Un episodio reciente de depresión
- Angustia emocional y/o ansiedad
- Sintiendo un dolor insoportable
- Pensar en la muerte o una fascinación reciente por la muerte

Los comportamientos pueden incluir:

- Autolesión (por ejemplo, cortarse)
- Intento de suicidio
- Planificar un intento de suicidio
- Historial de un intento de suicidio
- Aumento del consumo de alcohol o abuso de sustancias
- Cambio repentino en la apariencia o higiene personal
- Retirarse de la familia, los amigos o la comunidad
- Despidiéndose de amigos y familiares
- Regalar posesiones preciadas
- Cambios en la alimentación
- Cambios en los patrones de sueño
- Volverse violento o ser víctima de violencia
- Expresando rabia
- Involucrarse en imprudencias



Factores de riesgo comunes:

- Acceso a armas o medios letales (es decir, armas de fuego, cuchillos, medicamentos, alturas, cuerdas/ cinturones/cortinas u otros objetos que puedan usarse para colgar, etc.).
- Factores estresantes (es decir, relaciones familiares y de amistades, pérdida, identidad de género, escuela, etc.).
- Historial o síntomas actuales de depresión, ansiedad, consumo de sustancias/alcohol.
- Historial de suicidio en la familia o de un amigo cercano.
- Historial de enfermedad mental en la familia.

Cómo responder si observa señales de advertencia

- Mantenga la calma.
- Hágle saber al estudiante que usted está preocupado y pregúntele si está bien.
- Pregúntele al estudiante si tiene pensamientos de suicidio.
- Escuche atentamente y sin juzgar.
- Tómelo en serio y NO deje solo al estudiante.
- Hágle saber al estudiante que usted se preocupa por él/ella y lo apoya.
- Algunos comportamientos pueden indicar que está ocurriendo una emergencia o que una persona está en crisis. Si observa los siguientes comportamientos, debe de conectar inmediatamente a la persona con ayuda profesional, como 988 Línea de prevención del suicidio y crisis, servicios médicos de emergencia o un profesional de salud mental.
 - Hablar de daño inmediato a uno mismo o a otros.
 - Planear intentar suicidarse (por ejemplo, buscar en línea información sobre cómo intentar suicidarse).
 - Actuar de una manera tan errática que le preocupa su seguridad.
 - Si la persona en crisis no quiere o no puede buscar ayuda profesional, o si usted mismo está luchando, comuníquese con 988 Línea de prevención del suicidio y crisis para solicitar orientación y apoyo.
- Haga un seguimiento con el estudiante para asegurarse de que esté recibiendo apoyo.
- Ofrezca notificarlos y/o conectarlos con su consejero escolar para recibir apoyo continuo.



Recursos y apoyo

- Para **AYUDA INMEDIATA**, llame al 911.
- **988 Línea de prevención del suicidio y crisis:** Disponible las 24 horas, los 7 días de la semana. Llame o envíe un mensaje de texto al 988 o al 800-273-8255
- **EL Proyecto Trevor para adolescentes LGBTQ:** disponible las 24 horas, los 7 días de la semana. Llame al 1-866-488-7386 o envíe un mensaje de texto con **START** al 678678



Apoyando la salud mental de su hijo: Una guía para padres y cuidadores sobre la concientización y la prevención del suicidio

El suicidio es un importante problema de salud pública en los EE.UU. que afecta a jóvenes y adultos independientemente de su edad, género, raza u origen étnico. Se puede prevenir y hay apoyo disponible. Cada uno de nosotros, desde padres hasta educadores y proveedores de salud mental, contribuimos a crear un entorno de apoyo para el bienestar mental. Trabajando juntos y entendiendo las señales de advertencia, podemos salvar vidas y construir comunidades resilientes.

Comprender el suicidio y la salud mental

- El suicidio es una de las principales causas de muerte entre niños y adolescentes, y los pensamientos y comportamientos suicidas son comunes (Kann et al., 2016). Los padres y otros cuidadores deben estar preparados para responder a los jóvenes que tienen pensamientos de poner fin a sus propias vidas.
- Muchos factores contribuyen al riesgo de suicidio, a los que se hace referencia como “factores de riesgo”. Aunque el camino hacia el suicidio es largo y complejo, no existe un “perfil” definitivo que pueda predecir el suicidio con certeza. Sin embargo, las señales de advertencia son comportamientos observables que pueden indicar la presencia de ideación de suicidio. Pueden verse como “gritos de ayuda” o “invitaciones a intervenir”. Reconocer las señales de advertencia indica la necesidad de intervenir y preguntarles directamente si están pensando en suicidarse o morir.

Algunos factores de riesgo y señales comunes de advertencia que aumentan el riesgo de suicidio en niños y adolescentes incluyen:

- **Factores de riesgo comunes:**
 - Acceso a armas o medios letales (es decir, armas de fuego, cuchillos, medicamentos, alturas, cuerdas/cinturones/cortinas u otros objetos que puedan usarse para colgar, etc.).
 - Factores estresantes (es decir, relaciones familiares y de amistades, pérdida, identidad de género, escuela, etc.).
 - Historial o síntomas actuales de depresión, ansiedad, consumo de sustancias/alcohol.
 - Historial de suicidio en la familia o de un amigo cercano.
 - Historial de enfermedad mental en la familia.
- **Señales comunes de advertencia:**
 - Expresar sentimientos de vacío, desesperanza, inutilidad, estar atrapado o no tener motivos para vivir.
 - Sentirse extremadamente triste, más ansioso, agitado o lleno de rabia.
 - Sentir un dolor emocional o físico insoportable.
 - Retirarse de amigos y familiares, despedirse o regalar artículos importantes.
 - Cambios repentinos de comportamiento, como hacer un plan para morir o investigar formas de morir.
 - Tomar riesgos peligrosos como conducir extremadamente rápido, usar o aumentar el uso de drogas o alcohol.
 - Comer o dormir más o menos de lo habitual.
 - Hablar de querer morir, tener una gran culpa o vergüenza o ser una carga para los demás.

Estrategias de prevención del suicidio

- **Lo que puede hacer:**

Es natural que los padres piensen que un cambio de comportamiento es normal, “sólo una fase” y pasará, pero si siente que algo anda mal, ¡no se demore en buscar ayuda!

 - Encuentre las palabras para tener esta conversación difícil.
 - Exprese su preocupación.
 - Mencione cosas específicas que haya notado.
 - Pregúntele directamente si está pensando en hacerse daño o en suicidarse. Hablar de suicidio no aumenta la conducta del suicidio. Al hablar abierta y directamente, está enviando el mensaje de que le preocupa y quiere ayudar.
 - Quizás pregunte: *¿Estás pensando en suicidarte? ¿Has pensado en el suicidio?*
- **Si dicen “no”:**
 - Continúe hablando con su hijo/a y hágale saber que usted está ahí para ayudarlo.
 - Escuche sin sermonear ni juzgar.
 - Esté atento a los comportamientos que observe y continúe a revisar a su hijo/a con regularidad.
 - Promover habilidades positivas para la resolución de problemas y el afrontamiento. Ayude a su hijo/a a verbalizar los desafíos que enfrenta e identificar formas saludables de afrontarlos. Por ejemplo, ayude a su hijo/a a identificar específicamente los problemas que pueda tener con amigos y luego ayúdelos a identificar una variedad de soluciones.
 - Promocione la importancia de una buena salud mental en su familia. Aborde sus propios desafíos emocionales y asegúrese de que su hijo/a reciba el apoyo de salud mental que necesite.
 - Anímelos a utilizar los recursos a continuación o ayúdelos a conectarse con un terapeuta de salud mental para recibir asesoramiento y apoyo continuo.

- **Si dicen “sí”:**

- Tómelo en serio y NO deje solo a su hijo/a, ni siquiera por un momento, hasta que esté seguro de su seguridad.
- Elimine el acceso a todos los medios letales desde su hogar. Esto incluye: armas de fuego u otras armas; medicamentos, drogas u otras sustancias; y cuerdas/cinturones/cortinas u otros objetos que podrían utilizarse para suicidarse.
- Mantenga la calma y agradézcales por su honestidad.
- Anímelos a hablar sobre las razones por las que se sienten así y a escuchar.
- Puede decir: *Lamento que estés sufriendo este dolor. Veamos qué podemos hacer para resolver esto. Quiero ser útil. Busquemos ayuda y aprendamos más juntos.*

- **Considere los próximos pasos.** Un joven que tenga pensamientos suicidas debe ser evaluado por un profesional de salud mental. Los próximos pasos pueden incluir llamar a:
 - Si no puede mantener su seguridad o la de su hijo/a, llame al 911.
 - Si desea hablar con alguien, puede comunicarse con la Línea de prevención del suicidio y crisis llamando o enviando un mensaje de texto al 988.
 - Busque ayuda de un profesional de salud mental, como un terapeuta, consejero o el Departamento de Salud Mental del Condado de Los Ángeles al (800) 854-7771.
 - Comuníquese con su médico de familia/proveedor de atención médica.
 - Involucre a la escuela de su hijo/a. La escuela de su hijo/a también puede brindarle una variedad de apoyo y ayudar a mantenerlo seguro.
- **La sanación toma tiempo.** Si su joven está recibiendo tratamiento de salud mental o tratamiento después de un intento de suicidio, recuérdale que la recuperación lleva tiempo y que es posible que no se sienta mejor de inmediato. Puede ayudar a:
 - Crear una red de amigos, familiares y otros cuidadores adultos sanos de confianza como apoyo para su joven. Hable con su hijo/a sobre quiénes son sus adultos de confianza y con quién más puede hablar.
 - Anime a su hijo/a a participar en actividades saludables que disfrute.
 - Pase más tiempo con ellos; Incluso ver una película juntos indica que estás ahí para ellos.
 - Promover habilidades emocionales saludables. Por mucho que nos gustaría proteger a nuestro hijo/a de situaciones y problemas estresantes, recuérdale que son parte de la vida y que hay maneras de manejarlos. Ayudar a sus jóvenes a afrontar emociones como el estrés, la ira y la tristeza puede desarrollar su resiliencia cuando surgen problemas.
 - Estimule el ejercicio. El ejercicio físico produce cambios en el cuerpo que pueden ayudar a reducir el estrés y prevenir la depresión. Actividades como el yoga y la atención plena pueden ser especialmente útiles para los jóvenes ansiosos y distraídos.

Contactos escolares importantes

- Escuela: _____
- Administrador: _____
- Miembro del equipo de crisis/Enlace de prevención del suicidio: _____
 - Oficina/Habitación/Teléfono: _____
- Otro contacto de la escuela/distrito: _____
 - Oficina/Habitación/Teléfono: _____

Recursos y apoyo

- Para **AYUDA INMEDIATA**, llame al 911.
- **Departamento de Salud Mental del Condado de Los Ángeles, Centro ACCESS:** Disponible las 24 horas, los 7 días de la semana. Llame al 800-854-7771 para obtener equipos de evaluación de crisis, información y referencias.
- **988 Línea de prevención del suicidio y crisis:** Disponible las 24 horas, los 7 días de la semana. Llame o envíe un mensaje de texto al 988 o al 800-273-8255
- **Línea para adolescentes:** donde los adolescentes pueden hablar con otros jóvenes sobre cosas que podrían preocuparles. Llame al 800-852-8336 (de 6 p.m. a 10 p.m. todos los días) o envíe un mensaje de texto con **TEEN** al 839863 (de 6 p.m. a 9 p.m. todos los días)
- **El Proyecto Trevor para adolescentes LGBTQ:** disponible las 24 horas, los 7 días de la semana. Llame al 1-866-488-7386 o envíe un mensaje de texto con **START** al 678678



Respaldar la salud mental de su hijo: Una guía para padres y cuidadores sobre la concientización y la prevención de las autolesiones

Para algunos estudiantes, cuando la depresión y la ansiedad conducen emociones intensas, recurren a la autolesión en busca de una liberación. La autolesión es cualquier forma de hacerse daño a uno mismo a propósito. Por lo general, cuando las personas se autolesionan, no lo hacen como un intento de suicidio. Más bien, se autolesionan como una forma de liberar emociones dolorosas. Sin embargo, si sospecha que su hijo/a se está autolesionando con la intención de morir, busque ayuda profesional de inmediato.

Tipos de autolesiones

La autolesión puede surgir de manera diferente para cada persona. Y las formas en que las personas pueden autolesionarse van mucho más allá de las referencias habituales a cortarse que suelen verse en los medios. Simplemente, la autolesión es cualquier cosa que alguien pueda hacer para dañar su cuerpo intencionalmente.

- Cortar
- Rascar
- Quemar
- Trinchar palabras o símbolos en la piel
- Golpear o darse puñetazos (incluido golpearse la cabeza u otras partes del cuerpo contra otra superficie)
- Perforar la piel con objetos punzantes como alfileres
- Arrancar el pelo
- Picar heridas existentes



Cosas en que poner atención

- Cortes, quemaduras, marcas de mordeduras, moretones o calvas inexplicables.
- Mantenerse cubiertos, por ejemplo, usar mangas largas o pantalones incluso cuando hace calor, no querer cambiarse de ropa con otras personas o evitar actividades como nadar.
- Pañuelos con sangre en contenedores de basura.
- Parecer deprimido, por ejemplo, alejándose de amigos y familiares.
- Culparse a sí mismos por los problemas o expresar sentimientos de fracaso, inutilidad o desesperanza.
- Estallidos de ira o argumentación.

Estrategias para prevenir las autolesiones y gestionar las emociones

- **Busque atención médica.** Si observa que su hijo/a tiene una lesión física que requiere atención médica inmediata, llame al 911. Si la lesión no parece presentar riesgos médicos inmediatos, a continuación, se detallan otras acciones que puede tomar:
- **Elimine el acceso a medios de autolesión comunes o conocidos desde su hogar.** Esto incluye: armas de fuego u otras armas; medicamentos, drogas u otras sustancias; y cuerdas/cinturones/cortinas u otros objetos que podrían usarse para autolesionarse o provocar la muerte.
- **Hable con un profesional.** La autolesión es grave. Y aunque la intención detrás de la autolesión no suele ser la muerte, aun así, puede ser peligroso, tanto físico como emocionalmente. Es importante que hable con un profesional que pueda ayudarle a encontrar alternativas a la autolesión.
- **Conexión.** Apoye a su hijo/a de una manera abierta y comprensiva. También puede pedirle a su hijo/a que hable con alguien en quien confíe: un amigo, un familiar o que llame a una línea de ayuda.

- **Sea creativo.** Los estudios demuestran que sumergirse en la creación de arte puede ayudar a las personas a procesar las emociones. Entonces, la próxima vez que su hijo/a tenga ganas de autolesionarse, tome algunos crayones y pídale que garabatee sus preocupaciones.
- **Escribir in un diario.** Haga que su hijo/a escriba cómo se siente. También puede pedirles que escriban sentimientos difíciles en trozos de papel y luego los rompan.
- **Autocuidado físico.** Haga que su hijo/a beba un poco de agua, se bañe, haga algo de ejercicio o salga a caminar.
- **Encuentre su zen.** Mantener a su hijo/a a salvo de las autolesiones se trata de encontrar alternativas saludables para superar las cosas difíciles. Los investigadores descubrieron que tomarse el tiempo para volver a centrarse a través de la meditación es una forma poderosa de ayudar a otros a encontrar la calma. Intente utilizar una aplicación como Headspace para ayudar a su hijo/a a practicar la meditación.

Consejos útiles para padres/cuidadores de niños y jóvenes

- Modele la calma y la empatía. Esto apoya la regulación emocional y puede ayudar a su hijo/a a comenzar el proceso de encontrar la calma.
- Mantenga la mente abierta y no haga suposiciones.
- Recuerde que su hijo/a no hace esto para llamar la atención: es su forma de dejar salir el dolor en sus propios términos.
- Hágle saber a su hijo/a que usted está ahí para ayudarlo y que no lo va a juzgar.
- Escúchelo y ofrézcale tranquilidad: cosas como *"Estoy orgulloso de ti"*, *"saldremos de esto juntos"* y *"Reconozco tu dolor y quiero ayudar"* son útiles.



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