



Suicide Risk Assessment Protocol

SIGN-IN Crisis Intervention,
Emergencies, Disaster Part I




A guide to BUL-2637.5 - Suicide Prevention, Intervention, and Postvention

Objectives



- Review risk factors, warning signs and protective factors for students who may exhibit suicidal ideation/behavior
- Understand District protocol and guidelines for responding to students who may be suicidal and/or engaging in self-injurious behaviors
- Become familiar with the Four Stages of the Suicide Risk Assessment process



Los Angeles Unified School District
DIVISION OF SCHOOL OPERATIONS

SIP SUPPLEMENTAL TOOL A1

**PREVENTION AND INTERVENTION:
PROTOCOL FOR RESPONDING TO STUDENTS AT RISK FOR
SUICIDE AND SELF-INJURY**

Pursuant to BUL-2637.5, the following is a checklist of general procedures for the administrator/designee to respond to reports of students exhibiting suicidal behavior/death, including self-injurious behavior.

The urgency of the situation may dictate the order in which the subsequent steps are followed and necessary.

PROTOCOL FOR RESPONDING TO STUDENTS AT RISK FOR SUICIDE

There are four stages for the suicide risk assessment process:

- Stage I: Immediate Risk Reducing Interventions
- Stage II: Assess for Suicide Risk
- Stage III: Communicate with Parent/Guardian
- Stage IV: Implementing Action Plan

STAGE I: Immediate Risk Reducing Interventions

A. Respond Immediately (This may include calling 911 for life threatening emergencies.)

B. Secure the Safety of the Student.

STAGE II: Assess for Suicide Risk

A. Gather Relevant Information

B. Assess for Suicide Risk

C. Additional Considerations

- When Certificated Staff Accompany a Student to the Hospital
- Providing Information for a Psychiatric Evaluation
- Suspected Child Abuse or Neglect

BUL-2637.5 REV. 07.31.2023

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Schoolology | Multidisciplinary Crisis Teams Group

**JOIN THE
LAUSD MULTIDISCIPLINARY CRISIS
TEAM GROUP**



**ACCESS CODE:
C45W-76V2-XR5JF**



Talking About Suicide



Our Words Matter: Stigmatizing vs. Appropriate Terminology

~~Committed suicide~~

~~Successful~~

~~Suicide/Completed~~

~~Suicide~~

~~Failed suicide attempt~~

Died by Suicide

Fatal suicide attempt

Nonfatal suicide attempt

Check your knowledge



T/F

TALKING ABOUT SUICIDE OR ASKING SOMEONE IF THEY FEEL SUICIDAL WILL ENCOURAGE SUICIDE ATTEMPTS.

T/F

SUICIDE ALWAYS OCCURS WITHOUT ANY WARNING SIGNS.

T/F

A PERSON WHO TALKS ABOUT ATTEMPTING SUICIDE RARELY FOLLOWS THROUGH. THEY ARE JUST TRYING TO GET ATTENTION.



Risk Factors

Environmental Factors

- age
- access to lethal means
- stressful life events
- history of trauma or abuse

Health Factors

- a serious or chronic health condition
- mental health condition
- substance use

Historical Factors

- previous suicide attempts
- a family history of suicide

Warning Signs

- suicide ideations/threats
- significant changes
- social withdrawal
- impulsive or reckless behavior
- increased alcohol or drug use
- history of suicidal ideation/behavior
- self-injurious behaviors
- preoccupation with death
- making final arrangements

Protective Factors

Personal Factors

- Self-esteem
- sense of purpose
- problem-solving and coping skills

External Factors

- family and community connectedness
- availability of physical and mental health care

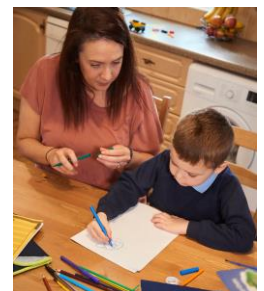


VULNERABLE STUDENT POPULATIONS

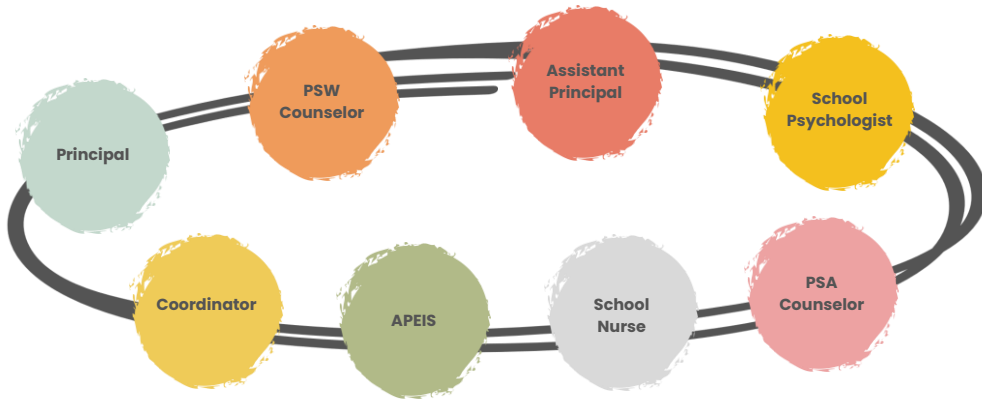
- ACEs & Trauma
- Bereaved by Suicide
- Black/African American
- Disabilities
- Housing Insecurity
- Human Trafficking
- LGBTQ+
- Mental Health/Substance Use
- Newcomer or Immigrant
- Out-of-Home Care Settings



What necessitates a suicide risk assessment?



Who can conduct a suicide risk assessment?



BUL-2637.5 Four Stages of the Suicide Risk Assessment Process



Immediate Risk Reducing Interventions

1



Respond immediately. Secure the safety of the student and their belongings.
Do not leave them unattended.



ESCORT TO THE SCHOOL NURSE

If student has cuts or needs medical attention



CALL 911

If student reports a recent attempt to hurt themselves by hanging, choking, overdosing on medicine, etc.



GATHER INFORMATION

- Review student data on MiSiS, Welligent, iSTAR, etc.
- Investigate what led to the assessment and consult with their teacher, friend, or whoever referred student to you.
- Explore if there has been any indication of behavioral changes

Assess for Suicide Risk

2




Anyone can start the risk assessment and then consult to determine the risk level and plan

- Meet in a confidential space
- Introduce yourself
- Verify student's affirming name
- Explain reason for meeting, including concerns for student safety
- Inform the student that you will be asking them some questions to see how they are doing


Suicide Risk Assessment: Supplemental Tool B1

With our younger students, it is important to explore their understanding of the meaning of death. There have been times when younger children have been assessed and they do not comprehend the permanency of death. They compare it to a video game, horror movies, or religious beliefs of coming back to life; or they think if they fall asleep and “die” they will wake up the next day.



Los Angeles Unified School District
DIVISION OF SCHOOL OPERATIONS

SUICIDE RISK ASSESSMENT



Student Name (Chosen/Assigned Name) _____ Pronoun _____
 DOB _____ Location _____ Date _____

The purpose of this checklist is to determine a student's level of suicide risk. The assessing party should be the administrator/designee of Suicide/Trauma Prevention (LACSIS).

DIRECTIONS: For the items with the ASK specification, please directly pose these questions to the student. Take note of the student's responses to the items provided and mark the check boxes, as appropriate. The * indicates (circle) to assess. The items with the ASSES specification should not be asked directly, but either explored by the assessing party to gather additional background information. Gathering of additional information may also include interviewing other involved individuals, reviewing student history, and referring to other sources (e.g., MGSL, iSTAR, teacher reports/observations).

CATEGORY	ASSESSMENT QUESTIONS			
1. Current Problem/Situation	ASK: Tell me what happened.			
2. Current Ideation	ASK: Are you thinking about suicide/killing yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ASK: Have you thought about when you would do it (if you plan)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ASK: How long have you been thinking this way? or When did you start having these thoughts? What grade were you in? How old were you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Communication of threat	ASSES: Has the student communicated directly or indirectly (via or intent to harm/kill threats)? (Communication may be verbal, non-verbal, electronic, written). Please note that electronic communications may include texting and social media. Indicate what was said and how this was communicated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ASK: Have you ever shared your thoughts about suicide with anyone else? or Have you ever contacted anyone about?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ASK: To whom? Who did you tell? What did they say when you told them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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- **Current Ideation**
- **Plan**
- **Means and Access**
- **Past Ideation/Previous Attempts**
- **Self-Injurious Behavior**
- **Changes in Mood/Behavior**
- **Stressors**
- **Protective Factors**

WE WANT TO MAKE SURE THAT WE DIRECTLY ASK THE STUDENT: **“ARE YOU THINKING ABOUT KILLING YOURSELF?”**



Case Scenario- Conducting the Risk Assessment

A student comes to your office complaining of a stomach ache and you notice some cut marks on the students arm. The student admits to “cutting” themselves over the weekend after getting into an argument with parent. MiSiS reveals that the student is in a foster placement. You check iSTAR and find that student has a previous hospitalization for a 55/85 hold.

Directions:

- What additional information is needed to determine the students level of risk?
- What are some next steps you should take?



Determining the Level of Risk



- Assessing party should collaborate with at least one other designated crisis team member
- Level of risk is determined by:
 - Information gathered
 - Warning signs indicated

No known current risk

No known risk for suicidal ideation/behavior or self-harming behavior.



Warning Signs

- No current or past evidence of depressed mood/affect as confirmed by student and parent

*Note: if a student denies current suicidal ideation but has a history of suicidal ideation or self-injury in the past, then the risk level cannot be "no current risk." Remember, a history of SI or self-harm is a warning sign.



Low risk

Does not pose imminent danger to self; insufficient evidence for suicide risk.



Warning Signs

- Passing thoughts of suicide; evidence of thoughts may be found in notebooks, internet postings, drawings
- No plan
- No history of previous attempts
- No means or access to weapons
- No recent losses
- No alcohol/substance use
- Support system is in place
- May have some depressed mood/affect
- Sudden change in personality/behavior



Moderate risk

May pose imminent danger to self, but there is insufficient evidence to demonstrate a viable plan of action to do harm.



Warning Signs

- Thoughts of suicide
- Some details indicating a plan for suicide
- Unsure of intent
- History of self-injurious behavior
- History of previous attempts and/or hospitalizations
- Difficulty naming future plans
- History of substance use or current intoxication
- Recent trauma (loss, victimization)



High risk

Exhibits extreme or persistent high-risk behaviors, such as current access to means, self-injury, or suicide attempts; poses imminent danger to self with a viable plan to do harm; may qualify for hospitalization.



Warning Signs

- Current thoughts of suicide
- Plan with specifics - indicating when, where and how
- Access to weapons or means in hand
- Making final arrangements (giving away prized possessions, good-bye messages in writing, text or social media).
- History of previous attempts or hospitalization
- Isolated and withdrawn
- Current sense of hopelessness
- No support system
- Currently abusing alcohol/substances
- Mental health history
- Recent trauma



Supporting High Risk Students



Consult and select one of the two options below:

Contact LA School Police Department
(213) 625-6631

or

Psychiatric Mobile Response Team (PMRT)
(800) 854-7771



- You may be asked to complete the Summary of Relevant Information form if student is transported to a hospital.
- Document team members that evaluate student and badge numbers and what hospital they transport the student to.
- Process with caregiver and have them inform you once student is released from the hospital so that a Re-Entry meeting can be scheduled.



Parent/Caregiver Conversation Guide

DEMOGRAPHIC INFORMATION

Student Name: _____ Grade: _____
 SID: _____
 Parent/Caregiver 1: _____
 Name Relationship
 Parent/Caregiver 2: _____
 Name Relationship

Having conversations with parents about their child who is experiencing suicidal ideation or self-injurious behavior can be difficult and overwhelming. Parents may respond with worry, fear, sadness, and sometimes anger. This guide is intended to provide you with ideas about how to talk to parents/guardians during these stressful times, with the goal of notifying the parent/guardian, gathering additional information and observations, and ensuring student safety.

NOTE: The initial level of risk may change depending on the information provided by the parent. Consider attempting to speak with both parents to gather their respective perspectives on their child.

The three steps for communicating with parents/guardians regarding suicidal ideation/self-injurious behaviors:

1. Notify
2. Gather Additional Information
3. Provide Recommendations and Safety Plan

NOTIFY

- Find a confidential setting to engage in this dialogue. Consider speaking with the parent/guardian alone, to allow parent to share information and concerns, as well as express their emotions without reservation or wanting to protect their child. This includes not having the student in the room while on the phone with parent/caregiver.
- Introduce yourself and explore if this is a good time to talk for them:
 - Good afternoon, this is Michelle Montoya, Assistant Principal at Happy Middle School. Is this a good time to talk?
- Share concerns with parent/caregiver:
 - Today, in 3rd period Johnny was brought down to my office because he was injuring himself in class. In speaking with him he indicated that he has been feeling suicidal and reported that he doesn't want to live anymore.
- Validate the parents/guardians feelings:
 - I can hear that this information is difficult for you.

GATHERING ADDITIONAL INFORMATION

- Explore any concerns that they may have about their child:
 - Have you noticed any changes in your child recently? (e.g., sad to happy, withdrawn, happy to sad, isolating, sleep patterns)
 - How have their relationships with their friends been? Have there been any changes in friend group? Tell me more about what you mean.
 - Why do you think they may be feeling this way?
 - Have there been any recent changes in the family such as a recent loss, move, or separation?
 - Were you aware of how your child is feeling?
 - What has been your response to what you have noticed?
 - Any concerns regarding social media posts or activity (including who they're following and usage)?

PROVIDE RECOMMENDATIONS AND SAFETY PLAN

- Provide recommendations for establishing safety in the home with "means restriction" (e.g., removing/securing firearms, medications, cleaning supplies, cutlery, razor blades, belts, ropes).
- Explore if they are connected to mental health resources. Facilitate contact with community agencies:
 - Have you tried to connect your child with mental health services?
 - Have you had any barriers (e.g., transportation, fees, etc.) to accessing the services?
 - If they are connected to services:
 - How are the services going?
 - What agency is providing the service?
 - I would like to talk with the outside provider so we can work together to support your child. Can I have you sign a Consent to Release Information so that I can speak with them? **RA Supplemental Tool E7 – Parent/Guardian Authorization for Release/Exchange of Information**
 - If they are not connected to services:
 - Are you open to counseling services for your child? If yes, provide school and/or local community mental health resources, such as the nearest District Mental Health Clinic or Wellness Center. Students with private health insurance should be referred to their provider.
- Provide a copy of **SPIP Supplemental Tool F5 – Suicide Prevention and Self-Injury Awareness for Parents/Caregivers**.
- Inform parent of next steps if student is deemed high risk:
 - Based on the information gathered regarding your child and their safety, a team is enroute to further assess to see if additional support is needed.
- If the student is transported to the hospital, communicate a plan for a re-entry meeting pursuant to **RA Supplemental Tool E5 – Student Re-Entry Guidelines**. Complete and provide parent/guardian SPIP Supplemental Tool E6 – Return to School Information for Parent/Guardian, which outlines steps to facilitate a transition back to school.

Implementing the Action Plan



Universal Steps – Regardless of Risk Level

- Ensure administrator is aware
- Communicate with parent/caregiver
- Student Safety Planning
- Provide Resources
- Monitor and Manage
- Document all actions in RARD/iSTAR



Action Plan for No Known Current Risk & Low Risk

Assessing party should collaborate with at least one other designated school site crisis team member to determine appropriate actions based on level of risk.

NO KNOWN CURRENT RISK LEVEL

- Explore with parent if there are any concerning behaviors at home
- Reinforce the importance of appropriate language
- Provide parent/caregiver handouts and resources, as needed

LOW RISK

- Develop a safety plan; review with parent/caregiver
- Provide appropriate information handouts to parent/caregiver and trusted adults
- Assist in connecting student with school and community resources

Action Plan for Moderate Risk Level



Reassure and provide support to the Student.

- Communicate with parent/guardian and gather additional information. Note: The initial level of risk determined may change as a result of the information gathered
- Develop a safety plan; review with parent/caregiver
- Consult with Region Mental Health Team or the Student & Family Wellness Hotline at 213-241-3840, as needed
- Provide information handouts and community resources to parent and trusted adults identified





Action Plan for High Risk Level

Do not leave student unattended. If you have to step away, make sure a colleague is monitoring the student at all times.



- Supervise student at all times (including restrooms)
- Contact LASPD (213) 625-6631 or PMRT (800) 854-7771 for an assessment for possible transport to a hospital for a psychiatric evaluation
- Complete the Summary of Relevant Information to share with the assessing team
- If able, develop a safety plan & establish a plan for re-entry
- Continue to monitor student and be a source of support

Safety Plan



Regardless of risk level everyone can benefit from a safety plan, but it is required for anyone identified as low, moderate, or high risk.

100 Agency/Unified School District
DIVISION OF SCHOOL OPERATIONS
STUDENT SAFETY PLAN

LA SUPPLEMENTAL TOOL 12

Name: _____ DOB: _____ Date: _____

My Triggers (Things that make me upset, feel bad, think about doing or hurting someone else.)

Arguments/Disagreements Problems with Classmates/Friends Problems in School

Triggers: _____

When this happens, I feel...

Sad Mad Hurt Scared
Lonely Frustrated Worried Create Your Own Feeling

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100 Agency/Unified School District
DIVISION OF SCHOOL OPERATIONS
STUDENT SAFETY PLAN

LA SUPPLEMENTAL TOOL 14

Student's Name: _____ DOB: _____ Date: _____

Triggers (There are certain situations or circumstances which make me feel uncomfortable, agitated, threatening and/or afraid about doing)

1. _____
2. _____
3. _____

Warning Signs (It is important for me to be able to notice your other reactions like warning signs (thoughts, images, moods, attitudes, behaviors))

1. _____
2. _____
3. _____

Coping Skills/Healthy Behaviors (Things I can do to calm myself down or feel better in the moment (e.g., healthy activities, hobbies, relaxation techniques))

1. _____
2. _____
3. _____

Places I Feel Safe (Places that make me feel better and calm me down like a physical location, an emergency contact person, or in the presence of safe people)

1. _____
2. _____
3. _____

Treated Adults at School (Trusted adults at school that I can go to for support/assistance)

1. _____
2. _____
3. _____

Treated Adults at Home/Community (Trusted adults at home or in the community that I can go to for support/assistance)

1. _____
2. _____
3. _____

Parent/Guardian Support (Safety address or phone number for parent/guardian)

1. _____
2. _____
3. _____

School Site Crisis Team/Member/STPL Support (School staff I can talk to for help and other crisis calls)

1. _____
2. _____
3. _____

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CHOOSE A TEMPLATE

Consider student's age, cognitive disability/style and/or preference

UPDATES ALLOWED

Remember, this is a living document and may be updated or modified as needed



WHO SHOULD HAVE A COPY?

- Student
- Parent/Guardian (inform student that you will be giving parent a copy)
- Member of the school site crisis team/STPL (need to know basis)

STUDENT RE-ENTRY MEETING

Goal: To facilitate a successful transition back to the school

Who should be in the meeting?

- Administrator/Designee
- Suicide/Threat Prevention Liaison (STPL)
- Parent/guardian
- Student
- Other key support staff
- Outside Mental Health Agency

Can you have a re-entry meeting if the parent does not come to the school?



Provide Handouts & Resources to Staff & Crisis Team Members

- SPIP F6a – Suicide Prevention Awareness for Staff
- SPIP F6b – Self-Injury Awareness for Staff
- SPIP F7 – Suicide Prevention Awareness for Crisis Team Members
- SPIP F8 – Self-Injury Awareness for Crisis Team Members



Los Angeles Unified School District
 Student Health and Human Services
 School Mental Health

Suicide Prevention Awareness for Staff

What should I do if a student is suicidal?

- Know & recognize the signs
- Act immediately & ensure student is supervised
- Say something - notify the Suicide Threat Prevention Liaison (STPL/Crisis Team Member about the student of concern)

Suicide Risk Factors

There are certain risk factors that may increase suicide risk in isolation, these factors are not signs of suicidal thinking. However, when present with the warning signs listed below, they may signal the need to take action.

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

Suicide Warning Signs

Warning signs are observable behaviors that may signal the presence of suicidal thinking. If you observe the warning signs below, get help and connect the student with the proper supports immediately.

- Feelings of sadness, hopelessness, helplessness
- Talking pills, drugs, alcohol with the intent to die
- Significant changes in behavior, appearance, thoughts, and/or feelings
- Social withdrawal and isolation
- Suicide threats, notes, and plans, evident in notebooks and social media posts
- History of suicidal ideation/behavior
- Self-injurious behavior
- Preoccupation with death
- Making final arrangements (e.g., giving away prized possessions, sending text messages to friends)

988 Suicide and Crisis Lifeline (24/7)
For individuals experiencing mental health-related distress or are worried about a loved one who may be in crisis, call **988** or **800.273.8255**, text **988**, or visit <https://988lifeline.org/>.

LAUSD Student and Family Wellness Hotline (213) 241-3840 | Monday-Friday | 8am-4:30pm

Here's What You Can Do

LISTEN

- Listen without judgment.
- Be aware of verbal and non-verbal communication.

PROTECT

- Take action immediately.
- Do not leave the student alone. Student should be supervised/monitored at all times by a staff member, not a peer.

CONNECT

- Connect student with an administrator, crisis team member, or the STPL at your school site.
- Contact staff/resources listed below, as needed.
- Contact the appropriate child protective services agency when there is reasonable suspicion of abuse.
- During non-school hours/days, ensure the parent/caregiver and administrator has been informed of safety concerns.

MODEL

- Remain calm.
- Be aware of your thoughts, feelings, and reactions as you listen without judgment.
- Establish a safe environment to talk about suicide and/or connect them with an administrator, crisis team member, or the STPL at your school site.

TEACH

- Teach students how to ask for help and identify adults they can trust at home and at school.
- Teach healthy ways to cope with stress, including deep breathing, writing/drawing, exercise, or talking.

School Contact Information

School: _____

STPL: _____

Phone/Extension: _____

Crisis Team Member: _____

Phone/Extension: _____

lausd.org/shhs | lausd.org/smh

Los Angeles Unified School District
 Student Health and Human Services
 School Mental Health

Self-Injury Awareness for Staff

What should I do if a student is engaging in self-injurious behavior?

- Know & recognize the signs
- Act immediately & ensure student is supervised
- Say something - notify the Suicide Threat Prevention Liaison (STPL/Crisis Team Member about the student of concern)

Signs & Symptoms of Self-Injury

- Frequent or unexplained bruises, scars, cuts, or burns
- Frequent inappropriate use of clothing designed to conceal wounds (often found on the arms, thighs, or abdomen)
- Unwillingness to participate in activities that require less body coverage (swimming, physical education class)
- Secretive behaviors, spending unusual amount of time in restroom or isolated areas
- Bruises on the neck, head/ears, red eyes
- Signs of sadness, fluctuating emotions, social isolation, impulsivity, and disconnectedness
- Possession of sharp objects (razor blades, shards of glass, thumb tacks)
- Evidence of self-injury in drawings, journals, pictures, texts, and social networking sites
- Statements of helplessness, hopelessness, or worthlessness

School Contact Information

School: _____

STPL: _____

Phone/Extension: _____

Crisis Team Member: _____

Phone/Extension: _____

Here's What You Can Do

LISTEN

- Listen without judgment.
- Be aware of verbal and non-verbal communication.

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- Contact staff/resources listed below, as needed.
- Contact the appropriate child protective services agency when there is reasonable suspicion of abuse.
- During non-school hours/days, ensure the parent/caregiver and administrator has been informed of safety concerns.

MODEL

- Remain calm.
- Be aware of your thoughts, feelings, and reactions as you listen without judgment.
- Establish a safe environment to talk about suicide and self-injury and/or connect them with an administrator, crisis team member, or the STPL at your school site.

TEACH

- Teach students how to ask for help and identify adults they can trust at home and at school.
- Teach healthy ways to cope with stress, including deep breathing, writing/drawing, exercise, or talking.

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Los Angeles Unified School District
 Student Health and Human Services
 School Mental Health

Suicide Prevention Awareness for Crisis Team Members

Suicide is a serious public health problem that takes an enormous toll on families, friends, classmates, co-workers, and communities, as well as on our military personnel and veterans. Suicide prevention is the collective effort of all adults that support and work with students, including parents/caregivers, families, local community organizations, mental health practitioners, and related professionals. The aim is to reduce the incidence of suicide through education, awareness, and services.

Suicide Warning Signs

Warning signs are observable behaviors that may signal the presence of suicidal thinking. They might be considered "cries for help" or "innuendoes to intervene." These warning signs signal the need to inquire directly about whether the individual has thoughts of suicide. If so, then suicide prevention strategies will be required.

- Feelings of sadness, hopelessness, helplessness
- Significant changes in behavior, appearance, thoughts, and/or feelings
- Social withdrawal and isolation
- Suicide threats (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 friends)

Suicide Risk Factors

While the path that leads to suicidal behavior is long and complex and there is no "profile" that predicts suicidal behavior with certainty, there are certain risk factors associated with increased suicide risk. In isolation, these factors are not signs of suicidal thinking. However, when present they signal the need to be vigilant for the warning signs of suicide.

- 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
- History of suicide in the family or of a close friend
- History of mental illness in the family

Follow the protocols & guidelines in **BUL-2637 Suicide Prevention, Intervention, and Postvention**

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Los Angeles Unified School District
 Student Health and Human Services
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Understanding Suicide: Myths & Facts

To understand why people die by suicide and why so many others attempt to take their own lives, it is important to know the facts. Read the facts about suicide below and share them with others.

Myth: Suicide can't be prevented. If someone is on taking their own life, there is nothing that can be done to stop them.

Fact: Suicide is preventable. The vast majority of people contemplating suicide don't really want to die. They are seeking an end to intense mental and/or physical pain. Most have a mental illness. Interventions can save lives.

Myth: Asking someone if they are thinking about suicide will put the idea in their head and cause them to act on it.

Fact: When someone you know is in crisis or depressed, asking them if they are thinking about suicide can actually help. By giving a person an opportunity to open up and share their troubles you can help alleviate their pain and find solutions.

Myth: Someone making suicidal threats won't really do it, they are just looking for attention.

Fact: Those who talk about suicide or express thoughts about wanting to die, are at risk for suicide and need your attention. Most people who die by suicide give some indication or warning. Take all threats of suicide seriously. Even if you think they are just "trying out for help" — it is in fact a cry for help — so help.

Myth: Talk therapy and/or medications don't work.

Fact: Treatment can work. One of the best ways to prevent suicide is by getting treatment for mental illnesses such as depression, bipolar disorder or substance abuse and learning ways to solve problems. Finding the best treatment can take some time; the right treatment can greatly reduce the risk of suicide.

What should I do if a student is suicidal?

- Respond immediately
- Supervise the student
- Escort the student to a Suicide Threat Prevention Liaison/Crisis Team Member

While most young people are resilient and are able to manage life stressors and challenges, some youth require additional support to develop the resiliency skills and tools necessary to cope. Seeking professional support is suggested when concerning behaviors persist for a few weeks or longer, causes distress for the student and their family, or interferes with the student's functioning at school, at home, or with peers. Talk-therapy and medication are two forms of treatment for mental health concerns. Youth may benefit from mental health support if they present with the following:

- Sudden and pronounced changes in behavior and/or mood
- Preoccupation with suicide, evidenced through verbalizations, artwork, or writing
- Harmful acts to self, other children, or animals
- Substance abuse or misuse/reckless behaviors
- Decline in academic performance
- Isolation or avoidance of friends and/or family
- Increase/decrease in eating or sleeping behavior
- Giving away important possessions
- Symptoms of depression

National Institute of Mental Health

If you or someone you care about is at risk for suicide, help is available.

For consultation, contact the LAUSD Student and Family Wellness Hotline at (213) 241-3840.

EMERGENCY INFORMATION / After Hours Services
If you need IMMEDIATE help, call 911

For a psychiatric emergency, contact the Department of Mental Health ACCESS Center at (800) 854-7771

Los Angeles County Police Department (213) 625-6631

Resources for Students & Parents/Caregivers
Crisis Text Line (24/7)
• Text "LAT" to 741741

988 Suicide and Crisis Lifeline (24/7)
For individuals who are in a suicidal crisis or emotional distress.
• Call: 988 or 800.273.8255
• Text: 988
• Chat: <https://988lifeline.org/>

Teen Line (6pm-10pm PST, Daily)
Trained teen listeners provide support, resources and hope to any teen who is struggling.
• Call: 800.852.8336
• Text: TEEN to 839863

Trevor Lifeline (24/7)
Crisis intervention and suicide prevention services for lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people ages 13-24.
• Call: 866.485.7266
• Text: 678678
• Chat: <https://thetrevorproject.org/webchat>

Online Resources
www.dishsdisc.org
www.thetrevorproject.org
www.trevorline.org
www.afso.org/understanding-suicide

Smartphone Apps
• LASHAR (Los Angeles Schools Anonymous Reporting)
• Teen Line Youth Yellow Pages

School Mental Health & Wellness Centers Referrals
smh.lausd.net

LAUSD UNIFIED
Los Angeles Unified School District
Student Health and Human Services
School Mental Health

Self-Injury Awareness for Crisis Team Members

Self-injury is a complex behavior, separate and distinct from suicide that some individuals engage in for various reasons such as to take risks, rebel, reject their parents' values, state their individuality, or merely to be accepted. However, others may injure themselves out of desperation or anger to seek attention; to show their feelings of hopelessness and worthlessness; or because they have suicidal thoughts. Such individuals may suffer from serious mental health disorders such as depression or Posttraumatic Stress Disorder (PTSD). Some young children may resort to self-injurious acts from time to time but often grow out of it. Children with an intellectual disability or autism, as well as children who have been abused or abandoned may also show these behaviors. If you become aware that a student or someone you know is engaging in self-injurious behavior, take action and get help immediately.

General Information

- Self-injury is defined as intentional tissue damage that can include cutting, severe scratching, pinching, stabbing, puncturing, burning, and ripping or pulling skin or hair.
- Self-injury provides a way to manage overwhelming feelings and can be a way to bond with peers (rite of togetherness).
- Tattoos and body piercings are not usually considered self-injurious behaviors unless they are done with the intention to hurt the body.
- Individual mental health services therapy can be effective when focused on reducing the negative thoughts and environmental factors that trigger self-injury.

Here's What You Can Do

LISTEN

- Assess for suicide risk.
- Listen without judgment.
- Ask open-ended questions, such as:
 - Tell me what happened?
 - How long have you been feeling this way?

PROTECT

- Take action immediately.
- Do not leave the student alone. Student should be supervised/monitored by a staff member, not a peer.
- Consider developing a safety/re-entry plan.

CONNECT

- Collaborate with an administrator, crisis team member, or the Suicide/Threat Prevention Liaison(s) at your school site.
- Contact any of the resources listed on this handout, as needed.
- Contact the appropriate child protective services agency when there is reasonable suspicion of abuse.
- Inform the parent/caregiver.
- Inform a staff member to monitor the student.

MODEL

- Remain calm. Establish a safe environment to talk about suicide and self-injury.
- Be aware of your thoughts, feelings, and reactions as you listen without judgment.

TEACH

- Provide information and education to parents/caregivers about suicide and self-injury.
- Teach students how to ask for help and identify adults they can trust at home and at school.
- Teach healthy ways to cope with stress, including deep breathing, writing/drawing, exercise, or talking.
- Provide options for school and community resources including referrals to professional mental health services.

Follow the protocols & guidelines in **BU1-2637 Suicide Prevention, Intervention, and Postvention**

shhs.lausd.net | smh.lausd.net

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Los Angeles School Police Department (213) 625-6631

Resources for Students & Parents/Caregivers
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- Text "LA" to 741741

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- Call: 866.488.7386
- Text: 678678
- Chat: <https://thetrevorproject.org/webchat>

Online Resources

- www.dshhirsch.org
- www.thetrevorproject.org
- www.teenline.org
- www.afsp.org/understanding-suicide

Smartphone Apps

- LA SAR (Los Angeles Schools Anonymous Reporting)
- Teen Line Youth Yellow Pages

School Mental Health & Wellness Centers Referrals
smh.lausd.net

Signs and Symptoms of Self-Injury

- Frequent or unexplained bruises, scars, cuts, or burns
- Frequent inappropriate use of clothing designed to conceal wounds (often found on the arms, thighs, or abdomen)
- Unwillingness to participate in activities that require less body coverage (swimming, physical education class)
- Secretive behaviors, spending unusual amounts of time in the bedroom, bathroom, or isolated areas
- Bruises on the neck, head/ears, red eyes, ropes/clothing/belts tied in knots (signs of the "choking game")
- Signs of sadness, fluctuating emotions, social isolation, impulsivity, and disconnectedness
- Possession of sharp objects (razor blades, shards of glass, thumb tacks)
- Evidence of self-injury in drawings, journals, pictures, texts, and social networking sites
- Statements of helplessness, hopelessness, or worthlessness

Non-Suicidal Self-Injury

There is a difference between self-injury and suicidal acts, thoughts, and intentions. With suicide, there is an intent to die; whereas, with non-suicidal self-injury the reasons may include to:

- Feel emotionally better
- Express desperation or anger
- Manage painful feelings of current or past trauma
- Punish oneself
- Feel pain or relief
- Have control of one's body

A professional clinical assessment may be necessary to determine risk.

What should I do if a student is engaging in self-injurious behavior?

- Respond immediately
- Supervise the student
- Escort the student to a Suicide Threat Prevention Liaison/Crisis Team Member

While most young people are resilient and are able to manage life stressors and challenges, some youth require additional support to develop the resiliency skills and tools necessary to cope. Seeking professional support is suggested when concerning behaviors persist for a few weeks or longer; causes distress for the student and their family; or interferes with the student's functioning at school, at home, or with peers. Talk therapy and medication are two forms of treatment for mental health concerns. Youth may benefit from mental health support if they present with the following:

- Sudden and pronounced changes in behavior and/or mood
- Preoccupation with suicide, evidenced through verbalizations, artwork, or writing
- Harmful acts to self, other children, or animals
- Substance use or impulsive/risk-taking behaviors
- Decline in academic performance
- Isolation or avoidance of friends and/or family
- Increase/decrease in eating or sleeping behavior
- Going away important possessions
- Statements of depression

Provide Handouts & Resources to the Family

All parents/caregivers should receive handouts with information and resources.



Los Angeles Unified School District
Student Health and Human Services
School Mental Health

333 S. Beaudry Avenue, 2nd Floor
(Los Angeles, CA) 90007
310.241.3840

Suicide Prevention Awareness for Parents/Caregivers

Suicide is a serious public health problem that takes an enormous toll on families, friends, classmates, co-workers, and ourselves, as well as on our nation's economy and resources. Suicide prevention is the collective effort of all adults that support and care about children, including professionals, family members, mental health practitioners, and school professionals. The aim is to reduce the incidence of suicide through education, awareness, and services.

SUICIDE IS PREVENTABLE.

Warning Signs

Warning signs are observable behaviors that may signal the possibility of suicidal thinking. They include: "I'm hopeless," or "I'm a burden to others." These warning signs signal the need to inquire directly to inquire whether the individual has thoughts of suicide. If so, these suicide prevention strategies will be required.

Risk Factors

While the path that leads to suicidal behavior is long and complex and there is no "one-size-fits-all" checklist, suicidal behavior with certainty, there are several factors associated with increased suicide risk. In addition, these factors are not signs of suicidal thinking. However, when present they increase the risk of suicidal thoughts and actions.

- 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 use disorder
- History of suicide in the family or if

CONNECT

- Go to your child's school for support from their school administrator, mental health practitioner, or counselor.
- Contact Department of Mental Health, Los Angeles Unified School District, for crisis intervention services, as needed.
- Help your child identify adults they trust at home and at school.

MODEL

- Remain calm. Establish a safe environment to talk about suicide.
- Be aware of your thoughts, feelings, and reactions as you listen without judgment.

Los Angeles Unified School District
Student Health and Human Services
School Mental Health

333 S. Beaudry Avenue, 2nd Floor
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Self-Injury Awareness for Parents/Caregivers

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What should I do if my child is engaging in self-injurious behavior?

If you become aware that your child is engaging in self-injurious behavior, remain calm and nonjudgmental. If the injury appears to pose potential medical risks (e.g., excessive bleeding, need for stitches), call 911 immediately. If the injury does not appear to pose immediate medical risks, there are other actions you may take:

- Think "helped" from a mental health professional (i.e., therapist, psychologist, psychiatrist)
- Provide emotional and medical support
- Participate in the Crisis Recovery (i.e., Youth Program)
- Support your child in an open and nonjudgmental way

EMERGENCY INFORMATION / After Hours Services
If you need IMMEDIATE help, call 911.

For a psychiatric emergency, contact the Department of Mental Health 24-hour ACCESS Center at (800) 854-7771.

Los Angeles Unified School District
DIVISION OF SCHOOL OPERATIONS

LA UNIFIED RESOURCES AND SUPPORT

This guide includes selected offices and community resources that can be helpful before, during and after a crisis. Remember that your first call to a life-threatening emergency should be to 911. To reach specific personnel, refer to the L.A. Unified Guide to Offices at www.lausd.org, under "Offices."

LA UNIFIED RESOURCES AND SUPPORT	PHONE NUMBER
Division of School Operations	(310) 241-5387
Division of Special Education, Behavior Support Unit	(310) 241-4701
Educational Equity Compliance Office	(310) 241-7682
Los Angeles School Police Department (LASPP) - Watch Commander	(310) 625-6631
Los Angeles Schools Anonymous Reporting (LASAR) App to anonymously report instances of suspicious activity, mental health incidents, and other safety issues from a smartphone. Students and families can download the LASAR app by visiting the Apple app store or Android app store and searching "Los Angeles Unified LASAR."	(310) 241-3840
Student and Family Wellness Hotline For support and consultation Monday-Friday, from 8:00am-4:30pm	(310) 241-3840
COMMUNITY PHONE, TEXT, AND CHAT CRISIS RESOURCES Standard crisis text and chat resources are available 24/7 for your phone.	
988 Suicide & Crisis Lifeline (24/7) For individuals who are in a suicidal crisis or emotional distress	Call: 988 or (800) 273-8255 Text: 988



TRUSTED ADULT

Trusted adults are key to **social-emotional learning** and build the foundation for safer, kinder communities. Further, they model positive student-adult relationship skills and teach responsible decision-making. Importantly, they show empathy and express appreciation to courageous students who report warning signs.



HOW TO BE A TRUSTED ADULT

Use the 5 components of Psychological First Aid to support students who need help and report any warning signs.

1 LISTEN

- Be open and accepting of students who approach you with a concern.
- Listen without judgement.
- Pay attention to changes in student's behaviors and appearance.
- Monitor usage of school issued technology.
- Paraphrase and ask you got the information right.
- Use open ended prompts, such as:
 - Tell me what happened.
 - How long have you been feeling this way?

2 PROTECT

- Take action to ensure safety.
- Make a plan to monitor the student you are concerned about.
- Some things you may ask include:
 - Is anyone in immediate risk of harming themselves or others?
 - Thank you for coming to me with this concern, please tell me more about the warning signs you've noticed?

3 CONNECT

- Report student threats or perceived threats of homicide to the Los Angeles School Police Department (213.425.4633) or local law enforcement.
- Notify the school site administrator, crisis team member, or Suicidal/Threat Prevention Liaison (STPL).
- Validate the student's concerns:
 - Thank you for trusting me with what you are experiencing, I am here to help.

4 MODEL

- Remain calm.
- Be aware of your thoughts, feelings, and reactions as you listen without judgment.
- Let the student know that you heard them and appreciate them being a Student Upstander by providing you with this important information.

5 TEACH

- Know the warning signs that a person may be planning to harm themselves, others, or is in crisis.
- Know the 3 steps to being a Student Upstander.
- Follow up to let the student know you are handling the concern and reassure them that they did the right thing.

aha.lead.net | smh.lead.net | Courtesy of Sandy Hook Promise

TRUSTED ADULT HANDOUT



STUDENT UPSTANDER HANDOUT

Los Angeles Unified School District
 Director of School Operations
 Student Health and Human Services
 School Mental Health

Student Upstander

Someone who speaks up and takes action to help someone else.

What are the three steps to being a Student Upstander?

1 SEE SOMETHING

2 ACT

3 SAY SOMETHING

1. SEE SOMETHING

Recognize warning signs and threats. Warning signs are when someone says or does something that shows they MAY be planning to harm themselves or others. We can see warning signs and threats by:

- The way someone is acting
- Something they have written
- Social media

WARNING SIGN: A PERSON MAY BE PLANNING TO HARM OTHERS

- Being obsessed with weapons or school shootings
- Talking about hurting other people
- Talking or posting about an upcoming attack
- Bringing a weapon to school

Remember, people often show warning signs before they hurt themselves or others.
-Sandy Hook Promise

WARNING SIGN: A PERSON MAY BE PLANNING TO HARM THEMSELVES

- Talking about wanting to die, be dead, or talking about suicide
- Talking about cutting or hurting themselves
- Feeling like things will not get better
- Doesn't seem like themselves and your gut is telling you to be worried

If someone suddenly seems to be doing a lot better, it might be a warning sign!

WARNING SIGN: A PERSON MAY BE IN CRISIS

- Big changes in personality or appearance
- Struggling to deal with a loss in their life
- Has withdrawn or pulled away from everyone and everything
- Has become on edge or seems unusually angry
- Being physically or verbally abusive
- Displaying cruelty to animals
- Being bullied or bullying others

THREAT A threat is when someone communicates that they **PLAN** to HARM themselves or others. Some might say a threat, write a threat, or post a threat on social media. For example:

"I'm going to take them out."

"I'm going to end it all."

"It's over for all of you."

aha.lead.net | smh.lead.net | Adapted from Sandy Hook Promise's See Something Program

Document & Complete the RARD/iSTAR



- Complete for all risk levels
- Whoever completed the assessment should complete the RARD
- Change the LOCATION to reflect the school location
- Submit RARD to the Administrator/designee within 24 hours or by the end of the next school day to be entered into iSTAR.

Remember to check ALL actions!

SUPPORT



Los Angeles Unified's Student & Family Wellness Hotline
 Consultations, Support, & Referrals

Need Help?
Call (213) 241-3840

Weekdays 8:00 am - 4:30 pm

For support with mental health, immunizations, health insurance, food and housing, enrollment, and more.

askshhs.lausd.net

988 SUICIDE & CRISIS LIFELINE

24/7 CALL, TEXT, CHAT

Hotlines

Employee Assistance Service for Education

As a Los Angeles Unified School District employee, you have access to the EASE program, a specialized counseling service which provides telehealth, face-to-face counseling, phone consultations and community referrals.

- Voluntary and CONFIDENTIAL
- Staffed by professional counselors
- Endorsed by labor and management
- Paid for by LACOE ESSER III Funds

EASE HOTLINE: 1-800-882-1341

Get Support: <ul style="list-style-type: none"> • 24/7 Hotline • No Waiting Lists • Confidential 	EASE Counselors Specialize in: <ul style="list-style-type: none"> • Family Troubles • Emotional Distress • Drug/Alcohol Problems • Job Anxieties & Stress • Grief, Loss, Transitions
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Early Childhood Mental Health Consultation Line

Families & Educators Need Support?

CALL (213) 445-0168
 for consultation, support & referrals for Birth - 5

Weekdays 8 am - 4:30 pm

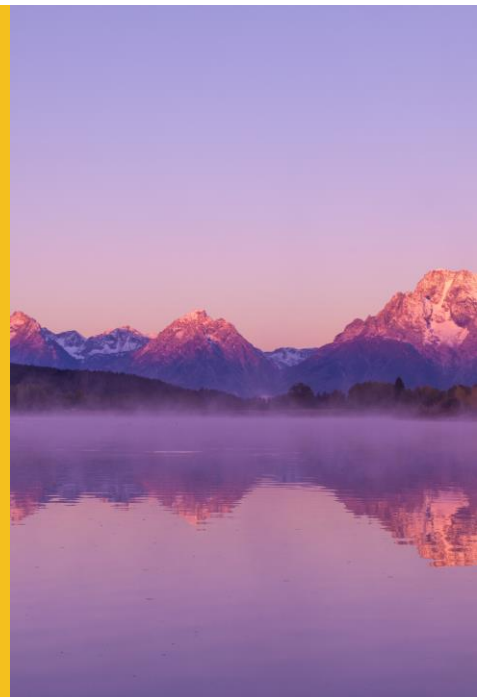
Your call will be answered by Early Childhood Mental Health Consultants, trained psychiatric social workers who are standing by to serve you.

Consult with:

- Suicide/Threat Prevention Liaisons (STPL)
- School-Site Crisis Team (Principal, PSW, PSA, School Psychologist, Counselor)
- Region Mental Health Consultants (MHC)

Pause & Reflect

What can you do to increase your confidence in regards to conducting a risk assessment?





School Mental Health | Student Health and Human Services



PROFESSIONAL DEVELOPMENT FEEDBACK

- Make sure you are signed into your LAUSD email account
- Date of the professional development/training you attended:
 - **#/##/##**
- Title of the professional development/training opportunity you attended:
 - **Suicide Prevention, Intervention, Postvention Training**



EVALUATION LINK:

<https://forms.office.com/r/kQUz9SUyw8>



Thank you!

JOIN THE
LAUSD MULTIDISCIPLINARY CRISIS
TEAM GROUP



 ACCESS CODE:
C45W-76V2-XR5JF

