Suicide Prevention Awareness for Staff

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 efforts of local community organizations, mental health practitioners and related professionals to reduce the incidence of suicide through education, awareness, and services.

SUICIDE IS PREVENTABLE.

Suicide Warning Signs

Warning signs are observable behaviors that may signal the presence of suicidal thinking. They might be considered “cries for help” or “invitations to intervene.” These warning signs signal the need to inquire directly about whether the individual has thoughts of suicide. If such thinking is acknowledged, then suicide interventions 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 disorders
- History of suicide in the family or of a close friend
- History of mental illness in the family

Here’s What You Can Do:

LISTEN

- Assess for suicidal risk.
- Listen without judgement.
- Ask open-ended questions.

PROTECT

- Take action immediately.
- Supervise, do not leave the student alone.
- Consider developing a safety/re-entry plan, if needed.

CONNECT

- Collaborate with administration or crisis team personnel to determine level of risk.
- Contact Local District School Mental Health Coordinator or Mental Health Consultant for consultation and support.
- Contact Department of Mental Health, law enforcement or protective services, as needed.
- Inform the parent/guardian.
- Identify a staff member to monitor student.

MODEL

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

TEACH

- Provide information and education to parents/guardians about suicide and self-injury.
- Encourage help seeking behaviors and help them identify adults they can trust at home and at school.
- Provide options for school and community resources including referrals to professional mental health services, as needed.

Follow the protocols and guidelines in BUL-2637.2 Suicide Prevention, Intervention and Postvention.
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 set 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 you fear 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 “crying for help”—a cry for help, is 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 illness and/or substance abuse and learning ways to solve problems. Finding the best treatment can take some time, and the right treatment can greatly reduce the risk of suicide.

Resources for Suicide Prevention

Resources For Supporting and Responding to Students

For assistance/support, contact your Local District School Mental Health Coordinator or Mental Health Consultant.

For consultation, Monday-Friday from 8am-4:30pm, contact LAUSD School Mental Health at (213) 241-3841.

EMERGENCY INFORMATION / After Hours Services

If you need IMMEDIATE help, call 911. Los Angeles School Police Department (213) 625-6631

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

Resources to Distribute to Students & Parents/Guardians

Community Hotlines
Didi Hirsch Suicide Prevention Hotline (877) 727-4747 (24 hours)
National Suicide Prevention Lifeline (800) 273-TALK (8255) (24 hours)
Trevor Lifeline (866) 488-7386 (24 hours)
Teen Line (800) 852-8336 (6pm-10pm daily)

Text and Chat Resources
Crisis Chat (11am-11pm, daily) http://www.crisischat.org/chat
Teen Line - text “TEEN” to 839863

Online Resources
http://www.didihirsch.org/
http://www.thetrevorproject.org/
http://teenline.org/
http://www.afsp.org/understanding-suicide

Smartphone Apps
MY3
Teen Line Youth Yellow Pages