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 “invitations 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

**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?
  - Have you thought about suicide?

**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 Prevention Liaison(s) at your school site.
- Contact the Local District School Mental Health Coordinator or Mental Health Consultant for consultation and support.
- Contact Department of Mental Health or law enforcement, as needed.
- Contact the appropriate child protective services agency when there is reasonable suspicion of abuse (see BUL-1347).
- Inform the parent/caregiver.
- Identify a staff member to monitor the student.

**MODEL**

- Remain calm. Establish a safe environment to talk about suicide.
- 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 and guidelines in BUL-2637 Suicide Prevention, Intervention and Postvention.
Mental Health (MH) and Wellness Centers

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.

Understanding Suicide: Myths & Facts

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 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 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.

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

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 Text Line – Free, 24/7, confidential
Text LA to 741741
Crisis Chat (11am-11pm, daily)
http://www.crisischat.org/chat
Teen Line - text “TEEN” to 839863 (6pm-10pm)

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

North
Valley MH Center
6651A Balboa Blvd., Van Nuys 91406
Tel: 818-758-2300

West
Crenshaw MH and Wellness Center
3206 W. 50th St., Los Angeles 90043
Tel: 323-290-7737

Washington MH and Wellness Center
1555 West 110th St., Los Angeles 90043
Tel: 323-241-1909

South
97th Street MH Center
Barrett Elementary School
439 W. 97th St., Los Angeles 90003
Tel: 323-754-2856

San Pedro MH Center
704 West 8th St., San Pedro 90731
Tel: 310-832-7545

Locke MH and Wellness Center
316 111th St., Los Angeles 90061
Tel: 323-418-1055

Carson MH and Wellness Center
270 East 223rd St., Carson 90745
Tel: 310-847-7216

East
Bell/Cudahy MH Center
Ellen Ochoa Learning Center
7326 S. Wilcox, Cudahy 90201
Tel: 323-869-1352

Ramona MH Center
231 S. Alma Ave., Los Angeles 90063
Tel: 323-266-7615

Gage MH and Wellness Center
2880 E. Gage Ave., Huntington Park 90255
Tel: 323-826-1520

Elizabeth LC MH and Wellness Center
4811 Elizabeth St., Cudahy 90201
Tel: 323-271-3650

Central
Belmont MH and Wellness Center
180 Union Place, Los Angeles 90026
Tel: 213-241-4451

Roybal MH Center
1200 West Colton St., Los Angeles 90026
Tel: 213-580-6415

For clinic referrals visit: smh.lausd.net

School Mental Health
(213) 241-3841

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.