**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-2637.1 Suicide Prevention, Intervention and Postvention.
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. Please 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.

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 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
Suicide Prevention Activity Tip Sheet

Suicide Prevention Tips & Resources

Each Mind Matters: California’s Mental Health Movement supports that suicide prevention matters. County Behavioral Health Agencies across California have invested in statewide efforts to prepare Californians to prevent suicide by knowing the warning signs for suicide, finding the words to talk with a person they are concerned about and reaching out to local resources.

Know the Signs. Find the Words. Reach Out.
Learn how you can help someone who may be at risk for suicide by visiting www.suicideispreventable.org to get informed. Share a link on your own website and share the information with others in your network.

Start conversations: Everyone has a role to play when it comes to preventing suicides.
Reach out to someone new and begin a conversation about suicide prevention. For example, ask local businesses to display a poster or your local fitness center to display buttons and brochures. Campaign materials are available in English and Spanish, as well as Chinese, Hmong, Khmer, Korean, Lao, Tagalog, and Vietnamese. All materials can be downloaded in the Resource Center on www.yourvoicecounts.org

Invite young people to direct change:
The Directing Change Program & Film Contest encourages young people to create 60-second films about suicide prevention or mental health. Encourage participation, host a local screening, or ask your local movie theater to screen films. For more information and to download films visit www.directingchange.org

Show your support: Many communities host suicide prevention walks and events.
By showing up, you demonstrate to people who have lost friends and family to suicide that their loved ones are not forgotten and their pain is recognized. Contact your local county mental health department for a list of local activities or visit the Each Mind Matters events page: www.eachmindmatters.org/events.

Host a training:
Suicide prevention gatekeeper trainings provide people with the skills to assist individuals in an emotional crisis. Get trained yourself or offer a training at your organization. Trainings range from one-hour events, such as Question, Persuade and Refer (QPR) to more involved trainings, such as suicideTALK, safeTALK. Contact your local county mental health department or email kathleen.snyder@livingworks.net for safeTALK or ASIST trainings in your area.

Join California’s Mental Health Movement!
Each Mind Matters believes that suicide prevention matters. Wearing a lime green ribbon or a Know the Signs button is a great way to open an honest dialogue with friends, family, classmates and co-workers about mental health and how they are feeling. To order ribbons or buttons and for other ways to get involved in the movement visit www.eachmindmatters.org
Suicide Prevention Awareness for Parents/Guardians

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.

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)

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

PROTECT

- Take action immediately.
- Supervise, do not leave your child alone.

- Consider developing a safety plan at school and home, if needed.

CONNECT

- Communicate and collaborate with your child’s school administration, mental health personnel or counselor for support.
- Contact Department of Mental Health, law enforcement or protective services, as needed.
- Help your child identify adult 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 judgement.

TEACH

- Learn the warning signs and risk factors and provide information and education about suicide and self-injury.
- Encourage help seeking behaviors and help your child identify adults they can trust at home and at school.
- Seek options for school and community resources including referrals to professional mental health services, as needed.
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 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: It is easy for parents/guardians to tell when their child is showing signs of suicidal behavior.
Fact: Unfortunately, research shows that this is not the case in a surprisingly large percentage of families. This illustrates the importance for parents/guardians to be attentive to warning signs, risk factors, to ask direct questions, and be open to conversation.

What Should I Do If I Am Worried About My Child?

If you believe that your child is thinking about suicide, approach the situation by asking. Asking is the first step in saving a life and can let them know that you are here for them and will listen. Here are some examples of how you may ask: “Have you thought about suicide?” “Sometimes when people are sad as you are, they think about suicide. Have you ever thought about it?”

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.

Resources for Parents/Guardians & Children/Adolescents

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