

# SUICIDE RISK SCREENING PROCESS

*This **Suicide Protocol and Forms** document is intended to be used as a reference for PSU/LEAs as local policies are developed. All policies should be reviewed by LEA executives, local school boards, and legal counsel to ensure all protocols and policies are in accordance with existing local policies and all relevant laws.*

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Find out more about NC Project ACTIVATE here: <https://www.ruralhealthinfo.org/project-examples/1076>.

Additional resources related to the formation of a Suicide Risk Screening Protocol:

- [Columbia-Suicide Severity Rating Scale \(C-SSRS\)](#)
- [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)
- [American Foundation for Suicide Prevention \(AFSP\)](#)
- [National Alliance on Mental Illness \(NAMI\)](#)
- [Question, Persuade, Refer \(QPR\)](#)
- [Youth Mental Health First Aid \(YMHFA\)](#)
- [School-Based Behavioral Threat Assessment & Management: Best Practices Guide For SC K–12 Schools](#)
- [Preventing Suicide: The Role of High School Teachers Issue Brief](#)

Emergency crisis response resources:

- National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
- National Hopeline Network: 1-800-SUICIDE (800-784-2433)
- Crisis Text Line: Text "DESERVE" TO 741-741
- [Lifeline Crisis Chat \(Online live messaging\)](#)
- Self-Harm Hotline: 1-800-DONT CUT (1-800-366-8288)
- [Suicide Prevention Wiki](#)

## SUICIDE RISK SCREENING PROCESS

- TAKE SUICIDAL BEHAVIOR SERIOUSLY EVERYTIME
- NO STUDENT EXPRESSING SUICIDAL THOUGHTS SHOULD BE SENT HOME ALONE OR LEFT ALONE DURING THE SCREENING PROCESS.
- IF THERE IS REASON TO BELIEVE A STUDENT HAS THOUGHTS OF SUICIDE, EVERY EFFORT SHOULD BE MADE TO AVOID SENDING THE STUDENT HOME TO AN EMPTY HOUSE.

The **risk of suicide** is raised when any peer, teacher, or other school employee identifies someone as potentially suicidal because s/he has directly or indirectly expressed suicidal thought (ideation) or demonstrated other warning signs. If a student is having thoughts of suicide, there is suicide risk.

If imminent danger exists, phone 911 or the School Resource Officer immediately and then contact **{School District Crisis Contact}** for crisis support. This is especially important if the student of concern has skipped school altogether or left the campus and a plan to attempt suicide is discovered.

If imminent danger is *not* present but a concern about suicide risk exists, the school counselor, school social worker, or school psychologist initiates the screening process.

### Screening Process

1. The school staff person who identified the student at risk stays with the student in a quiet, private setting to provide supervision and appropriate support until a school counselor, school social worker, or school psychologist meets with the student.
  - a. *If a student makes a suicidal threat directly to an SRO he or she has the discretion to transport the student to the hospital and/or follow any other law enforcement protocol. If this occurs, obtain a signed release to obtain information from the hospital. If necessary continue the assessment process when the student returns to school if he/she has not been assessed by medical staff.*
2. Use the [Suicide Risk Assessment Checklist](#). Complete first 2 questions of the Suicide Risk Assessment Checklist with all students who have shown signs of suicidal ideation.
  - a. If **NO** to question 1 and 2 and you deem the student is **NO** risk and confidentiality isn't broken, keep documentation that protocol was started and schedule a check-in with the student within the next school week.
  - b. If **YES** to 1 and **NO** to 2 skip down to questions 7-28 and call **{School District Crisis Contact}** to see if further action should take place.
  - c. If **YES** to question 2, complete questions 3 - 6.
    - i. If **NO** to all questions 3 - 6 risk is determined as **LOW** complete all steps of the low risk assessment as well as [Coping Plan](#) and complete **{School District Documentation}** so that **{School District Crisis Contact}** has documentation.
    - ii. If **YES** to any question 3-6 **{School District Crisis Contact}** for consultation to identify risk level and develop a [Coping Plan](#). While crisis support is on the way complete questions 7-28 and crisis support will assist with completion of suicide assessment.
3. School personnel completing the assessment will make a determination of risk level with the support of a **{School District Crisis Contact}**
4. Complete necessary steps based on moderate or high risk levels on page 6.
5. **Parents/guardians must be notified no matter what level of risk.** Complete [Parent notification letter](#) and keep copy of SIGNED letter for the student's file. If parents are unable to come in and sign, review parent letter verbally over the phone with another school staff person present and send parent letter and a copy of [Coping Plan](#) with student.
6. Complete [Coping Plan](#) with student. Inform parents a [Coping Plan](#) has been completed.
7. Refer to outpatient provider if needed.
8. Complete **{School District Documentation}**

**{School District}**

**Student:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

9. Provide a Handle with Care Notice to School Administrator.
10. [Complete Support Plan](#) with {School District Crisis Contact} team if deemed necessary.

{School District}

Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

## Suicide Risk Assessment Checklist

Student: _____	Date: _____	Time: _____
Parent/Guardian: _____	Contact Number: _____	
Risk Assessors (individuals conducting risk assessment): _____		
Referral Source (who referred the individual for risk assessment): _____		
Reason for Assessment: (Describe the cause for concern to <u>include specific behaviors/comments heard or reported</u> )		

The first portion of this document is to be completed with the referred individual in a private interview, conveying nonjudgmental support for the individual and their reported feelings, perceptions, and thoughts. The interviewer is encouraged to probe for additional information to better understand the individual's current intent, ideation, and feasibility of plan to harm self. -Regardless of specific responses, DIRECT SUPERVISION AT ALL TIMES is required if the individual is believed to be at imminent risk of harming self and/or others until the student is released to approved individuals to pursue immediate mental health assessment or law enforcement intervention. Professional discretion is to err on the side of caution.

Suicide Ideation Definition and Prompts		
Ask questions that are bolded and underlined.	Past Month	
Ask Question 1 and 2	Yes	No
<b>1. Wish to be Dead:</b> <i>Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.</i>  <u><b>Have you wished you were dead or wished you could go to sleep and not wake up?</b></u>		
<b>2. Suicidal Thoughts:</b> <i>General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan.</i>  <u><b>Have you actually had any thoughts of killing yourself?</b></u>		
<b>If YES to 2 ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</b>		

{School District}

		Past Month	
		Yes	No
<p><b>If YES to 2 ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</b></p>			
3.	<p><b>Suicidal Thoughts with Method (without Specific Plan or Intent to Act):</b>                      Person endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place, or method details worked out. <i>"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."</i></p> <p style="text-align: center;"><b><u>Have you been thinking about how you might kill yourself?</u></b></p>		
4.	<p><b>Suicidal Intent (without Specific Plan):</b>                      Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u>, as opposed to "I have the thoughts but I definitely will not do anything about them."</p> <p style="text-align: center;"><b><u>Have you had these thoughts and had some intention of acting on them?</u></b></p>		
5.	<p><b>Suicide Intent with Specific Plan:</b>                      Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.</p> <p style="text-align: center;"><b><u>Have you started to work out or worked out the details of how to kill yourself?</u></b>  <b><u>Do you intend to carry out this plan?</u></b></p>		
6.	<p><b>Suicide Behavior Question:</b></p> <p style="text-align: center;"><b><u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u></b></p> <p><i>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.</i></p> <p style="text-align: center;"><b>If YES, ask: <u>How long ago did you do any of these?</u></b></p> <p><i>Over a year ago? Between three months and a year ago? Within the last three months?</i></p> <p>Explain:</p>		

**If yes to any questions 3 - 6 call {School District Crisis Contact} immediately for crisis assistance to staff the case and then continue with questions 7-28.**

Face to Face Assistance Requested

Staffed Case Over the Phone

If you have not been able to speak directly with {School District Crisis Contact} after **15 minutes**, please call:  
 {School District Crisis Contact Supervisor}

{School District}

**Student:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

*Based on The Research Foundation for Mental Hygiene, Inc., 2008.  
Adapted from the Columbia Suicide Severity Rating Scale (CSSRS).*

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**North Carolina Project ACTIVATE**

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Additional Categories		Assessment Questions	Yes	No	?
Changes in Mood/Behavior	7.	In the past year, felt so sad he/she stopped doing regular activities? Specify:			
	8.	Demonstrated abrupt changes in behaviors? (e.g. eating, sleeping, decline in school performance, quit club/sports activities, gave away personal possessions)			
	9.	Demonstrated recent, dramatic changes in mood? (e.g., change from depression to contentment, happiness to depression, etc.)			
	10.	Experiencing emotional pain that feel unbearable ? (e.g., desperate for relief from pain, willing to do anything to stop the pain, etc.)			
Stressors	11.	Had a personal connection to, or identified with, someone who committed suicide? Who:			
	12.	Had a recent death of a loved one or a significant loss? (i.e. breakup of a romantic relationship)			
	13a.	Experienced a <u>new</u> trauma/stressor? Specify: What:			
	13b.	Experienced a <u>chronic/ongoing</u> stressor? (feelings of loneliness, life stress ) Specify:			
	14.	Experienced a significant health concern? (self or other) Specify:			
	15.	Experienced abuse or victimization? Specify:			
Mental Illness	16.	Has a history of mental illness? (i.e., depression, conduct, or anxiety) Specify:			
	17.	Currently in counseling? <b>(If student is in counseling you must inform their therapist of ideations.)</b> With whom:			
Substance Use	18.	Has a history of substance abuse? Specify:			
Protective Factors	19.	Has a support system of family, friends, or pets? Specify:			
	20.	Has a sense of purpose in his/her life? (commitments, plans, etc.) Specify:			
	21.	Readily names plans for the future/indicates a reason to live? Specify:			
	22.	Who would the individual want to stop him/her if he/she had a plan? Specify:			
	23.	Who would be hurt if the plan was carried out? (family, friends, pet, etc.) Specify:			

Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

	24.	What happens to people who die? (religion/spiritual beliefs) Response:			
	25.	What happens to people who die by suicide? (religion/spiritual beliefs) Response:			
Personal Factors	26.	Engages in risky behavior? Specify:			
	27.	Impulsive acting-out? (quickly escalates conflict, flees/runs away, etc.) Specify:			
	28.	Affect: <input type="checkbox"/> Calm <input type="checkbox"/> Elated <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Enraged <input type="checkbox"/> Depressed/Despondent Behavior: <input type="checkbox"/> Cooperative <input type="checkbox"/> Withdrawn <input type="checkbox"/> Avoidant <input type="checkbox"/> Defensive <input type="checkbox"/> Hostile <input type="checkbox"/> Varied			

{School District}

## Assessment Results

### LOW RISK

The individual does not pose imminent danger to self; insufficient evidence for suicide potential. Low risk indicators may include: thoughts of suicide only in the past; history of depression; no previous attempts; no plan; no access to weapons or means; no recent losses; support system in place; no alcohol/substance abuse; positive coping skills. **A Coping Plan should be completed with the individual.**

**Required Actions:**

\_\_\_\_ Parent called and briefed on the process and given the [Suicide Risk Assessment – Parent/Guardian Notice](#)

\_\_\_\_ Parent: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_ [Complete Coping plan](#)

\_\_\_\_ Complete {School District Crisis Documentation}

**As Needed Actions : (Check all that apply)**

\_\_\_\_ Reassure and supervise student.

\_\_\_\_ Assist with connecting with school and community resources.

\_\_\_\_ Child released to parent custody for parent follow-up or routine after-school transportation.

\_\_\_\_ Distribute “Handle with Care” Notice to all staff involved.

\_\_\_\_ Other factors: \_\_\_\_\_

### MODERATE RISK

The individual presents with a questionable or non-viable plan of self-harm (i.e., lacks clear or viable intent, ideation, and/or plan) but is deemed to be at elevated risk of harming him/herself due to current stressors, personal and/or environmental variables, and/or lack of protective factors. **A Coping Plan should be completed with the individual and guardian and individual should be referred to an outpatient provider.**

**Required Actions:**

\_\_\_\_ Parent called and briefed on the process and given the [Suicide Risk Assessment – Parent/Guardian Notice](#)

\_\_\_\_ Parent: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_ [Complete Coping plan](#)

\_\_\_\_ Reassure and supervise student.

\_\_\_\_ Distribute “Handle with Care” Notice to all staff involved.

\_\_\_\_ Release student only to: Name: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_ Parent/guardian committed to scheduling a mental health assessment.

\_\_\_\_ Law enforcement/SRO with parental permission (document all actions)

\_\_\_\_ DSS

\_\_\_\_ Ambulance transport requested by parents

\_\_\_\_ Complete {School District Crisis Documentation}

**As Needed Actions : (Check all that apply)**

\_\_\_\_ Supervise student at all times (including restroom).

\_\_\_\_ The school requests a note from the physician or mental health professional’s assessment.

{School District}

Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

[Complete Support Plan](#)

Sign Release of Information for mental health services.

Other factors: \_\_\_\_\_

**HIGH RISK**

The individual poses imminent danger to self with a viable plan to do harm. High risk indicators may include: current thoughts of suicide; current sense of hopelessness; previous attempts; access to weapons or means; weak support system; alcohol/substance abuse; mental health history; precipitating events, such as loss of loved one, traumatic event, or feelings of victimization. **The individual must be sent for an immediate mental health assessment by a medical professional or hospital.**

**Required Actions:**

Parent called and briefed on the process and given the [Suicide Risk Assessment – Parent/Guardian Notice](#)

Parent: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Secure/remove weapon(s) or item(s) mentioned in the student’s plan.

Supervise student at all times (including restroom).

Release student only to: Name: \_\_\_\_\_ Time: \_\_\_\_\_

Parent/guardian committed to seeking immediate mental health assessment.

Law enforcement/SRO with parental permission (document all actions)

DSS

Ambulance transport requested by: parents, school, unable to contact parent.

The school requests the results from a physician or mental health professional’s assessment and any recommendations related to the child’s return to school.

Complete {School District Crisis Documentation}

Distribute “Handle with Care” Notice to all staff involved.

[Complete Support Plan](#)

Other Factors: \_\_\_\_\_

**As Needed Actions : (Check all that apply)**

Sign Release of Information for mental health services.

Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

## Insert LEA Release of Information Here

{School

District}

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**Project ACTIVATE**

**North Carolina**  
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## Coping Plan

### Step 1: Warning signs/Triggers

### Step 2: "By myself" Coping Tools: Things I can do to take my mind off my problems

### Step 3: People and places that I can go to who/which will distract me, to make me feel better

**At School:** \_\_\_\_\_

Who: \_\_\_\_\_

Where: \_\_\_\_\_

**At Home:** \_\_\_\_\_

Who: \_\_\_\_\_

Where: \_\_\_\_\_

### Step 4: People who care about me and who I can ask for help

*\*Individual student names should NOT be listed\**

Name	Relationship	Contact Information

### Step 5: Reasons to Live

### Step 6: Safety resources if you need help right away-

1. Call 911
2. Call Partners Crisis Line 1-888-235-4673 {Local Crisis Line/LME contact}
3. National Suicide Prevention Lifeline at 1-800-273-8255 (1-800-273-TALK)
4. National Suicide Prevention Lifeline TEXT "help" to 741741

{School

District}

Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ***Suicide Risk Assessment – Parent/Guardian Notice***

I have been informed that my child has been expressing suicidal thoughts. School staff members are concerned and want to support my child. I understand that I have a part in keeping my child safe.

I have been advised to:

- Provide increased supervision for my child and safety-proof my home.
- Not allow my child to be left alone at this time or allow them access to weapons, drugs, medications, or other dangerous items.
- I have been advised to take my child to receive a clinical assessment as soon as possible.
- I have been advised to immediately take my child to the hospital to be evaluated.
- Help the school staff create a [Coping Plan](#) for my child to be used at school.
- Share with the school the names of other professionals helping my child.
- Sign a release of information form so that school staff and other professionals may share information to benefit my child.

**Agreement:**

*Note: interventions required to help ensure safety in the school environment may be implemented regardless of agreement*

- I agree to follow the recommendations of {School District} understanding that fulfilling those recommendations comes at my expense, unless otherwise identified through the [Support Plan](#).
- I accept the recommendations of {School District} with the following exceptions:
- I do not agree to follow the recommendations of {School District}.

**In case of emergency, I should:**

1. Call 911.
2. Call Partners Crisis Line 1-888-235-4673 {Local Crisis Line/LME contact}
3. National Suicide Prevention Lifeline at 1-800-273-8255 (1-800-273-TALK)
4. National Suicide Prevention Lifeline TEXT “help” to 741741
5. National Suicide Prevention Lifeline chat at [suicidepreventionlifeline.org](http://suicidepreventionlifeline.org)
6. Take my child to a hospital emergency room.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
School Staff Signature

{School

District}

Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

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Date \_\_\_\_\_ Date \_\_\_\_\_

**{School District Crisis Contact & Supervisor Information}**

{School

District}

Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

### Support Plan

If the student has a BIP, 504, IEP, or other regularly reviewed plan, incorporate the Support Plan as part of the existing plan.

#### School Support Options

Date: \_\_\_\_\_

Check-ins:  Daily  Weekly With: \_\_\_\_\_

Designated safe place at school: \_\_\_\_\_

Increase supervision in the following settings: \_\_\_\_\_

Decrease or eliminate pass time or unsupervised time

Check for safety of personal belongings/spaces

Person responsible: \_\_\_\_\_ Time: \_\_\_\_\_

Late arrival/Early Dismissal  Distribute "Handle with Care" notice to all staff involved

Other schedule changes: \_\_\_\_\_

Other Accommodations: \_\_\_\_\_

Student will seek out the following school staff:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

#### Family/Home Options

Removal of dangerous objects from the home: \_\_\_\_\_

Increase supervision: \_\_\_\_\_

Pursue mental health services: \_\_\_\_\_

#### Permission

Agency/Individual

Contact Information

Permission to Release Information to: \_\_\_\_\_  
\_\_\_\_\_

Student returned to school with written note by authorized provider.

#### {School District} Crisis Support (Review of plan must be completed within 6 to 8 weeks)

\_\_\_\_\_ will review the status of this plan on (date) \_\_\_\_\_ to determine:

discontinue plan

revise plan (use new form)

continue plan

#### Comments

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Form Completed by: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

{School

District}

Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Other Participant Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Copies to:  Parent/Guardian  Student  Administrator  School Counselor  {Crisis Team}

## ***Tips for Keeping Your Child Safe***

Risk factors for exhibiting suicidal behavior:

- Loss of significant other
- Problems at school
- Family and personal stress
- Substance abuse
- Depression and other mental health issues
- Previous suicide of peer or family member
- Access to weapons / means of harming self
- Questions regarding sexual orientation

Students who are having suicidal thoughts may exhibit a variety of symptoms including, but not limited to:

- Significant changes in behavior such as changes in appearance, in grades, in eating or sleeping habits, or withdrawing from friends.
- Making suicidal threats – either direct “I want to die” or indirect “things would be better if I weren’t here.”
- Appears sad or hopeless
- Reckless behavior
- Self-inflicted injuries
- Giving away prized possessions
- Saying goodbye to friends and family
- Making out a will

**It is important to remember the signs and risk factors listed are generalities.** Not all students who contemplate or die by suicide will exhibit these kinds of symptoms AND not all students who exhibit these behaviors are suicidal.

### **WHAT CAN I DO TO KEEP MY CHILD SAFE?**

- **ASK.** Talking about suicide does not make a student suicidal. Asking if someone is having suicidal thoughts gives him/her permission to talk about it. Asking sends the message that you are concerned and want to help.
- **TAKE SIGNS SERIOUSLY.** Studies have found that more than 75% of people who die by suicide showed some of the warning signs in the weeks or months prior to their death.
- **GET HELP.** If you have concerns that your child is suicidal, seek immediate help from a mental health practitioner. Suicidal students need to be evaluated by an expert in assessing risk and developing treatment plans. Parents can contact school psychologists, or school counselors for a listing of resources. Parents may also want to consult with their insurance company to obtain a list of mental health providers covered by their policy. When you call to make an appointment, tell the person on the phone that your child is suicidal and needs to be seen as soon as possible.
- **LIMIT ACCESS TO WEAPONS, PRESCRIPTION DRUGS, MEDICATION, AND OTHER MEANS.**
- **DO NOT LEAVE HIM OR HER ALONE.** It is important that parents surround themselves with a team of supportive friends or family members who can stop in and help as needed.
- **REASSURE YOUR CHILD THAT LIFE CAN GET BETTER.** Many suicidal people have lost all hope that life can improve. They may have difficulty problem solving even simple issues. Remind your child that no matter how bad things are, the problem can be worked out. Offer your help.
- **LISTEN.** Avoid making statements such as “I know what it’s like” or “I understand”. Instead make statements such as “Help me understand what life is like for you right now.”

### **KNOW AND BE READY TO USE EMERGENCY RESOURCES (such as):**

Partners Crisis Line 1-888-235-4673 {Local Crisis Line/LME contact}

{School

District}

Police/Emergency Medical Care	<b>911</b>	
National Suicide Prevention Lifeline	<b>1800-273-8255</b>	<b>1-800-273-TALK</b>
National Suicide Prevention Lifeline	<b>TEXT “help” to 741741</b>	
<u>For more information about depression and suicide.</u>		
American Association of Suicidology	<a href="http://www.suicidology.org">www.suicidology.org</a>	
Mental Health America	<a href="http://www.nmha.org">www.nmha.org</a>	
American Academy of Pediatrics	<a href="http://www.aap.org">www.aap.org</a>	