

SUICIDE PREVENTION GUIDELINES

2024-2025

Culture, Climate & Student Services
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Introduction

Purpose

Richmond Public Schools is committed to promoting positive mental health and overall emotional well-being for all students. Proactive responses from school staff for students experiencing mental health challenges can save lives. Schools play a key role in suicide prevention and quick responses and access to services are critical components of strong prevention and intervention protocols.

Suicide is defined as the act of deliberately and intentionally taking one's own life. The Center for Disease Control (CDC), have declared suicide and self-harm serious public health issues and are the 2nd leading cause of death among youth. The 2022 CDC Youth Risk Behavioral Surveillance Survey (YRBS) indicated that the percentage of students across every racial and ethnic group have reported an increase in mental health concerns. Additional responses on the YRBS indicated that nationally 42% of youth experienced persistent feelings of hopelessness, 22% of surveyed youth considered committing suicide in the past year, 18% reported they had made a plan and 10% had actually attempted to take their own life.

In 2024, the Virginia Department of Health launched a campaign aimed at preventing suicide in Virginia. [Recognize, Talk, Act](#) campaign is aimed at empowering the community with knowledge while reducing the stigma that surrounds mental health. Over 75 percent of persons engaging in suicidal behaviors have engaged in behaviors (e.g., warning signs) that caused concern for their well-being. Although mental health struggles are still apparent, good prevention, assessment and intervention can result in reduced completed suicides and good help for youth.

Non-Suicidal Self Injury (NSSI)

Non-suicidal self-injury (NSSI) is defined as directly and intentionally inflicting damage to one's own body without suicidal intent. The most common form of NSSI is self-cutting, but other include burning, scratching, hitting, intentionally preventing wounds from healing, and other similar behaviors. The risk of both suicide attempts and suicide is significantly higher in those who have engaged in NSSI. Among those with a history of NSSI, 70 percent have attempted suicide at least once and 55 percent have attempted suicide several times. While non-suicidal self-injury is associated with higher risk of suicide, it is in and of itself not necessarily the same as a suicide attempt but should be assessed to determine level of risk and support needed. ([VDOE Suicide Prevention Guidelines, 2020](#))

Responsibility

All school staff are responsible for identifying and reporting students demonstrating suicidal / self-harm thinking or behavior. In Richmond Public Schools, concerns should be reported directly to the principal or designee. Threat assessment (TA) teams are responsible for assessing threats of violence or harm to self or others. In the case of threats to self, a suicide risk assessment should be completed as part of the TA process. Specifically, school based mental health staff have the responsibility to facilitate the student interview portion of suicide risk assessment. The Virginia Department of Education (VDOE) has identified the specific mental health staff as:

- School Counselors
- School Social Workers
- School Psychologists
- Nurses
(Registered and Licensed Practical Nurses)

Reporting

All district staff are responsible for reporting and responding to threats of suicide or self-harm. Upon any teacher or staff member receiving concerns of a student directly or indirectly expressing suicidal thoughts, the staff is to **take the situation or potential threat of self-harm seriously** and **take immediate action to inform the building administrator immediately**. If the principal is not available the administrative designee should be consulted. *NOTE: The student should not be left unsupervised while seeking support.*

The administrator or designee should immediately alert the threat assessment team to complete the suicide threat assessment.

Assessing Risk

The threat assessment team should be assembled to assess risk. The purpose of conducting a suicide risk assessment is to determine if a student poses a risk for harming themselves and is in need of additional intervention or support. The assessment should be comprehensive and include the student's risk factors, behaviors, protective factors, and circumstances within the school or community that may be contributing to the risk, as well as input from parent/guardian and other relevant adults or peers. Risk for suicide should be assessed utilizing the Columbia-Suicide Severity Rating Scale – School Triage.

The threat assessment team protocol should be implemented inclusive of the comprehensive team. Team should follow the process as indicated in the flowchart on page 6. Due to the sensitivity of the student interview process, the student interview should only be facilitated by the identified mental health staff. Best practice and [VDOE Suicide Prevention Guidelines](#) indicate that the interview is conducted with 2 mental health staff however interviews can be facilitated with one mental health staff member who is accompanied by another TA team member. The threat assessment team has the responsibility of completing the assessment and should assist mental health professionals in a variety of ways including, but not limited to:

- Gathering information to support a comprehensive assessment of the situation;
- Helping to rule out the presence of other concerns (in addition to the potentially suicidal behavior);
- Facilitating notifications to parents/guardians;
- Providing support to staff and peers impacted by the student's behavior; and
- Identifying strategies to address factors that may be contributing to the student's risk, such as bias, harassment, or bullying.

Assigning Risk Levels

After the completion of the student interview component, the team should **collectively** determine overall risk.

NO RISK: The student does not appear to pose a risk of harm to self. There are no significant risk factors or warning signs observed and protective factors are in place and stable.

LOW RISK: The student does not appear to pose a risk of harm to self and there are no warning signs or identified intent to act. Protective factors are in place and stable. Any needs for assistance or underlying issues are being addressed.

MODERATE RISK: The student does not appear to pose a risk of harm to self at this time, but exhibits behaviors that indicate a continuing intent and potential for future serious harm to self; and/or exhibits other concerning behavior that requires intervention.

HIGH RISK: The student appears to pose a risk of harm to self, exhibiting behaviors that indicate both a continuing intent to harm and efforts to acquire the capacity to carry out the plan, and may also exhibit other concerning behavior.

IMMINENT RISK: The student appears to pose a clear and immediate threat of serious violence to self and may also exhibit other concerning behavior that requires intervention.

NOTE: If student is in imminent risk and requires immediate treatment and emergency transport, administrator should immediately alert Safety and Security and Culture, Climate & Student Services Departments. Additionally, students who are at moderate or high risk should not be sent home alone. Student should remain under adult supervision until parent / guardian or other authority accepts responsibility for student.

Parent Notification

In 1999, the General Assembly of Virginia amended mandated the VA Board of Education, The Department of Behavioral Health and Developmental Services and the Department of Health to cooperatively develop guidelines with regard to assessing and responding to student threats of suicide and required parent contact. The Code of VA 22.1-272.1 mandates that licensed school personnel contact parents when they have been made aware of the imminent risk of suicide. The parent/guardian should be contacted and interviewed the day the student interview is conducted. Parent/guardian contact should be made regardless of the outcome of the suicide risk assessment. Documentation of such contact must be maintained.

If, upon contacting parents, the parent indicates knowledge of suicidal ideation with no intent to seek assistance to protect the well-being of the child or failure to seek mental health treatment which may place or leave a child at risk, the staff should implement CPS reporting protocol. and ensure the CPS hotline office is aware of suicidal concerns. Reporting staff should cite VA Code 22.1-272.1 which mandates the report. Document date, time, person contacted, number called, and outcome.

Parents are **not** to be contacted or notified if student has indicated that the reason for threats of suicide or self-harm are due to parental abuse or neglect. Reporting staff should implement CPS reporting protocol and ensure the CPS Hotline officer is aware of imminent suicidal risk. Reporting staff should cite VA Code 22.1-272.1 which mandates the report. CPS should advise next steps with regard to contacting parents. Document date, time, person contacted, number called, and outcome.

General Guidelines for all staff, faculty, and staff to observe during a suicidal crisis:

When staff have received concerns involving self-harm, they should:

1. Do not underestimate or brush aside a threat.
2. Remain calm, do not act shocked.
3. Listen actively and without judgment. Give the student the permission to express the full range of his or her feelings.
4. Acknowledge the student's feelings. Ask questions for clarity.
5. Do not get into a debate about whether suicide is right or wrong.
6. Offer hope. Let the student know that there is help, and that he or she can feel better.
7. Do not promise confidentiality.
8. Do not leave student unsupervised.
9. Do not take too much upon yourself. Your responsibility to the student in a crisis is limited to listening, being supportive, and getting him/her to a trained professional. Under no circumstances should you attempt to counsel the student.
10. Explain to the student the next steps in the intervention, e.g., going together to see the School Counselor or designated staff.
11. Trained mental health staff will complete assessment procedures

Common Suicide Warning Signs

- Talking about wanting to die or to kill themselves
- Looking for a way to kill themselves, like searching online or buying a gun
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or isolating themselves
- Showing rage or talking about seeking revenge
- Extreme mood swings

Source: Warning Signs (VDH – Recognize, Talk, Act)

SUICIDE INTERVENTION FLOWCHART

STUDENT OF CONCERN IS IDENTIFIED

A referral is made to administrator who initiates the threat assessment.
Student remains supervised.

STUDENT INTERVIEW

The student interview is the most critical piece of information to be gathered **and should always be conducted by a mental health professional**. Consultation with another mental health professional is strongly recommended. When staffing allows, it is preferable for two mental health professionals to conduct the interview.

ASSURING STUDENT SAFETY AND PARENT/GUARDIAN CONTACT

The parent/guardian should be contacted and interviewed the day the student interview is conducted. Also, the interview should gauge the parent's/guardian's ability and intent to follow recommendations necessary to keep the student safe. Notification should be documented.

***If student indicates parent/guardian as reason, do not contact and implement CPS protocol.**

GATHER INFORMATION

In addition to the student and parent/guardian interview, additional information may include: student records, school clinic records, attendance, staff interviews, and/or peer interviews. Information can be gathered by other team members.

TEAM CONSULTATION

Team consultation happens the same day as the student interview. The team should **review information**, assign a **case manager** and **determine risk level**.

ASSURING STUDENT SAFETY AND PARENT/GUARDIAN CONTACT

The safety plan is developed in collaboration with the student, mental health professional and parent/guardian (if available). The plan should outline the steps necessary to keep the student safe and should include: warning signs, coping strategies, resources, steps to take in a crisis, interventions, supports, and/or action steps to build protective factors. Ensure parent/guardian is given tip sheet and 988/CREST contact number.

Source: VIRGINIA BOARD OF EDUCATION | doe.virginia.gov

COLUMBIA-SUICIDE SEVERITY RATING SCALE - SCHOOLS

Screener – Age 6-11

Student Name:	RPS ID:	PAST MONTH
Ask questions 1 and 2.		
1. Have you wished that you could go to sleep and never wake up or that you were dead?		
2. Have you thought about killing yourself?		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3. Did you think about ways you could kill yourself?		
4. Some people think about killing themselves but know they would NEVER do it. Others think about killing themselves and think that they might do something. Was there a time when you thought about killing yourself and it was something you MIGHT do, even if you weren't completely sure?		
5. Did you make a plan for how you would kill yourself (things like when, how, and where) and, even if you weren't completely sure when you made this plan, was it something that you thought you MIGHT do?		
Always ask question 6		
6. Have you <u>EVER</u> tried to kill yourself, started to do something to kill yourself or done anything to get ready to kill yourself? If YES, was this in the past 3 months? Examples: took pills, tried to shoot yourself, cut yourself or hang yourself, 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, wrote, or sent a goodbye message, did research on the internet about killing yourself, or got what you needed to kill yourself, etc.		

Risk Level *Select a risk level below.*

- ☐ No Risk
- ☐ Low Risk
- ☐ Moderate Risk – *Referral Required (CREST)*
- ☐ High/ Imminent Risk – *Referral Required (RBHA Crisis)*

Required Referral Contact Numbers

CREST: 833-968-1800
RBHA Crisis: 804-819-4100
EMT/ER: 911

Staff Interviewer:

Date:

COLUMBIA-SUICIDE SEVERITY RATING SCALE - SCHOOLS

Screener – Age 12+

Student Name:	RPS ID:	Past month	
Ask questions that are in bold and underlined.		YES	NO
Ask Questions 1 and 2			
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>			
2) <u>Have you actually had any thoughts of killing yourself?</u>			
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.			
3) <u>Have you been thinking about how you might do this?</u> e.g. "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."			
4) <u>Have you had these thoughts and had some intention of acting on them?</u> as opposed to "I have the thoughts but I definitely will not do anything about them."			
5) <u>Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?</u>			
6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Took pills, tried to shoot yourself, cut yourself, or hang yourself, 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, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc.	Lifetime		
	Past 3 Months		
If YES, ask: <u>Was this within the past 3 months?</u>			

Risk Level Select a risk level below.

- ☐ No Risk
☐ Low Risk
☐ Moderate Risk – Referral Required (CREST)
☐ High/Imminent Risk – Referral Required (RBHA Crisis)

Required Referral Contact Numbers

CREST: 833-968-1800
RBHA Crisis: 804-819-4100
EMT/ER: 911

Staff Interviewer:

Date:



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SUICIDE PREVENTION DOCUMENTATION FORM

Instructions: To be completed immediately upon knowledge or suspicion of suicide. A copy of the completed form and risk assessment are to be submitted to the Department of Culture, Climate & Student Services via email at **keepkidssafe@rvaschools.net** immediately of the reported incident.

MENTAL HEALTH SUPPORT STAFF (name of person completing form and assessment)

Date: _____ Time: _____ School/Dept: _____
Name: _____ Title: _____
Address: _____ City: _____ Zip: _____
Phone: _____ Principal/Director/Designee: _____

STUDENT INFORMATION

Name: (last) _____ (first) _____ (mi) _____
DOB: _____ Grade: _____ Gender: ☐ Male ☐ Female ☐ Other: _____
Ethnicity: _____ Special Education/SWD: ☐ Yes ☐ No
Address: _____ City: _____ Zip: _____
Phone 1: _____ Phone 2: _____ Phone 3: _____

Parent/Guardian Name: (last) _____ (first) _____ (mi) _____
Address (if different than child): _____ City: _____ Zip: _____
DOB: _____ Gender: ☐ Male ☐ Female Ethnicity: _____
Phone 1: _____ Phone 2: _____ Phone 3: _____

REFERRAL SOURCE (who provided the information that initiated the assessment)

Name: (last) _____ (first) _____ (mi) _____
Aliases/Nickname: _____ Relationship to Student: _____
DOB: _____ Gender: ☐ Male ☐ Female Ethnicity: _____
Address: _____ City: _____ Zip: _____
Phone 1: _____ Phone 2: _____ Phone 3: _____
Summary of the information that initiated the assessment: _____

RISK ASSESSMENT

Completed: Y / N

Assessment Risk Level: Low Medium High Imminent

RBHA Crisis Notified: Y / N CREST Notified: Y/ N

Parent/Guardian Notification: _____

INCIDENT

Parent Name: _____

Phone Number: _____

Time of Call (s): _____

Successful Contact: Y / N

Plan of action with parent: _____

CPS NOTIFICATION

Richmond CPS Hotline (804) 646-0438 or State CPS Hotline 1-800-552-7096

1. Was the incident reported to CPS?:

☐ Yes ☐ No

Date: _____ Time: ____

CPS Hotline Counselor's name/ID #: _____

Complete Documentation: _____

MEDICAL ATTENTION

2. If determined by the mental health staff or school nurse that the student is in need of intensive/extensive treatment, was emergency medical services (EMS/911/RBHA Crisis) contacted?:

☐ Yes ☐ No

Date: _____ Time: ____

3. Was RPS Safety and Security notified?:
(Required for EMS or RPD involvement.)

☐ Yes ☐ No

Date: _____ Time: ____

RICHMOND PUBLIC SCHOOLS ADMINISTRATION

4. Was the appropriate Principal Director notified?:

☐ Yes ☐ No

Date: _____ Time: ____

Comments: _____

FOLLOW UP

Students who have been identified at risk for suicide should be monitored or have plan developed for follow up intervention.

Parents should be provided information about

- School based supports and contact
- available community based resources
- safety plan for their child

FOLLOW UP (cont.)

Implement school based and/or district crisis response plan

Completed Student Safety Plan? _____ (See Addendum)

Assessment Completed By:

Administrator Signature Required

Name	Position	Signature	Date
Name	Position	Signature	Date
Name	Position	Signature	Date
Name	Position	Signature	Date

Resources

	Telephone	Email
CPS Hotline		
Local - Richmond	804-646-0438	
State	800-552-7096	

Emergency Services		
	911	
RBHA Crisis	804-819-4100	
National Suicide Prevention Lifeline	988	
CREST	833-968-1800	

Culture, Climate & Student Services		
<i>RPS Designated Suicide Prevention Liaison for Children:</i>		
Angela Jones, Ed. S	804-780-6070	ajones2@rvaschools.net
Director		keepkidssafe@rvaschools.net
		(Email for submitting Suicide Prevention documentation)
Felecia Friend-Harris, Ph. D.	804-780-5510	ffriend@rvaschools.net
Lead Educational Diagnostician		
Candiece Bourne, MSN-Ed, RN, Coordinator of Health Services	804-780-7801	cbourne@rvaschools.net

Safety and Security		
John Beazley, Director	804-780-8550	jbeazley@rvaschools.net

Student Safety Plan – School Based

(Following Threat Assessment/Suicide Risk Assessment)

Team Meeting

Date:

Student Name:	
Date of threat assessment or suicide risk assessment:	
Assigned case manager (for safety planning and support):	Name: _____ Role: _____ Phone Number: _____ Email: _____
Team members participating:	<input type="checkbox"/> Student <input type="checkbox"/> Case Manager <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other School Mental Health Staff () <input type="checkbox"/> Other School Staff () <input type="checkbox"/> Outside Provider: <input type="checkbox"/> Other ()
Date that safety plan will be reviewed:	

These are the people and activities that improve my mood:

(Examples: friend Keisha, attending art class, walking, etc.)

These are the coping strategies I (student) can use:

(Examples: taking deep breaths and counting to 10, talking about my feelings, listening to music, etc.)

Student Name:

These are the school supports needed:

Support	Person(s) Responsible
<i>(Examples: laminated pass to school counseling, additional time to complete missed assignments, regular pass to go to the school nurse for medication monitoring, etc.)</i>	<i>(Examples: teachers, student, school counselor, school nurse)</i>

These are warning signs that I am struggling to cope with my emotions or my feelings are escalating:

<i>(Examples: I can't concentrate in class, I get angry at others, I start cutting, etc.)</i>

These are the trusted adults that I will seek out if I am ever having strong emotional thoughts or feelings that are more powerful than I can manage on my own:

<i>(Examples: my school counselor, my special education case manager, my chorus teacher, etc.)</i>

Student Signature:

Date

Case Manager Signature:

Date

Student Re-Entry Plan (following a crisis)

Student Last Name:
School:

Student First Name:
Grade Level:

Student ID:
DOB:

School Mental Health Case Manager:

Parent/Guardian Name: **Relationship:**

Parents were invited to this Re-entry/Support meeting on _____ by _____

This plan is being developed because the student was found at risk based on:

- ☐ Threat Assessment completed on
- ☐ Suicide Risk Assessment completed on
- ☐ Other (be specific)

Provide brief summary of identified concern that indicates need for this plan

Parent / Guardian provided school with:

- ☐ Signed consent to exchange information with agencies / treatment providers
- ☐ Discharge report (if applicable)
- ☐ Treatment plan from treatment providers (if applicable)
- ☐ Other relevant documents (be specific)

School provided Parent / Guardian with:

- ☐ School records if requested
- ☐ Information regarding RPS school based mental health support
- ☐ Referrals for school based supports as appropriate

Current Needs (based on student, parent, counselor, teacher, administrator input):

**schools may not be able to address all needs listed*

Current Concerns (based on student, parent, counselor, teacher, administrator input):

(list possible triggers – people / situations, restroom needs)

Plan of Action

School Actions (ie. Alter schedule, allow for breaks, refer to "agency", small group with social worker)	Staff Responsible (by name / title)	Timeline (ie. Re-visit in 3 weeks)

Parent Actions (ie. sign consent, provide updated reports,)	Timeline

Student Actions (ie. Develop student safety plan, follow check-in, check-out)	Timeline

Parent Signature:

Contact number:

Student Signature:

Contact number:

RPS Signature:

Contact number:

Other participants:

Contact Number:

PREVENTING YOUTH SUICIDE: TIPS FOR PARENTS AND EDUCATORS

Suicide is preventable. Youth who are contemplating suicide frequently give warning signs. Do not be afraid to ask about suicidal thoughts. Never take warning signs lightly or promise to keep them secret.

RISK FACTORS

- Hopelessness
- Nonsuicidal self-injury (e.g., cutting)
- Mental illness and substance abuse
- History of suicidal thinking and behavior
- Prior suicide among peers or family members
- Interpersonal conflict, family stress/dysfunction
- Presence of a firearm in the home

WARNING SIGNS

- Suicidal threats in the form of direct (e.g., “I want to die”) and indirect (e.g., “I wish I could go to sleep and not wake up”) statements
- Suicide notes, plans, online postings
- Making final arrangements
- Preoccupation with death
- Giving away prized possessions
- Talking about death
- Sudden unexplained happiness
- Increased risk taking
- Heavy drug/alcohol use

If you or someone you know is suicidal, get help immediately via 911, the National Suicide Prevention Lifeline at 988, or the Crisis Text Line (text “HOME” to 741741).



WHAT TO DO

- Remain calm and nonjudgmental; listen.
- Ask directly about suicide (e.g., “Are you thinking about suicide?”).
- Avoid being accusatory (e.g., don’t say, “You aren’t going to do anything stupid are you?”).
- Reassure them that there is help; they will not feel like this forever.
- Provide constant supervision. Do not leave the youth alone.
- Remove means for self-harm, especially firearms.
- Get help! Never agree to keep suicidal thoughts a secret. Tell an appropriate caregiving adult.
- School staff should take the student to a school-employed mental health professional.



REMINDERS FOR PARENTS

- Continue to take threats seriously. Follow-through is important even after the child calms down or informs the parent they “didn’t mean it.”
- Access school supports. Parents can give the school psychologist permission to contact the referral agency, provide referral information, and follow up on the visit.
- Maintain communication with school. After an intervention, the school will also provide follow-up supports. Your communication will be crucial to ensuring that the school is the safest, most comfortable place possible for your child.



NATIONAL ASSOCIATION OF
School Psychologists

For additional guidance, visit
www.nasponline.org/safety-and-crisis.

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Prevención del suicidio juvenil: consejos para padres y educadores

Si usted o algún conocido tiene una tendencia suicida, pida ayuda de inmediato llamando al 911, la Línea Nacional de Prevención del Suicidio al 988 o la Línea de Mensajes de Texto en Caso de Crisis (envíe “HOGAR” al 741741).

El suicidio puede evitarse. Los jóvenes que consideran el suicidio con frecuencia muestran señales de advertencia. No tema preguntar sobre pensamientos suicidas. Nunca tome las señales de advertencia con ligereza ni prometa guardarlas en secreto.

Factores de riesgo



- Desesperanza
- Lesión autoinflingida no suicida (p. ej., cortarse)
- Trastornos mentales, especialmente la depresión profunda, pero también el estrés postraumático, el ADHD y el abuso de sustancias
- Antecedentes de pensamientos y comportamientos suicidas
- Suicidio previo entre compañeros o familiares
- Conflicto interpersonal, estrés/disfunción familiar
- Presencia de un arma de fuego en el hogar

Señales de advertencia



- Amenazas suicidas en forma de declaraciones directas (p. ej., “Quiero morirme”) e indirectas (p. ej., “Quisiera irme a dormir y no despertar”)
- Notas, planes y publicaciones en línea suicidas
- Hacer arreglos finales
- Preocupación por la muerte
- Obsequiar posesiones preciadas
- Hablar sobre la muerte
- Repentina felicidad inexplicable
- Mayor toma de riesgos
- Abuso de drogas/alcohol

Qué hacer



- Conserve la calma, no juzgue y escuche.
- Pregunte de manera directa sobre el suicidio (p. ej., “¿Estás considerando suicidarte?”).
- Céntrese en su preocupación por su bienestar
- Evite acusar (p. ej., no diga “No vas a hacer nada estúpido, ¿no?”).
- Garantícele que existe ayuda y que no se sentirá de esa manera para siempre.
- Proporcione supervisión constante. No deje al joven solo.
- Elimine los medios con los que podría dañarse, especialmente armas de fuego.
- **¡Pida ayuda!** Nunca acuerde guardar pensamientos suicidas en secreto. Infórmele a un adulto cuidador adecuado. Los padres deberían buscar ayuda en los recursos de salud mental de la comunidad o la escuela lo antes posible. El personal de la escuela debería llevar al estudiante a un profesional de salud mental contratado por la escuela.

Recordatorios para padres



Luego de que la escuela notifica a los padres sobre el riesgo de suicidio de su hijo y proporciona información para derivarlo, los padres deben:

- **Continuar tomando las amenazas con seriedad.** El seguimiento es importante, incluso si después el joven se calma o informa a los padres que “no lo decía en serio”.
- **Acceder al apoyo escolar.** Si los padres no se sienten cómodos buscando ayuda a través de las derivaciones, le pueden dar permiso al psicólogo escolar para que se comunique con la agencia de derivaciones, proporcione información para derivarlo y realice el seguimiento de la visita.
- **Mantener comunicación con la escuela.** Después de una intervención, la escuela también proporcionará apoyo de seguimiento. Su comunicación será importante para garantizar que la escuela sea el lugar más seguro y cómodo posible para su hijo.