CSBA GOLDEN BELL AWARDS WINNER

Policy to Practice: Suicide Intervention Toolkit

The aim of this toolkit is to share protocols, templates and resources that align with best practices in suicide intervention.

CREATED BY THE SDCOE STUDENT WELLNESS AND SCHOOL CULTURE DEPARTMENT

san diego county office of EDUCATION
FUTURE WITHOUT BOUNDARIES℠

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Policy to Practice:
Suicide Intervention Toolkit

Some linked documents in this toolkit are templates that LEAs can adapt and modify to meet the unique needs of their school communities.

Columbia-Suicide Severity Rating Scale

The Columbia Protocol, also known as the **Columbia-Suicide Severity Rating Scale (C-SSRS)**, supports suicide risk screenings through a series of simple, plain-language questions that anyone can ask. The answers help users identify whether someone is at risk for suicide, assess the severity and immediacy of that risk, and gauge the level of support that the person needs. It is evidence-based, free, and universally used for all ages and settings.

- C-SSRS Education Brochure provides an overview of utilizing the screener in an educational setting.
- Suicide Risk Screening in Schools and the Continuum of Care is a 70-minute recorded webinar that aligns with the intervention practices and resources in this toolkit, allowing any adult in a school setting to be trained in the C-SSRS.
- The SAFE-T Protocol with C-SSRS suicide risk assessment is a clinical framework used by mental health professionals to assess suicide risk and determine immediate interventions. A free training is available.

Adapted from Columbia Lighthouse Project

THE COLUMBIA LIGHTHOUSE PROJECT
IDENTIFY RISK. PREVENT SUICIDE.

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen with Triage Points for Schools

	Past month	
Ask questions that are in bold and underlined.	**YES**	**NO**
Ask Questions 1 and 2		
1) ***Have you wished you were dead or wished you could go to sleep and not wake up?***		
2) ***Have you actually had any thoughts of killing yourself?***		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) ***Have you been thinking about how you might do this?*** 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) ***Have you had these thoughts and had some intention of acting on them?*** as opposed to "*I have the thoughts but I definitely will not do anything about them.*"		
5) ***Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?***		
6) ***Have you ever done anything, started to do anything, or prepared to do anything to end your life?*** 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.	**Lifetime**	
If YES, ask: ***Was this within the past 3 months?***	**Past 3 Months**	

Possible Response Protocol to C-SSRS Screening

**If all answers are no, there is no current risk identified.*
Item 1 Behavioral Health Referral
Item 2 Behavioral Health Referral
Item 3 Behavioral Health Referral
Item 4 Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room
Item 5 Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room
Item 6 Behavioral Health Referral
Item 6 3 months ago or less: Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room

C-SSRS

C-SSRS Spanish Version

C-SSRS Elementary Version (ages 6-11)

Suicide Risk Monitoring Tool

Protocol Flowchart for Suicide Intervention

This customizable flowchart is adapted from the Comprehensive Suicide Toolkit for Schools-*HEARD Alliance 2018*. The protocol is determined by the following:

- Role of person that initiates the concern
- Severity level of risk screening, which is color coded to align with the C-SSRS color coding
- Staffing and resources available in the schools

Protocol Flowchart for Suicide Intervention

REFERRAL FOR SUICIDE RISK

DO NOT LEAVE STUDENT ALONE

- Notify administrator
- Inform member of **Intervention Team**
- Screen for suicide risk

NO CURRENT RISK
Has no warning signs, intent or plans

- Notify parent/ caregiver
- Provide referrals for appropriate services if necessary
- Share mental health and suicide prevention information and resources with caregiver
- Document event on ***Action Plan Documentation form***

LOW RISK
Has warning signs with no intent or plans

- Conduct a suicide risk assessment or refer out
- Notify parent/caregiver & have them sign ROI
- Develop ***Safety Plan*** with student and share with caregiver and involved staff
- Provide referrals for appropriate services
- Share mental health and suicide prevention information and resources with caregiver
- Develop follow-up plan to use the ***Suicide Risk Monitoring Tool****, if needed*
- Document event on ***Action Plan Documentation form***

MODERATE to HIGH
Self-harm behaviors, threats, ideation, plan, means and/or prior attempts

- Do not leave student alone
- Notify nearest team member
- Identify severity of situation
- Conduct a suicide risk assessment or refer out
- Notify parent/ caregiver & have them sign ROI
- Call mobile crisis response team, PERT or 911 if applicable

No hospitalization:

- Develop ***Safety Plan*** with student and share with parent/ caregiver and involved staff
- Provide referrals for appropriate services
- Share suicide prevention information, resources and means restriction with caregiver
- Develop follow-up plan to use the ***Suicide Risk Monitoring Tool,*** *if needed*
- Document event on ***Action Plan Documentation*** form

EXTREME RISK
Immediate threat

- Do not leave student alone
- Call mobile crisis response team, PERT or 911
- Ensure safety
- Notify nearest team member
- Notify parent/caregiver & have them sign ROI

Hospitalization:

- Contact hospital directly and alert to an incoming assessment
- Arrange for student transport to hospital (release student only to parent/caregiver who agrees to transport – if refuse to transport, contact mobile crisis response team, PERT or 911)
- Follow up with caregiver & determine next steps for extended absence
- Document event on ***Action Plan Documentation*** form

Debrief with all staff involved and provide for expression of feelings, concerns and suggestions

After a hospitalization:

- Hold a re-entry meeting & develop ***Student Re-entry Plan***
- Develop follow-up plan to use the ***Suicide Risk Monitoring Tool*** & determine follow-up/service referral
- Document all steps

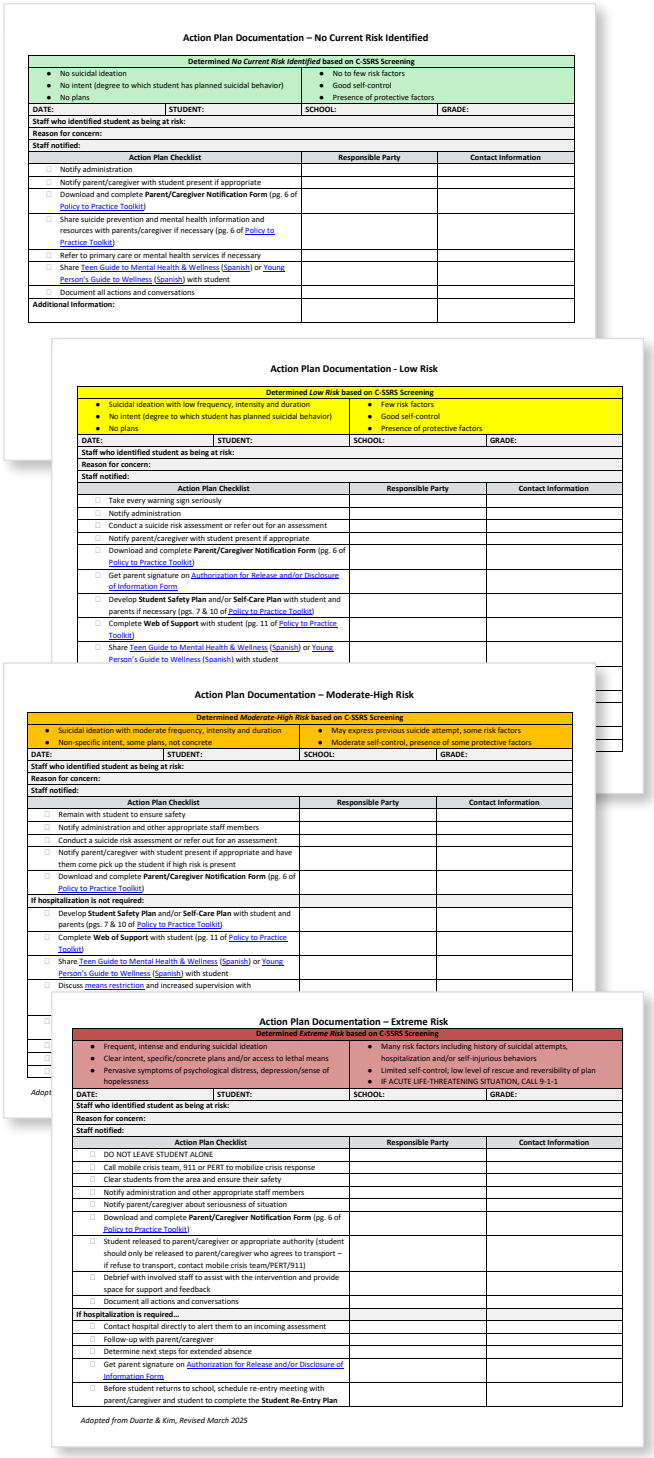
Adapted from Comprehensive Suicide Toolkit for Schools, revised March 2025

Protocol Flowchart for Suicide Intervention

Action Plan Documentation

These customizable **action plan templates** were adapted from *Duarte & Kim*. They provide a step-by-step checklist to document and guide the intervention process based on the severity level of a screening.

They are color-coded to align with the **C-SSRS** and the **Protocol Flowchart**. Space for additional documentation is included.



Action Plan Documentation – No Current Risk Identified

Determined *No Current Risk Identified* based on C-SSRS Screening	
• No suicidal ideation • No intent (degree to which student has planned suicidal behavior) • No plans	• No to few risk factors • Good self-control • Presence of protective factors

DATE:	STUDENT:	SCHOOL:	GRADE:

Staff who identified student as being at risk:

Reason for concern:

Staff notified:

Action Plan Checklist	Responsible Party	Contact Information
☐ Notify administration		
☐ Notify parent/caregiver with student present if appropriate		
☐ Download and complete **Parent/Caregiver Notification Form** (pg. 6 of Policy to Practice Toolkit)		
☐ Share suicide prevention and mental health information and resources with parents/caregiver if necessary (pg. 6 of Policy to Practice Toolkit)		
☐ Refer to primary care or mental health services if necessary		
☐ Share Teen Guide to Mental Health & Wellness (Spanish) or Young Person's Guide to Wellness (Spanish) with student		
☐ Document all actions and conversations		
Additional Information:		

Action Plan Documentation - Low Risk

Determined *Low Risk* based on C-SSRS Screening	
• Suicidal ideation with low frequency, intensity and duration • No intent (degree to which student has planned suicidal behavior) • No plans	• Few risk factors • Good self-control • Presence of protective factors

DATE:	STUDENT:	SCHOOL:	GRADE:

Staff who identified student as being at risk:

Reason for concern:

Staff notified:

Action Plan Checklist	Responsible Party	Contact Information
☐ Take every warning sign seriously		
☐ Notify administration		
☐ Conduct a suicide risk assessment or refer out for an assessment		
☐ Notify parent/caregiver with student present if appropriate		
☐ Download and complete **Parent/Caregiver Notification Form** (pg. 6 of Policy to Practice Toolkit)		
☐ Get parent signature on Authorization for Release and/or Disclosure of Information Form		
☐ Develop **Student Safety Plan** and/or **Self-Care Plan** with student and parents if necessary (pgs. 7 & 10 of Policy to Practice Toolkit)		
☐ Complete **Web of Support** with student (pg. 11 of Policy to Practice Toolkit)		
☐ Share Teen Guide to Mental Health & Wellness (Spanish) or Young Person's Guide to Wellness (Spanish) with student		

Action Plan Documentation – Moderate-High Risk

Determined *Moderate-High Risk* based on C-SSRS Screening	
• Suicidal ideation with moderate frequency, intensity and duration • Non-specific intent, some plans, not concrete	• May express previous suicide attempt, some risk factors • Moderate self-control, presence of some protective factors

DATE:	STUDENT:	SCHOOL:	GRADE:

Staff who identified student as being at risk:

Reason for concern:

Staff notified:

Action Plan Checklist	Responsible Party	Contact Information
☐ Remain with student to ensure safety		
☐ Notify administration and other appropriate staff members		
☐ Conduct a suicide risk assessment or refer out for an assessment		
☐ Notify parent/caregiver with student present if appropriate and have them come pick up the student if high risk is present		
☐ Download and complete **Parent/Caregiver Notification Form** (pg. 6 of Policy to Practice Toolkit)		
If hospitalization is not required:		
☐ Develop **Student Safety Plan** and/or **Self-Care Plan** with student and parents (pgs. 7 & 10 of Policy to Practice Toolkit)		
☐ Complete **Web of Support** with student (pg. 11 of Policy to Practice Toolkit)		
☐ Share Teen Guide to Mental Health & Wellness (Spanish) or Young Person's Guide to Wellness (Spanish) with student		
☐ Discuss means restriction and increased supervision with		

Adopt

Action Plan Documentation – Extreme Risk

Determined *Extreme Risk* based on C-SSRS Screening	
• Frequent, intense and enduring suicidal ideation • Clear intent, specific/concrete plans and/or access to lethal means • Pervasive symptoms of psychological distress, depression/sense of hopelessness	• Many risk factors including history of suicidal attempts, hospitalization and/or self-injurious behaviors • Limited self-control; low level of rescue and reversibility of plan • IF ACUTE LIFE-THREATENING SITUATION, CALL 9-1-1

DATE:	STUDENT:	SCHOOL:	GRADE:

Staff who identified student as being at risk:

Reason for concern:

Staff notified:

Action Plan Checklist	Responsible Party	Contact Information
☐ DO NOT LEAVE STUDENT ALONE		
☐ Call mobile crisis team, 911 or PERT to mobilize crisis response		
☐ Clear students from the area and ensure their safety		
☐ Notify administration and other appropriate staff members		
☐ Notify parent/caregiver about seriousness of situation		
☐ Download and complete **Parent/Caregiver Notification Form** (pg. 6 of Policy to Practice Toolkit)		
☐ Student released to parent/caregiver or appropriate authority (student should only be released to parent/caregiver who agrees to transport – if refuse to transport, contact mobile crisis team/PERT/911)		
☐ Debrief with involved staff to assist with the intervention and provide space for support and feedback		
☐ Document all actions and conversations		
If hospitalization is required…		
☐ Contact hospital directly to alert them to an incoming assessment		
☐ Follow-up with parent/caregiver		
☐ Determine next steps for extended absence		
☐ Get parent signature on Authorization for Release and/or Disclosure of Information Form		
☐ Before student returns to school, schedule re-entry meeting with parent/caregiver and student to complete the **Student Re-Entry Plan**		

Adopted from Duarte & Kim, Revised March 2025

Action Plan Documentation

Parent Information and Resources

The fillable **Parent Contact Acknowledgment Form** adapted from *2009 Maine Youth Suicide Prevention Program* is used to notify the parent/guardian (if appropriate) that a suicide risk screening has been completed and asks them to follow up with the student's continuing care.

Parent Contact Acknowledgement Form

Spanish version

Links to Parent Information and Resources

The following resources are to ensure parents/guardians are equipped with the information and resources needed to keep their child safe.

- **Suicide Prevention Resource for Parents Brochure (Spanish)**

  This brochure, created by Each Mind Matters, includes key questions parents/guardians can ask to identify warning signs, know what to do, and learn about resources.

- **Preventing Youth Suicide: Tips for Parents and Educators (Spanish)**

  This infographic, created by NASP, is for parents/guardians and teachers who are in a key position to identify warning signs and get youth the help they need.

- **Suicidal Thinking and Threats: Helping Handout for Home**

  This handout is to prepare parents/guardians to respond to youth who have thoughts of ending their life.

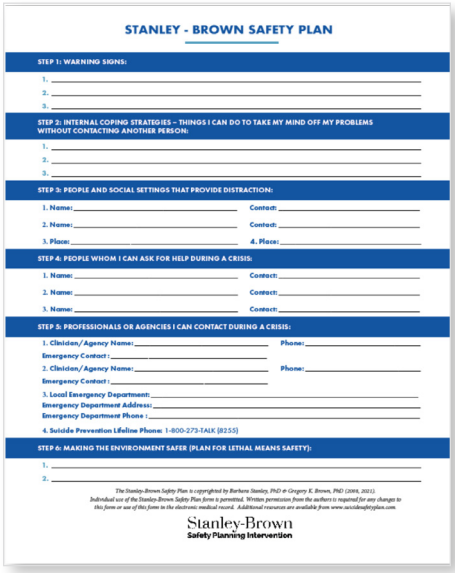
- **Means Safety: Striving to Keep a Loved One Safe from Suicide**

  This website provides strategies and a checklist to keep youth safe during a crisis.

Student Safety Plans

The **Student Safety Plan** can be used in conjunction with the **Action Plan Documentation** forms. It should be done with the student and parent/guardian and written in the student's own words.

This safety plan was adapted from *Safety Plan Template ©2008, 2021 Barbara Stanley and Gregory K. Brown* and it has six steps that include a list of internal coping strategies, sources of supports and a list of resources that the student can use in a crisis.


STANLEY - BROWN SAFETY PLAN

STEP 1: WARNING SIGNS:

1. _____
2. _____
3. _____

STEP 2: INTERNAL COPING STRATEGIES – THINGS I CAN DO TO TAKE MY MIND OFF MY PROBLEMS WITHOUT CONTACTING ANOTHER PERSON:

1. _____
2. _____
3. _____

STEP 3: PEOPLE AND SOCIAL SETTINGS THAT PROVIDE DISTRACTION:

1. Name: _____ Contact: _____
2. Name: _____ Contact: _____
3. Place: _____ 4. Place: _____

STEP 4: PEOPLE WHOM I CAN ASK FOR HELP DURING A CRISIS:

1. Name: _____ Contact: _____
2. Name: _____ Contact: _____
3. Name: _____ Contact: _____

STEP 5: PROFESSIONALS OR AGENCIES I CAN CONTACT DURING A CRISIS:

1. Clinician/Agency Name: _____ Phone: _____
Emergency Contact: _____
2. Clinician/Agency Name: _____ Phone: _____
Emergency Contact: _____
3. Local Emergency Department: _____
Emergency Department Address: _____
Emergency Department Phone: _____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

STEP 6: MAKING THE ENVIRONMENT SAFER (PLAN FOR LETHAL MEANS SAFETY):

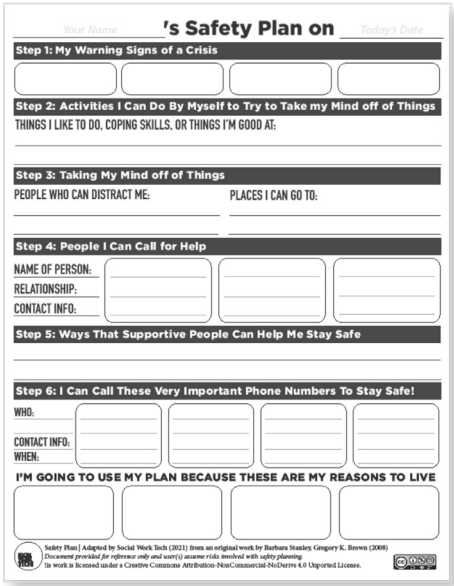
1. _____
2. _____

The Stanley-Brown Safety Plan is copyrighted by Barbara Stanley, PhD & Gregory K. Brown, PhD (2008, 2021). Individual use of the Stanley-Brown Safety Plan form is permitted. Written permission from the authors is required for any changes to this form or use of this form in the electronic medical record. Additional resources are available from www.suicidesafetyplan.com

Stanley-Brown
Safety Planning Intervention

[Student Safety Plan (English & Spanish)]

Social Work Tech adapted the work of *Barbara Stanley and Gregory K. Brown's (2008)* **Student Safety Plan** and modified it to include contemporary language and future-oriented talk by listing the students' reasons for living.


Your Name 's Safety Plan on Today's Date

Step 1: My Warning Signs of a Crisis

Step 2: Activities I Can Do By Myself to Try to Take my Mind off of Things

THINGS I LIKE TO DO, COPING SKILLS, OR THINGS I'M GOOD AT:

Step 3: Taking My Mind off of Things

PEOPLE WHO CAN DISTRACT ME: PLACES I CAN GO TO:

Step 4: People I Can Call for Help

NAME OF PERSON:
RELATIONSHIP:
CONTACT INFO:

Step 5: Ways That Supportive People Can Help Me Stay Safe

Step 6: I Can Call These Very Important Phone Numbers To Stay Safe!

WHO:
CONTACT INFO:
WHEN:

I'M GOING TO USE MY PLAN BECAUSE THESE ARE MY REASONS TO LIVE

Safety Plan | Adapted by Social Work Tech (2021) from an original work by Barbara Stanley Gregory K. Brown (2008)
Document provided for reference only and user(s) assume risks involved with safety planning.
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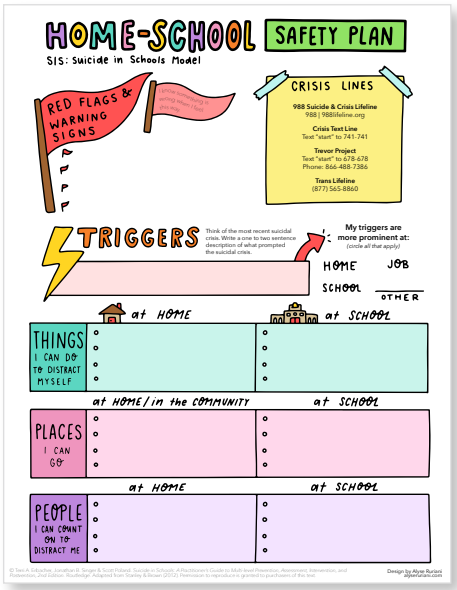
[Social Work Tech Safety Plan 2021 (English & Spanish)]

This colorfully illustrated **Home-School Safety Plan** from *Suicide in Schools* includes space for identifying distractors and support in school and at home. It is recommended to use the student's words when developing the safety plan. This version may be visually appealing for younger students.



[Home-School Safety Plan]

Student Re-Entry Plan

When a student re-enters the school after a suicide attempt or hospitalization, it is critical that the student is monitored by parents/guardians, mental health professionals, and designated school professionals.

The customizable **Student Re-Entry Checklist** template outlines best-practice procedures to ensure staff provide a supportive and caring environment and monitor for continuing risk. The checklist includes:

- **Re-entry school meeting guidelines**
- **Student accommodations**
- **Assignment accommodations**
- **Classroom accommodations**
- **Testing accommodations**

Student District Info/Logo

Student Re-Entry Checklist

Meeting Date:	Follow-up Date:	School Liaison:

Completed	Action Items
☐	Obtain Parent/Guardian Authorization for Release/Exchange of Information • Obtain releases of information from the parent so the mental health provider can talk to school counselor or designated staff.
☐	Physician/Mental Health Professional: • Name: • Contact Number:
☐	Have a parent/guardian accompany the student for re-entry meeting: • Parent/Guardian re-entry meeting with administrator, counselor, student (if appropriate), and additional staff as needed. • Plan together what information the student wants shared and with whom. • Reassure the student and family that sharing information with school personnel will be done on a need-to-know basis. • Treat the student's return to school as you would have had the student been out sick for a few days. Let the student know you are glad they are back.
☐	Develop a safety plan with student and parent/guardian if not already completed with medical staff (e.g. Stanley-Brown Safety Plan or Social Work Tech Safety Plan): • It is important that staff and teachers who have direct contact with the student be a part of their safety plan. • Ask student how school staff can best support them. • Refer to and update the student's safety plan as needed. • Complete the Web of Support or other relationship map with the student to ensure they have a safety net of three caring relationships. • Provide relevant skill-building and coping strategy resources (e.g. Teen Guide to Mental Health & Wellness, Spanish Teen Guide, Young Person's Guide to Wellness).
☐	Notify student's teachers as appropriate using the Treat with Care Memo.
☐	Health Technician notified of return and transition instructions if medications are needed: • HT Initials:
☐	Identify school staff member/s to check in with student on a _____ basis (frequency to be determined by team and updated as needed): • Staff Name/s: • Start date: • End date:
☐	Identified school staff will check in with parent/guardian on the following date: • Staff Name: • Date: • Ongoing Frequency:
Comments:	

Testing Accommodations

Medical Staff: mark all suggested accommodations

School Staff: mark final accommodations determined during re-entry meeting

Completed	Action Items
☐	Exams in alternate format (e.g. multiple-choice, essay, presentation, portfolio)
☐	Use of assistive computer software (e.g. optical character recognition)
☐	Extended time for test-taking
☐	Exam in a separate, quiet, and distraction-free place
Comments:	

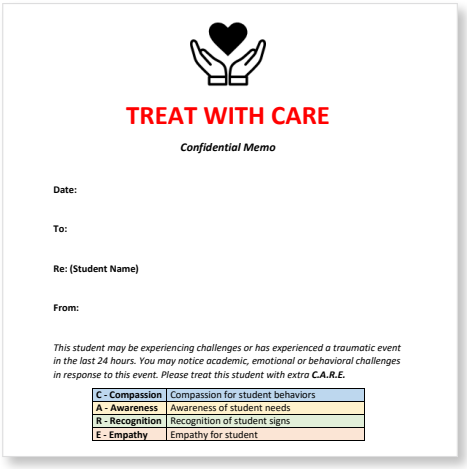
Parent/Guardian Signature:	
School Staff Signature:	
Administrator Signature:	

Student Re-Entry Checklist

Treat With Care Memo

This confidential memo can be sent to notify appropriate school staff (eg. teachers, custodians) that a student may be experiencing challenges or has experienced a traumatic event and should be treated with extra care. The intent of the memo is for school staff to:

- **Serve as silent observers**
- **Practice compassion and empathy**
- **Increase awareness of student's needs**



TREAT WITH CARE

Confidential Memo

Date:

To:

Re: (Student Name)

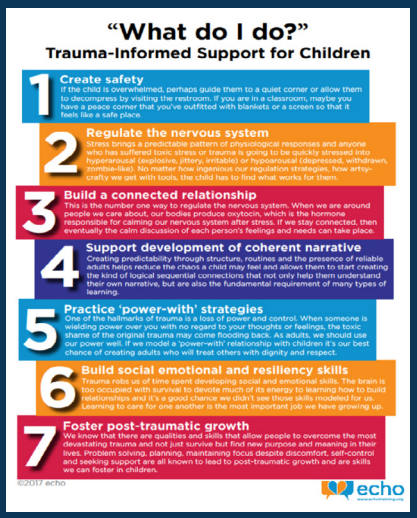
From:

This student may be experiencing challenges or has experienced a traumatic event in the last 24 hours. You may notice academic, emotional or behavioral challenges in response to this event. Please treat this student with extra ***C.A.R.E.***

C - Compassion	Compassion for student behaviors
A - Awareness	Awareness of student needs
R - Recognition	Recognition of student signs
E - Empathy	Empathy for student

Treat With Care Memo

These supplemental infographic tips sheets can be sent to teachers along with the Treat with Care Memo. They include "**What do I do?**", a step-by-step guide to a trauma-informed response, and "**Dos and Don'ts of a Trauma-Informed Classroom.**"



"What do I do?"
Trauma-Informed Support for Children

1. **Create safety**
If the child is overwhelmed, perhaps guide them to a quiet corner or allow them to decompress by visiting the restroom. If you are in a classroom, maybe you have a peace corner that you've outfitted with blankets or a screen so that it feels like a safe place.
2. **Regulate the nervous system**
Stress brings a predictable pattern of physiological responses and anyone who has suffered toxic stress or trauma is going to be quickly stressed into hyperarousal (explosive, jittery, irritable) or hypoarousal (depressed, withdrawn, zombie-like). No matter how ingenious our regulation strategies, how artsy-crafty we get with tools, the child has to find what works for them.
3. **Build a connected relationship**
This is the number one way to regulate the nervous system. When we are around people we care about, our bodies produce oxytocin, which is the hormone responsible for calming our nervous system after stress. If we stay connected, then eventually the calm discussion of each person's feelings and needs can take place.
4. **Support development of coherent narrative**
Creating predictability through structure, routines and the presence of reliable adults helps reduce the chaos a child may feel and allows them to start creating the kind of logical sequential connections that not only help them understand their own narrative, but are also the fundamental requirement of many types of learning.
5. **Practice 'power-with' strategies**
One of the hallmarks of trauma is a loss of power and control. When someone is wielding power over you with no regard to your thoughts or feelings, the toxic shame of the original trauma may come flooding back. As adults, we should use our power well: if we model a 'power-with' relationship with children it's our best chance of creating adults who will treat others with dignity and respect.
6. **Build social emotional and resiliency skills**
Trauma robs us of time spent developing social and emotional skills. The brain is too occupied with survival to devote much of its energy to learning how to build relationships and it's a good chance we didn't see those skills modeled for us. Learning to care for one another is the most important job we have growing up.
7. **Foster post-traumatic growth**
We know that there are qualities and skills that allow people to overcome the most devastating trauma and not just survive but find new purpose and meaning in their lives. Problem solving, planning, maintaining focus despite discomfort, self-control and seeking support are all known to lead to post-traumatic growth and are skills we can foster in children.

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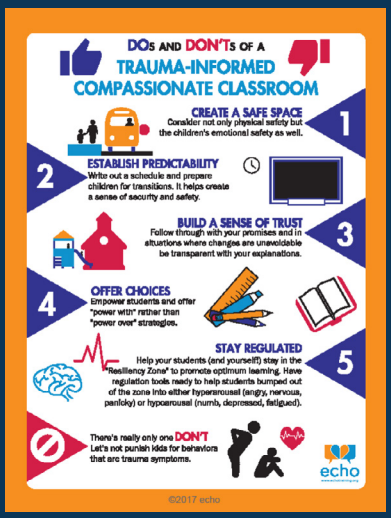
What do I do? Trauma-Informed Support for Children



DOs AND DON'Ts OF A
TRAUMA-INFORMED COMPASSIONATE CLASSROOM

1. **CREATE A SAFE SPACE**
Consider not only physical safety but the children's emotional safety as well.
2. **ESTABLISH PREDICTABILITY**
Write out a schedule and prepare children for transitions. It helps create a sense of security and safety.
3. **BUILD A SENSE OF TRUST**
Follow through with your promises and in situations where changes are unavoidable be transparent with your explanations.
4. **OFFER CHOICES**
Empower students and offer "power with" rather than "power over" strategies.
5. **STAY REGULATED**
Help your students (and yourself!) stay in the "Resiliency Zone" to promote optimum learning. Have regulation tools ready to help students bumped out of the zone into either hyperarousal (angry, nervous, panicky) or hypoarousal (numb, depressed, fatigued).

There's really only one **DON'T**
Let's not punish kids for behaviors that are trauma symptoms.

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Trauma-Informed Compassionate Classroom

Student Self-Care Plan

This tool, adapted from *Social Work Tech,* was designed for students to develop a balanced self-care plan to promote wellness and reduce vulnerability to exhaustion and hopelessness. Here is the Student Self-Care Plan with an example plan and a blank plan that include:

1. **Mind:** Pleasurable activities that promote a sense of accomplishment
2. **Body:** Basic physical needs such as sleep, exercise, healthy eating, and hydration
3. **Spirit:** Social connection, meditation, prayer or gratitude practice

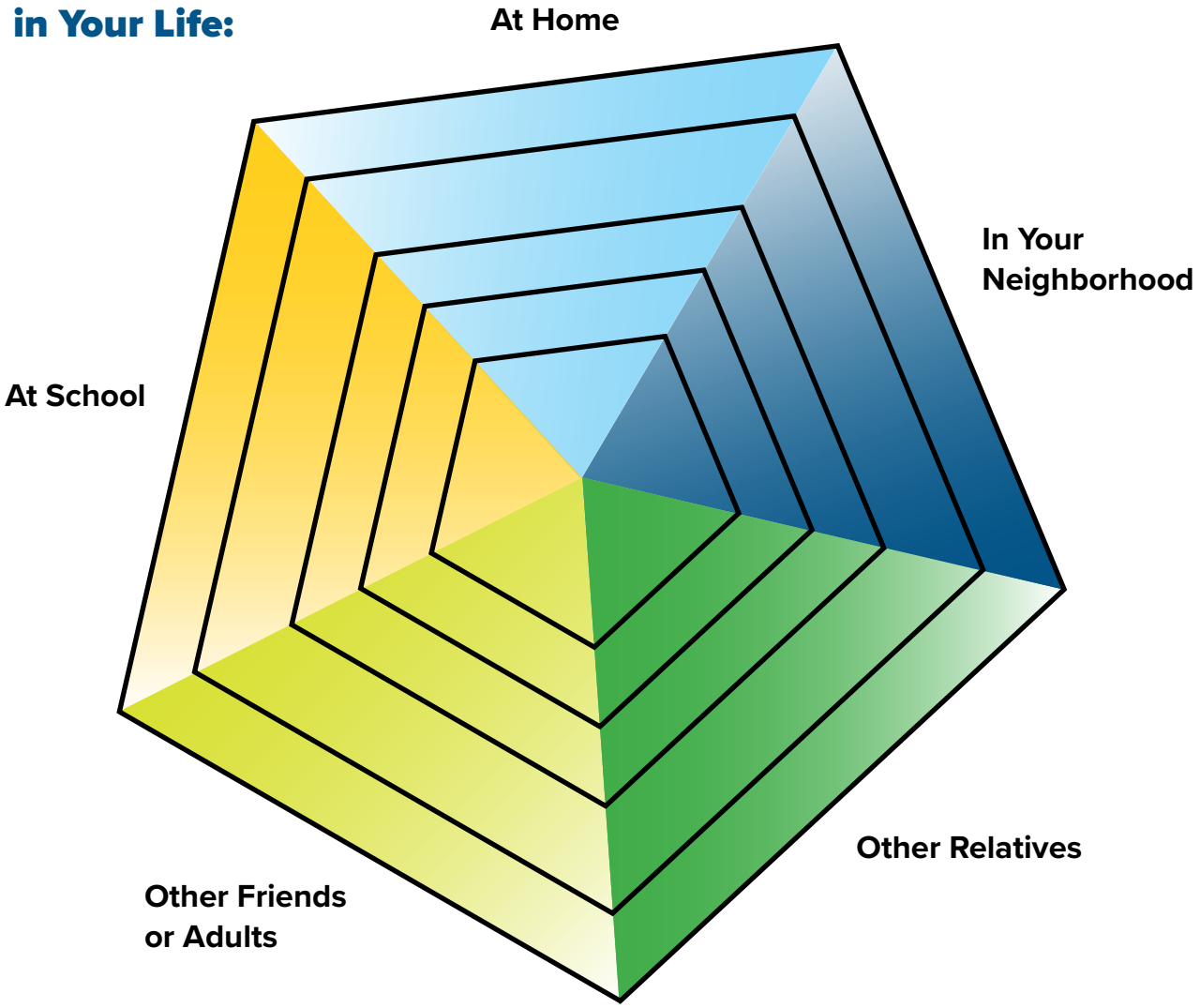
Student Self-Care Plan Spanish version

Web of Support

Protective factors such as positive relationships at home, school, and in the community are essential to creating webs of support.

Below is a relationship mapping tool adapted from *Fallin 2001* that is intended to be completed with the student to identify caring adults or peers that can be a part of their **Web of Support** and included in their safety and self-care plans.

Important People in Your Life:

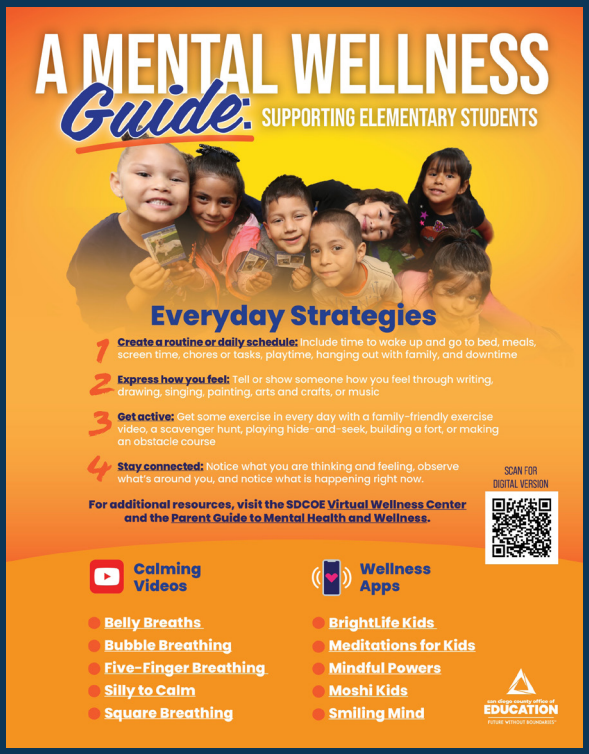


Web of Support
(English & Spanish)

Student Information and Resources

A Mental Wellness Guide: Supporting Elementary Students and the **Teen Guide to Mental Health and Wellness** were created by SDCOE's Student Wellness and School Culture department. They provide information, tools, and resources to support students and their friends and peers. The Elementary Guide includes videos, apps, and strategies for wellness. The Teen Guide is offered in English and Spanish and includes:

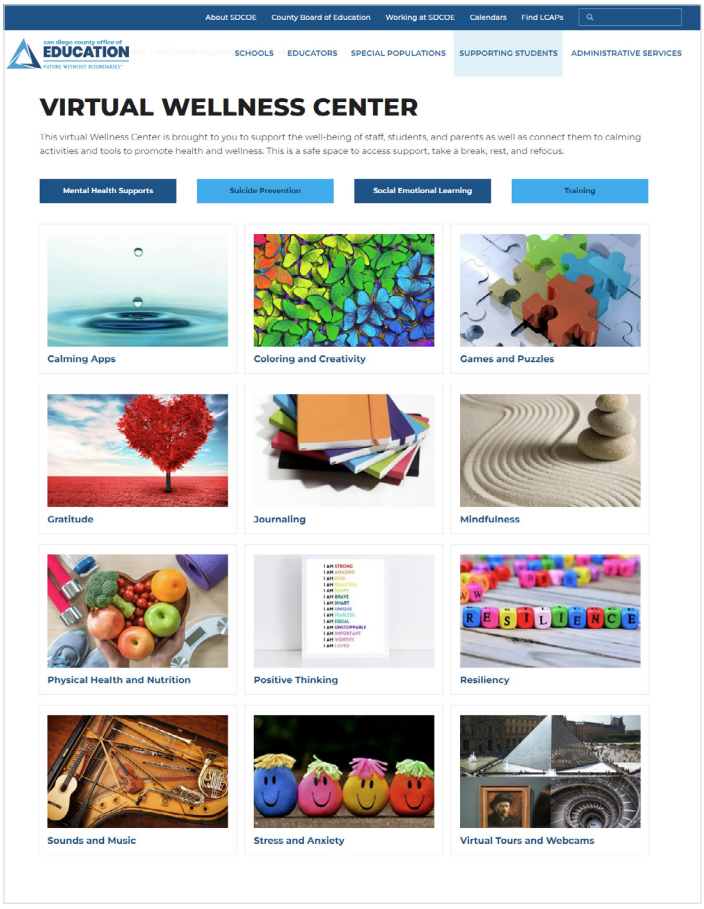
- Hotlines and warmlines
- Free apps for teens on wellness and self-care
- Resources to increase mental wellbeing



Teen Guide to Mental Health and Wellness (Spanish version)

A Mental Wellness Guide: Supporting Elementary Students (Spanish Version)

Student Information and Resources



The SDCOE Virtual Wellness Center was created to support the wellbeing of students and adults as well as connect them to calming activities and tools to promote health and wellness. This is a safe space to take a break, rest, and refocus.

Suicide Prevention Apps

A Friend Asks

Includes warning signs and how to help yourself or a friend

My Coping Plan

Offers coping strategies and includes reminders to use the plan when feeling upset

Safety Plan

Offers a customizable safety plan that highlights reasons for living

Suicide Safety Plan

Build a customizable safety plan the includes warning signs, coping strategies, and people to reach out to

For additional resources on suicide prevention, intervention, and postvention, visit the San Diego County Office of Education's Suicide Prevention website.

SDCOE Suicide Prevention Resources

Note: *This material is not intended to provide medical advice and is not a substitute for professional advice, diagnosis or treatment.*