# WELCOME to the

# *Keeping Students Safe:* Recognizing and Responding to Youth in Distress ECHO

*Session 1,* Recognizing and responding to students at serious risk of harm,
*January 9, 2024*

***Please let us know you are here: Type your name, email, organization into CHAT***

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# Series Learning Objectives

At the end of this activity learners will be able to:

- Recognize signs of serious distress in students and identify key sources of stress
- Recommend supports, resources and strategies to effectively address student distress
- Improve their school environments and partnerships to better reduce and intervene in student distress

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Session 1: Recognizing and responding to students at serious risk of harm

Session 2: Understanding Inpatient Psychiatric Hospitalization and Return to Learning

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Session 4: Improving school partnerships with community mental health and primary care services

Session 5: Partnering with Families

# Recognizing and responding to students at serious risk of harm

Julie Balaban, MD

Mark Belanger, MBA

# Assessing This Moment In Time for our Children and Adolescents

- ↑ Child and Adolescent Anxiety, Depression, and Thoughts of Suicide
- ↑ Acting Out, Disengaging, Isolating
- ↑ Parental challenges with stress, mental health, and substance misuse
- ↑ Unhealthy Use of Social Media
- ↓ Availability of child and adolescent therapists (which means long wait lists)
- ↓ Availability of crisis beds (which can lead to Boarding in Emergency Rooms)

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# Students at Risk

## Identification and Management

# What is the Risk?

- About 40% of high school students report significant psychiatric symptoms
- Suicide is the second leading cause of death in 15-19 year olds
  - Accidents consistently #1
  - Homicide and Suicide sometimes flip as #2 and #3

# Suicide Risk: Local Data

- 2019/2021 Youth Risk Behavior Survey Results NH:
  - 14-21%: "Made a plan about how they would attempt suicide during the past 12 months"
  - 7-10%: "Attempted suicide (one or more times) during the past 12 months
- Black, Indigenous, People of Color at 5-11x risk compared to White youth
- LGBTQ+ youth are at 4x the risk of heterosexual cisgender peers for suicide attempts
  - DH Primary Care screening in 2022 showed 20% of teens ages 15-18 years in western NH said yes to "Do you think you may be gay, lesbian, bisexual or transgender?"

**Suicide Risk Attributes**
**Rural NH Students Grade 9-12**

| Self-Reported Attribute | Self-Reported Suicide Attempts |
|---|---|
| Poor academic performance | 25%<br>1:4 |
| LGBTQ+ gender identity | 20%<br>1:5 |
| Later adolescence (age 16-18) | 10%<br>1:10 |
| Black, Indigenous, and People of Color (BIPOC) | 10-20%<br>1:5 – 1:10 |

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# Immutable Risk Factors

- History or presence of psychiatric illness
- Family history of depression or suicide
- Loss of parent (death, divorce)
- Abuse history (Physical, sexual, emotional)
- Gender differences- men 2-3x more likely to die, while women are 3-9x more likely to attempt
- Belonging to a high risk vulnerable group
- Past suicide attempt
- Exposure to suicidal behavior in others

# Mutable Risk Factors

- Lack of support network
- Social isolation
- Active bullying and abuse
- Access to means:  Guns in the home
- Substance abuse and Substance Use Disorder

## Systems Differ in How Much Can be Done to Assess Risk

- Better to err on the side of caution when assessing risk
- Don’t be put in a situation you are not equipped to manage
- Know your system’s process for managing safety
- Know who you can consult with or refer to for next steps and more help

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# How do Clinician's think about Risk of Harm?

- Intent
- Means
- Plan
- Risk Factors
- Mitigating/protective factors

# How do Clinician's think about Risk of Harm?

## What do you ask?

- Passive or active?
- Preparatory Behavior
- Self harm or suicidal? (note: Non-suicidal self harm is associated with suicidal behavior, but usually not acutely)
- Strength of the thought/wish
- Level of control over the thoughts/impulses

## How do you ask?

- What kind of thoughts are you having?
- Wishes to be dead:  Be better if not around/wish never been born/wouldn't care if hit by a car
- Have you thought about what you might do?
- What's the closest you've come to acting on the thoughts?
- What's kept you from acting on the thoughts?  How hard is it to not follow through?

# Demystifying Talking about Suicide

- Willing to reach out and talk?
- Language and tools?
- Feeling qualified?
- Following organization’s rules and policies?
- Not going it alone?
- Talking about suicide does not cause kids to think about suicide

# Means

- Males:
  - Firearms
  - Suffocation (hanging) second
- Females:
  - Used to be poisoning (Overdose)
  - Now suffocation and firearms

## Mitigating (Protective) Factors

- Cultural and religious beliefs that discourage suicide
- Personal connections:  family, friends, community supports
- Supportive relationships with caregivers
- Available healthcare
- Problem solving skills, coping skills, adaptability

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# Safety Planning

- Identifying risk and protective factors
- Securing means
- Identifying trusted responsible adult
- How to decrease triggers
- Steps to take if thoughts and urges occur
- Plan for monitoring and following up

# When Are We Over Our Heads? When Do We Need Help?

**CDC's warning signs for suicide?**

- Talking about being a burden
- Being isolated
- Increased anxiety
- Talking about feeling trapped or in unbearable pain
- Increased substance use
- Looking for a way to access lethal means
- Increased anger or rage
- Extreme mood swings
- Expressing hopelessness
- Sleeping too little or too much
- Talking or posting about wanting to die
- Making plans for suicide


*Source: Centers for Disease Control and Prevention. Suicide Prevention, Risk and Protective Factors. https://www.cdc.gov/suicide/factors/index.html*

*Source: Be the 1 to. https://www.bethe1to.com/bethe1to-steps-evidence/*

# When A Child Needs Help Where Can You Turn for Support?

| | | |
|---|---|---|
| For Information | 211 Get Connected. Get Help.™ An Initiative of Granite United Way | Dial 211<br>Online https://www.211nh.org |
| For a Behavioral Health Crisis | New Hampshire Rapid Response Access Point | Dial or Text 833-710-6477 or 988<br>Online and Chat<br>https://www.nh988.com/ |
| For an Emergency | 911 CALL IF YOU CAN TEXT IF YOU CAN'T | Dial or Text 911 |

# References


1. CDC 24/7:  Saving Lives, Protecting People  https://www.cdc.gov/
2. Horowitz LM, Bridge JA, Teach SJ, et al. Ask Suicide-Screening Questions (ASQ): a brief instrument for the pediatric emergency department. *Arch Pediatr Adolesc Med*. 2012;166(12):1170-1176. doi:10.1001/archpediatrics.2012.1276
3. Johns, M. M., Lowry, R., Andrzejewski, J., Barrios, L. C., Zewditu, D., McManus, T., et al. (2019). Transgender identity and experiences of violence victimization, substance use, suicide risk, and sexual risk behaviors among high school student–19 states and large urban school districts, 2017. *Morbidity and Mortality Weekly Report, 68*(3), 65-71.
4. Miranda-Mendizabal A, Castellví P, Parés-Badell O, et al. Gender differences in suicidal behavior in adolescents and young adults: systematic review and meta-analysis of longitudinal studies. *Int J Public Health*. 2019;64(2):265-283. doi:10.1007/s00038-018-1196-1
5. Na PJ, Yaramala SR, Kim JA, Kim H, Goes FS, Zandi PP, Vande Voort JL, Sutor B, Croarkin P, Bobo WV. The PHQ-9 Item 9 based screening for suicide risk: a validation study of the Patient Health Questionnaire (PHQ)-9 Item 9 with the Columbia Suicide Severity Rating Scale (C-SSRS). J Affect Disord. 2018 May;232:34-40. doi: 10.1016/j.jad.2018.02.045. Epub 2018 Feb 17. PMID: 29477096.
6. Posner K, Brown GK, Stanley B, et al. The Columbia-Suicide Severity Rating Scale: initial validity and internal consistency findings from three multisite studies with adolescents and adults. *Am J Psychiatry*. 2011;168(12):1266-1277. doi:10.1176/appi.ajp.2011.10111704

# WELCOME to the *Keeping Students Safe ECHO:*

## *Practical Strategies for Supporting Students in Mental Health Distress*

*Session 2, Understanding Inpatient Psychiatric Hospitalization and Return to Learning,*
*January 16, 2024*

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# Child and Adolescent Psychiatric Inpatient Hospitalization

***Matthew Rasmussen, M.D., Child and Adolescent Psychiatry Fellow, Dartmouth Hitchcock Medical Center***

# Learning Objective

- Understand the process that takes place before, during, and after a Child and Adolescent Inpatient Psychiatric Hospitalization

# Initiation of Hospitalization



Referral and Boarding


# Goals of Treatment

**Diagnostic Clarification**

- Mental health disorders
- Psychological Testing
- No Neuropsychiatric Testing

**Treatment**

- Crisis Stabilization
- Medication Adjustment
- DBT/CBT Skills

**Coordination of Care**

- Outpatient care teams
- DCYF
- Occasionally schools

# Post Hospitalization

**Hospitalization Details**

- Lasts 1-2 weeks
- Team:
  - Psychiatrist or Psych APRN
  - Nurses
  - MH Techs
  - Social Workers
  - Occupational Therapists
  - Education Specialist

**Child will be discharged with:**

- 2-4 weeks supply of new medications
- A plan to follow up in the outpatient setting
- Discharge summary available days to weeks later

# Image Credits

- Emergency Medicine (chihealth.com)
- Children's Hospital at Dartmouth-Hitchcock (CHaD) - Lavallee Brensinger Architects (lbpa.com)
- https://newhampshirebulletin.com/2021/10/14/state-in-the-process-of-buying-hampstead-hospital-a-provider-of-mental-health-care-for-children/
- https://www.sentinelsource.com/healthlab/nearly-100-mental-health-patients-use-new-retreat-transportation-program/article_107a84a8-f9a8-5ae5-a320-ad3f36960ece.html



# Return To Learn Protocol

***Katie Burke, MSN, RN, Windsor School, Windsor VT***

# Background

- Limited literature available that looks at the direct consequence of sports related concussions on student academic performance and quality of life.
- Data suggests that increased time spent out of school naturally produces feelings of increased stress related to falling behind in academic work and/or feeling isolated from peers.
- Protocol evolved as a result of personal experience working with students in grades 7-12, their parents and teachers who all struggled to develop a **proactive** and **cohesive** approach to academic recovery and/or sustainability.
- Goal
  - Create a proactive and standardized approach to academic recovery/sustainability
  - Give all parties (students, parents and teachers) clear roles/responsibilities

# Windsor School Return to Learn Protocol

Guiding Philosophy: Concussions are serious brain injuries. Because they are invisible, the temptation is to return to school, academic work and athletics too early, which can substantially prolong recovery. After years of working with a different version of this protocol which provided for an early return to school with substantially decreased academic responsibilities, the theme of this revised version is to normalize our response to concussions by having students whose brains are recovering from concussions to stay home and rest both physically and mentally. When a student returns to school, the return will be gradual and monitored, with a return to earlier stages if symptoms persist.

| | STUDENT | PARENT | SCHOOL STAFF |
|---|---|---|---|
| **Stage 1 Pre-Diagnosis** | Student remains home, at rest, until assessed by a qualified healthcare provider. | Parent s monitor rest. | Health Office writes an Individualized Health Plan (IHP) and distributes it to students teachers, administration and school counselors. |
| **Stage 2 Complete Rest** | Student rests physically and mentally. | Parent continues to monitor rest. Appointment with qualified health care provider. | Teachers begin to separate work into three categories: Excused, Accountable, Essential. |
| **Stage 3 Monitored Return to Classes** | Student gradually returns to classes, beginning with a single partial day but without academic work expectation. Response is monitored by the Health Office. If symptoms persist, student returns to Complete Rest. | Parent monitors continued rest at home. If student is returned to Complete Rest, parent will schedule follow up meeting with qualified health care provider. | Teachers continue to separate work as in Stage 2. Teacher communicates directly with student regarding post concussive symptoms in relation to class setting/current class work. |
| **Stage 4 Monitored Return to Current Academic Work** | Student attends classes and does current work. Health Office monitors progress. If symptoms persist, student is returned to Stage 3. | Parent reports any concerns over persistent symptoms to the Health Office. | Health Office notifies teachers of current status. Teachers communicate to Counselor over students ability to perform current work. |
| **Stage 5 Resumption of Full Academic Activity** | Student begins to catch up on accountable and essential work, communicating directly with teachers while doing so. Student reports any concerns over persistent symptoms to the Health Office. | Parent reports any concerns over persistent symptoms to the Health Office. | If students return to Stage 5 has taken at least 2 weeks, Counselor holds a parent/teacher meeting to define priorities & expectations for past work makeup. |
| **Stage 6 Resumption of Full Academic Activity** | Student communicates with teachers concerning makeup of academic work. | Parent reports any resumption of symptoms to Health Office. | Counselors monitor any difficulties related to student progress towards making up past work. |

# Return to Learn Notes

**Rest – What is it?** It is important for students to avoid excessive sensory stimulation that can result , for example, from attending loud events (including athletic events, even on the sidelines as spectator) and playing video games or computer games, listening to loud music or using their cellular devices. This is very important at least through the end of Stage 3.

**Expected Duration of Rest Stage.** This is variable. However, it is anticipated that Stage 2 Complete Rest will last until the student has been assessed by a qualified healthcare provider. The period of Complete Rest may be extended depending on the symptoms experienced by the student .

**Categories of Work.** Once a student as been diagnosed with a concussion, teachers will begin to separate missed work into categories that the student will begin to catch up on once Stage 5 is reached. The categories are:

- Excused. Not to be made up.
- Accountable. Responsible for content but only defined parts.
- Essential. All parts must be completed by student

**Tests and Quizzes.** The student will not resume tests and quizzes on current work until Stage 4 . The student will not begin making up missed tests and quizzes until Stage 5.

**Qualified Health Care Provider**. To be qualified to diagnose concussions and guide recovery using this protocol, the M.D., D.O., P.A., N.P., or Neuropsychologist must have had training to read and interpret the ImPACT tests and must be familiar with Windsor's recovery protocol and be willing to work with school staff within that protocol.

**The Importance of Honesty.** In order to reduce the length of the recovery period, it is critical that students and parents accurately report their symptoms to the Health Office and Health Care Provider. Inaccurate reporting will prolong recovery and could have serious academic and health repercussions.

# Key Points

- Protocol is intended to be fluid; responses should be adjusted according to the symptoms the student is experiencing.
- When notifying teachers of injury and recovery period, attach the RTL to the email, also include student and parent/guardian
- *Always* strive to work collaboratively with a qualified healthcare professional

# References


- Neelakantan M, Ryali B, Cabral MD, Harris A, McCarroll J, Patel DR. Academic Performance Following Sport-Related Concussions in Children and Adolescents: A Scoping Review. Int J Environ Res Public Health. 2020 Oct 19;17(20):7602. doi: 10.3390/ijerph17207602. PMID: 33086755; PMCID: PMC7589260.

# WELCOME to the *Keeping Students Safe ECHO:*

## *Practical Strategies for Supporting Students in Mental Health Distress*

*Session 3, Recognizing and Responding to Students in Distress,*
*January 23, 2024*

***Please let us know you are here: Type your name, email, organization into CHAT***

# Keeping Students Safe: Practical Strategies for Supporting Students in Mental Health Distress

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# Objectives

1. Learn about the risk factors to identify struggling youth

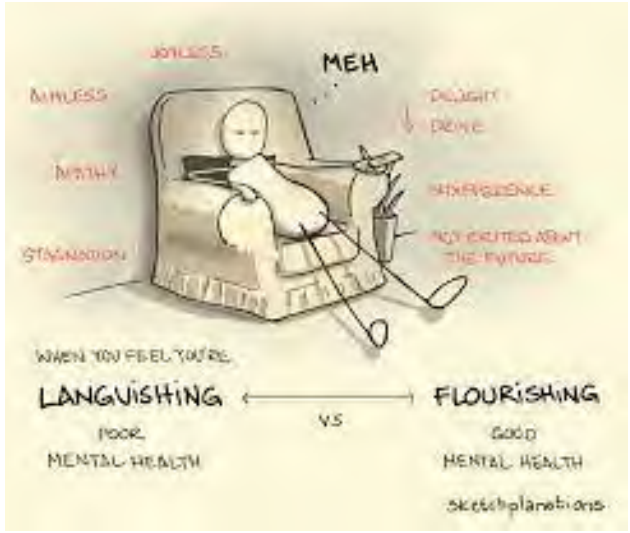
2. Review universal and targeted strategies for supporting mental health and wellness

3. Discuss strategies for engaging with students displaying acute mental health distress

# Identifying youth at risk

1. High distress youth

2. “Languishing” youth
   - May not have high distress BUT have few strengths:
     - Low engagement, academic self concept, physical health, school belonging, wellbeing




*Moore et al., 2019*

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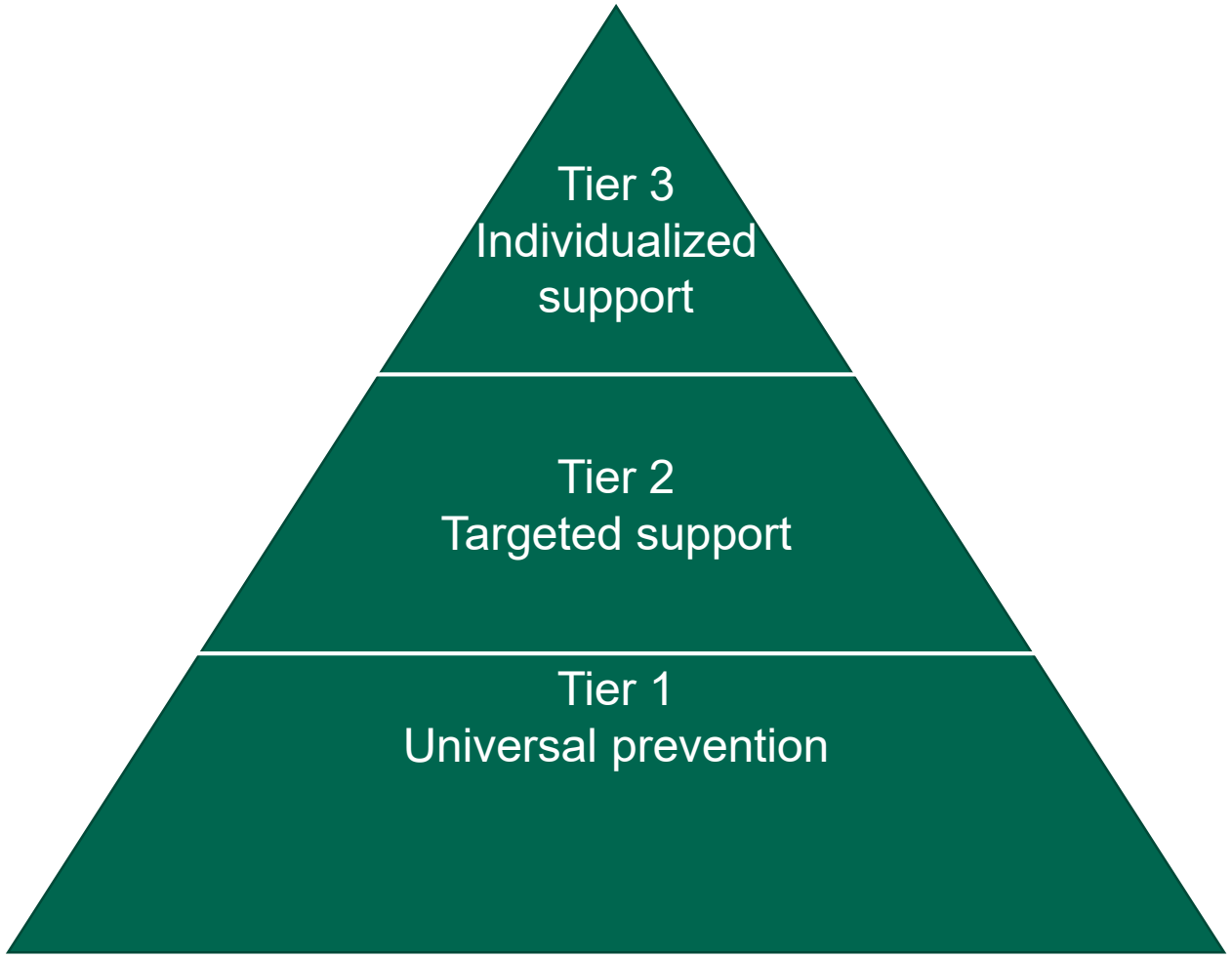
# The first step: Building relationships with at-risk youth

- Positive relationship building skills:
  - Describe (positively) what you notice about a student
  - Reflect/validate what they say or share with you
  - Praise their efforts and achievements
  - Share in *their* interests/values
- Limit interactions that place additional *demands* on at-risk students:
  - Criticisms
  - Unnecessary questions or instructions

# Tiered school-based mental health support




- Intensive, individualized support

- Targeted support that enhances Tier 1 supports
- More frequent check ins, coaching, skill development, evidence-based group therapy

- School wide protocols to enhance safety, consistency, predictability, school connectedness, and engagement
- Also can include school wide programs (e.g., mindfulness)

# Universal prevention strategies

- Promote safety
  - Bullying prevention programs
  - Protocols to address bullying, harassment, and violence in school
  - Establish consistent and predictable routines and expectations

- Enhance school connectedness
  - Make positive connections with students, especially *languishing* students
  - Encourage peer connection through clubs, programs, peer support

- Normalize mental health to combat stigma

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# Targeted strategies for at-risk youth

- Check in/check out
- Mentoring programs
- Promotion of student clubs and organizations
- Individual or small group intervention
  - Based on a student-centered understanding of their needs

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# Engaging with youth during acute distress

1. One-on-one with a calm adult
2. Accept (radically) youths' emotions
3. Empathy and validation are powerful interventions
   - I understand…
   - You are…
   - It makes sense that…
4. Minimize demands
   - Instructions, questions, criticisms
5. Wait for calm before collaborating with youth to problem solve

# Act to ensure safety

- Suicide
  - Know school's protocol for assessing and responding to suicide
  - Enlist a parent or guardian to enhance safety
  - Collaborate with community mental health, hospitals, and mobile crisis
- Bullying
  - Acknowledge mistreatment and respond to prevent future episodes
  - Check in with victimized youth later in time
- Abuse
  - Report

New Hampshire Rapid Response Access Point
DCYF

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## References


- Racine, N., McArthur, B. A., Cooke, J. E., Eirich, R., Zhu, J., & Madigan, S. (2021). Global prevalence of depressive and anxiety symptoms in children and adolescents during COVID-19: a meta-analysis. JAMA pediatrics, 175(11), 1142-1150.
- Moore, S. A., Mayworm, A. M., Stein, R., Sharkey, J. D., & Dowdy, E. (2019). Languishing students: Linking complete mental health screening in schools to Tier 2 intervention. Journal of applied school psychology, 35(3), 257-289.
- Substance Abuse and Mental Health Services Administration's Suicide Prevention Toolkit for High Schools (samhsa.gov)
- Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs (PDF)



# Improving School Partnerships with Community Mental Health and Primary Care

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**Dartmouth Trauma Interventions Research Center**

Rebecca.R.Parton@Hitchcock.org

# Children's Current Needs

Depression and Anxiety in children has been increasing over time

- Pre-pandemic 1 in 5 youth had MH concerns or learning disorder (Osgood et al, 2021), 6-9% had anxiety, 4-5% had depression, *higher rates in teens* (CDC, 2022)
- During Covid, 30-40% of kids say they are anxious, depressed and/or stressed (Osgood et al, 2021)

*Keep in mind the disproportionate impact on families who lost jobs, income, housing; families who didn't have access to technology/internet; families living in poverty; people of color; people with disabilities; people with pre-existing mental health concerns; people living in areas with fewer services

# Impact on Schools

- Pre-pandemic reports about increasing disruptions in schools

  "More than 70 percent of elementary school teachers in our survey told us they have seen a recent increase in disruptive behavior in their classrooms" (EAB, 2019)

- Fewer older youth report having "an adult to talk to" at school

  "The percentage of elementary students who report that they have an adult they can talk to at school when they are upset drops steadily from third grade (61 percent) to fourth grade (55 percent) to fifth grade (50 percent). Fewer than half of secondary students, regardless of grade level, gender, race, or LGBTQ+ status, report that they have an adult at school they can talk to when they feel upset, stressed, or have a problem." (Prothero, 2022)

- High levels of school disruption, burnout in schools during the pandemic

  "Two out of three teachers, principals, and district leaders say students are misbehaving more these days than they did in the fall of 2019" (Kurtz, Jan 2022)

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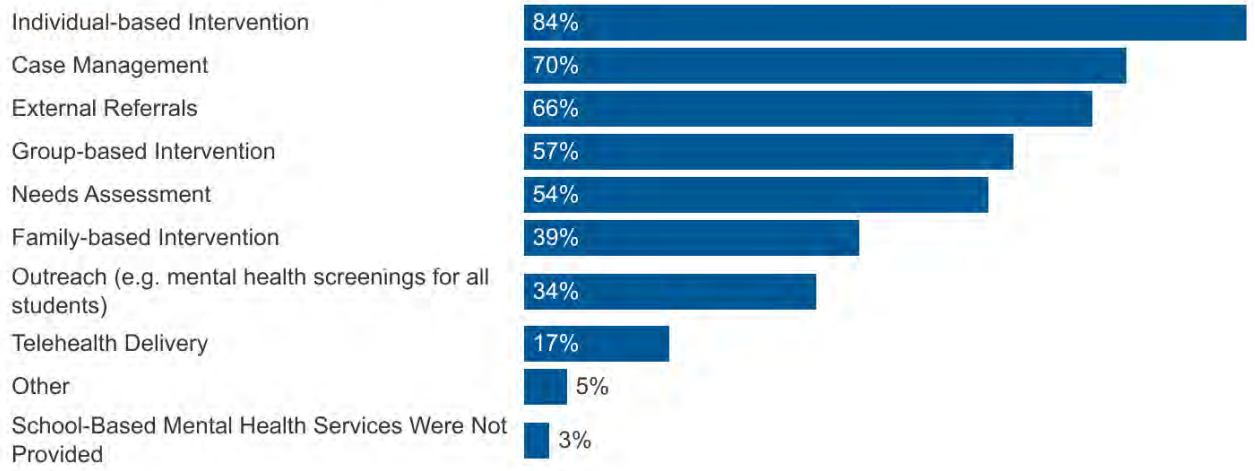
# “We couldn’t meet the need before, so what do we do now?”

Figure 1

## Mental Health Services Offered by Public Schools, 2021-2022

Services | Provider Types | Funding Sources




NOTE: Respondents were asked to select all services that were provided by the school in the 2021-2022 school year. Estimates reflect services provided to students.
SOURCE: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, School Pulse Panel 2021-22.

KFF

Figure 1

## Types of Providers for School-Based Mental Health Services

Services | Provider Types | Funding Sources


NOTE: Respondents were asked to select all provider types that provided these services at their schools.
SOURCE: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, School Pulse Panel 2021-22

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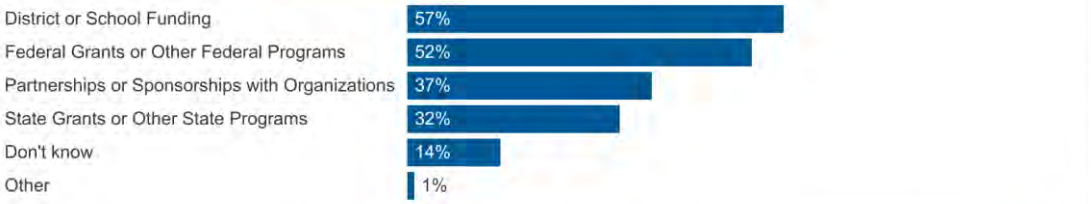
Figure 1

## Funding Sources for School-Based Mental Health Services

Services | Provider Types | Funding Sources




NOTE: Respondents were asked to select all sources of funding used to provide school-based mental health services.
SOURCE: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, School Pulse Panel 2021-22

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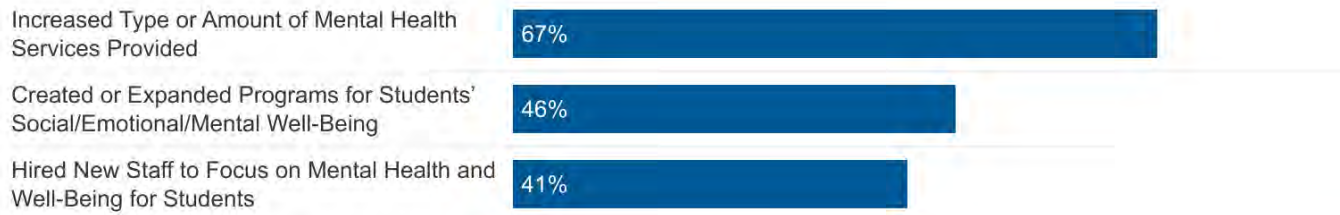
Figure 2

## Changes Schools Have Made Related to Student Mental Health Since the Pandemic Began




NOTE: Respondents were asked to report on changes that began after March 2020.
SOURCE: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, School Pulse Panel 2021-22

KFF

https://www.kff.org/mental-health/issue-brief/the-landscape-of-school-based-mental-health-services/ Sept 2022

# What do students say they want?

- More outreach about services and easier access to mental health care professionals.
- To give input on mental health programs.
- To be educated on how to be helpful to their peers.

Youth Truth, 2022

# Tried and True… what have we been doing that we can do more of?

- Overall culture of safety, wellbeing and trust within the school
- Connect with parents
- Universal SEL programs
- Mindfulness and meditation programs in school, movement breaks
- Groups in school (i.e. mental health, social skills, mindfulness, Youth Mental Health First Aid)
- CMHCs have clinicians embedded in schools
- School Social Workers (mental health lens)
- School Nurses (medical/ primary care connection)
- Community partner meetings/ liaisons
- NH 988 / Rapid Response

# Positive Culture in School

**K**eep it safe,

**I**nclude everyone,

**N**otify adults and negotiate game rules, and

**D**o the right thing.

**Attitude & support from administration matters!!**

# School to Home Connection

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## Local example:

## Franklin High School hired a social worker to be a “School Climate” specialist

https://www.unionleader.com/news/education/franklin-high-students-warm-to-school-climate-change-efforts/article_2ba04a07-83e6-5618-a03b-0a9e9e0e1c93.html

# Franklin High students warm to 'school climate' change efforts

By Roberta Baker Union Leader Staff Dec 2, 2023 Updated Dec 24, 2023



DAVID LANE/UNION LEADER

Jamie Smith, Franklin High School's new climate specialist, talks with students in one of her "We Connect" classes.

FRANKLIN — As the “school climate” specialist at Franklin High School, Jamie Smith created a classroom that is different from school and the outside world — a place without tests, deadlines, cafeteria chaos, rolling storms of family stress or thunderclouds of peer pressure.

Most Popular

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2. Canada to cap international student permits amid housing crunch
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# School Based Programs


- MTSS
  - NH MTSSB https://nhmtssb.org/
  - VTmtss https://education.vermont.gov/student-support/vermont-multi-tiered-system-of-supports

- Universal SEL programs
  https://nhmtssb.org/wp-content/uploads/2021/09/FINAL-SelectingSELCurr-NHMTSS-B.pdf

*Important for all staff to have training
*Actual behavior change for staff/admin

| | Choose Love for Schools [4] | PATHS Program [5] | Responsive Classroom [6] | RULER Approach [7] | Second Step [8] |
|---|---|---|---|---|---|
| Grade range covered | Pre K - 12 | Pre K - 5 | K - 8 | K - 8 | Pre K - 8 |
| Schoolwide programming | ✓ | ✓ | ✓ | ✓ | ✓ |
| Evidence of impact on student outcomes | X | ✓ | ✓ | ✓ | ✓ |
| Defined training program | ✓ | ✓ | ✓ | ✓ | ✓ |
| Administrator supports | ✓ | ✓ | ✓ | ✓ | ✓ |
| Coaching | ✓ | X | X | ✓ | X |
| Professional learning community | ✓ | X | X | X | ✓ |
| Approximate cost | Free | $499 - $889 per classroom | ~$900 per student over 3 years* | $6,000 - $8,000 for 3-5 person school team (2-year support package) | $409 - $459 per classroom kit; $2,000 - $3,000 per school package** |

*Cost estimate includes training institute, personnel, and facilities costs.[9]
**School-level cost estimates apply to both traditional program materials and one-year digital program subscriptions. Single-school pricing varies by school enrollment; multi-site pricing varies by number of sites.[10]

## Other things you might find in schools

- Miss Kendra
  - School based; Trained Mental Health provider comes to a classroom, uses SE curriculum, trauma-informed; Writes letters back and forth with students
- Youth Mental Health First Aid
  - Suicide Prevention curriculum; Can train peers, teachers, parents
- School Social Workers
  - Often in charge of Suicide Prevention planning and training (NH SB282); Can run groups on a variety of topics
- Mentoring programs
  - Things like Big Brothers Big Sisters, We R Hope- have volunteers that can mentor kids
- Mindfulness and Meditation
  - Built into the day, use apps or movement if needed

# Partnering directly with local CMHC

- Many schools have existing relationships

  **<u>Keys to success:</u>**

  – Liaison identified

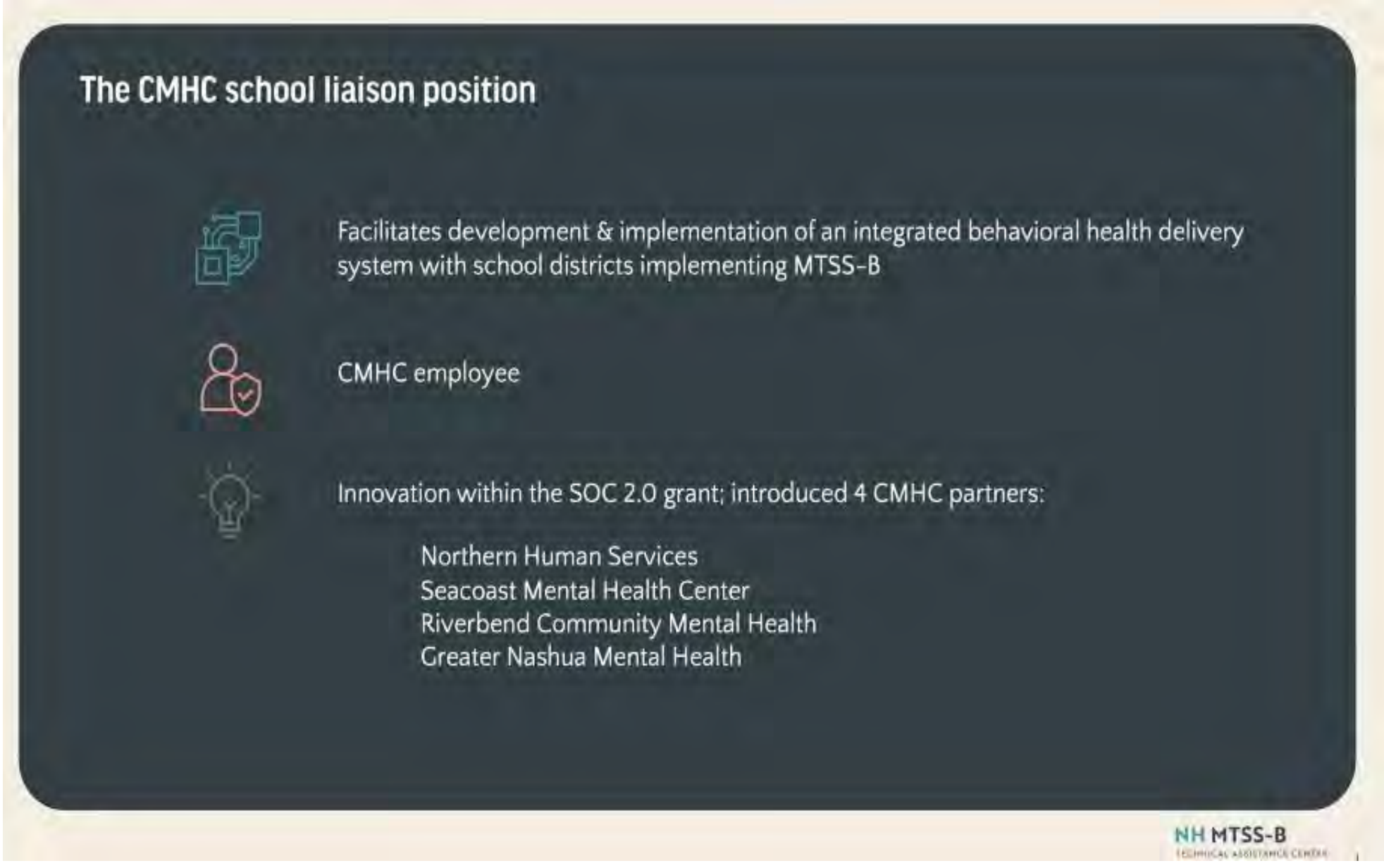
  – Regular meetings/contact, even when it's not an emergency

  – Shared responsibility for student's wellbeing

  – Best case scenario to have ability to provide therapy onsite at the school/ fast track to get into services/ reduces barriers for families (not usually available to highest risk kids)

- CMHC program through NH DOE (next slide)

Long term sustainability: Help schools use “Medicaid to Schools” funds to bill for similar services



# TWO PARTS TO NH RAPID RESPONSE

## *Someone to Call*

- Virtual crisis call center
- Warm-line
- National Suicide Prevention Lifeline
- Clinicians and Peers
- 833-710-6477 (NHRR)
- www.nh988.com

DISPATCHES

## *Someone to Respond*

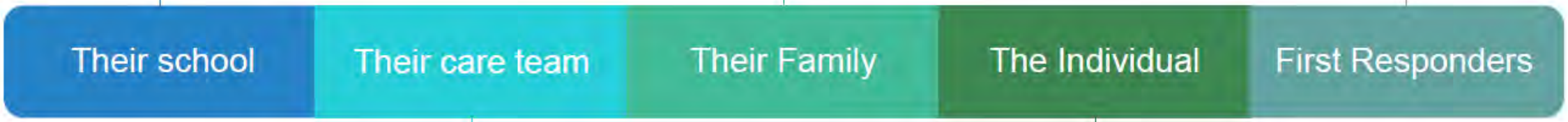
- Mobile
- Clinicians and peers
- In person or via telehealth
- Walk-in appointments
- Same/Next day appointments
- Can see contacts up to 30 days

# CALL EARLY - CALL OFTEN

Schools frequently contact the Access Point for assistance in de-escalating students, finding them referrals, or requesting a deployment for that youth in crisis.

Families frequently call for assistance in support of a loved one in crisis. As we know they themselves may need help either navigating the system or minimizing the impact of the crisis on themselves.

First responders contact the Access Point for an individual in crisis in a secure setting such as a jail or in the community if the scene is clear or they are staying on site.




Many calls come to the Access Point from various providers from CMHCs to PCPs seeking supports for their clients in crisis.

Regardless of age an individual can text, chat, or call the Access Point if they are in need of assistance.

**refers to both mental health or substance use*

# New Hampshire Rapid Response vs. National 988 Suicide & Crisis Lifeline

| | Someone to call, text or chat | Can deploy mobile crisis teams | Connection to local resources and appointments when needed | Services in NH |
|---|---|---|---|---|
| **New Hampshire Rapid Response**<br>Call/Text 833-710-6477<br>Chat www.nh988.com | ✓ | ✓ | ✓ | ✓ |
| **National**<br>988 SUICIDE & CRISIS LIFELINE | ✓ | | | |

***NH Rapid Response and 988 are both available 24/7 and anonymous***

*Calls and texts to 988 are routed by area code. A call from an area code outside of New Hampshire will reach a call center in the state with that area code.*

***For a local response every time, call NH Rapid Response.***

NEW HAMPSHIRE DHHS
DEPARTMENT OF HEALTH & HUMAN SERVICES

# Hold Hope

- You can't do it all BUT…. You are not alone!!
- Team approach
  - Give your colleagues grace, empathy
  - Lean on each other when it feels heavy
  - Team building/ check ins are important
- Take care of your own mental health needs (put your oxygen mask on before helping others)
- Relationships matter!
  - Being a consistent caring adult is powerful
- Advocate locally and statewide to support your students
  - Watch for bills that limit student's rights/ Support bills that will help your students

# Key websites for NH schools

NH DOE Office of Social and Emotional Wellness

https://www.education.nh.gov/who-we-are/division-of-learner-support/bureau-of-student-wellness/office-of-social-and-emotional-wellness

NH MTSSB https://nhmtssb.org/

Mental Health “School Supplies” https://www.crisistextline.org/school/

Mental Health First Aid https://www.mentalhealthfirstaid.org/

**Resource for parents:** https://www.onoursleeves.org/mental-wellness-tools-guides/while-you-wait-for-mental-health-services

**Resource for all teachers about violence directed at educators:**

https://www.apa.org/education-career/k12/teacher-victimization.pdf

List of Mindfulness apps: https://www.klassroom.com/blogs/teacher-resources/mindfulness-apps-for-teachers

Calm App guide for bringing mindfulness to schools: http://cdn.calm.com/documents/teachers-onboarding-manual.pdf

Classroom Disruption Resources: https://eab.com/insights/infographic/district-leadership/breaking-bad-behavior/

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Miss Kendra: https://misskendraprograms.org/

National Parent Teacher Organization: https://www.pto.org/

NH School Social Workers Association: https://www.nhsswa.org/

Youth Mental Health First Aid: https://www.mentalhealthfirstaid.org/population-focused-modules/youth/

# WELCOME to the *Keeping Students Safe ECHO:*

## *Practical Strategies for Supporting Students in Mental Health Distress*

*Session 5, Partnering with Families*
*February 6, 2024*

***Please let us know you are here: Type your name, email, organization into CHAT***

Partnering with Families for Student Safety/Support

# A School Approach

**Steve Beals, Principal Alvirne High School**

**Kate McKinnon, Coordinator of SEL, SAP, and Wellness Programs WMRHS**

# Partnering with Families for Student Safety/Support:

## Proactive Communication

**Be visible during and after school**

**Learn names**

**Happy kids make for happy families**

**Don’t just say you are student centered, prove it, act it, live it!**

**Use video message boards to capture pictures of students and staff engaged in school activities**

# Partnering with Families for Student Safety/Support:

## Relationship Building

**Make connections with students, their siblings, parents**

**Attend school activities including athletics, music, theater and club activities**

**Build relationships daily, celebrate birthdays, send get well messages and small tokens for students struggling**

**Schedule student and parent activities in the school**

# Partnering with Families for Student Safety /Support:

## Listen More Talk Less

**Active listening is the hardest skill to learn since we try to solve problems**

**Rephrase what you think you heard to ensure you are understanding the message**

**Seek first to understand**

**Have an open door**

# Partnering with Families for Student Safety /Support:

# Students in Mental Health Crisis

**Ensure that families know that school can wait until the crisis  subsides**

**Support through daily communication via text, email, or phone call**

**Ask that family if the school can support with meals, gas cards, etc**

**Get signed releases of information when practical**

**Follow return to school guidelines by starting small and increasing time without overwhelming**

**Create a safety plan for reentry including the student if age appropriate**

# Student Assistance Programs

## Proactive Communication

Start with students and encourage communication with the adults in their lives

## Relationship Building

Perspective taking  Empathy  Connecting  Assume positive intent

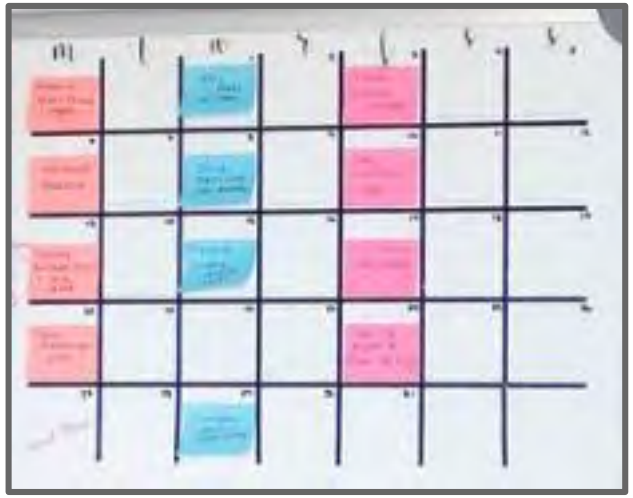
## Listen More Talk Less

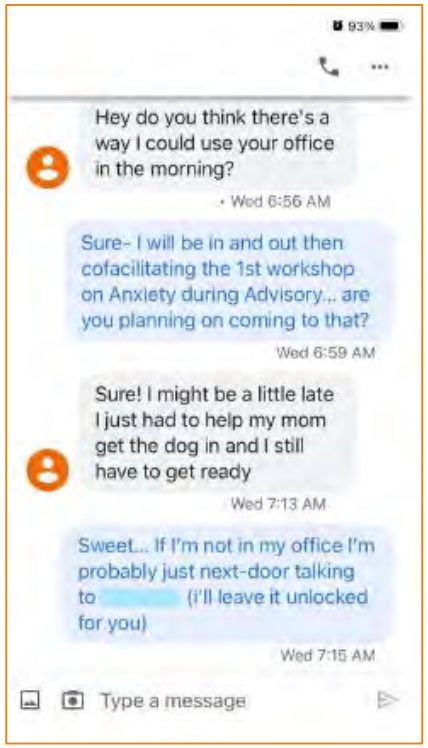
Everyone wants to feel heard

**“The SAP program is centered around the students with a wonderful family component that provides support as a whole. This has continued even after graduation to support our family through not only the troubling times but also acknowledging and celebrating the high points that the students experience leaving them with full support from the SAP Program.**

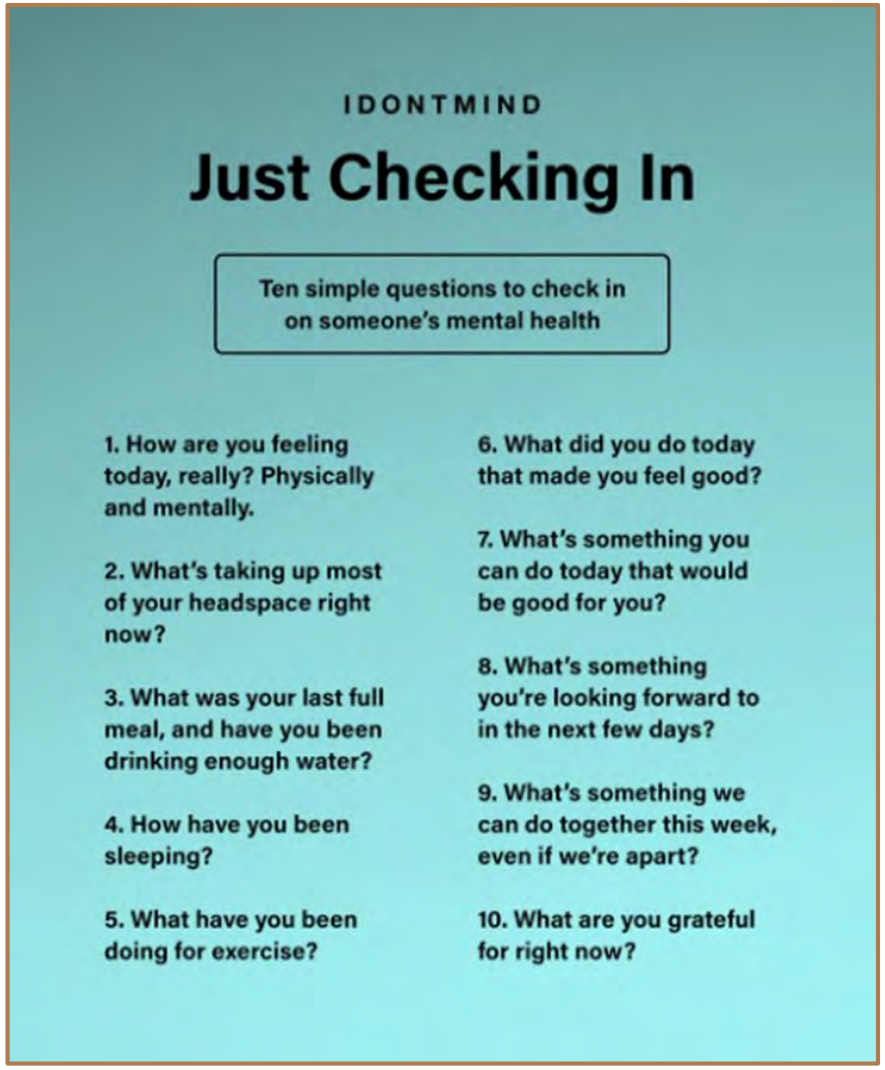
**Personally, I can say if it weren’t for this program I’m not sure my child would have graduated high school or even still be here with me at times. Through the SAP program our whole family has been better able to understand situations and work through them when needed.”**

“As parents of two children who struggle with anxiety on a high level, we have been more than thankful that our school district offers this program. Having this available has not only assisted our children tremendously in conquering their day to day hardships, but has also been more than helpful in us gaining an understanding of better ways we can as a family overcome the stresses that affect us all. Anxiety does not go away at the end of a school day and our SAP has been our best support in both the school and family settings. Teaching us all how to better handle situations in the real world.”




"They developed daily checklists which at times never seem to be completed but they kept working together." -Parent




**"Could be present for the 504 meeting next week?" -Student & Parent**

# Questions?

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