SCHOOL-BASED HEALTH ALLIANCE
Redefining Health for Kids and Teens

National Quality Initiative

NCSMH
NATIONAL CENTER FOR SCHOOL MENTAL HEALTH

NATIONAL QUALITY INITIATIVE FOR SCHOOL HEALTH SERVICES

WEBINAR SERIES ON INNOVATION AND EMERGING BEST PRACTICES

May 12, 2020

SCHOOL-BASED HEALTH ALLIANCE
Redefining Health for Kids and Teens

NCSMH
NATIONAL CENTER FOR SCHOOL MENTAL HEALTH

zoom How To's

This "Control Bar" is located at the bottom of your screen. Move your mouse to make it "pop up."

Reminders

- This training is being recorded – the recording and slides will be made available to participants by email and will be on our websites
- Participants will be muted and will not be on video
- **Please type any questions, comments or tech issues into the chat box.**
- Questions will be responded to at the end of the presentation and in a subsequent summary resource document

IMPROVING HEALTH AND MENTAL HEALTH IN SCHOOLS

National Quality Initiative

SCHOOL-BASED HEALTH ALLIANCE

Redefining Health for Kids and Teens

Challenging comprehensive school-based health centers and school mental health systems to adopt, report, and improve standardized performance measures

Advance school health services by addressing specific contemporary or emerging behavioral health conditions/issues among students

Funding:
HHS Heath Resources and Services Administration
Maternal and Child Health Bureau

SCHOOL-BASED HEALTH ALLIANCE
Redefining Health for Kids and Teens

National Quality Initiative

NCSMH
NATIONAL CENTER FOR SCHOOL MENTAL HEALTH

THIS WEBINAR IS PRESENTED IN COLLABORATION WITH THE SUICIDE PREVENTION RESOURCE CENTER, A PROJECT OF THE EDUCATION DEVELOPMENT CENTER

SPRC

EDC Education Development Center

SCHOOL-BASED HEALTH ALLIANCE
Redefining Health for Kids and Teens

SPRC

EDC Education Development Center

NCSMH NATIONAL CENTER FOR SCHOOL MENTAL HEALTH

PRESENTERS:

Julie Goldstein Grumet, PhD
Zero Suicide Institute
Suicide Prevention Resource Center
Education Development Center

Barbara Stanley, PhD
New York State Psychiatric Institute
Columbia University

Jennifer Myers, MA
Education Development Center

Ann Duckless, MA
NAMI New Hampshire

HOSTS:

Nancy Lever, PhD
National Center for School Mental Health

Katy Stinchfield, MS, LPC
School-Based Health Alliance

Suicide Prevention Resource Center

Suicide Prevention, Intervention, and Postvention During COVID-19: What School-Based Staff Need to Know

May 12, 2020

Funding and Disclaimer

The Suicide Prevention Resource Center at EDC is supported by a grant from the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), under Grant No. 5U79SM062297.

The views, opinions, and content expressed in this product do not necessarily reflect the views, opinions, or policies of CMHS, SAMHSA, or HHS.

Moderator: Julie Goldstein Grumet

Julie Goldstein Grumet, PhD
Director, Zero Suicide Institute
Director, Health and Behavioral Health Initiatives, Suicide Prevention Resource Center
Education Development Center
jgoldstein@edc.org

Overview

- The COVID-19 pandemic has altered the education landscape across the county for students of all ages
- Increased isolation, stress, and uncertainty impacts students, teachers, and families in a number of ways that can increase risk
- Innovative approaches to addressing risk are necessary, possible, and can be very effective
- This webinar will address three key evidence-based topics and the resources to support school staff as they manage current or emerging suicidal thoughts and behaviors in their students during the COVID-19 crisis.

Learning Objectives

- Provide the rationale and tools to develop an individual and meaningful safety plan via telehealth
- Gain the necessary knowledge to equip teachers and school staff with the skills to identify and respond to youth who may be at risk
- Understand how to provide a thoughtful approach for supporting the school and family should a suicide occur

Suicide Prevention Resource Center

The national **Suicide Prevention Resource Center (SPRC)** is your one-stop source for suicide prevention. We help you develop, deliver, and evaluate evidence-informed suicide prevention programs.

What we offer

- Best practice models
- Toolkits
- Online trainings
- Research summaries and more!

Who we serve

- Organizations
- Communities
- Agencies
- Systems

CONNECT WITH US

www.sprc.org

@SuicidePrevention ResourceCenter

@SPRCTweets

10 Leading Causes of Death, United States 2016, All Races, Both Sexes

Ranking	Age groups: 10–14	15–24	25–34	35–44	45–54	55–64	65+
1	Unintentional Injury 847	Unintentional Injury 13,895	Unintentional Injury 23,984	Unintentional Injury 20,975	Malignant Neoplasms 41,291	Malignant Neoplasms 116,364	Heart Disease 507,118
2	**Suicide 436**	**Suicide 5,723**	**Suicide 7,366**	Malignant Neoplasms 10,903	Heart Disease 34,027	Heart Disease 78,610	Malignant Neoplasms 422,927
3	Malignant Neoplasms 431	Homicide 5,172	Homicide 5,376	Heart Disease 10,477	Unintentional Injury 23,377	Unintentional Injury 21,860	Chronic Lower Respiratory Disease 131,002
4	Homicide 147	Malignant Neoplasms 1,431	Malignant Neoplasms 3,791	**Suicide 7,030**	**Suicide 8,437**	Chronic Lower Respiratory Disease 17,810	Cerebrovascular 121,630
5	Congenital Anomalies 146	Heart Disease 949	Heart Disease 3,445	Homicide 3,369	Liver Disease 8,364	Diabetes Mellitus 14,251	Alzheimer's Disease 114,883
6	Heart Disease 111	Congenital Anomalies 388	Liver Disease 925	Liver Disease 2,851	Diabetes Mellitus 6,267	Liver Disease 13,448	Diabetes Mellitus 56,452
7	Chronic Lower Respiratory Disease 75	Diabetes Mellitus 211	Diabetes Mellitus 792	Diabetes Mellitus 2,049	Cerebrovascular 5,353	Cerebrovascular 12,310	Unintentional Injury 53,141
8	Cerebrovascular 50	Chronic Lower Respiratory Disease 206	Cerebrovascular 575	Cerebrovascular 1,851	Chronic Lower Respiratory Disease 4,307	**Suicide 7,759**	Influenza & Pneumonia 42,479
9	Influenza & Pneumonia 39	Influenza & Pneumonia 189	HIV 546	HIV 971	Septicemia 2,472	Septicemia 5,941	Nephritis 41,095
10	Septicemia 31	Complicated Pregnancy 184	Complicated Pregnancy 472	Septicemia 897	Homicide 2,152	Nephritis 5,650	Septicemia 30,405

Source: WISQARS Leading Causes of Death Reports, 1999–2016

Percentage of High School Students Reporting Suicidal Behavior, United States, 2017 (past 12 months)

Source: Youth Risk Behavior Surveillance System, 2017

PERCENTAGE OF HIGH SCHOOL STUDENTS WHO
ATTEMPTED SUICIDE IN THE PAST YEAR,
BY SEX AND BY RACE/ETHNICITY, UNITED STATES, YRBS, 2017
PERCENTAGE
13.5
12
10.5
9
7.5
6
4.5
3
1.5
0
7.4
5.1
9.3
6.1
9.8
8.2
TOTAL
MALE
FEMALE
WHITE
BLACK
HISPANIC
SEX
RACE/ETHNICITY

PERCENTAGE OF HIGH SCHOOL STUDENTS WHO
WERE INJURED IN A SUICIDE ATTEMPT IN THE PAST YEAR,
BY SEX AND BY RACE/ETHNICITY, UNITED STATES, YRBS, 2017
PERCENTAGE
4.5
4
3.5
3
2.5
2
1.5
1
.5
0
2.4
1.5
3.1
1.9
3.4
2.8
TOTAL
MALE
FEMALE
WHITE
BLACK
HISPANIC
SEX
RACE/ETHNICITY

Effective Prevention: It takes all three!

Tools

Suicide Prevention Resource Center

Preventing Suicide

The Role of High School Mental Health Providers

Key Steps to Reduce Suicide Risk among Your Students:

- Understand how suicide prevention fits with your role as a high school mental health provider
- Identify students who may be at risk for suicide
- Respond to students who may be at risk for suicide
- Be prepared to respond to a suicide death
- Consider becoming involved in schoolwide suicide prevention

Ellen's English teacher told the school counselor, Ms. Thompson, that several of Ellen's class writing assignments indicated that she was under a lot of stress and might want to kill herself. Ms. Thompson asked Ellen to come in for a visit with her.

Ms. Thompson looked at a few of Ellen's writings and talked with her about how she was feeling. Next, Ms. Thompson conducted an assessment to determine Ellen's risk for suicide. After reviewing the results, she notified Ellen's parents that Ellen was clearly at risk. Then she took the following steps:

- Referred Ellen to a school support group for students dealing with a lot of stress
- Suggested she join an afterschool math tutoring program to get extra help
- Helped her make an appointment with a psychologist at a local community mental health center

During the next weeks, Ms. Thompson stayed in contact with Ellen to ensure that she was following through on the suggested steps and assist her as needed. She also encouraged Ellen to contact her at any time if she wanted to talk.

(Based on the experiences of a school psychologist)

Tools

NATIONAL
Action Alliance
FOR SUICIDE PREVENTION
Prepared by the Transforming Communities Priority Group of the National Action Alliance for Suicide Prevention
TRANSFORMING COMMUNITIES
Key Elements for the Implementation of Comprehensive Community-Based Suicide Prevention

ZEROSuicide
IN HEALTH AND BEHAVIORAL HEALTH CARE
LEAD
system-wide culture change committed to reducing suicides
TRAIN
a competent, confident, and caring workforce
IDENTIFY
patients with suicide risk via comprehensive screenings
ENGAGE
all individuals at-risk of suicide using a suicide care management plan
TREAT
suicidal thoughts and behaviors using evidence-based treatments
TRANSITION
individuals through care with warm hand-offs and supportive contacts
IMPROVE
policies and procedures through continuous quality improvement

Tools

SEARCH ABOUT SPRC CONTACT US LOGIN

Suicide Prevention Resource Center

About Suicide Effective Prevention Resources & Programs Training News & Highlights Organizations

NATIONAL SUICIDE PREVENTION LIFELINE 8255 1 (800) 273 TALK

User login

Username *

Password *

» Request new password

Log in

View a State

- Select a State -

Filter By

Type

Select

Populations

Select

Settings

Select

About Suicide

Select

Connecticut

State Coalition Website: 1 Word 1 Voice 1 Life

Contacts

Andrea Duarte, MSW, MPH, LCSW

Behavioral Health Program Manager
CT Dept. of Mental Health and Addiction Serv.
410 Capitol Ave MS # 14 PHP
Hartford, CT 06134
United States
Phone: (860) 418-6801
Andrea.Duarte@ct.gov

Tim Marshall, MSW

Director of Community Mental Health
CT Department of Children and Families
505 Hudson St
Hartford, CT 06106
United States
Phone: (860) 550-6531
Tim.Marshall@ct.gov

State and Community Organizations

NAMI Connecticut
(860) 882-0236

Mental Health Association Connecticut
(860) 529-1970

AFSP (American Foundation for Suicide Prevention) Connecticut

All Organizations in this State

Current GLS, NSSP, and Zero Suicide Grantees

Central Connecticut State University

Connecticut College

Connecticut Department of Mental Health and Addiction Services

See Full Listing of Grantees

Prevention Plans

State of Connecticut Suicide Prevention Plan 2020

https://www.gizmo4mentalhealth.org/forkids/

http://www.sprc.org/covid19

Safety Planning

Presenter: Dr. Barbara Stanley

Barbara Stanley, PhD
Director, Suicide Prevention: Training, Implementation and Evaluation Program, New York State Psychiatric Institute and Professor of Medical Psychology, Columbia University

Introduction

- The COVID-19 pandemic necessitates **social distancing and isolation.**
- Telehealth has become an important vehicle for the provision of health care.
- This extends to the provision of mental health services.
- While telehealth for psychotherapy has expanded in recent years, individuals who are suicidal are usually excluded from telehealth services.
- Current conditions demand finding ways to safely work with suicidal individuals using telehealth.

Telehealth with Suicidal Individuals

- Under ordinary circumstances, it is anxiety producing to evaluate and counsel someone who may be suicidal.
- Using telehealth with **suicidal individuals present unique challenges.**
- Individuals who have been suicidal before **could have a spike** in suicidal risk under the current circumstances.
- The purpose of this presentation is to provide pragmatic guidance for **evaluating and managing suicide risk via telehealth**

Overview of Suicide Prevention Approaches Adapted for Telehealth and COVID-19

- **Basic guidelines** for initiating remote contact with an at-risk individual
- Adaptations for conducting **remote screening and risk assessment**
- Remote **clinical management** of suicidal individuals
- **Safety planning** adaptations for COVID-19
- Use of ongoing **check-ins and follow-up** to avert ED visits and hospitalization
- Documentation
- Support for yourself

Initiating contact when the person may be suicidal: *Basic guidelines*

- Request the person's **location (address, apartment number)** at the start of the session in case you need to contact emergency services.
- Request or make sure you have **emergency contact information.**
- **Develop a contact plan** should the call/video session be interrupted.
- **Secure the person's privacy** during the telehealth session as much as possible.
- **Prior to contact, develop a plan** for how to stay on the phone with the person while arranging emergency rescue, if needed.
- For minors, Plan in advance when and how to bring parents/guardians into the conversation

Columbia Suicide Severity Rating Scale (CSSRS)

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Since Last Contact	
Ask questions that are 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?***		
1) ***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? Do you intend to carry out this plan?***		
6) ***Have you 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.		

NIMH TOOLKIT

asQ

Ask Suicide-Screening Questions

Suicide Risk Screening Tool

Ask the patient:

1. **In the past few weeks, have you wished you were dead?** ❍ Yes ❍ No
2. **In the past few weeks, have you felt that you or your family would be better off if you were dead?** ❍ Yes ❍ No
3. **In the past week, have you been having thoughts about killing yourself?** ❍ Yes ❍ No
4. **Have you ever tried to kill yourself?** ❍ Yes ❍ No

   If yes, how? _____

   _____

   _____

   When? _____

   _____

If the patient answers **Yes** *to any of the above, ask the following acuity question:*

5. **Are you having thoughts of killing yourself right now?** ❍ Yes ❍ No

   If yes, please describe: _____

Next steps:

- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (**Note: Clinical judgment can always override a negative screen*).
- **If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a positive screen. Ask question #5 to assess acuity:**
  - ☐ "Yes" to question #5 = **acute positive screen** (imminent risk identified)
    - **Patient requires a STAT safety/full mental health evaluation. Patient cannot leave until evaluated for safety.**
    - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
  - ☐ "No" to question #5 = **non-acute positive screen** (potential risk identified)
    - **Patient requires a brief suicide safety assessment to determine if a full mental health evaluation is needed. Patient cannot leave until evaluated for safety.**
    - Alert physician or clinician responsible for patient's care.

Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text "HOME" to 741-741

asQ Suicide Risk Screening Toolkit NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH) NIH 8/13/2017

C-SSRS Risk Assessment Version

Instructions: Check all risk and protective factors that apply. To be completed following the patient interview, review of medical record(s) and/or consultation with family members and/or other professionals.

Past 3 Months	Suicidal and Self-Injurious Behavior	Lifetime	Lifetime	**Clinical Status (Recent)**
	Actual suicide attempt	Lifetime		**Hopelessness**
	Interrupted attempt	Lifetime		**Major depressive episode**
	Aborted or Self-Interrupted attempt	Lifetime		**Mixed affective episode (e.g. Bipolar)**
	Other preparatory acts to kill self	Lifetime		**Command hallucinations to hurt self**
	Self-injurious behavior without suicidal intent			**Highly impulsive behavior**
Suicidal Ideation **Check Most Severe in Past Month**				**Substance abuse or dependence**
	Wish to be dead			**Agitation or severe anxiety**
	Suicidal thoughts			**Perceived burden on family or others**
	Suicidal thoughts with method (but without specific plan or intent to act)			**Chronic physical pain or other acute medical problem (HIV/AIDS, COPD, cancer, etc.)**
	Suicidal intent (without specific plan)			**Homicidal ideation**
	Suicidal intent with specific plan			**Aggressive behavior towards others**
Activating Events (Recent)				**Method for suicide available (gun, pills, etc.)**
	Recent loss(es) or other significant negative event(s) (legal, financial, relationship, etc.)			**Refuses or feels unable to agree to safety plan**
Describe:				**Sexual abuse (lifetime)**
				Family history of suicide (lifetime)
	Pending incarceration or homelessness			**Protective Factors (Recent)**
	Current or pending isolation or feeling alone			**Identifies reasons for living**
Treatment History				**Responsibility to family or others; living with family**
	Previous psychiatric diagnoses and treatments			**Supportive social network or family**
	Hopeless or dissatisfied with treatment			**Fear of death or dying due to pain and suffering**
	Non-compliant with treatment			**Belief that suicide is immoral; high spirituality**
	Not receiving treatment			**Engaged in work or school**
Other Risk Factors				**Other Protective Factors**

Describe any suicidal, self-injurious or aggressive behavior (include dates)

Adaptations for Suicide Risk Assessment

- In addition to standard risk assessment, **assess for the emotional impact of the pandemic on suicide risk.**
- Possible **COVID-related risk factors**: social isolation; social conflict in sheltering together; financial concerns; worry about health or vulnerability in self, close others; decreased social support; increased anxiety and fear; disruption of routines and support.
- **Inquire about increased access to lethal means** (particularly stockpiles of medications, especially acetaminophen (Tylenol) and psychotropic medications).

Adaptations for Clinical Management

Given the strain on hospitals and EDs and the importance of remaining home for health reasons, identifying ways of staying safe short of going to the ED is critical.

- Make provisions for **increased clinical contact** (even brief check-ins) until risk de-escalates; remember risk fluctuates.
- Provide **crisis hotline (1-800-273-8255)** and **crisis text (Text "Got5 to 741741)** information.
- **Identify individuals in the indiviudal's current environment** to monitor suicidal thoughts and behaviors in-person or remotely; seek permission, if needed, and have direct contact with those individuals.
- **Develop a safety plan** to help manage suicide risk on their own.
- **Collaborate** to identify additional alternatives to manage risk.

In case of unmanageable imminent risk…

- If risk becomes imminent and cannot be managed remotely or with local supports, arrange for the individual to **go to the nearest ED or call 911.**
- **If risk is imminent, stay on the phone if possible** until the person is in the care of a professional or supportive other person who will accompany them to the hospital.

Acute Suicide Risk Fluctuates Over Time:

Treatments: Brief Crisis Interventions, Fast-acting Medications, Emergency Care

minutes and hours

www.sprc.org

Stanley & Brown (2019)

The Safety Planning Intervention

- Brief clinical intervention that results in a prioritized written list of:
  1. warning signs
  2. internal coping strategies
  3. social supports for distraction
  4. social supports for help in crisis
  5. professional help
  6. means reduction

- Starts with “within self” strategies and builds to seeking help from professionals or agencies

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_____ Phone_____
2. Name_____ Phone_____
3. Place_____
4. Place _____

Step 4: People whom I can ask for help:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Name_____ Phone_____

Step 5:Professionals or agencies I can contact during a crisis:

1. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact #_____
2. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact #_____
3. Suicide Prevention Lifeline: 1-800-273-TALK (8255)
4. Local Emergency Service _____
   Emergency Services Address_____
   Emergency Services Phone _____

Making the environment safe:

1. _____
2. _____

Reproduced with permission (© 2013 Stanley & Brown). www.suicidesafetyplan.com

Stanley, B. & Brown, G. K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice, 19*, 256-264

Adaptations to Safety Planning

- The remote safety planning process is similar to conducting it in person.
- Let the person know that you want to develop a safety plan with them to help maintain their safety, and that it will take about 30 minutes to do.
- Emphasize that having a safety plan is particularly important now as a **way to stay safe without going to the ED or a medical facility.** ***Remind them that hospitals have limited resources to care for them at this point and that managing at home is safer for them.***

Plane Safety Measures

Fire Safety: Stop, Drop and Roll

Safety Planning Intervention Form can be used

- **Arrange a way for the individual to get a copy of the plan.**
  - Individuals can write responses as you work together
  - Counselor can write responses, take a picture or scan, and e-mail or text the plan

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_____ Phone_____
2. Name_____ Phone_____
3. Place_____
4. Place _____

Step 4: People whom I can ask for help:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Name_____ Phone_____

Step 5:Professionals or agencies I can contact during a crisis:

1. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact #_____
2. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact #_____
3. Suicide Prevention Lifeline: 1-800-273-TALK (8255)
4. Local Emergency Service _____
   Emergency Services Address_____
   Emergency Services Phone _____

Making the environment safe:

1. _____
2. _____

Adapted from Stanley, B. & Brown, G.K. (2011). Safety planning intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice. 19*, 256–264

Safety Planning Adaptations: First Identify Warning Signs

- **Identify warnings signs that a crisis is developing** and the safety plan needs to be used.
- **Any new warning signs associated with COVID-19?**
  - Examples: extreme fear of illness, coping with illness in self or others, social isolation, loneliness, family conflict
- To help determine if things are getting out of control, have client **take an emotional temperature**
  - **On a scale of 1 to 10**, where 1 is completely calm and 10 is the most distressed you can imagine, how angry, anxious, or frustrated are you?
  - **It's easier to "bring the temperature down" when it's not high.** Ask, *Can you identify when your temperature starts to enter the "yellow zone"? Can you do something to make yourself feel better to keep yourself from seeing "red"?*
- **If you start feeling your emotions getting out of control, it's time to act!**

Identify Coping Strategies That Can Be Done Alone

- **Identify internal coping skills** that can distract from suicidal thoughts and de-escalate crises, taking into account limited access to resources.
- Make sure internal coping strategies do not increase suicidal risk (such as watching news or browsing social media).
- Examples:
  - Take a time out
  - Use mindfulness apps; deep breathing
  - Do an activity that will change your physical state
  - Use distracting activities: knitting, video games, engaging television (limit exposure to news and some social media)
  - Self-soothing. Do something nice for yourself!
  - Contribute virtually

Identify Social Contacts that Can Help Distract from a Suicidal Crisis

- Social distraction options have been limited by social distancing.
- **Focus on virtual activities:**
  - Virtual travel tours, opera, theater performances, concerts, museums, or zoos
  - Virtual “meet-up” programs, like online painting, cooking, or karaoke
  - Virtual hang-outs with friends via Skype/FaceTime/Zoom to watch movies or play board games
  - Interactive online games or forums
- **Focus on current social environment** (i.e., who the client lives with).

Engage Social Support to Distract and Reduce Risk

- Brainstorm ideas for virtual meeting spaces:
  - Online house of worship services
  - Supportive chat groups
  - ????
- Identify public places where social distancing is practiced:
  - Parks, hiking trails
  - Grocery store or pharmacy (if practicing social distancing)

Identify Social Supports Who Can Help Handle a Suicidal Crisis

Determine who is currently available to help the individual (in-person or remotely).

- Determine together who is the best source of support and who they feel comfortable turning to.
- **Seek permission to contact and initiate contact** with one or two key people who will provide support to make sure they are willing to do so and have some tips on how to help them.
- **Be *specific* when listing adaptive options.** When an option is suggested – ask if this is likely to make them less upset or more distressed. If more distressed, find something else.
- Discuss **sharing the plan** with others.

Identify Emergency Contacts

- Explore virtual meeting services with current health care professionals such as therapist or psychiatrist.
- Provide the National Suicide Prevention Lifeline **(800 273-8255; suicidepreventionlifeline.org)** and crisis text **(text "Got5" to 741741; crisistextline.org)** information.
- Have Emergency Room listed as last resort. Help them determine what current procedures for emergency room admission are.

Social Contact Adaptations

- **Make sure contact social contact information on steps 3-5 is virtual rather than in person unless they are currently living with the person.**
  - "Contact information" can include telephone numbers, video chat, social media, game consoles, internet forums, etc.
- **Virtual contact may "feel" different or mean different things to them.**
  - Discuss types of remote contact that best suit the individual's emotional needs.
  - For example, some prefer phone calls or texts for disclosure of distress but video chats for distraction.

Reducing Access to Means

- This step is particularly important due to **possible changes** in the person's living environment and preparations they have made to stay inside and stock up on OTC and prescription medicines.
- **Discuss increased access to lethal means** (particularly stockpiles of Tylenol or other medications), how to reduce access and if there is someone with whom the individual is living who can help secure lethal means.
- Ensure firearms, if present, are stored safely or removed.

Optional Adaptation to Safety Planning

- **If there is time, encourage and collaborate with them to develop a plan to maintain stability and build mental reserves during this time:**
  - Develop a **daily plan** and follow it.
  - Keep a **regular schedule** - sleep, eat, exercise.
  - Go outdoors at least once daily in a safe manner.
  - Encourage acceptance of the range of feelings.
  - Build **mastery,** identify and encourage pleasurable activities.

Check-ins and Ongoing Contact (1/2)

- **Conduct a suicide screen at all contacts for those at elevated risk.**
  - Use a standardized screen such as the C-SSRS. Screening takes <2 minutes and should be done in conversational manner.
- **Review any changes in risk or protective factors**
  - Changes in physical health in the individual or a loved one
  - New access to lethal means
  - Interpersonal conflict in close quarters
  - Social isolation and feelings of loneliness
  - Mistrust of the intentions of others

Check-ins and Ongoing Contact (2/2)

- **Review and update the safety plan** as needed. Check in about whether the safety plan has been used.
- **Plan the next contact.** Schedule contact while speaking with client.
- Determine when contact should be **based on acuity of the risk.**
- Check in with **daily plan** to build reserves and maintain stability.

Documentation and Supervision/Support for Counselor

- **Document all interactions** and your thinking/rationale.
- **Consult with supervisors and peers** on challenging decisions and document the consultations. This could include peer consultation groups.
- During this time when many counselors are working remotely, it is important to **attend to counselor isolation and mental health.**

Support for the Clinician

- Working with suicidal individuals creates additional burden for clinicians in a time of great stress.
- **Self-care activities** are crucial.
- **Arrange periods of coverage, if possible. Allowing for time off is crucial.**
- **Informing suicidal individuals in advance of when time away will occur and making alternate provisions enhances care and safety.**

Resources

Suicidesafetyplan.com

App: IOS and android---Safety Net

Barbara Stanley email for further information: bhs2@cumc.columbia.edu

References:

Stanley, B., Brown, G. K., Brenner, L. A., Galfalvy, H. C., Currier, G.W., Knox, K. L., Chaudhury, S. R., Bush, A.L., Green, K. L. (2018). Comparison of the Safety Planning Intervention with Follow-up vs usual Care of Suicidal Patients Treated in the EmergencyDepartment. *JAMA Psychiatry*. doi:10.1001/jamapsychiatry.2018.1776. PMID: 29998307

Stanley, B., & Brown, G. K. (2012). Safety Planning Intervention: A Brief Intervention to Mitigate Suicide Risk. *Cognitive and Behavioral Practice, 19*(2), 256-264. doi:10.1016/j.cbpra.2011.01.001

Stewart, K.L., Darling, E.V., Yen S., **Stanley, B.**, Brown, G.K., Weinstock, L.M. (2018). Dissemination of the Safety Planning Intervention (SPI) to University Counseling Center Clinicians to Reduce Suicide Risk among College Students. *Arch Suicide Res*. doi:1080/13811118.2018.1531797

Center for Practice Innovations℠
at Columbia Psychiatry
New York State Psychiatric Institute
Building best practices with you.

SP-TIE
Suicide Prevention-
Training Implementation Evaluation

Identifying youth at risk and applying SEL/MH supports

Presenter: Jennifer Myers

Jennifer Myers, MA
Training Development Manager,
Violence and Trauma team,
Education Development Center

Put Your Mask On First

Resilience is Universal

How to Know Which Students are Struggling

- Life circumstances
  - Bullying
  - Isolation
  - Relationship breakup, loss, family conflict
  - Chronic illness
  - Legal problems

Students with Complex/Challenging Home Lives

- Community risks
- Neglect/abuse in home environment
- Substance misuse in home or community
- Previous exposure to violence or traumatic experiences
- Higher ACEs score prior to pandemic
- Recent loss or complicated grief
- Family health issues
- Risk for suicidal thinking and/or behavior (including impacted by a suicidal death)

How to Know Which Students are Struggling

- Look for warning signs of suicide risk
  - Talking or writing about suicide including on social media
    - Having no reason to live
    - Being a burden to others
  - Looking for ways to kill oneself

Source: SPRC https://www.sprc.org/about-suicide/warning-signs

How to Know Which Students are Struggling

Look for warning signs of suicide risk

- Expressing hopelessness
- Showing rage, uncontrolled anger, or a desire to seek revenge
- Expressing feeling trapped - like there is no way out
- Increasing substance use
- Acting anxious or agitated, behaving recklessly
- Sleeping too little or too much
- Displaying extreme mood swings
- Withdrawing or isolating
- Expressing having no purpose in life

Source: SPRC https://www.sprc.org/about-suicide/warning-signs

How to Know Which Students are Struggling

- Someone who knows the student has to ask
  - As long as there is an existing relationship, it doesn't matter whether it is a teacher, counselor, principal, teacher's aide…
- Some school staff may not be appropriate as connectors for students receiving Tier 2 & 3 supports…so don't assume everyone can do it well.

MTSS for SEL & Mental Health

Source:
http://www.doe.mass.edu/sfss/mtss/blueprint.pdf

Support All Students (Tier 1)

- Develop a plan for all – Tier 1 mental health & SEL supports
- Apply trauma-informed principles
- Manage expectations of tasks
- Teach flexible thinking, problem solving, and coping skills
- Stay connected in the student's language & style
- Be available, consistent & predictable
- Assist in identifying and labeling emotions
- Look for signs

Indicated Supports (Tiers 2 & 3)

- Develop a plan for each student already identified as higher need for mental health supports
  - Review all students and who might be higher need given the situation
- Provide extra support
  - Students who have experienced ACEs, trauma, past suicidal behaviors, are in a higher risk group
- Apply basic emotion, thought, and behavior regulation skills
  - Mindfulness
  - Cognitive-behavioral approaches
  - Distress tolerance techniques

Expand the Safety Net

- Educate families about how to talk about the pandemic in a developmentally appropriate way
- Encourage students to reach out to other students
  - Each day reach out to one friend that you talked to in school and haven’t texted in a while
- Leverage connectors
  - Families
  - Coaches
  - Bus drivers
  - All staff: Maintenance, custodial, kitchen, front office, etc.

Expand the Safety Net

- Teach all connectors:
  - Signs to look for
  - Skills to ask about suicide
    - Ex: Columbia-Suicide Severity Rating Scale
  - What to do if concerned about a student
  - How to play a role in a safety plan for suicide risk
  - Importance of ongoing support and caring messages

Chokmat ishtachinokfillilili

Sending caring thoughts.

Source: Zero Suicide Toolkit
http://zerosuicide.edc.org/toolkit-taxonomy/contact-after-leaving-care

Suicide Prevention App Resources

- My3 - https://my3app.org/
- Safety Plan - https://apps.apple.com/us/app/stanley-brown-safety-plan/id695122998 and https://play.google.com/store/apps/details?id=com.twopenguinsstudios.safetyplanningguide&hl=en_US
- Virtual Hope Box - https://www.research.va.gov/research_in_action/Virtual-Hope-Box-smartphone-app-to-prevent-suicide.cfm

Free unless cost is specifically mentioned

General Mental Health App Resources for Students

- Worry Box – Ages 6-16
- Stop Breathe Think – Ages 5-10, website includes classroom toolkits and resources for educators - https://www.stopbreathethink.com/educators/
- Positive Penguins – Ages 7-11; Cost range: one-time cost of 0.99-1.99
- Breathe 2 Relax – Ages 6+
- SuperBetter – Ages 13+, can access through website also - https://www.superbetter.com/
- MindShift CBT – Ages 13+, website has an anxiety plan for teenagers and several resources for educators - https://www.anxietycanada.com/resources/mindshift-cbt/
- Sanvello – Ages 13+, premium access during COVID-19 crisis. Can access tools through the website https://www.sanvello.com/self-care/
- PTSD Coach – Ages 15+

Free unless cost is specifically mentioned

Postvention

Presenter: Ann Duckless

Ann Duckless, MA
Community Educator and Prevention Specialist
NAMI New Hampshire

Postvention: A Community Response after a Sudden Death or Suicide

Individual, Family, and Community Healing

Ann Duckless, MA
aduckless@naminh.org

Training Professionals & Communities in Suicide Prevention & Response®

NAMI NH Connect program materials are exclusively owned and copyrighted by NAMI NH. © NAMI NH, 2009

NAMI
National Alliance on Mental Illness
New Hampshire

Suicide is a Profound Loss

www.theconnectprogram.org

- All of us have been touched by loss at some point in our lives.
- Talking about suicide can bring up personal experiences for us.
- **We need to be sensitive to loss survivors, attempt survivors, or any of us at risk for suicide.**
- Please practice good self-care and seek support that would be helpful to you.

NAMI NH Connect program materials are exclusively owned and copyrighted by NAMI NH. © NAMI NH, 2009

Suicide, Mental Health, and Stigma

❖ About 90% of people who die by suicide have some type of mental health and/or substance use problem.

❖ Suicide and mental health problems often have stigma. This can result in:

- Secrecy about the death and issues prior to the death
- Isolation and guilt for loss survivors
- Shame and blame for the death
- Lack of support from others
- Facts are replaced by rumors

NAMI NH Connect program materials are exclusively owned and copyrighted by NAMI NH. © NAMI NH, 2009

POSTVENTION

- A **planned response** after a suicide to ***promote healing and reduce risk*** of further suicide incidents.
- *Knowing someone who has died by suicide increases our risk for suicide.*
- How a suicide is handled affects the risk factors for others, especially youth of all ages.

Connect
Training Professionals & Communities in Suicide Prevention & Response®

NAMI NH Connect program materials are exclusively owned and copyrighted by NAMI NH. © NAMI NH, 2009

NAMI
National Alliance on Mental Illness
New Hampshire

Postvention Response

Connect
Training Professionals & Communities in Suicide Prevention & Response®

NAMI NH Connect program materials are exclusively owned and copyrighted by NAMI NH. © NAMI NH, 2009

NAMI
National Alliance on Mental Illness
New Hampshire

Speaking about the Death in Public

Balance between two important principles:

- Respect for family's right to privacy
  - When a family is able to be open about a death being a suicide, this may help schools and/or communities **offer resources** to reduce risk.

- Responding to suicide as a public health issue
  - Being open about the suicide can also **guide funeral activities**, which can have a healing effect and help reduce risk.

Connect Training Professionals & Communities in Suicide Prevention & Response©
NAMI NH Connect Program materials are exclusively owned and copyrighted by NAMI NH. © NAMI NH, 2009
NAMI National Alliance on Mental Illness New Hampshire

CONTAGION

- **Exposure to a suicide may influence others** (who may already be at risk) to take their life or attempt suicide.
- **Having known someone who dies by suicide** is one of the most significant risk factors for suicide.
- **Teens and young adults** are more at risk for contagion.
- **Sensational media reports** and **inappropriate funeral services** may contribute to contagion.

Connect Training Professionals & Communities in Suicide Prevention & Response©
NAMI NH Connect Program materials are exclusively owned and copyrighted by NAMI NH. © NAMI NH, 2009
NAMI National Alliance on Mental Illness New Hampshire

The Loss from Suicide

"Suicide is a death like no other…

and those who are left behind to struggle with it must confront a pain like no other."

Kay Redfield Jamison, Night Falls Fast, p. 292.

WHY?????

- For Survivors of Suicide Loss, grief is often combined with a persistent search for an answer or explanation.
- Grieving a suicide can include intense feelings:
  - **Shame**
  - **Anger**
  - **Guilt**
  - **Regret**
  - **Self-Blame**
  - **Rejection**

NAMI NH Connect program materials are exclusively owned and copyrighted by NAMI NH. © NAMI NH, 2009

Complexity of Grief and Loss

- Length and expression of grief may vary by individual.
- Grief responses and needs may differ depending on the age of the person bereaved by loss.
- How a community responds can help or block the healing process.
- Cultural norms and practices are important to acknowledge when dealing with grief.

NAMI NH Connect Program materials are exclusively owned and copyrighted by NAMI NH. © NAMI NH, 2009

Providing Support to Survivors of Suicide Loss

- Recognize an **increased risk for suicide** in the days and weeks following the death.
- Be gentle and non-judgmental. **Don't blame anyone.**
- **Don't feel like you need to provide an answer**. Your presence alone will be reassuring.
- Over time, help them connect to a **suicide survivors** group, bereavement group, or other resources if this would be helpful.

➢ **Positive Action: Respect each individual's own healing process.**

NAMI NH Connect program materials are exclusively owned and copyrighted by NAMI NH. © NAMI NH, 2009

Sensitive Language

Some words are more comfortable or easier to hear for survivors of suicide loss.

Words to Use:

- Died by suicide
- Lost to suicide

Words to Avoid:

- Successful suicide
- Committed suicide
- Completed suicide
- Chose to kill himself

NAMI NH Connect program materials are exclusively owned and copyrighted by NAMI NH. © NAMI NH, 2009

Promoting Healing

- For at least the first six months, insure that mental health and emergency services are available.
- Validate and normalize grief and loss reactions for all
- Watch out for anyone who is not doing well and connect them with support; ***know the Warning Signs for suicide!***
- Work toward **restoring community spirit, strengths, and sensitivity.**

NAMI NH Connect program materials are exclusively owned and copyrighted by NAMI NH. © NAMI NH, 2009

Community Response

➢ ***Taking action to reduce risk for contagion is essential***.

- **Good networking and interface** among impacted community agencies is key to promote healing.

- **Promote Safe Messaging** in individual and public discussion about the death.

Connect Training Professionals & Communities in Suicide Prevention & Response©
NAMI NH Connect Program materials are exclusively owned and copyrighted by NAMI NH. © NAMI NH, 2009
NAMI National Alliance on Mental Illness New Hampshire

Social Media/Internet

- Social networking sites serve as a connected community.
- Search for information related to the death and monitor postings for warning signs.
- Sites can often be deactivated or placed on memorial status when requested by next of kin.

➢ **Positive Actions:**

- **Notify others of individuals at risk.**
- **Validate and normalize grief and loss reactions.**
- **Post warning signs, NSPL 1-800-273-TALK (8255), and Crisis Text Line: TEXT 741741**
- **Continue to monitor.**

Connect
Training Professionals & Communities in Suicide Prevention & Response®

NAMI NH Connect program materials are exclusively owned and copyrighted by NAMI NH. © NAMI NH, 2009

NAMI
National Alliance on Mental Illness
New Hampshire

Treat all Sudden Deaths the Same

- Permanent memorials glorifying a person who has died by suicide can increase risk of contagion among vulnerable youth.
- **It is recommended that such memorials be avoided for all so they are not conducted selectively.**
- Have postvention guidelines in place in advance so that all suicide deaths are responded to in the same way.
- Planned consistency in recognizing deaths publicly can minimize difficulties when any kind of death occurs.

NAMI NH Connect program materials are exclusively owned and copyrighted by NAMI NH. © NAMI NH, 2009

Recommended Memorial Activities

For the school:

- Provide a *time-limited place* where remembrances and expressions of grief can be placed.
- Inform participants that anything left will be turned over to the family afterwards.

- Consider locations **other than school** (churches, civic halls, other communities) for funeral services.

For the family:

- Hold service at a time and place where adults can accompany youth.
- Provide counselors during and after the service.

NAMI NH Connect program materials are exclusively owned and copyrighted by NAMI NH. © NAMI NH, 2009

General Postvention Guidelines

- **Confirm the facts** before disclosing information.
- If openly acknowledged by the family, be truthful and direct about this as a suicide.
- **Do not provide specific details (e.g. means used) about the death**.
- Avoid glorifying the person's life or death.
- Recognize the impact is over *months and years* (not days and weeks).

Connect Training Professionals & Communities in Suicide Prevention & Response©
NAMI NH Connect Program materials are exclusively owned and copyrighted by NAMI NH. © NAMI NH, 2009
NAMI National Alliance on Mental Illness New Hampshire

Contact with Family

- The principal or designee should contact family to express condolences and gather information about funeral arrangements.
- Grieving families may not wish to share the manner of death.
- This creates a dilemma between respecting the family's wishes and reducing risk of contagion by being open.

NAMI NH Connect program materials are exclusively owned and copyrighted by NAMI NH. © NAMI NH, 2009

Contact with Staff

- Inform staff of the situation/facts as you know them.

- Ask them what they need for support.

- Offer sick/leave time off (when indicated).
- Consider temporarily moving staff from a high stress job.

- Encourage self-referral to an EAP.
- Role model good self-care skills.

- Consider using a crisis debriefing for staff.
- Review protocols for agency response to other clients.

- Provide check in/support in upcoming weeks/months.

Connect
Training Professionals & Communities in Suicide Prevention & Response®

NAMI NH Connect program materials are exclusively owned and copyrighted by NAMI NH. © NAMI NH, 2009

NAMI
National Alliance on Mental Illness
New Hampshire

Conveying Information

- **How the school handles the initial announcement is important in the critical process of maintaining credibility and trust.**
- Be honest and direct without discussion of means.

- Announcements should be made to small groups of students by a person familiar with the students.
- Small meetings should occur with all students at the same time and allow time for follow-up discussion.
- Make the announcement early in the day and provide for follow-up supports.

- **Do not use large assemblies or the public announcement system** for communicating information about the suicide.

NAMI NH Connect program materials are exclusively owned and copyrighted by NAMI NH. © NAMI NH, 2009

For Youth of all Ages

If a young person has been affected by suicide loss, encourage them to remember:

- No matter what happened, this person's death was **not** your fault.
- There is **always** someone you can go to for help.
- **Talking to a trusted adult** can help.
- **Be gentle with yourself.**

NAMI NH Connect program materials are exclusively owned and copyrighted by NAMI NH. © NAMI NH, 2009

Communication with Providers

- Notifying local organizations will give advance opportunity for provision of additional supports:

  police departments, mental health centers,

  clergy, and social service organizations

- You may wish to ask for crisis assistance/support for staff and students from neighboring schools/agencies.

NAMI NH Connect Program materials are exclusively owned and copyrighted by NAMI NH. © NAMI NH, 2009

Self-Care Skills are Essential for all

- Promote self-care skills with students and staff.
- Remember that the healing process will take *months and years*, and that people grieve in different ways.

➢ **Positive Action: Make a commitment to stay with the process for the long run.**

Connect Training Professionals & Communities in Suicide Prevention & Response©
NAMI NH Connect Program materials are exclusively owned and copyrighted by NAMI NH. © NAMI NH, 2009
NAMI National Alliance on Mental Illness New Hampshire

Working with Individuals, Families, and Communities can Reduce Risk and Promote Healing

Postvention Becomes Prevention

Training Professionals & Communities in Suicide Prevention & Response®

NAMI NH Connect program materials are exclusively owned and copyrighted by NAMI NH. © NAMI NH, 2009

NAMI
National Alliance on Mental Illness
New Hampshire

Suicide Warning Signs

Seek help as soon as possible by contacting a mental health professional or by calling the National Suicide Prevention Lifeline at 1-800-273-TALK if you or someone you know exhibits any of the following signs:

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself
- Looking for ways to kill oneself by seeking access to firearms, available pills, or other means
- Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person
- Feeling hopeless
- Feeling rage or uncontrolled anger or seeking revenge
- Acting reckless or engaging in risky activities—seemingly without thinking
- Feeling trapped—like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family, and society
- Feeling anxious, agitated, or unable to sleep or sleeping all the time
- Experiencing dramatic mood changes
- Seeing no reason for living or having no sense of purpose in life

NAMI NH Connect program materials are exclusively owned and copyrighted by NAMI NH. © NAMI NH, 2009

Hope for these Times

Connect
Training Professionals & Communities in Suicide Prevention & Response©
NAMI NH Connect Program materials are exclusively owned and copyrighted by NAMI NH. © NAMI NH, 2009
NAMI
National Alliance on Mental Illness
New Hampshire

Crisis Hotlines

- SAMHSA's Disaster Distress Helpline - 800-985-5990
  - Text/SMS: Text **TalkWithUs** or **Hablanos** (for Spanish) to 66746 (subscription-based)
  - Full details at: https://www.samhsa.gov/find-help/disaster-distress-helpline
- National Suicide Prevention Lifeline - 800-273-8255
- National Sexual Assault Hotline – 1-800-656-4673 https://www.rainn.org/
- National Domestic Violence Hotline - 1-800-799-7233 https://www.thehotline.org/
- The Trevor Project
  - TrevorLifeline: 866-488-7386
  - TrevorText: Text **START** to 678678
  - TrevorChat: https://www.thetrevorproject.org/get-help-now/
- Trans Lifeline – 1-877-565-8860 https://www.translifeline.org/
- Crisis Text Line: Text **HOME** to 741741

SCHOOL-BASED HEALTH ALLIANCE
Redefining Health for Kids and Teens

National Quality Initiative

NCSMH
NATIONAL CENTER FOR SCHOOL MENTAL HEALTH

DISCUSSION

PLEASE ENTER ANY ADDITIONAL QUESTIONS IN THE CHAT BOX NOW.

SPRC

EDC Education Development Center

Suicide Prevention Resource Center

For more information on suicide prevention or SPRC visit:

SPRC.org
ZeroSuicide.com

School-Based Health Alliance

www.sbh4all.org

- Alliance Statement on COVID-19
- Federal and State Policy Changes
- Letters to Congress
- National SBHC Sponsors
- School Health & School Personnel Resources
- Social Media Pages to Follow
- Symptom & Intervention Resources
- Listening and Learning Sessions
- Webinar Series on Supporting SBHCs in the Time of COIVD-19
- And more!

National Center for School Mental Health (NCSMH)

National Center for School Mental Health (NCSMH) > COVID-19 Resources

- Home
- About Us
- Our Work
- Resources
- Conferences
- The SHAPE System
- Connect With Us
- COVID-19 Resources

COVID-19 Resources

COVID-19, the disease caused by the coronavirus, is a global pandemic that has shut down much of society, including many schools. The stress associated with this virus may understandably increase worry and anxiety in our students, staff, families, and communities. At the National Center for School Mental Health, we want to support you as you protect your health and the health of those around you. To that end, we have accumulated resources and tips for you to use and share with others in your networks. We will continue to update these resources as we learn more.

- Crisis Response
- Early Childhood Mental Health
- General Resources
- Guidance for School Staff & Administrators
- Stress Management & Self Care
- Students & Families
- Technology to Support School Mental Health

Hosted on the NCSMH website:
schoolmentalhealth.org

SCHOOL-BASED HEALTH ALLIANCE
Redefining Health for Kids and Teens

National Quality Initiative

NCSMH
NATIONAL CENTER FOR SCHOOL MENTAL HEALTH

THANK YOU!

SPRC

EDC Education Development Center