MHTTC Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Welcome to our MHTTC Webinar:

Overview of the K-12 Toolkit for Mental Health Promotion and Suicide Prevention

Sponsored by the MHTTC Network Coordinating Office and Pacific Southwest MHTTC

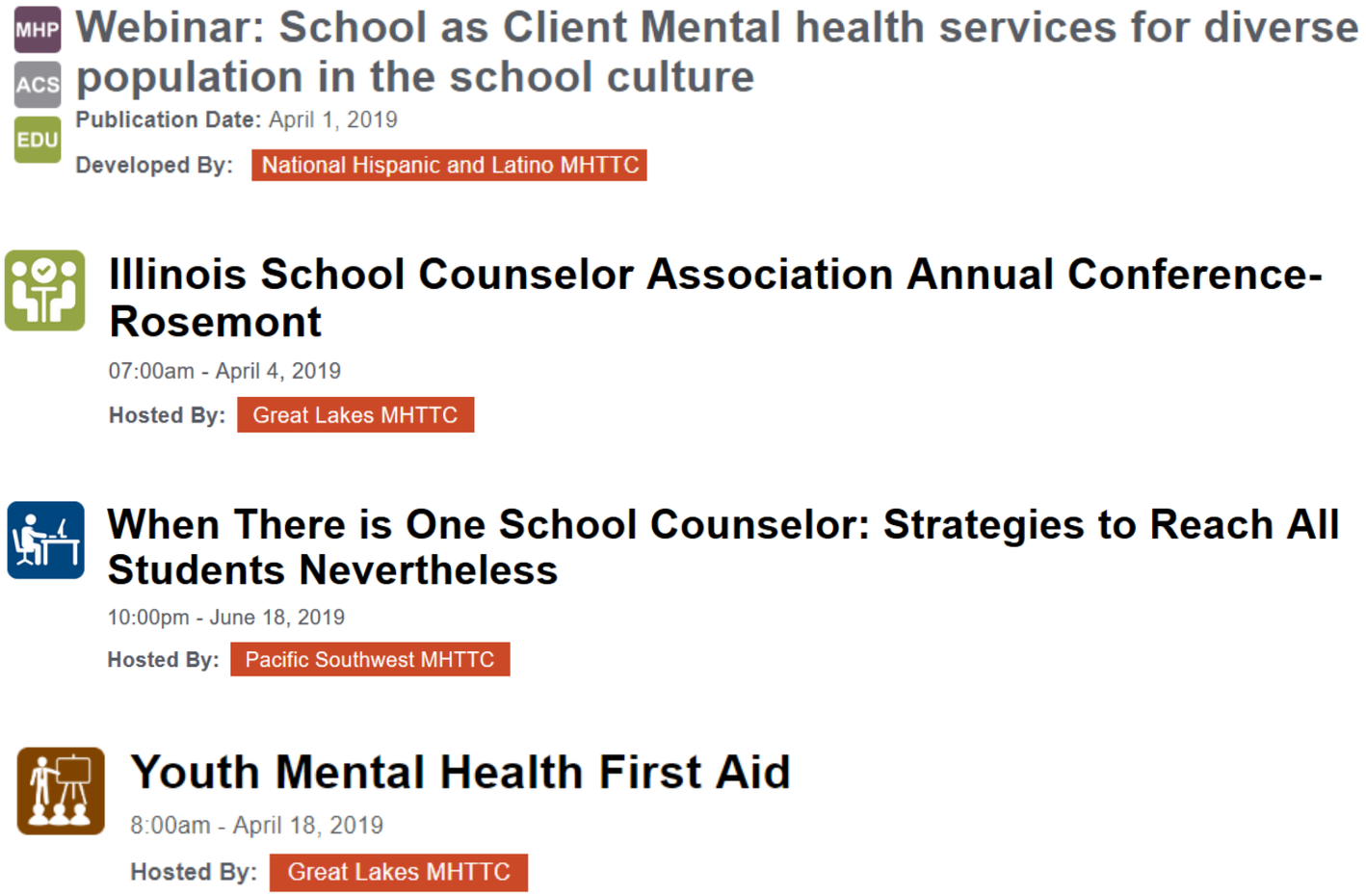
- **If you are using audio through a telephone line**, please mute yourself. You can unmute yourself using *6.
- **If you are using *computer* audio,** you can unmute yourself by clicking on the microphone icon to the right of your name on the participant list.
- If you have any questions during the presentation, please enter them in the chat box. We have allotted some time at the end of the webinar to answer questions.

DISCLAIMER

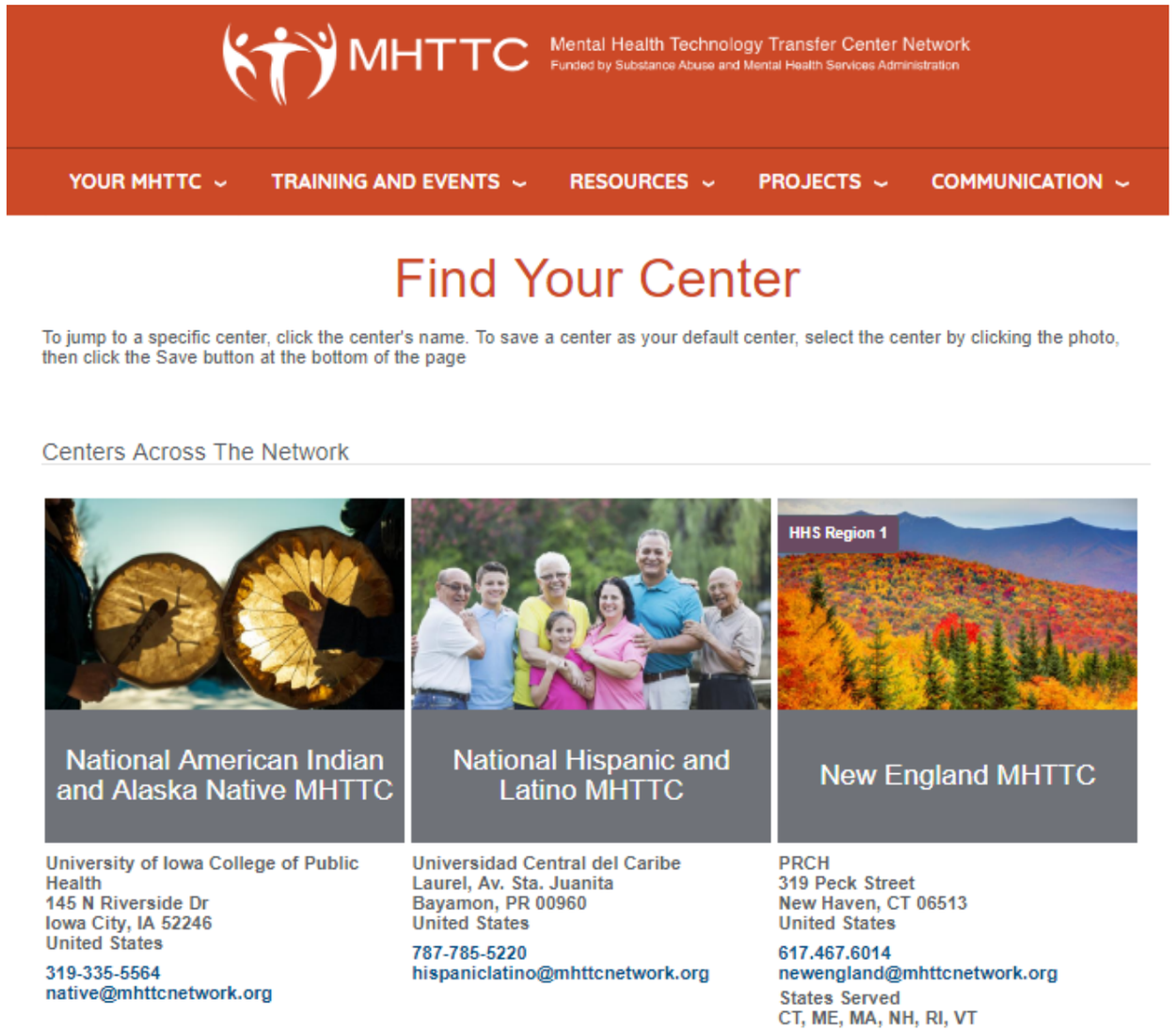
The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

MHTTC School Mental Health Supplement

- One-year supplement to expand training and TA on the implementation of school-based mental health services (through August 2019).
- Planned school mental health-specific activities encompass multiple service modes, topic areas, and populations.
- Topics include engagement, assessment, intervention, and triage practices; as well as trauma informed care, cultural competence, mental health awareness, financing, etc.

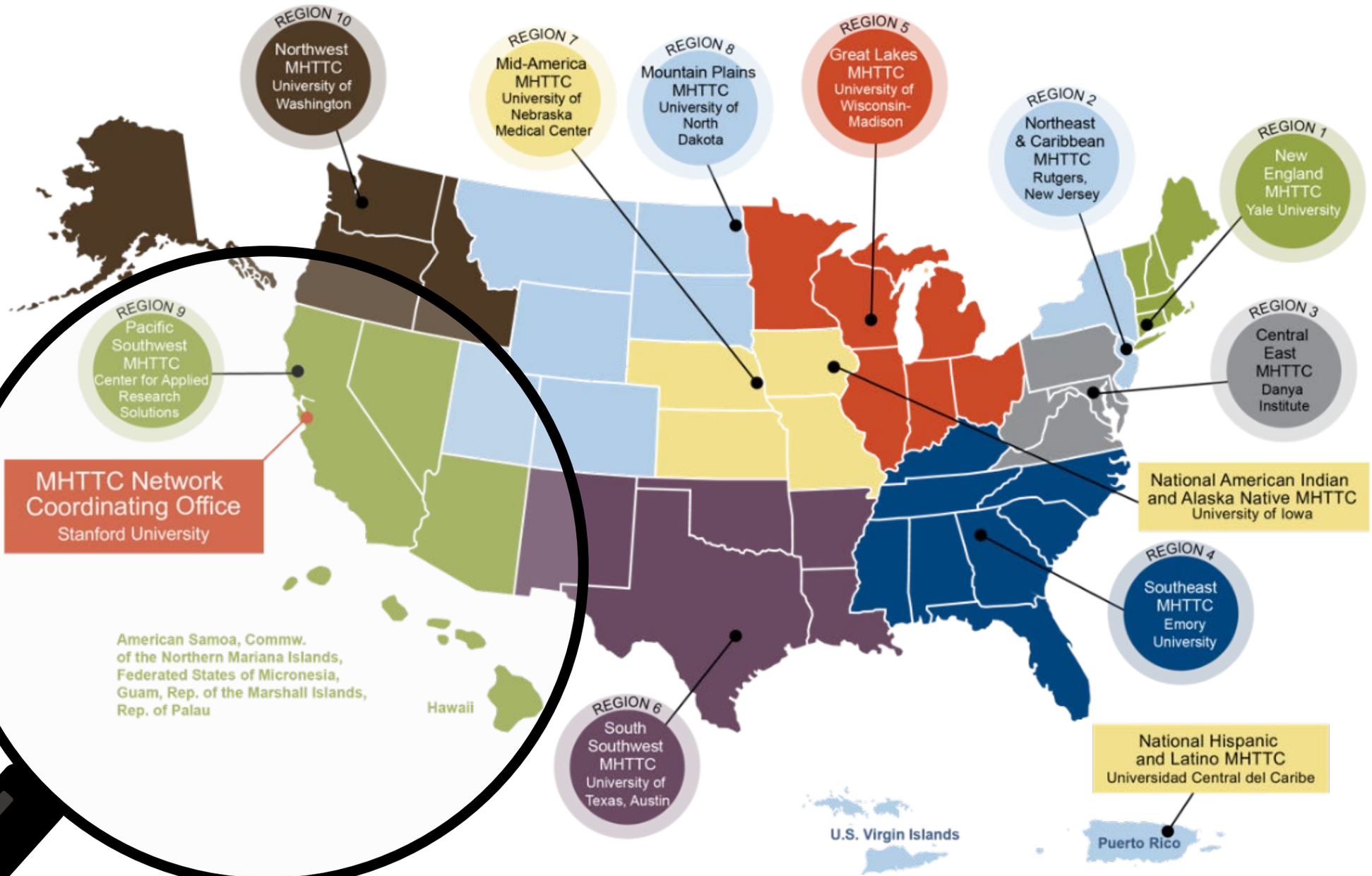


Connecting with the MHTTC in your region



Visit the MHTTC website and select your center:
https://mhttcnetwork.org/centers/selection

Pacific Southwest Mental Health Technology Transfer Center (MHTTC)



2019-2020 Focus: School Mental Health

- One-year supplement to expand training and TA on the implementation of school-based mental health services and support the workforce development of the school mental health professional field.

- Areas of focus include:

  - School mental health programs, policies & practices
    - Evidence based practice implementation support (trauma informed & resilience oriented programs, policies and practices, school mental health referral pathways)
    - School mental health literacy and leadership development
  - School violence prevention, intervention & postvention
    - Suicidal ideation and response
    - Crisis readiness, response, recovery (including school shootings & community based violence)
    - Key partner: The National Center for School Crisis and Bereavement

What does this look like?

Services available

School Mental Health Feature

Fall School Mental Health Webinar Series

Our Fall School Mental Health Webinar Series will begin in September. Have a topic request? Email Leora (Lwolf@cars-rp.org) with topic ideas, presenters, or requests for a repeat from this year's series.

Webinar topics must focus on: school mental health evidence-based practices; school mental health literacy; school violence prevention and crisis response; or trauma-informed school policy, practices, or programs.

Join Us!
School Mental Health Learning Collaborative

Pacific Southwest School Mental Health Learning Collaborative

Along with our fellow MHTTCs, we are pleased to announce an opportunity to join our Pacific Southwest School Mental Health Learning Collaborative!

This year, the National Center for School Mental Health (NCSMH) and the National MHTTC Network collaborated to create a national curriculum for school mental health, including a train-the-trainer for school district leadership. The Curriculum is now available (learn more below).

The Pacific Southwest School Mental Health Learning Collaborative is an opportunity to **bring this exciting new Curriculum to schools in our region**.

Want to learn more about joining our regional Collaborative and getting trained in the new Curriculum (or becoming a trainer)? Register for one of the following 30-minute information sessions:

- August 15 | 2 p.m. ET / 11 a.m. PT / 8 a.m. HT | **Register**
- August 16 | 4 p.m. ET / 1 p.m. PT / 10 a.m. HT | **Register**
- August 23 | 12 p.m. ET / 9 a.m. PT / 6 a.m. HT | **Register**

Example from the July 2019 SMH Newsletter Feature

No-cost training, technical assistance, and resources

Webinars & virtual learning

Monthly newsletters

Products (issue briefs, guides, etc)

Regional Trainings & Forums (professional development, conferences, school mental health Train the Trainers)

Individual coaching & consultation

Schedule Today

12:05-12:10p Overview of the Webinar (Joshi)

12:10-12:25p Prevention / Health Promotion Section (Lenoir)

12:25-12:40p Crisis Intervention Section (Joshi)

12:40-1p Postvention Section (Ojakian)

1-1:15p Presentation of Kognito-HEARD Alliance partnership

(Lien)

1:15-1:30p Q & A

HEARD Alliance

Educational Objectives

1) By the end of the webinar, participants will be able to describe how they can use the K12 Toolkit in their districts, including the specific sections on Mental Health Promotion, Crisis Intervention, and Postvention

2) Participants will know how to access the K12 Toolkit in web-based and pdf formats, such that strategies can be deployed quickly in crisis intervention and postvention

3) Participants will learn about an innovative public-private partnership through Santa Clara County and Kognito, which enhances teacher self-efficacy in engaging with all students in their classrooms, especially those in need of mental health support or referral.

HEARD Alliance

AB 2246

REQUIRED SUICIDE PREVENTION POLICY IN CALIFORNIA
Model Youth Suicide Prevention Policy for California, Assembly Bill 2246, 2016

-Our School Mental Health Team created this K12 Toolkit to help schools comply with and implement AB 2246, the Pupil Suicide Prevention Policy.

-Requires all local educational agencies (LEA): county offices of education, school districts, state special schools, or charter schools to have a Pupil Suicide Prevention Policy. It applies to all students at LEAs in grades 7 to 12.

-Developed in consultation with school and community stakeholders
-Must address the needs of high risk groups such as youth bereaved by suicide, with disabilities, mental illness, or substance use disorders, youth experiencing homelessness or in out-of-home settings, and LGBTQ youth

-It ensures that teachers are trained on suicide awareness and prevention

-It also stresses that a school employee acts only within the authorization and scope of their credential or license http://www.cde.ca.gov/ls/cg/mh/index.asp

Text of AB 2246; https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB2246

HEARD Alliance

LANGUAGE USE

<u>Died of suicide (Also 'Died by suicide'); Took his / her life</u>
In a suicidal state thought processes become distorted due to biological, psychological, social, cultural and/or situational reasons. Suicidal people are not thinking clearly, and are often struggling with a kind of error in their cognitive process.

- The term "Completed suicide" is not advised (implies success)

- The term "Committed suicide" does not describe accurately what has occurred and implies a crime or immoral act.

- Suicide is no longer seen as a crime or sin but is recognized to be the result of a mental health condition with medically treatable causes 80-90% of the time.

- Often a person with lived experience of suicide will say choice was not involved, but instead they felt overwhelmingly "compelled" to attempt to take their life

HEARD Alliance

LANGUAGE USE

Person with lived experience

A person with the lived experience of suicide has struggled with suicidal thoughts or behaviors and may be an attempt survivor. Resilience is a skill that can be developed - one is not “permanently fragile” when they are an attempt survivor.

Bereaved by suicide

Someone who has been exposed to the suicide of another person and experiences a high level of psychological, physical and/or social distress for a considerable length of time. In the U.S. the term “loss survivor” is often used. Everyone grieves differently and on their own timeline. Incorporating such a loss into one’s life requires work and support.

HEARD Alliance

LANGUAGE USE

<u>Fatal or Non-fatal Attempt</u>

-Applying the general principle of speaking about suicide using illness based language (fatal and non-fatal) is in line with a fatal or non-fatal heart attack / other illness.

-Avoiding value statements with suicide such as calling an attempt failed, successful, or botched, etc. is helpful language

-Suicide is a complex phenomenon- It does not have to do with an individual's willpower.

-There is no simple explanation for any suicide. Though a precipitating event often occurs, that is usually not the single "reason" someone has died.

- So, what does one say to a person who has lost someone to suicide?

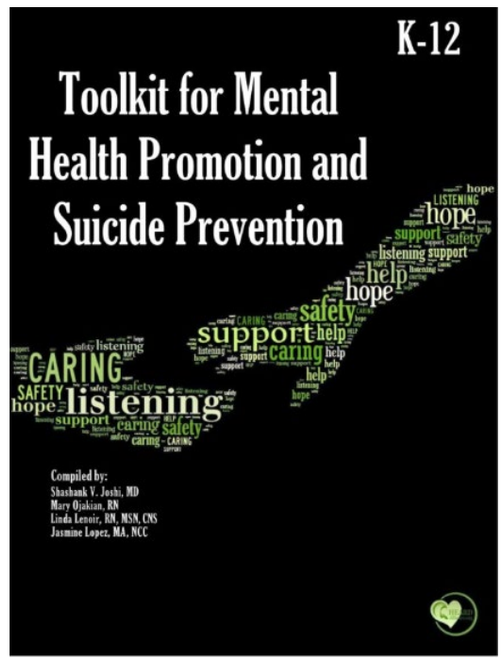
  -Think of what one would say or do if the person had lost their loved one suddenly in a fatal car crash or a heart attack - then do and say that.

HEARD Alliance

K-12
Toolkit for Mental Health Promotion and Suicide Prevention

www.heardalliance.org/help-toolkit
(Open source, please reference "HEARD K12 Toolkit")

Compiled by:
Shashank V. Joshi, MD, DFAACAP, FAAP
Mary Ojakian, RN
Linda Lenoir, RN, MSN, CNS
Jasmine Lopez, MA, NCC
www.heardalliance.org



Purpose of The K12 Toolkit

- Educate staff, families and students regarding mental health and wellbeing

- Improve recognition of student mental health issues

- Increase early detection and referral of students

- Handle crisis situations in a coordinated, consistent, and documented fashion

- Provide tools for follow-up support

- Be a practical, usable document that is guided by evidence-based practices

Section I:
Promotion of Mental Health and Wellbeing

- Training & Education
  - Youth mental health awareness
  - Gatekeeper training
  - Healthy adolescent sleep
  - Self care
- Safe and Caring School Climate
  - School connectedness
  - Social emotional learning (SEL)
  - Mindfulness
  - Cultural effectiveness
- Protocol Examples
  - Red / Green Folder Initiative
  - Crisis Response Team formation
  - Assessment & Referral Forms
- Mental Health Resources
  - Community
  - Online/Crisis Lines
  - Grief support
- At-Risk Students
  - Identify
  - Monitor

Staff Education

- Training
  - Youth mental health
  - Gatekeeper training in advance of a crisis

- Campus Protocols
  - Red Folder Initiative development
  - Crisis Team development

- Mental Health Professionals on Campus
  - Assessment Forms
  - Referral Forms (for offsite services)

Family Education

<u>Education</u>
Programs
FAQs (Appendix B1)
Lethal Means Restriction (Attachment 2.18)
Adolescent Sleep (pages 6-9)
Social Media (Attachment 1.3)
Transitions (Attachment 1.2)
Suicide Prevention Facts for Parents - SAMHSA (Attachment 1.16)
Risk, Protective and Warning signs for suicide (Attachments 1.9, 1.10, 1.11)

<u>Protocols & Resources</u>
Who to contact at school when concerned
Mental Health Resources (Appendix B2)
What to Expect (re-entry plan) (Appendix B4)
Self Care (Attachment 1.1)
Safety Plan Examples (Attachments 2.11 & 2.12)

Student Education

Mental health curricula – SAMHSA best practices;

Evidence-supported programs

Skill building programs - address coping with stressors

Peer leader programs - help build connectedness

Mental health & resource information

FAQs

What is the Process for referring a friend or self-referral? Each site should identify site protocols or create a template.

Safe & Caring School Climate

What does it mean to have a safe and caring school climate?

School connectedness “is the belief held by students that adults and peers in the school care about their learning as well as about them as individuals” (American Psychological Association)

Promotion of positive community attachments via connections w/ trusted adults

This sense of connectedness comes through the activities the school engages in to create a positive school climate. The Promotion section of the K12 Toolkit describes activities, education and protocols that help create a safe and caring school climate.

Social Emotional Learning - Interpersonal skill development, with examples of programs that can be implemented in school settings

Mindfulness - Enhances the ability to apply those skills in the classroom setting

Mental Health Resources

- Campus contracted clinicians or those employed by School District
- Community resources (Appendix B2)
- Crisis support lines (24/7)

  National Suicide Prevention Lifeline 1-800-273-8255

  Santa Clara Suicide & Crisis Hotline 1-855-278-4204

  Crisis Text Line: (for example, In SF Bay Area, Text RENEW to 741741

Note: AB 2390 was introduced into the CA legislature in 2018: It would require these numbers, the school campus police or security number, & the local non-emergency number be included on the back of student IDs.

Section II: Intervention in a Suicidal Crisis

What is your district's protocol in response to a student mental health crisis?

How do you support a student through the crisis and return to school?

How will you prevent contagion if there is a suicide?

Mental Health on Campus Protocols

Tools to develop protocols before a crisis occurs

Red / Green Folder

- A physical and/or virtual folder for staff describing what they might see, what to say to a student in crisis and how to locate resources on their campus
- Used by the Univ of California, Cal State, Community College systems, and SF Bay Area High School Districts

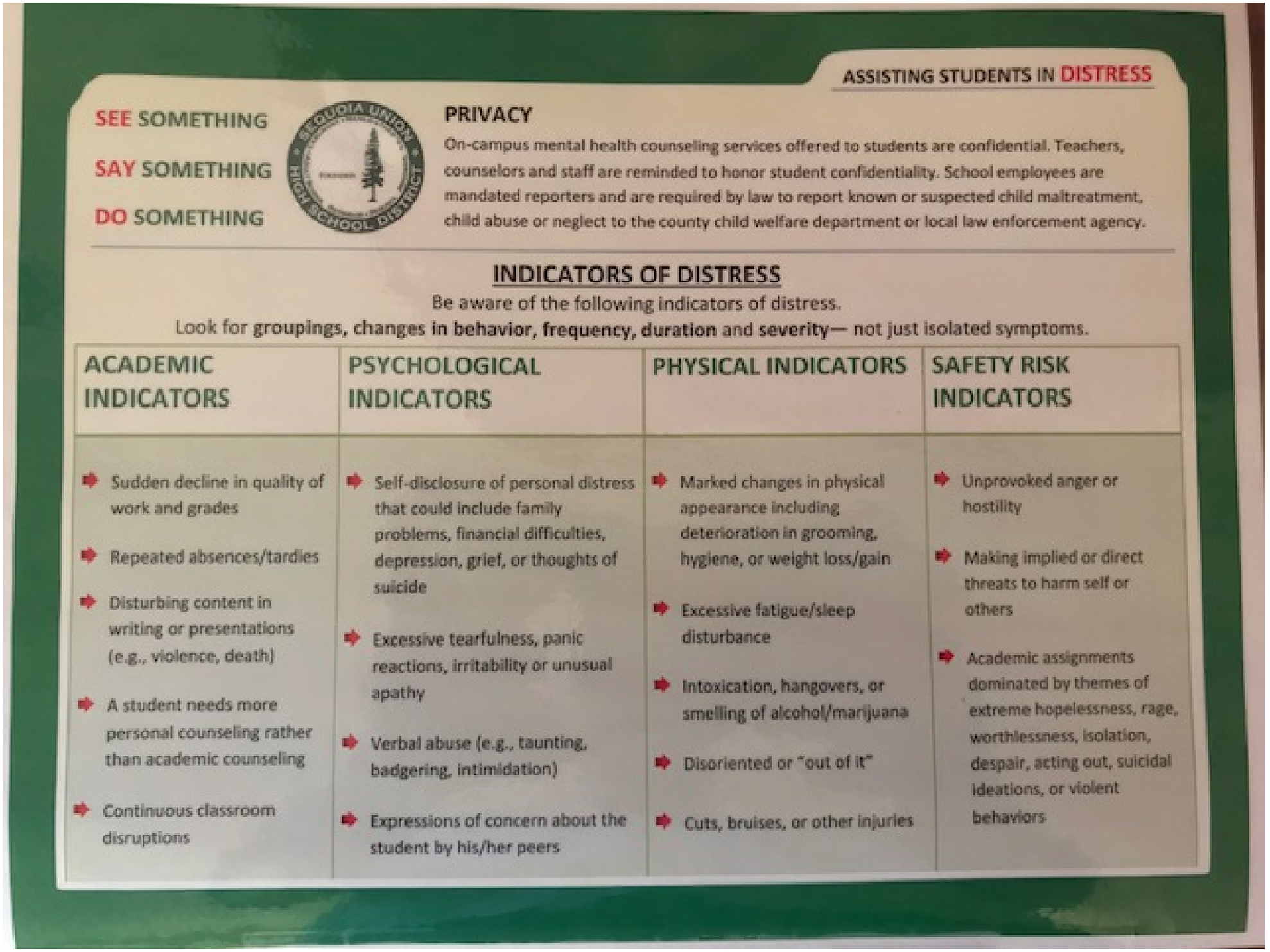
Crisis Response Team (CRT)

-Trained to take the lead in addressing a student mental health crisis

- Intervenes in a suicidal crisis

-Takes the lead in response to a suicide loss in the school community

Mental Health on Campus Protocols



ASSISTING STUDENTS IN DISTRESS

SEE SOMETHING
SAY SOMETHING
DO SOMETHING

SEQUOIA UNION HIGH SCHOOL DISTRICT

PRIVACY

On-campus mental health counseling services offered to students are confidential. Teachers, counselors and staff are reminded to honor student confidentiality. School employees are mandated reporters and are required by law to report known or suspected child maltreatment, child abuse or neglect to the county child welfare department or local law enforcement agency.

INDICATORS OF DISTRESS

Be aware of the following indicators of distress.

Look for **groupings, changes in behavior, frequency, duration** and **severity**— not just isolated symptoms.

ACADEMIC INDICATORS	PSYCHOLOGICAL INDICATORS	PHYSICAL INDICATORS	SAFETY RISK INDICATORS
Sudden decline in quality of work and grades	Self-disclosure of personal distress that could include family problems, financial difficulties, depression, grief, or thoughts of suicide	Marked changes in physical appearance including deterioration in grooming, hygiene, or weight loss/gain	Unprovoked anger or hostility
Repeated absences/tardies	Excessive tearfulness, panic reactions, irritability or unusual apathy	Excessive fatigue/sleep disturbance	Making implied or direct threats to harm self or others
Disturbing content in writing or presentations (e.g., violence, death)	Verbal abuse (e.g., taunting, badgering, intimidation)	Intoxication, hangovers, or smelling of alcohol/marijuana	Academic assignments dominated by themes of extreme hopelessness, rage, worthlessness, isolation, despair, acting out, suicidal ideations, or violent behaviors
A student needs more personal counseling rather than academic counseling	Expressions of concern about the student by his/her peers	Disoriented or "out of it"	
Continuous classroom disruptions		Cuts, bruises, or other injuries	

Creating Your Mental Health Crisis Response Team (CRT)

The CRT evaluates and responds to urgent mental health situations

Composed of diverse staff within a school who know their roles in crisis intervention and suicide prevention

Duties of the CRT

-Takes the lead for intervening during a mental health crisis

-Takes the lead in response to a suicidal loss in a school community

Intervention Summary

Initial Detection of Risk

-Intervention Protocol (based on *risk level)

-Follow-Up & Re-Entry

Forms for evaluation & documentation

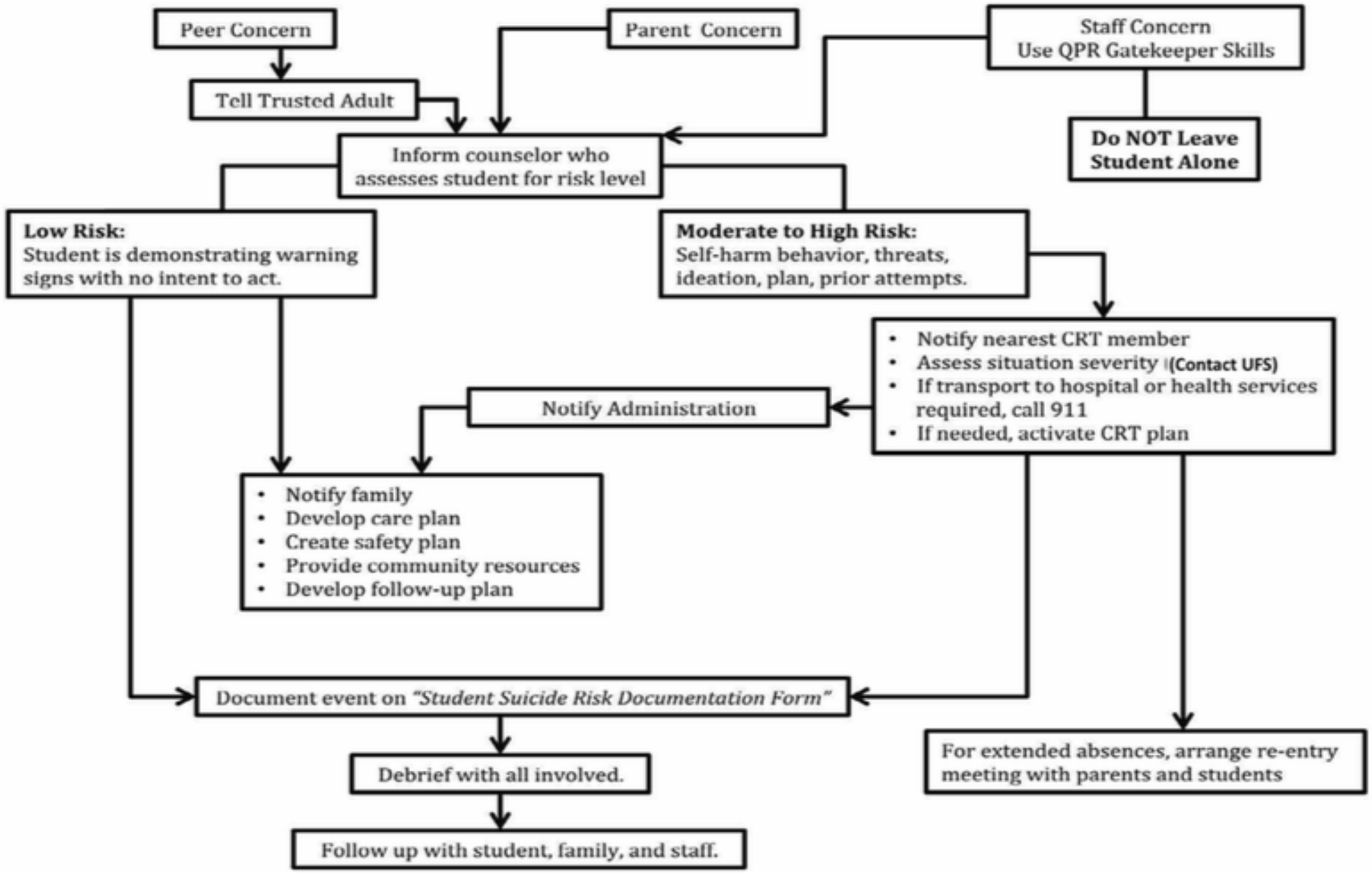
-Section II of the Toolkit and the Appendix

* As evidence-based is developing, risk level can be adapted for local sites

Intervention Flow Chart: low, moderate, high risk

SUICIDE INTERVENTION PROTOCOL FLOWCHART: LOW, MODERATE & HIGH RISK

STUDENT HAS DEMONSTRATED RISK FOR SUICIDE



ATTACHMENT 2.4

Identifying At-Risk Students Checklist

Low Risk Level of Suicide

- **Take every warning sign or threat of self-harm seriously.**
- Take immediate action by sending someone to inform the counselor or school psychologist of the situation.
- Remain with the student until the counselor/ school psych talks with him/her in a quiet, private setting to clarify the situation, and assess suicide risk with chosen tool.
- When necessary, counselor or school psychologist will contact an administrator or designee to inform them of the situation.
- Counselor or school psychologist will notify parent/guardian of situation unless this will exacerbate the situation *Guidelines for Notifying Parents, Supporting Parents Through Their Child's Suicidal Crisis* attachment 2.5, and *Contact Acknowledgement Form*, 2.6
- Develop a safety plan with the student and parents. *Safety Planning Guide*, 2.11, and *Personal Safety Plan*, 2.12.
- Refer to primary health care provider or mental health services if necessary *Guidelines for Student Referrals*, 2.7, *Referral Process for Special Education Mental Health Assessment*, 2.8, and *Referral, Consent, and Follow-Up Form*, 2.9
- Document actions on appropriate forms *Student Suicide Risk Documentation Form*, 2.13
- Counselor will follow up with the student and family as often as necessary until the student is stable.

Moderate to High Risk Level of Suicide

Students with a moderate to high risk of suicide display suicidal ideation or behavior with an intent or desire to die.

- Keep student under close supervision.
- Notify nearest CRT member who will evaluate the situation and then notify a school administrator.
- CRT member will conduct a suicide risk assessment to determine student's risk level and convey to trained professionals (UFS).
- Consult with appropriate designated school site staff and/or crisis service agency (e.g. UFS) to assess student's mental state and obtain a recommendation for next steps. If student requires hospitalization or immediate emergency medical treatment proceed to Extremely High (Imminent) Risk.
- School administrator or designee notifies parents/guardians *Guidelines for Notifying Parents*, and *Supporting Parents Through Their Child's Suicidal Crisis*, 2.5, and *Parent Contact Acknowledgement Form*, 2.6. Arrange to meet with parents.
- Create a safety plan, or if already in place, review and update.

If the student does not require emergency medical treatment or hospitalization, review the following:

- Confirm understanding of next steps for student's care.
- Ensure that student and parents, with the assistance of a CRT member, have discussed importance of lethal means restriction *Means Matter: Recommendations for Families*, 2.18
- Sign the *Referral, Consent and Follow-Up Form*, 2.9 and *Parent Contact Acknowledgment Form*, 2.6
- Provide referrals and resources for parent/guardians including *What to Expect; When Your Child Expresses Suicidal Thoughts*, Appendix B4
- Explain that a designated school professional will follow-up within the next two days.
- Establish a plan for periodic contact from school personnel
- Students are eligible for home teaching if a doctor's letter recommends an extended absence of two weeks or more.
- Document actions taken *Student Suicide Risk Documentation Form*" 2.13

Extremely High (Imminent) Risk Level of Suicide

Students with an extremely high risk level of suicide have voiced the intent to engage in a suicidal act, have access to the lethal means needed to carry out the act, and may have lethal means on their person. Do the following:

- Ensure that a school staff member remains with the student at all times.
- Clear the area and ensure that all other students are safe. Alert CRT member.

Mobilize community links (e.g. UFS and/or 911)

- If a life threatening emergency, call 911. Note: 911-responder will determine if emergency treatment or hospitalization is required and will arrange transport
- If not life threatening, call UFS Suicide Assessment at 877-412-7474. If student is 18 years or older, call 911
- Principal or designee notifies parents about the seriousness of the situation, unless this will exacerbate the situation. In certain cases, it may be necessary to wait to notify parents due to clinical circumstances as determined by Psychologist, UFS or other mental health provider.

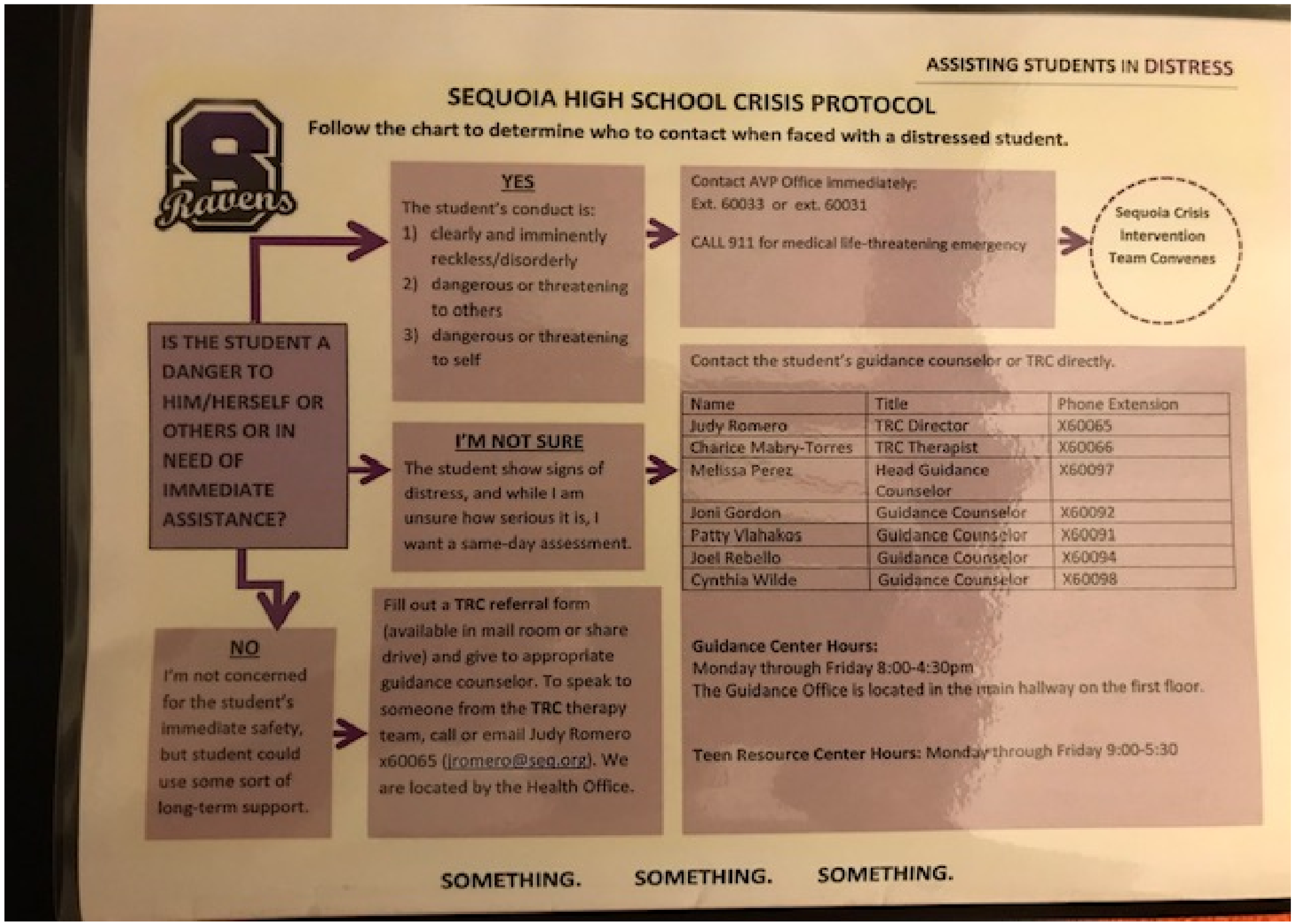
If the student has lethal means on their person:

- Do not attempt to take a weapon by force
- Talk with the student calmly
- Have someone call 911
- Clear area for student safety
- Once the student gives up the potentially lethal means, stay with the student until the CRT or 911 emergency support arrives.

At this level of risk the student may require hospitalization

- Case manager (school psychologist or counselor) will work with student's doctor/ therapist. Frequency of check-in with the student, family, doctor and/or therapist will be determined by the individual situation.
- Before student returns to school, initiate re-entry plan.

Mental Health on Campus Protocols



ASSISTING STUDENTS IN DISTRESS

SEQUOIA HIGH SCHOOL CRISIS PROTOCOL

Follow the chart to determine who to contact when faced with a distressed student.

IS THE STUDENT A DANGER TO HIM/HERSELF OR OTHERS OR IN NEED OF IMMEDIATE ASSISTANCE?

YES

The student's conduct is:

1) clearly and imminently reckless/disorderly
2) dangerous or threatening to others
3) dangerous or threatening to self

Contact AVP Office immediately:
Ext. 60033 or ext. 60031

CALL 911 for medical life-threatening emergency

Sequoia Crisis Intervention Team Convenes

I'M NOT SURE

The student show signs of distress, and while I am unsure how serious it is, I want a same-day assessment.

NO

I'm not concerned for the student's immediate safety, but student could use some sort of long-term support.

Fill out a **TRC referral form** (available in mail room or share drive) and give to appropriate guidance counselor. To speak to someone from the **TRC** therapy team, call or email Judy Romero x60065 (jromero@seq.org). We are located by the Health Office.

Contact the student's guidance counselor or TRC directly.

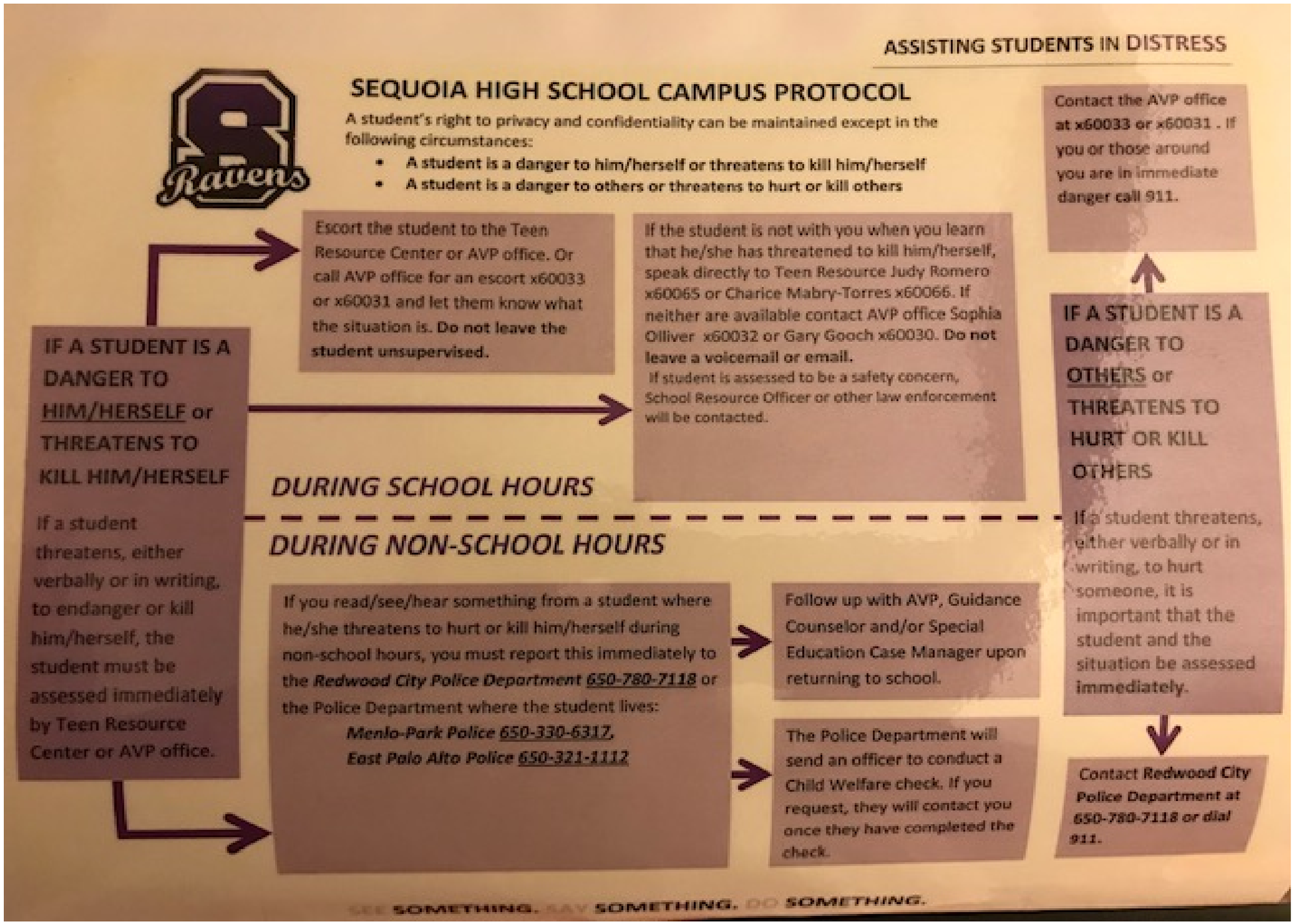
Name	Title	Phone Extension
Judy Romero	TRC Director	X60065
Charice Mabry-Torres	TRC Therapist	X60066
Melissa Perez	Head Guidance Counselor	X60097
Joni Gordon	Guidance Counselor	X60092
Patty Vlahakos	Guidance Counselor	X60091
Joel Rebello	Guidance Counselor	X60094
Cynthia Wilde	Guidance Counselor	X60098

Guidance Center Hours:
Monday through Friday 8:00-4:30pm
The Guidance Office is located in the main hallway on the first floor.

Teen Resource Center Hours: Monday through Friday 9:00-5:30

SOMETHING. SOMETHING. SOMETHING.

Mental Health on Campus Protocols



Notifying Families, Safety Planning, Referrals

Reviews actions to be taken with families in low, moderate or high risk situations

Counselor to:

- Notify the family
- Develop a care plan
- Create a safety plan
- Provide community resources
- Develop a follow-up plan (and re-entry plan, if applicable)

Applicable handouts: Attachment 2.6: Parent Contact Acknowledgement Form & Attachment 2.12: Sample - Personal Safety Plan for individuals who feel suicidal

Note: My3 App https://my3app.org to place safety plan in phone

Safety Plan

A Safety Plan is a prioritized list of coping strategies and sources of support individuals can use before or during a suicidal crisis. The plan is brief, is in a person's own words, and is easy to use*

To be completed:
When a student presents with a risk of suicide
During a Re-Entry meeting (post-hospitalization, IOP)

*adapted from Safety Planning Guide – Western Interstate Commission for Higher Education and my3app.org

Note: a No-Harm Contract is not a Safety Plan

Sample Personal Safety Plan

ATTACHMENT 2.12

SANTACLARACOUNTY SAMPLE PERSONAL SAFETY PLAN

STEP 1: I should use my safety plan when I notice these warning signs (thoughts, images, moods, situations, behaviors):
1.
2.
3.
STEP 2: Internal coping strategies – Things I can do by myself to help myself not act on how I'm feeling (e.g. favorite activities, hobbies, relaxation techniques, distractions):
1.
2.
3.
What might make it difficult for me to use these strategies?
Solution:
STEP 3: People and places that improve my mood and make me feel safe:
1. Name:_____ Phone: _____
2. Name:_____ Phone: _____
3. Place (day):
4. Place (night):
What might get in the way of me contacting these people or going to these places?
Solution:
STEP 4: People I trust who can help me during a crisis:
1. Name:_____ Phone: _____
2. Name:_____ Phone: _____
3. Name:_____ Phone: _____
Why might I hesitate to contact these people when I need help?
Solution:
How will I let them know that I need their help?
STEP 5: Professional resources and referrals I should contact during a crisis (available 24/7):
1. Clinician Name:_____ Phone_____
2. Local Urgent Care Services: _____ Address: _____ Phone: _____
3. Santa Clara County Suicide & Crisis Center: 855-278-4204
4. National Suicide Prevention Lifelines: 1-800-784-2433 and 1-800-273-8255
5. Uplift Child & Adolescent Mobile Crisis Program: 408-379-9085
6. **Call 911** if you need immediate help in order to remain safe.
STEP 6: Steps I can take to keep myself safe by reducing access to harmful means if faced with a suicidal crisis:
1.
2.
3.
STEP 7: Complete this sentence- "The one thing that is most important to me and worth living for is…"

*Note: A phone app is available for creating a personal safety plan at **MY3App.org***

APPENDIX B4v

SANTACLARACOUNTY SAMPLE PERSONAL SAFETY PLAN

Where will I keep this plan so that I can easily find and use it during a crisis?

_____

_____

Student Signature Date

_____

Parent/Legal Guardian Signature Date

_____

Support Person Signature Date

_____

Therapist/Counselor Signature Date

_____

Therapist/Counselor Signature Date

*Note: A phone app is available for creating a personal safety plan at **MY3App.org***

National Suicide Prevention Lifeline

Personal Safety Plan

“The one thing that is most important to

me and worth living for is….”

"The National Suicide Prevention Lifeline recently released a new free app called My3. This app allows people to stay connected with trusted contacts and develop a safety plan when thoughts of suicide are experienced.”

- Tom Torlakson, CA State Superintendent of Public Instruction 9/11/2014 Letter to County and District Superintendents

Section III: Postvention Response to the Suicide of a School Community Member

Postvention: Support provided to a school community after a suicide.

- Assumes that all members of the school community will experience some level of shock.

- After a death in the community all sections of the Toolkit (Promotion, Intervention & Postvention) will likely be needed.

Postvention

Includes actions that actions that:

-Provide for grief support and suicide prevention education

-Identify and support vulnerable & at-risk students

-Promote the wellbeing of the school community

Postvention Responses

- Coordinated by Crisis Response Team (CRT)
- Support all members of the school community
- Address short- and long-term needs of school community using Promotion and Intervention skills and systems in place
- Strive to treat a loss to suicide like any other sudden loss such as a car accident death
- Designed to prevent contagion
- Return school to normal functioning as soon as possible

Immediate Steps After a Suicide

Day by Day Guide
- verification of death
- sample notifications, letters, scripts, announcements
- initial staff meeting agenda

Student, Staff and Family Supports
- grief support for youth
- family information
- student assessment
- staff assistance
- talking points about suicide,
- identify and support siblings, friends in other schools in the district
- self care

Memorialization recommendations
- provide monitored space for student grieving and remembrance to be given to family

Prevention of contagion
- work with media for positive messaging and contagion prevention
- identify, support and monitor vulnerable students,
- continue to relate suicide to an underlying and treatable mental health condition

Long Term Steps After a Suicide

CRT continues to coordinate regular meetings
- monitors emotional climate on campus
- facilitates gatekeeper training as needed

Provide staff updates
- provide education on what grief in youth looks like
- apply gatekeeper skills as needed

Provide family and community education
- relate suicide to underlying and treatable mental health conditions

Prepare for special events (eg. proms, graduations) & anniversaries
- use school guidelines established for any student death

Create appropriate long-term memorials
- suggest supports of mental health organizations

Benefits of Implementing a Toolkit

Protocol Development – Help schools organize crisis response to various risk behaviors

Education – Increase knowledge; changed attitudes; taught skills

Increased Safety Net – Eye opening experience of how frequently suicidal behavior surfaces. Increased confidence in the ability to make a difference, especially with early intervention

Systematic Re-Entry after Hospitalization or Absence - Gives parents, students and school staff an improved readiness to be supportive of returning students.

Strengthened Relationships – Between schools and crisis service providers

Reduction of Stigma Against Seeking Help – School climate changed as a direct result of the school community having learned to talk openly and respectfully about suicidal behavior and take concrete steps to help support individuals

Early Interventions - Fewer crisis situations and better management of those that did occur

"Notes from the Field"

Maine School Community Based Youth Suicide Prevention Intervention Project 2003

HEARD Alliance K-12 Toolkit for Mental Health Promotion and Suicide Prevention

www.heardalliance.org/help-toolkit

Students' mental health can affect their academic performance. Depression and other mental health issues can interfere with the ability to learn and affect academic performance ***Preventing Suicide: A Toolkit for High Schools, SAMHSA 2012***

This Toolkit provides a comprehensive approach to youth mental health and suicide prevention efforts for schools K-12. It highlights best practices suicide prevention and responses to suicidal behaviors in three interconnected and interdependent areas.

WHO WE ARE

About The HEARD Alliance:

The Healthcare Alliance in Response to Adolescent Depression and related conditions (HEARD) Alliance is located on the Peninsula in the San Francisco Bay Area. We are a community alliance of health care professionals, including primary care and mental health providers. We work in various settings, including clinics, hospitals, private practices, schools, government and private organizations.

Our Mission:

The HEARD Alliance's mission is to increase collaboration amongst primary care, mental health and educational professionals, to enhance the community's ability to promote well-being, to treat depression and related conditions and to prevent suicide in adolescents and young adults.

Evidence-supported:

Draws on national and state youth suicide prevention guidelines issued by:

- The American Foundation for Suicide Prevention (AFSP)
- The Substance Abuse and Mental Health Services Administration (SAMHSA)
- Suicide Prevention Resource Center (SPRC)
- University of South Florida (USF),
- States of California and Maine, among others.

OUR STORY

The Need:

- Created in 2013 in response to community need
- Addresses promotion of student well being
- From evidenced-based information about:
  - Student mental & emotional health
  - Suicidal crisis intervention
  - Postvention response to a suicide

California Law:

- Assembly Bill 2246 became law in 2016
- Public School Districts and Charter Schools serving grades 7-12 must have a "Pupil Suicide Prevention Policy" by 2017-18 school year
- Model Policy found here http://www.cde.ca.gov/ls/cg/mh/index.asp
- Toolkit designated by California Superintendent of Public Instruction as implementation tool for policy

Toolkit:

- PDF contains three interrelated sections
  - Promotion, Intervention, Postvention
  - Adaptable tools & forms in each
  - Extensive & detailed attachments in each
  - Appendices: policy & law; staff, student & parent resources; grief support resources
- Web version
  - Simplifies access
  - Easily navigated
  - Partial version
  - Enter at any point

HEARD Website:

Our website is a place for primary care, mental health, school professionals, and families to access and use resources created or compiled by the HEARD Alliance. Although the HEARD Alliance is focused on the peninsula region in the San Francisco Bay Area, the vast majority of our resources are relevant for users anywhere.

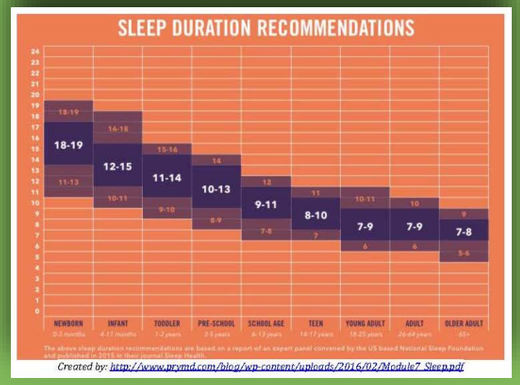
OPEN SOURCE:

The resources included here have been created or compiled by the HEARD Alliance and many of them are relevant for adults as well as teens and children. All tools included here may be used free of charge and without copyright restriction. Tools posted here that were created by the American Academy of Pediatrics are available by special permission for all website users.

The complete PDF document can be downloaded here,

http://www.heardalliance.org/help-toolkit/

The Toolkit for Mental Health Promotion & Suicide Prevention is a living document. Information will be updated and added as needed.



Created by: http://www.prymd.com/blog/wp-content/uploads/2016/02/Module7_Sleep.pdf

National Sleep Foundation

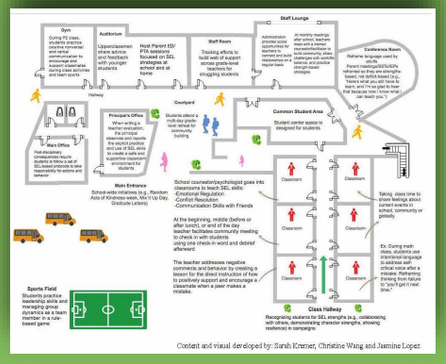
✓Promotion of Mental Health

- ❑ Mental Health Education (Staff, Families, Students)
- ❑ Cultural differences/needs
- ❑ Social Media
- ❑ Transitions
- ❑ Social Emotional Learning
- ❑ Stress Management & Mindfulness

Benefits and Risks Associated with Apps/Social Media and Mental Health	
Benefits	**Risks**
Community and connectedness are protective factors	Access to content promoting suicide and self-injurious behavior
Anonymity can foster help-seeking behavior	Decreased self-esteem
Online communities can be sources of support	Cyberbullying
Ability to access far-reaching resources and support systems	Body image focus
Mood/behavior monitoring apps can help manage mental health conditions	Longevity of posts and adverse consequences
Crisis aversion (flagging tools used by many applications)	Contagion risk
Stories of recovery and perseverance	Proliferation of non-evidence-based apps/sites
Can boost civic engagement and awareness of social issues	Access to sexually explicit content & messaging
	Sleep interference

Attachment 1.3 in the Toolkit

Teachers' Support of Social and Emotional Learning
American Institutes of Research: Center on Great Teachers and Leaders



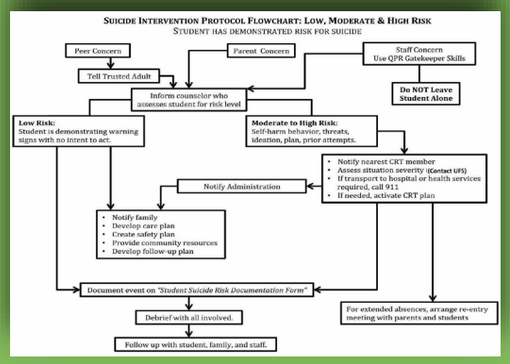
Content and visual developed by: Sarah Kremer, Christine Wang and Jasmine Lopez

SEL Campus Map p.25 in the Toolkit

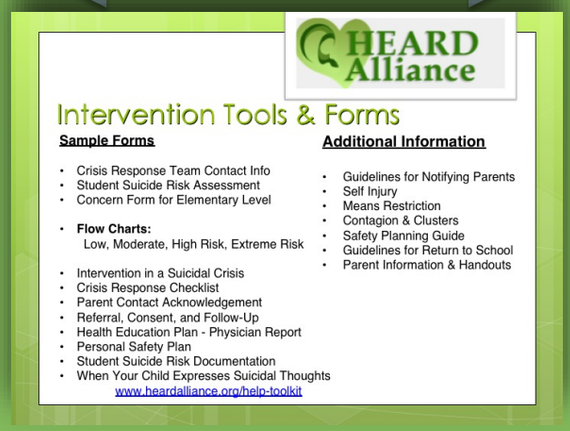
Eight Dimensions of Wellness
-SAMHSA

✓ Intervention in a Suicidal Crisis

- ❑ Identify, Monitor & Refer Students at Risk
- ❑ Forms/Tools
- ❑ Assessment & Documentation
- ❑ Safety Planning
- ❑ Re-entry
- ❑ Means Restriction



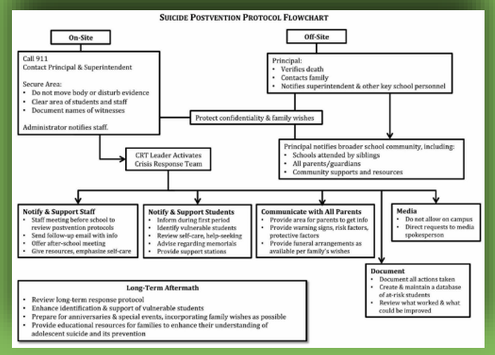
Attachment 2.4 in the Toolkit



HEARD District Presentation Slide 12 & 13

✓ Postvention Response to a Suicide

- ❑ Immediate Response
- ❑ Access Vulnerable Students
- ❑ Long-Term Response
- ❑ Clusters & Contagion
- ❑ Media Safe Messaging
- ❑ Grief supports
- ❑ Mental health education



Attachment 3.1 in the Toolkit

ACKNOWLEDGEMENTS

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Toolkit Compiled by:
Shashank V. Joshi, MD
Mary Ojakian, RN
Linda Lenoir, RN, MSN, CNS
Jasmine Lopez, MA, NCC

Poster References:

-SAMHSA
-National Sleep Foundation
-Center on Great Teachers and Leaders, American Institutes of Research
-National Center on School Mental Health

RESOURCES

TOOLKIT:

- ❑ FAQ's
- ❑ Grief Resources
- ❑ Red Folder Attachment 1.12
- ❑ HIPAA/FERPA Guidelines
- ❑ Parent/Student Handouts

OTHER RESOURCES:

- ❑ Stanford Resource Sheet
- ❑ Thirteen Reasons Why Toolkit
- ❑ The Collaborative for Academic, Social, and Emotional Learning

CRISIS HOTLINES

- ❑ National Suicide Prevention Hotline 1-800-273-8255 (TALK)
- ❑ Santa Clara Suicide & Crisis Hotline 855-278-4204
- ❑ Crisis Text Line: Text RENEW to 741741

DISCLAIMER

The HEARD Alliance is not a crisis line or a referral service. This site is not to replace clinical therapy and treatment. If you feel your loved one is in crisis or has thoughts of hurting himself or herself, please contact Crisis Hotline for help

PREVENTING YOUTH SUICIDES: A MULTI-SECTOR SCHOOL-BASED PARTNERSHIP

Mego Lien, MPH, MIA
Suicide Prevention Manager
Santa Clara County Behavioral Health Services Department

SANTA CLARA COUNTY Behavioral Health Services

HEARD Alliance

Santa Clara County Office of Education

Kognito

SANTA CLARA COUNTY, CA

- Silicon Valley: Palo Alto to Gilroy
- Population = 1.94 million (2017)
- ~35 school districts
- 423 schools
- 272,254 students

SANTA CLARA COUNTY
Behavioral Health Services

NEEDS ASSESSMENT: TOP THREE ISSUES FROM SCHOOL DISTRICTS

Promotion (22)

-Trainings (parents, staff, admin, counselors, students)**

-*Systemic, sustained education and awareness

-*Promoting SEL, mindfulness, comprehensive wellness

-Fighting stigma

-Negative impacts of social media on mental health

-Cross-cultural connections

Crisis intervention and response (11)

-*Intervention/response protocols, developing plans

-*Re-entry/safety plans, after-care

-Confidentiality

-CPS response

General mental health services for students (8)

-Staffing, increasing/maintaining support during fiscal uncertainty

-Improving counseling for students on-site/ continuous improvement

-Wrap-around services, linkages to outside agencies, long-term therapy

Postvention (3)

-Protocol for postvention

-Handling social contagion of suicide

*** or * high frequency response*

SANTA CLARA COUNTY
Behavioral Health Services

PARTNERSHIP GOALS

- Increase number of gatekeepers in schools, in order to:
    - Increase support available to students, especially with short supply of mental health professionals
    - Reduce burden on current mental health staff
    - Increase identification and support for students in distress
    - Increase usage of mental health services
    - Reduce stigma around mental health and suicide
    - Improve school climate
- Support and engage school districts in comprehensive youth suicide prevention—not just trainings
    - Prevention, Intervention, Postvention – crisis response/Intervention as a necessary first step
    - Trainings as a tangible, feasible starting point for broader systemic change

SANTA CLARA COUNTY
Behavioral Health Services

ASSETS AND AVAILABLE RESOURCES

- **Policy:** Mental Health Services Act (MHSA), AB2246
- **County leadership:** Santa Clara County Behavioral Health Services Department Suicide Prevention Program and County Office of Education
- **Local non-profit organizations and advocates:** HEARD Alliance
- **Evidence-based health training simulation:** Kognito
- **School district buy-in:** 7 districts in Cohort 1
- **Funding:** MHSA, School Districts, Kognito group discounts

KOGNITO'S UNIQUE PLATFORM: HOW IT WORKS

- **User interacts** with a fully animated at-risk virtual person
- **Navigate** through the scenarios by selecting what to say
- **Receive instant feedback** from the virtual person, the virtual coach and engagement meter
- **Undo decisions** and explore different conversation approaches
- **Receive personalized performance** summary upon completion

Kognito

SANTA CLARA COUNTY Behavioral Health Services

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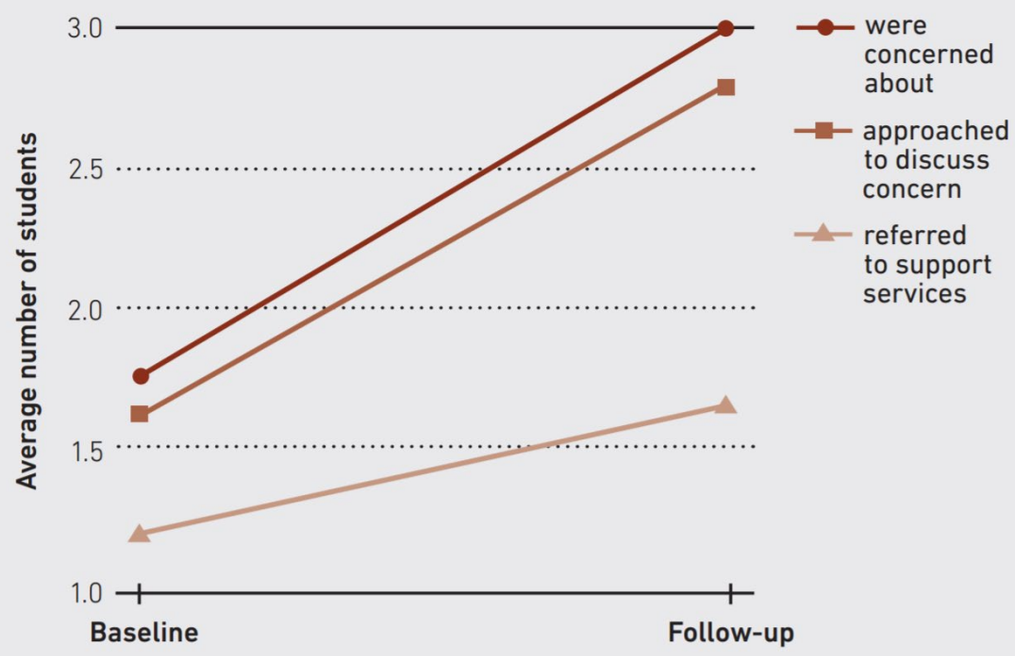
KOGNITO: TRACKING AND MEASURING IMPACT

On average, for every 100 educators trained using Kognito's At-Risk, they will:

- Identify an additional 54 students with mental health concerns,
- Talk with an additional 52, and
- Engage an additional 39 students - or parents - in a referral conversation.

Fig. 4: CHANGES IN APPROACH AND REFERRAL RATES*



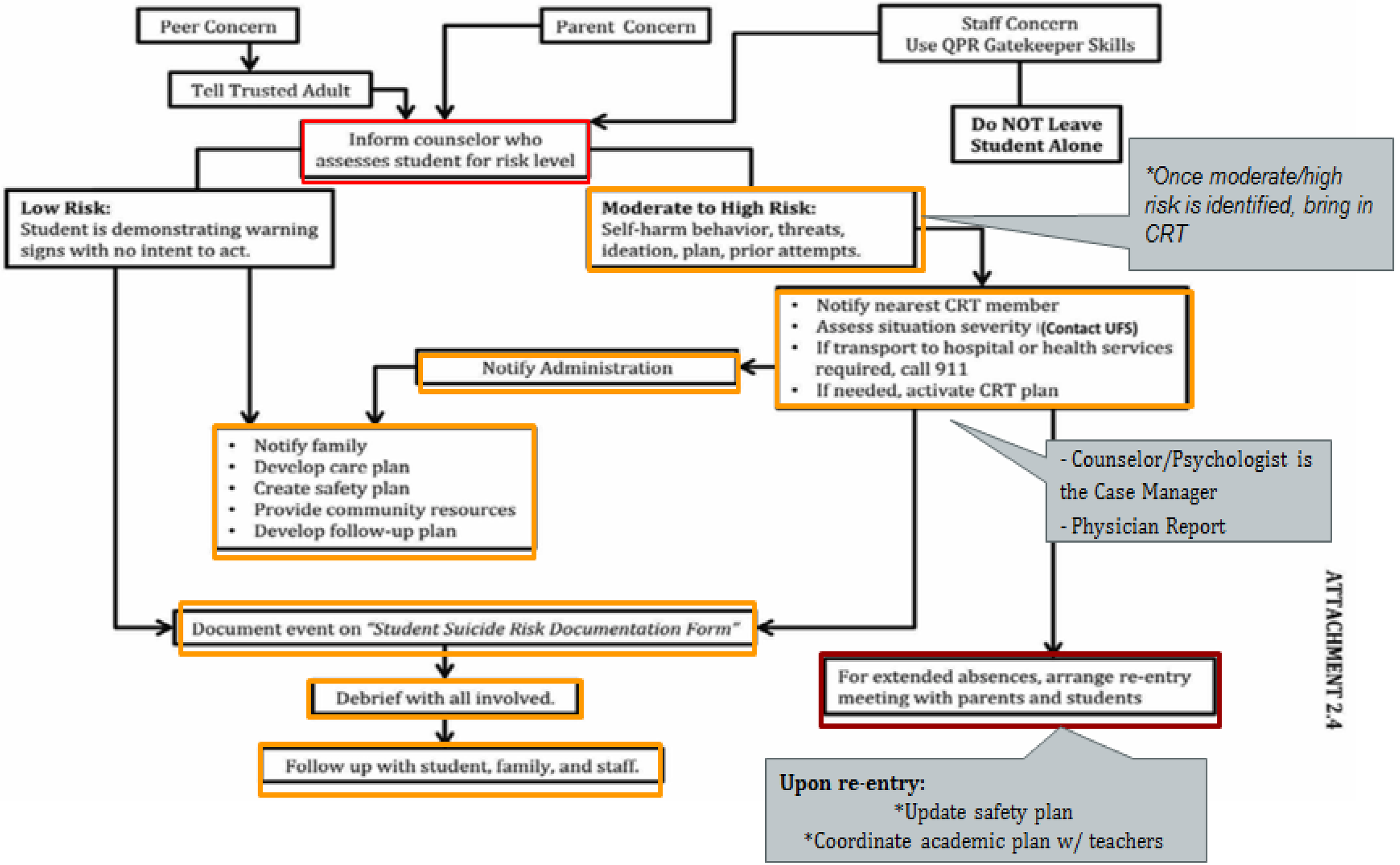
Changes in the average number of students that participants were concerned about, approached, and referred in the prior two academic months

Kognito

SANTA CLARA COUNTY Behavioral Health Services

Suicide Intervention Protocol Flowchart: Low, Moderate & High Risk

Student has demonstrated risk for suicide



ATTACHMENT 2.4

SANTA CLARA COUNTY
Behavioral Health Services

Adapted from HEARD K12 Toolkit

MHUSD CRISIS RESPONSE PROTOCOLS

www.mhusdstudentservices.com/quick-guide--forms.html

Short Term Independent Study

- SITE CONTRACT
- IS PROCESS AND PROCEDURE

Reference websites

- SELF HELP LINK
- MH RESOURCE GUIDE
- BOARD POLICY

Suicide Prevention Tool-Kit

- FLOW CHART
- INTERVENTION PROTOCOL
- WHO, WHAT, WHEN?
- CONCERN FORM (REFERRAL)
- STUDENT RISK ASSESSMENT
- PARENT ACKNOWLEDGMENT FORM
- PHYSICIAN'S ED. PLAN
- RETURN SAFETY PLAN
- FACILITATING STU. RETURN CHECKLIST

Resources

- SST PARENT BROCHURE (SPANISH)
- TEACHER INPUT FORM
- SST MEETING CHECKLIST
- INITIAL SST
- SST FOLLOW UP (2 &3)
- SST LOG

- TIER 1-3 BEHAVIOR INTERVENTIONS
- INITIAL SST EXAMPLE
- SST BEST PRACTICES
- INTERVENTIONS

HEARD Alliance

SANTA CLARA COUNTY Behavioral Health Services

WHAT ARE TEACHERS AND STAFF SAYING?

98%

Rated the simulation as good, very good, or excellent.

92%

Said the simulation was based on scenarios relevant to their work with students.

"I have a student in my class who is often defiant with me and his peers. I have referred him to the school counselor and communicated to parents about my concerns. He has many outbursts in the classroom that worry me...sometimes he gets physically aggressive...

Now, I realize that the words I choose to communicate with him guide the conversation. It's important that I don't use language that can trigger him to become defensive and do a better job of listening to him.

Later, I found out that he hasn't been sleeping well...and has been struggling with depression. This training has been very useful."

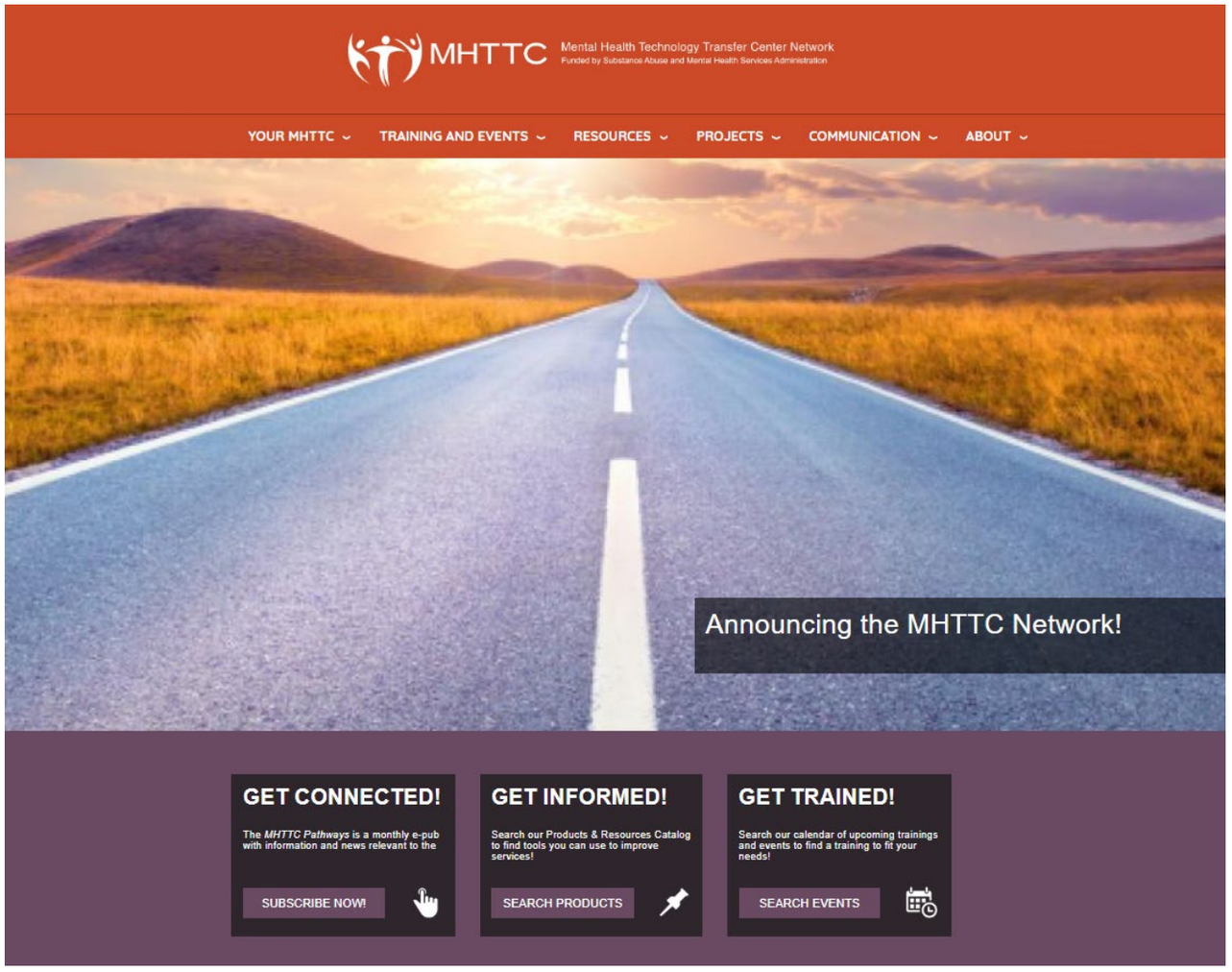
- At-Risk for Elementary School User

PLEASE SHARE AT LEAST ONE EXAMPLE OF SUCCESS FROM YOUR DISTRICT THAT HAS COME OUT OF THE PARTNERSHIP THIS YEAR:

- "Having the legislation as well as the training created a timeline and rationale for revisiting crisis protocols around risk assessment. Being able to implement best practice and team with an outside agency helped our staff feel more prepared for the increase in referrals to the office for students in distress. **We have caught kids earlier and have been able to intervene at crucial times at every one of our secondary schools.**"
- "**Teachers feeling empowered to deal with crises** [without] having to rely on counselors/admin."
- "**The crisis protocol provided by the HEARD Alliance gave a good template as well as impetus to reexamine the current forms and protocol we use.** We are starting conversations with the District Safety Team to incorporate into our crisis protocols and procedures."

Q & A

Thank you for your participation today!



Visit our website:
https://mhttcnetwork.org/

- Area of Focus pages
- Training & Events Calendar
- Searchable Products & Resources Catalog

Contact us at networkoffice@mhttcnetwork.org