MENTAL HEALTH CRISIS PROTOCOL

The Peckham School District supports student health and wellness protocols to include mental health support. It is the policy of the district to align access to mental health support by providing community resources for students and guardians focused on mental health treatment options and crisis response intervention. It is also the policy of the district to provide mental health and crisis response training to personnel. This process will involve consistent collaboration between the district and community mental health partnerships.

This policy supplements and does not replace existing policies which mandate reporting abuse or neglect to the Department of Human Services and/or local law enforcement in accordance with state law and policy FFG.

Mental Health. Includes emotional, psychological, and social well-being and affects how individuals think, feel and act. Mental health also determines how individuals manage stress, relate to others, and make healthy choices.

Mental Health Crisis. Any situation in which a person's behavior or verbalized distress puts them at risk of hurting themselves or others and/or prevents them from being able to care for themselves or function effectively in the community. The 988 Mental Health Lifeline operates 24/7, offering anyone who dials 9-8-8 access to mental health crisis services.

Crisis Response. Refers to the advance planning and actions taken to address natural and manufactured disasters, crises, critical incidents, and tragic events. Of course, in an emergency, it is always best to call 911.

Crisis Intervention. Can mitigate adverse reactions, facilitating and planning, assist in identifying and accessing available support, normalize reactions to a crisis, and access capacities and need for further support or referral to the next level of care. The Three main goals of crisis intervention are: stabilize, reduce symptoms, return to adaptive functioning/facilitate access to continued care.

All protocols will comply with the privacy requirements of the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA).

Staff shall be trained to recognize warning signs. Signs of a mental health crisis episode may not always be apparent in a student/child. Keeping the following warning signs in mind, teachers, principals, and other staff members can begin to identify the need for intervention.

Abusive Behavior. Often a student in mental distress will show abusive behavior to themselves and others. This may include self-harm, substance abuse, physical abuse, etc.

Inability to Perform Daily Tasks. This can include even the most simple tasks such as bathing, brushing teeth and/or hair, and putting on clean clothes.

Increased Agitation. Children showing signs of increased agitation may use verbal threats, be violently out of control, destroy property, and more.

Isolation. Children and young adults in mental health crisis tend to isolate themselves from family and friends at school and at work.

Loses Touch with Reality (Psychosis). Psychosis encompasses the following behaviors: showing signs of confusion, having strange ideas, thinking they are someone they are not, not understanding what people are saying, hearing voices and seeing things that are not there.

MENTAL HEALTH CRISIS PROTOCOL (Cont.)

Paranoia. Paranoia manifests in suspension and mistrust of people or their actions without evidence or justification.

Rapid Mood Swings. Increased energy levels, the inability to stay still, pacing, sudden depression, and withdrawal, and becoming suddenly happy or calm after a period of depression may be indicative of a student in crisis.

Other warning signs may include, but are not limited to, changes in school performance, pulling away from people and things, having low or no energy, having unexplained aches and pains, such as constant stomachaches or headaches, feeling helpless or hopeless, excessive smoking, drinking, or drug use, including prescription medications, eating or sleeping too much or too little, worrying a lot of the time, feeling guilty, but not sure why, having difficulty readjusting to home or work life, thinking about suicide, inability to perceive changes in their own feelings, behavior or personality.

A person experiencing a mental health crisis may not always clearly communicate their thoughts, feelings, needs or emotions, they may also find it difficult to understand what others are saying. It is important to emphasize and connect with the person's feelings, stay calm, and try to deescalate the crisis.

Steps to take when addressing warning signs or managing disclosures regarding a mental health crisis:

1. Assess the situation.
   Is the person in danger of hurting themselves, others, or property?

   Do you need emergency assistance?

   Call 988 to engage with trained crisis counselors for help with suicidal, substance use, and/or a mental health crisis.

   Immediately call 911 for emergency assistance if medical attention is needed.

2. Talk to the person in crisis in a safe space. All staff members' responses should be calm, supportive, and nonjudgmental.
   Keep your voice calm.
   Listen.
   Ask questions, but do not push.
   Express support and concern.
   Ask how you can help.
   Gently announce actions before initiating them.

3. Walk with the student to the principal's office. Students should always have adult supervision.

4. The principal should follow district safety protocol and refer the student for crisis services at ***(insert certified community behavior health clinic).***

5. Immediately following the incident, appropriate staff members should document steps taken on the mental health referral packet. The parents/guardian on file will be contacted as soon as possible. The administration shall set up a time to meet with the parent/guardian to review the emergency student crisis notification and to provide any collateral referrals and contact resources.

MENTAL HEALTH CRISIS PROTOCOL (Cont.)

6. If a student is out for more than two days, a caregiving/student/counselor meeting should be held prior to the student's return to school.
    a. The school counselor should require a meeting with the student and their parent/guardian.
    b. This group should discuss and document a reentry procedure and what would help to ease the transition back into the school environment to address any concerns the student or parent/guardian may have.
    c. All accommodation should be documented.
    d. A designated staff person should periodically check in with the student to help with readjustment to the school community and address any ongoing social or academic concerns.
    e. The school counselor should periodically check in with parents/guardians to update progress or concerns.
    f. The counselor should meet with the student's faculty to share information about curriculum and social concerns prior to the student's return.
    g. The school counselor should be available to teachers to discuss any concerns they may have regarding the student after re-entry.

The school district shall provide to the State Department of Education information regarding the dissemination of Oklahoma Prevention Needs Assessment (OPNA) survey data and other mental health data. In accordance with state and federal law, parents/legal guardians shall have the right to opt out of their child taking this assessment. This opt out is addressed at policy EK-R1.

This policy will be reviewed every two years with partnering mental health providers to consider any updates to better meet student needs. This review will include information collected from the OPNA survey as a part of the review process.

A copy of this policy and any additional protocols created shall be provided to the State Department of Education.