Responding to Mental Health Crisis in Rural Districts:
Prevention, Preparedness, and Protocol

Tammy Gendke, MA LSSP  Melissa Gonzales, Superintendent  Laura Hernandez Gold, LCSW-S
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<td>• Why are we here?</td>
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Refugio ISD

- Population of Refugio - 2748
- District Enrollment - 681
- Economically Disadvantaged - 78%
- Demographics:
  - Hispanic - 67.9%
  - White - 24%
  - African American - 9.1%
- Teachers - 66  Admin - 3  Other - 76
The way we were...

Process
Reactive "Protocol" - Basic screener, contact parent, and refer out
Lack of proactive suicide prevention and/or professional development

Barriers
Lack of mental health resources
Geographical limits
Lack of staff to address student MH needs
Stigma (parental and cultural)
Unfunded state mandates

Eager to help, but ill-prepared to do so.
HURRICANE HARVEY

AUGUST 25, 2017
Project AWARE

- SAMHSA funded
- Five year grant 2018-2023
- Two Education Service Centers (3, 5)
- Region 3 ESC: Refugio, Woodsboro, Port Aransas
- Region 5 ESC: Bridge City
- Mental Health Behavioral Health Specialists
- Goals to increase:
  - Access to mental health services;
  - Awareness and identification of MH issues;
  - Skills that promote resiliency and pro-social behaviors
# Legislation

<table>
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<tr>
<th>SB 11</th>
<th>Parent or guardian notification for student's suicide risk</th>
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<tr>
<td>TEC 37.115</td>
<td>BTA-Must follow suicide prevention policy</td>
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<td>TEC 37.220</td>
<td>BTA-Referral of a student to LMHA or other for evaluation or treatment</td>
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<td>TEC 28.004</td>
<td>SHAC - Policies and procedures for suicide prevention</td>
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<td>TEC 38.351</td>
<td>Set out counseling alternatives for parents for suicide prevention</td>
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Prevention

Staff
Gatekeeper Training
AS+K About Suicide
Kognito
Youth Mental Health First Aid

Community
Gatekeeper Training
Law Enforcement
Clergy
Parents

Students
Training & Outreach
Signs Of Suicide
Hotline Magnets
Bracelets
988 Footballs
Prevention Examples
Refugio Independent School District
Suicide/Mental Health Crisis Protocol

Protocol 1:
(Most Specific: SUICIDE ATTEMPT
only or
immediate suicidal threat)
- Call student’s parents/guardian for conference
- Have Parent/Guardian sign Acknowledgement form (or Refusal form)
- Provide crisis line phone numbers, mental health resources/referrals, and tips for a suicide safer home
- Complete Safety Plan with parent/student, if necessary
- Counselor follows up with student and parent the next day, and as needed

Protocol 2:
(Most specific with non-specific plans, no access to method, and no intent)
- Conference with Parent/Guardian
- Have Parent/Guardian sign Acknowledgement form (or Refusal form)
- Provide crisis line phone numbers, mental health resources/referrals, and tips for a suicide safer home
- Student is referred to follow-up with mental health provider (Referral
- Complete Safety Plan with parent/student
- If possible to create a safety plan, or if you need consultation, contact Crisis Team from Gulf Bend (877-722-3422) OR
- Refer to BIS for immediate crisis intervention
- Have Parent/Guardian sign Acknowledgement form (or Refusal form)
- Provide crisis line phone numbers, mental health resources/referrals, and tips for a suicide safer home
- Inform administrators of outcome
- Counselor follows up with student and parent the next day, and as needed

Protocol 3:
(Most general with some intent, a specific plan, or an accessible method)
- Emergency Conference with Parent/Guardians
- Immediately contact Crisis Team from Gulf Bend (877-722-3422) OR
- Refer to BIS for immediate crisis intervention
- Have Parent/Guardian sign Acknowledgement form (or Refusal form)
- Provide crisis line phone numbers, mental health resources/referrals, and tips for a suicide safer home
- Inform administrators of outcome
- Counselor follows up with student and parent the next day, and as needed

Refugio ISD
Suicide Protocol At-a-Glance

Student identified as potentially considering suicide:
- Comments, social media posts, writings, drawings, or class assignments
- The person who identifies the student as potentially considering suicide will complete the Written Notification of Student Mental Health Concern and provides it to Crisis Response Coordinator.

Crisis Response Coordinator:
- Speaks with student regarding concerns
- Completes Suicide Intervention Interview
- Completes Columbia-Suicide Severity Rating Scale (C-SSRS)
- Documents discussion and protocol procedures for student according to C-SSRS and professional judgement (Protocol 1, 2, or 3)

Student is referred immediately to a Crisis Response Coordinator:
- Counselor
- School Mental Health Professional
- Administrator
- Nurse

Student is not to be left alone at any time.
Crisis Response Team

Who is on the Crisis Response Team?

- **Everyone!**
  - Teachers, coaches, paraprofessionals, administrators, nurses, counselors, SROs, students, etc.
- ALL staff need to be trained on mental health crisis protocol
- Students need to know how to ask for help, and that it is safe to seek help for themselves or a friend

Crisis Response Coordinator

- Point of contact for concerns regarding students who may be considering suicide
- Usually campus counselors
- Must identify an alternate in case of counselor being unavailable

"Suicide prevention is everyone's business." --AFSP
## Intervention

### Policies & Procedures

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<th>At-A-Glance</th>
<th>Notice of Mental Health Concern</th>
<th>Interview Form</th>
<th>Screening</th>
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<tr>
<td>One-pager that allows staff to have easy access to procedures</td>
<td>Used to document mental health concern</td>
<td>Guides counselor as to what questions to ask and how to proceed</td>
<td>Tool to be used to determine what next steps need to be taken. Screening is NOT an assessment.</td>
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<tr>
<th>Safety Planning</th>
<th>Resources/Referrals</th>
<th>Reintergration Plan</th>
<th>Anonymous Reporting System</th>
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<td>Counselors are trained to safety plan if necessary. MCOT may also be used.</td>
<td>Know what resources and referral agencies are available for your area. Provide resources to student &amp; parents.</td>
<td>Plan for when students return to school after hospitalization or suicide attempt</td>
<td>Way for parents, students, etc. to express concern about other students in order to get them help</td>
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Parent/Guardian contact made at first sign of concern about suicide.
## Identifying a Student who may be Considering Suicide

### Verbal
- "I just want to kill myself."
- "I'm gonna kermit sewer slide."
- Other student reports

### Classwork
- English assignments
- Daily grades
- Artwork

### Social Media
- Instagram posts
- Twitter posts
- TikTok

### Screening
- Universal
- Targeted
- Regular meetings
Written Notification of Student Mental Health Concern

The person who raises concern for the student provides a written narrative describing the warning signs displayed (i.e. what situation or behaviors prompted the need for concern).

This helps the Crisis Response Coordinator:

- Have more knowledge prior to meeting with the student
  - Avoid re-traumatization
- Utilize the information when speaking to the student
- Accurately report information to Guardians/Crisis teams
Student Suicide Concern Report

Helps guide the process

- Key documentation to record actions taken by staff and parents/guardians during the crisis

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<tr>
<th>Student</th>
<th>Grade</th>
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Student Conference:
- Columbia-Suicide Severity Rating Scale (C-SSRS)
- Suicide Intervention Interview

Parent Conference:
- Notify and conference with Parent/guardian
- Parent/guardian Acknowledgement Form signed, or Parent/guardian Assessment Refusal Form signed
- Mental Health Resources/Information, Coping Skills, and Suicide Safe Home information provided

Student and Parent:
- Safety Plan (if needed)

Referrals Made:
- Follow up with community mental health provider (Gulf Bend, student's current provider, etc.)
Columbia-Suicide Severity Rating Scale

- Free
- Evidence-based screener
- Series of direct, plain language questions about suicide
- Designed to be used by anyone, anywhere--no mental health training needed
- Helps identify the level of support needed

Asking directly about suicide WILL NOT make someone suicidal, in fact studies have shown it can actually lower distress.
## C-SSRS Protocols

### Protocol 1
- YES to Q 1 or 2, but NO to everything else
- Contact Parent/Guardian
- Provide packet of resources
- Complete safety plan with student and parent/guardian

### Protocol 2
- YES to Q 1-3
- Contact Parent/Guardian
- Provide packet of resources
- Complete safety plan with student and parent/guardian
- Make referral to MH provider
- Consider consultation with Mobile Crisis Outreach Team

### Protocol 3
- YES to Q 4, 5, or 6
- Contact Parent/Guardian for an emergency conference
- Refer for an immediate mental health risk assessment
  - Calling MCOT
  - Walk-in crisis services
  - Psychiatric hospital
  - ER

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Parents should always be contacted, even when a student answers "no" to every question.
Contact Parent/Guardian

**Involving Parents/Guardians**

- Best practice: Parent/Guardian comes to campus when a concern of suicide is present
- Telephone conferences may be considered in some circumstances
- Be empathetic, but direct
- Be collaborative, and educate them on what to expect
- Expect high emotions or pushback
  - Emphasize the common goal of safety and caring for the student
  - Better safe than sorry

**Parent/Guardian Refusal**

- Have guardian sign 'Refusal of Concern Notice'
- If appropriate, report to Child Protective Services
- Consider consulting with Law Enforcement or MCOT

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**Refugio ISD**  
**Student Crisis Protocol Notice and Acknowledgement**

I am the parent, guardian, or custodian of the student: ____________________________ I acknowledge that I have been informed by ______________________ on ______________________ (date) that my student may be experiencing one of the following mental health crises (check/circle one):

- Thinking about suicide/Planning suicide attempt
- Engaging in non-suicidal self-injury
- Other: ____________________________

I acknowledge that RISD staff explained the incident that led to this notification and recommended that I monitor my child for safety, and seek assistance from a mental health agency, or therapist as soon as possible. I understand that if my child is at Protocol 2 or 3 for suicide that I am recommended to seek an immediate crisis assessment by a physician or a qualified mental health professional. I have been provided with resources/information for such and I will follow up with the school if I have any questions or concerns. I understand that ______________________ (name of staff member) will follow up with me and my student the next school day from this date and at other times as necessary. Finally, I acknowledge that any referral information provided to me by Refugio ISD that identifies medical, mental health, or related agency providers is simply information for me to consider. I am not bound to use such providers in the evaluation and treatment of my student and I may select other providers of my own choosing. Unless otherwise required by law, Refugio ISD is not responsible for any medical treatment or evaluation expenses whether I use the referred providers or use others of my own choosing.
Safety Plan

1. I _______________ agree to make a commitment to staying safe.

- Warning signs (thoughts, ideas, images, behaviors, moods, and feelings) that would let me know that I need to use my safety plan:
  1. 
  2. 
  3. 

- Things I can do, on my own, to take my mind off my problems (relaxation techniques, physical activities):
  1. 
  2. 
  3. 

- People or places that could help me take my mind off my problems for a little while and distract me:
  Name: ____________________________ Phone: ____________________________
  Name: ____________________________ Phone: ____________________________
  Place: ____________________________

- Family members or friends I could talk to when I am in a crisis and need help:
  Name: ____________________________ Phone: ____________________________
  Name: ____________________________ Phone: ____________________________

- Professionals and agencies I can contact during a crisis:
  Emergency Number / Rehhab Police Dept. ____________________________
  National Suicide Prevention Lifeline: 800-273-8255 (TALK)
  Gulf Bend Crisis Hotline: ____________________________
  Crisis Text Line: ____________________________
  Steps to keep my environment safe:

The one thing that is most important to me and worth living for:

______________________________

Student signature and Date ____________________________

Witness signature and Date ____________________________

Alternatives to paper Safety Plans:

- Brief intervention to help those experiencing self-harm and suicidal thoughts with a concrete way to mitigate risk and increase safety
- Modeled after Barbara-Stanley Safety Plan
  - Best practice
  - Not a no-harm contract
  - Collaborative intervention
- Utilize with all levels
- For training on Safety Planning Intervention, contact your Local Mental Health Authority

Index cards
- Apps
  - Suicide Safety Plan
**Violent or Homicidal Ideation in addition to Suicidal Ideation**
- Follow protocol for suicide risk levels
- IMMEDIATELY notify administrators and school resource officer
- Notify Behavior Threat Assessment Team
- Collaborate with student and their family to ensure safety

**Non-Suicidal Self Injury**
- Explore suicidal ideation, but NSSI does not always equate to suicidality
- NSSI is a maladaptive coping strategy, work with student on coping skills
- Contact Parent/Guardians and refer student to MH provider
- Create a safety plan
- Consider asking LMHA about presentations/training on NSSI

**Psychosis**
- If symptoms are severe and student is disoriented, or having command hallucinations: Call 911 if student is immediate danger to themselves or others, otherwise keep student calm, in a quiet room, until a guardian arrives and refer them to the ER or immediate crisis assessment
- If symptoms are not severe, notify parents and recommend they follow up with physician or mental health provider
- Note: Physicians and ERs are mentioned in the case of psychosis as medical diagnoses and substance abuse can also cause these symptoms
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<th>Other Crisis Scenarios</th>
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<td>- Student is 18+</td>
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<td>- Student denies suicidal ideation entirely</td>
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<tr>
<td>- Responding to in-school suicide attempts</td>
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<td>- Responding to out-of-school suicide attempts</td>
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<td>- Responding to out-of-school expressed suicidal ideation</td>
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<tr>
<td>- Responding to concerning social media posts</td>
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**Planning Tips:**

- Have regular planning meetings with your counselors to discuss possible scenarios and ways to respond.
- Consult with your Local Mental Health Authority on your protocol.
Supporting a Student after Hospitalization or Suicide Attempt

**Returning day:**
- Have Parent/Guardian escort student and meet in counselor's office for re-entry planning
- Complete a school-specific safety plan
- Address any contributing factors such as bullying
- Consider collaborating with student's current mental health care provider
- Modify academic programming, as appropriate
- If the student has been given medication, notify nurse

**Continually:**
- Identify a staff member that student enjoys and have regular check ins with student
  - Check in-Check Out System
- Watch for any warning signs that student is struggling
- Review safety plan and coping strategies with student
- Collaborate with student's MH provider
- Discuss any concerns with guardian
Provide a resource packet to every guardian:

- Suicide Safer Home
  - Addresses access to lethal means
  - Caring conversation tips
  - Provides web resources
- Mental Health Resources/Referrals
  - Includes community and private resources
  - Crisis hotlines
- Coping skills
  - Provided mostly to student, but given to parent with recommendation for student and parent to try some together
Postvention

Plan

- Does your plan include death of student, staff, former staff, community member?
- Who will be in charge of formulating a statement?
- Considerations surrounding cause of death

Training

Psychological First Aid - Schools
PREPaRE Workshop 2
Skills for Psychological Recovery
Critical Incidence Stress Management
Prevent Suicide Contagion

Exposure that can increase suicidal ideation and attempts

- Review warning signs and risk factors will all staff
- Identify and monitor possible at-risk students
  - emotional proximity
  - physical proximity
  - pre-existing mental health issues or trauma
- Treat all deaths the same so as to avoid glamorization
Memorials

Treat each death the same way, regardless of the manner of death

- Avoid formal memorials on school grounds
  - Funerals, Celebrations of Life, & Memorials should be held off campus
- Allow students to attend funeral but do not cancel school
- Spontaneous Memorials
  - ie Decorating a locker, writing messages to the deceased, etc
  - Find balance between grieving and glamorizing - treat all the same
  - Set a definite period of time (5-7 days) for memorials to remain
  - Let the students know the memorials will be taken down after that and given to the family
(i) A team identifying a student at risk of suicide shall act in accordance with the district's suicide prevention program. If the student at risk of suicide also makes a threat of violence to others, the team shall conduct a threat assessment in addition to actions taken in accordance with the district's suicide prevention program.
Google Drive Access
# Recommended Training

| **AS+K** | AS+K About Suicide to Save a Life training  
https://txspc.learnworlds.com/ |
|----------|---------------------------------------------------------------------------------|
| **CALM** | Counseling on Access to Lethal Means training  
| **YOUTH FIRST AID** | Youth Mental Health First Aid  
https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/behavioral-health-services/mental-health-first-aid |
| **C-SSRS** | C-SSRS Screener Training  
https://cssrs.columbia.edu/training/training-options/ |
| **SAFETY PLANNING** | Safety Planning Training  
https://practiceinnovations.org/resources/scorm/safety-planning |
## Resources

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<th>Description</th>
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<td><strong>Safety Plan</strong></td>
<td>Stanley-Brown Safety Planning Intervention</td>
<td>suicidesafetyplan.com</td>
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<td><strong>Roadmap</strong></td>
<td>Texas Advancing Suicide Safer Schools Roadmap</td>
<td><a href="https://txspc.learnworlds.com/course/texas-advancing-suicide-safer-schools-roadmap">https://txspc.learnworlds.com/course/texas-advancing-suicide-safer-schools-roadmap</a></td>
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<td><strong>School Mental Health</strong></td>
<td>Texas School Mental Health</td>
<td><a href="https://schoolmentalhealthtx.org/">https://schoolmentalhealthtx.org/</a></td>
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# Resources

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<th>Crisis Text Line- Mental Health School Supplies</th>
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<td><a href="https://www.crisistextline.org/school-mental-health/">https://www.crisistextline.org/school-mental-health/</a></td>
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<th>Suicide Prevention Resource Center</th>
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<td><a href="https://www.sprc.org/settings/schools">https://www.sprc.org/settings/schools</a></td>
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<th>AFSP</th>
<th>American Foundation for Suicide Prevention</th>
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<td><a href="https://afsp.org/bring-suicide-prevention-to-your-school">https://afsp.org/bring-suicide-prevention-to-your-school</a></td>
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<th>SCREENING</th>
<th>Student Risk Screening Scale- Internalizing &amp; Externalizing</th>
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<td><a href="https://www.ci3t.org/screening">https://www.ci3t.org/screening</a></td>
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<th>TOOLKIT</th>
<th>Preventing Suicide: A Toolkit for High Schools</th>
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<td><a href="https://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669">https://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669</a></td>
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<td><a href="https://texassuicideprevention.org/">https://texassuicideprevention.org/</a></td>
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<td>Reference</td>
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<td>2</td>
<td><a href="https://cssrs.columbia.edu/the-scale-in-action/schools/">https://cssrs.columbia.edu/the-scale-in-action/schools/</a></td>
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<td>3</td>
<td>Stanley-Brown Safety Planning Intervention (suicidesafetyplan.com)</td>
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<td>5</td>
<td>Recommendations for media reporting of suicide <a href="https://reportingonsuicide.org/">https://reportingonsuicide.org/</a></td>
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Questions?

Contact Information

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