

# Addressing a Child's Call for Help

## Connecting Social Emotional Well-Being, Mental Health, Suicide Prevention, and Risk Assessment

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### Introduction

Suicide prevention and risk assessments have been a top priority in K–12 schools and are now even more crucial due to the COVID-19 emergency. This white paper examines the laws, policies, and practices of addressing suicide prevention, conducting suicide risk assessments, and providing the links to raise awareness, strengthen practices, and address the needs of students of concern for behavioral/mental health services and supports. These connections have become more important since the stress levels of children and adolescents are likely amplified due to sudden changes in their routines, concern for their loved ones, and fear of the virus itself.

Historically, suicide prevention is an area of practice in K–12 schools that has been gathering important recognition. This is evidenced by the many data-informed laws, policies, and practices implemented due to the increase in students experiencing trauma. The effects of traumatic experiences can be manifested as suicidal ideation and may lead to incidents of threat to self, or self-harm, which are reported in schools.

**Self-Harm Statistics.** Even before the COVID-19 pandemic, the Centers for Disease Control and Prevention (CDC), reported that suicide is the 10th leading cause of death and these rates have been significantly increasing across the U.S. during the past decade. Suicide rates are even higher for at-risk populations.<sup>1</sup>

**45k** Nearly **45,000 lives** lost to Suicide in 2016

**30%** Suicide went up **more than 30%** since 1999

**54%** More than half the persons who died by suicide had no [diagnosed] mental health condition

According to the CDC, in 2000, adolescents and young adults aged 15 to 24 had a suicide rate of 9.6 deaths per 100,000; by 2017 this figure rose to 14.46 deaths per 100,000<sup>2</sup>. This is an increase of 50 percent over that 17-year period. The following are some additional facts to consider:

- The U.S. loses more students to suicide than it does to mass shootings
- Instances of “threats to self” outnumber threats to others and threats to schools
- The number of children who took their lives nearly doubled between 2007 and 2017
- In the National Youth Risk Behavior Survey, more than 1 in 6 high school students in the U.S. reported that they had seriously considered suicide in the 12 months preceding the survey
- Youth who contemplate suicide often exhibit signs
- School-based mental health professionals play a vital role in identifying at risk students

## Summary of State Laws, Policies, and Practices for Suicide Prevention in K–12 Schools

In response to the increasingly high rate of youth suicide, teen suicide has gained national attention. State governments have created legislation regarding youth suicide prevention in schools. States hold the power to instruct their schools in how to address suicide prevention. The following is a summary of current state laws, policies, and practices for suicide prevention in K–12 Schools:<sup>3</sup>

- **13 states** *mandate annual suicide prevention training* for school personnel: Alaska, Delaware, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Maryland, Nebraska, New Hampshire, Tennessee, and Texas
- **18 states** *mandate training in suicide prevention* for school personnel but *do not specify that the training must be annual*: Arizona, Arkansas, Connecticut, Illinois, Indiana, Kentucky, Maine, Mississippi, Nevada, New Jersey, Ohio, Pennsylvania, South Carolina, South Dakota, Utah, Virginia, Washington, and Wyoming, plus Washington, D.C.
- **15 states** have laws in place that *encourage suicide prevention training* for school personnel: Alabama, California, Colorado, Florida, Massachusetts, Michigan, Minnesota, Missouri, Montana, New York, North Dakota, Oklahoma, Oregon, Rhode Island, and Wisconsin
- **22 states** *require* school suicide prevention, intervention, and postvention *policies and/or suicide prevention programming*: Alabama, California, Connecticut, Delaware, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Maine, Mississippi, Missouri, Montana, Nevada, New Hampshire, Oregon, Pennsylvania, Tennessee, Utah, and Washington, plus Washington, D.C.
- **7 other states** *encourage* such *policies and/or programming*: Arkansas, Louisiana, Maryland, New Jersey, Oklahoma, Texas, and Virginia

### Other Unique Prevention Policies

- **California, Louisiana, and Maryland** require the inclusion of suicide prevention hotline numbers on the back of *student ID cards*
- **Florida and Louisiana** designate schools that offer suicide prevention training/programming per statute as *“Suicide Prevention Certified Schools”*
- **Louisiana** *randomly surveys school employees* to ascertain their compliance with state-mandated suicide prevention training and reports survey findings to the legislature
- **New Jersey** requires the reporting of a student’s attempted or completed suicide by teachers and licensed psychologists, social workers, marriage and family therapists, professional counselors, physicians, physician assistants, alcohol and drug counselors, registered nurses, and licensed practical nurses, as well as public health officials, as obtained in the course of their work
- **Oklahoma** requires teachers, counselors, principals, administrators, and other school personnel to immediately notify the parents or legal guardians of students determined to be at risk for attempting suicide
- **Utah** requires schools to *notify* a parent or guardian if a student threatens to complete suicide or is involved in a bullying incident and they must maintain a record of that notification; school boards are required to adopt a policy regarding the process for parent/guardian notification
- **Utah** also requires school districts to offer *evening parent seminars* at no cost that cover a variety of topics including substance use and prevention, bullying, mental health, depression, suicide awareness, suicide prevention, and internet safety
- **Virginia** requires all licensed administrative or instructional personnel to contact a student’s guardian “as soon as practicable” should they have reason to believe, as a result of direct communication from a student, that the student is at imminent risk of suicide

## Suicide Prevention Policies

According to the American Foundation for Suicide Prevention, having effective suicide prevention policies is essential. To support schools' policy efforts, four leading national organizations—the American Foundation for Suicide Prevention, the American School Counselor Association, the National Association of School Psychologists, and the Trevor Project—collaborated to update the Model School Policy, <sup>4</sup> a comprehensive guidebook for school administrators and policy makers containing best practices in suicide prevention, intervention, and postvention policies for K–12 schools.<sup>5</sup>

Adopting a state- and/or district-specific policy is an important first step as policies guide and inform practices. An example includes Act 71 of 2014, which was signed into law in Pennsylvania and added section 1526 of the School Code, 24 PS § 15-1526; this specifically required school entities to adopt a youth suicide awareness and prevention policy, as well as provide ongoing professional development in youth suicide awareness and prevention for professional educators in buildings serving students in grades 6–12.<sup>6</sup> In a 2015 example, Seattle Public Schools enacted Suicide Prevention Policy No. 2145 to provide guidance and direction for the implementation of suicide prevention practices to the district's staff.<sup>7</sup>

## Impact of COVID-19

Since late February and early March of 2020, school districts across the nation have experienced school closures which affected the delivery of instructional continuity. Many have managed to shift instructional practices to distance learning with varying degrees of success. The scale and impact of the COVID-19 emergency on educational systems and, increasingly, on students' social emotional well-being has been significant. This truly is a global crisis which has been preventing children and adolescents in every country from fulfilling their right to a quality, safe, and inclusive education.

Throughout the U.S., the public is beginning to cautiously step out as stay-at-home orders are gradually lifted to confront a new reality, to access designated open spaces, and to conduct essential business, while wearing masks and adhering to social distancing guidelines. One of the first actions recognized in many communities is the need for children to be able to take meaningful small steps—such as leaving their homes, going outside to play, or going for walks with adult supervision—that will have an immediate positive effect on their social and emotional well-being.

At this moment in time when we are confronted with the consequences of a life-threatening COVID-19 emergency, we should reflect on the impact it is having on our children and adolescents and ask ourselves the following questions:

- How are we addressing suicide prevention given these circumstances?
- Is there a suicide hotline in place and are our students and families aware of this service?
- How are students at risk of self-harm brought to the attention of mental health professionals?
- Are suicide risk assessments being conducted for students identified as at-risk using virtual/distance learning approaches (e.g. teleconference, tele-mental/behavioral health)?
- How are incidents of self-harm tracked from beginning to end of the process?
- Are safety plans developed and implemented for students in needed?
- Are suicide risk assessments, reports and safety plans readily accessible?
- Is there a solution in place that will help users?
  - » Document all incidents
  - » Determine risk levels
  - » Develop safety plans
  - » Generate useful and robust reports
  - » Make data readily accessible to address compliance

## How Isolation Impacts Children's Social Emotional Well-Being

Social relationships are widely considered crucial to emotional well-being; however, the possibility that social connections may be a biological need, vital to physical well-being and even survival, is commonly unrecognized. Because of stay-at-home and social distancing orders, parents/guardians have been tasked with the following for their children:

- Provide food, shelter, financial, and social emotional support
- Create a nurturing environment at home that promotes a sense of connectedness, safety, and security for their children 24/7
- Plan, support, and/or supervise appropriate learning and leisure activities for their children at home

Stay-at-home and social distancing measures have been in place now for extended periods and many individuals, including the children and teens, are showing signs of stress, anxiety, depression, or other mental health concerns.

## Need for Trauma-Informed Care

The Substance Abuse and Mental Health Services Administration publication "Trauma-Informed Care in Behavioral Health Services" provides information on evidence-based practices for behavioral health service. It is a useful resource for providers and administrators who want to work more effectively with people who have been exposed to acute and chronic traumas and/or are at risk of developing traumatic stress reactions resulting from lived experiences due to the COVID-19 emergency.<sup>8</sup> Using trauma-informed principles is key to addressing trauma-related prevention, intervention, and treatment issues and strategies. The American Psychological Association also compiled a resourceful collection of trauma, grief, and resilience research studies with real-world application, designed to help individuals find constructive ways of managing their emotions when dealing with a traumatic event.<sup>9</sup>

According to the recent guidance, recommendations, and resources provided by child trauma experts at Child Trends and the Child Trauma Training Center of the University of Massachusetts, the COVID-19 emergency has changed everyday life and will continue to do so for many people around the world. Children will struggle with significant changes to their daily routines brought on by the disruptions created by this pandemic such as:<sup>10</sup>

- Schools and childcare closures
- Social distancing
- Home confinement

These struggles and adjustments may interfere with their sense of structure, predictability, and security, which will surely follow them upon return to school. This will create a domino effect of new trauma-related challenges, especially for children identified as needing behavioral and mental health services and supports from schools and communities.

The stressors brought about by children's experiences during the COVID-19 emergency can affect how children feel, think, and act. In a blog posted by Dr. Ralph Lewis in Psychology Today titled, "Why Do Bad Things Happen to Good People?," Lewis said, "bad things happen for the same reason anything happens."<sup>11</sup> The same perspective can be applied when we think of our children while being doubly conscious that bad things can also have a strong consequential effect on them. When bad things happen:<sup>12</sup>

- Children may have many different thoughts and feelings
- Bad things can affect how they cope with the stressors of lived experiences
- Children may experience feelings in their bodies, they might have unusual thoughts, and they might act differently

According to the National Child Traumatic Stress Network, complexly traumatized children are more likely to engage in high-risk behaviors, such as self-harm.<sup>13</sup> Therefore, it is of utmost important that we to listen to the children, observe their behavior, assess risks levels, and begin to address those signs that we recognize as their call for help.

## Supportive Resources

**Behavioral/Mental Health.** Children experience behavioral or mental health challenges at school. For students with disabilities eligible for programs and services under the Individuals with Disabilities Education Act (IDEA) or Section 504, the Individualized Education Program (IEP), or a 504 Plan can be used to address those needs. A positive **behavior intervention plan** is proactive or preventative in responding to a child's behavior. Whereas, a **safety plan** is an action plan developed for responding to and supporting a child at specific times when he or she may be at risk of harm to self or others related to mental health or behavioral health needs. The plans are distinctly different and important to consider when developing appropriate educational plans for children with emotional or behavioral disabilities.

**Telemedicine.** Children with mental health needs are now receiving help through telemedicine; state education agencies, such as the Florida Department of Education, are providing school districts' necessary guidance.<sup>14</sup> Many mental health experts are offering telemedicine as a case management option for children in treatment to address the ways the COVID-19 emergency has upended regular family routines and stability. *There has already been an uptick in these services reported as children experience isolation, anxiety, fear, and stress while stuck at home with varying environmental conditions and levels of parental supports.*

**Suicide Hotline.** As reported by National Public Radio (NPR), a law passed last year required the FCC to study the assignment of a three-digit number for suicide prevention. The Federal Communications Commission since announced the approval of a three-number suicide hotline (#988) in order to provide more direct access to help those in critical needs. This is a significant recognition of the benefits, help, and relief that a suicide hotline provides to help those in crisis, as well as connect them to necessary supports and prevent suicides from a national perspective. Many local communities recognized this need and have actively working local specific suicide hotlines.

“Suicide is a layered complex issue. Its not simple.  
We all need to work together to prevent.”

- Jonathan Frecceri. Principal at Lydian Academy and  
Adjunct Faculty Member at the University of San Francisco

## Strategies for Addressing a Child's Call for Help

1. **Monitor Warning Signs.** Take note of any children who show signs of trauma, depression, or other social, emotional, and behavioral concerns that do not resolve quickly. Be conscious of signs that may include suicide ideation or self-harm. Signs to look for may include nightmares, anxieties, aggression, regression, threats to self or self-harm, and threats to others that persist and are not resolved or discovered to be unfounded.
2. **Implement Suicide Prevention Strategies.** According to the Centers for Disease Control, suicide is a serious and preventable public health problem. Prevention requires a comprehensive approach that supports the implementation of effective strategies to:<sup>15</sup>
  - » Strengthen access to and delivery of suicide care
  - » Create protective environments and promote connectedness
  - » Teach coping and problem-solving skills
  - » Identify and support those at risk (suicide screenings or risk assessments) and lessen harm and prevent future risk (postvention)
3. **Identify the Risk Factors for Students of Concern.** Students of concern may demonstrate risk factors in the form of direct or indirect characteristics that might be associated with suicide. A combination of individual, relationship, community, and societal factors contribute to the risk of suicide. Risk factors may include but are not limited to:

- » Family history of suicide
  - » Family history of child maltreatment
  - » Previous suicide attempt(s)
  - » History of mental disorders, particularly clinical depression
  - » History of alcohol and substance abuse
  - » Feelings of hopelessness
  - » Impulsive or aggressive tendencies
  - » Cultural and religious beliefs (e.g., belief that suicide is a noble resolution of a personal dilemma)
  - » Local epidemics of suicide
  - » Isolation, a feeling of being cut off from other people
  - » Barriers to accessing mental health treatment
  - » Loss (relational, social, work, or financial)
  - » Physical illness
  - » Easy access to lethal methods
  - » Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or to suicidal thoughts
4. **Enable A Child's Protective Factors.** Help enable the protective factors that buffer children from suicidal thoughts and behavior such as:
- » Effective clinical care for mental, physical, and substance abuse disorders
  - » Easy access to a variety of clinical interventions and support for help
  - » Family and community support (connectedness)
  - » Support from ongoing medical and mental health care relationships
  - » Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes
  - » Cultural and religious beliefs that discourage suicide and support instincts for self-preservation
5. **Adopt Evidence-Based Suicide Risk Assessment (SRA) Tools.** Consider adopting evidenced-based suicide risk assessment tools for implementation. The following are some examples of tools that the Florida Department Education's Office of Safe Schools approved for schools to use in order to attain the designation of Suicide Prevention Certified School:<sup>16</sup>
- I. [Columbia – Suicide Severity Rating Scale \(C-SSRS\)](#)
    - » [Lifetime/Recent](#)
    - » [Columbia – Suicide Severity Rating Scale \(C-SSRS\) – Risk Assessment Page](#)
  - II. [Suicide Assessment Five-Step Evaluation and Triage \(SAFE-T\)](#)
    - » SAFE-T Pocket Card that assists clinicians in conducting suicide assessment using a 5-step evaluation is available at <https://store.samhsa.gov/product/SAFE-T-Pocket-Card-Suicide-Assessment-Five-Step-Evaluation-and-Triage-for-Clinicians/sma09-4432> and a Suicide Safe mobile app available on the Apple App Store.
  - III. [SAFE-T with C-SSRS](#)
6. **Implement Strategies for Successful Incident Management.**
- » Develop suicide prevention and assessment policies and procedures
  - » Identify evidenced-based protocols to use for identifying and assessing students at risk
  - » Put processes in place for identifying, assessing, developing safety plans, and monitoring interventions and supports provided
  - » Determine the length of time a safety plan should be in place and when it should be reviewed
  - » Schedule time for teams to debrief after each incident



7. **Integrate Technology Solutions.** Consider using technology solutions that will help you consistently implement and track suicide prevention, risk assessment practices, connect students to interventions, align supports, and create safety plans with fluidity from beginning to end of the process.
8. **Identify and Use Suicide Prevention Resources to Broaden Understanding and Share Information.** The Suicide Prevention Resource Center (SPRC) has compiled a selection of web pages and information sheets on mental health and coping with the effects of COVID-19 emergency. These resources are a selection from key organizations in the field.<sup>17</sup>

## Conclusion

While there are many children and adolescents who may be vulnerable at this time, there are many who will also confront traumatic issues impacting their social emotional well-being and mental health. The variety and context of the information shared is intended to help raise awareness and expand education campaigns about the impact that the COVID-19 emergency is having on youth populations.

School communities may find the presented strategies useful as they begin a new phase of the COVID-19 emergency and develop plans to address the eventuality of reopening schools. In a white paper published by the National Association of School Psychologists that provided guidelines and tips for administrators and crisis teams in preparing for a pandemic emergency, one important aspect highlighted is the recovery phase.<sup>18</sup> As we begin to enter the recovery phase, school personnel and health officials will be instrumental in deciding when it is safe to return to normal school activities, communicating with parents when their children are showing signs that they are having difficulties adjusting, and providing the necessary supports to students of concern while they are in school.

## Technology Innovations

The increase in reported incidents that result in acts of targeted school violence—such as reported threats to others or self-harm—have led to the creation of new solutions that matter. These solutions can make a difference in supporting the engagement of staff in the ongoing implementation of evidence-based practices in schools. Technology innovation involves the strategic use of information to prevent and mitigate incidents (e.g. the development of risk assessment and threat assessment instruments). Technology innovation includes new software programs, classification systems, analysis techniques, data sharing, and system integration techniques. Public Consulting Group (PCG) has demonstrated its capacity for technology innovation by developing the Behavioral Threat Assessment (BTA) Solution. The team that supported this effort received PCG's first ever EPIC Award for demonstrating their entrepreneurial spirit in developing and delivering solutions that matter to our employees, the firm, and those we serve.<sup>19</sup> The BTA solution has the potential to dramatically improve both the efficiency and effectiveness for behavioral threat assessment and suicide risk assessment practices in K–12 Schools.

## PCG's Behavioral Threat Assessment Solution

### Behavioral Threat Assessment

Our Behavioral Threat Assessment (BTA) solution manages threats to others and threats to self. It is integrated within our EDPlan case management platform that is used by over 3,600 school districts across the United States to securely manage supports to students with individual needs.

### PCG's Solution

Our solution can align with any BTA process. We offer out-of-the-box configurations aligned with state and local guidelines for:

- Salem-Keizer Student Threat Assessment Teams (STAT)
- The Virginia Department of Criminal Justice Services (VA DCJS)
- Comprehensive School Threat Assessment Guidelines (CSTAG)

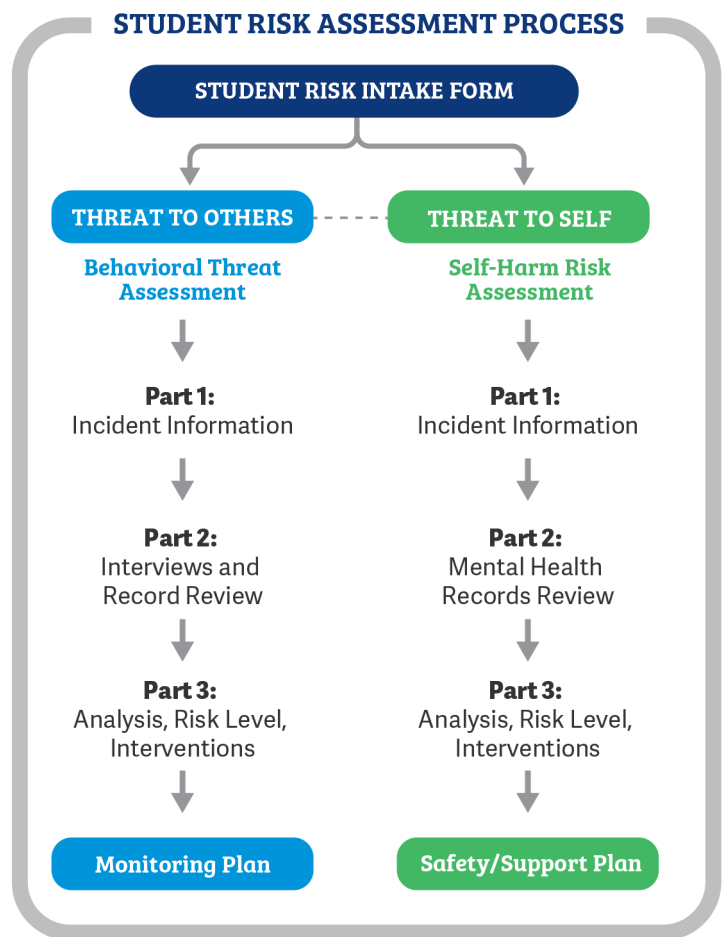
We use an evidence-based, multi-disciplinary team approach to identify, evaluate, assess, and support students of concern who present a potential threat to themselves or others.

The graphic on the right shows the process a user would follow in our system when performing a risk assessment. The process will be aligned with your state and district-specific processes and procedures.

### Suicide Risk Assessment

PCG's Suicide Risk Assessment (SRA) solution gives school districts the opportunity to implement a standardized procedure to assess a student's suicide risk. With this tool, staff use common terminology to discuss a student's status and make plans for appropriate care.

Our SRA process guides users to gather information relevant to a student's history, synthesize the information into a prevention-oriented suicide risk level determination, and develop a safety plan, as appropriate.



“Addressing suicide risk is not something you can get trained on once and be done. This is such a hard problem with such serious consequences that people are going to feel and be unprepared unless they are engaged in an ongoing way.”

- Anthony Pisani, Associate Professor of Psychiatry and Pediatric at the Center for the Study and Prevention of Suicide at University of Rochester



## How PCG Can Help

COVID-19 is creating significant challenges for school districts. PCG is always looking for ways to support districts and students.

**Behavioral Threat Assessment.** Our behavioral threat assessments (BTA) are a proven method of early intervention that can help prevent acts of targeted violence in school environments. This practice is recommended by the Federal Bureau of Investigation (FBI), U.S. Department of Education, and the U.S. Secret Service. Our platform manages threats including Behavioral Threats, Suicide Risk, Sexual Threats, and Fire-setting incidents. We manage risks through EDPlan's case management platform, which is used by 3,600 school districts across the U.S.

**Suicide Risk Assessment.** Our newly released suicide risk assessment pathway allows districts to implement a standardized procedure to assess a student's suicide risk. Using this tool, staff can use the same language, which is understood by all, to discuss a student's status and make plans for appropriate care.

**Professional Development.** Our subject matter experts can provide much-needed guidance, training, and support to help establish/enhance school safety frameworks in order to implement integrated evidenced-based practices for behavioral threat assessments, suicide risk assessments, sexual threats, and fire-setting incidents.

## About the Author

**Will Gordillo**, a Senior Associate, provides thought leadership and consulting services in the areas of special education and behavioral threat assessment policies, practices, and solutions to support project implementations nationally and in Florida. Prior to joining PCG, Mr. Gordillo taught students receiving special education services and English language learners in K-12 settings. These experiences allowed him to develop extensive expertise in the provision of programs and services for students with specialization in emotional behavioral disabilities, autism spectrum disorders and other learning differences. He further honed his skills and experiences working as a school site assistant principal and principal, and headed exceptional student education, psychological services, behavioral, mental health, and crisis supports in two urban school districts. He is currently supporting the implementation of integrated solutions for behavioral threat assessment, suicide risk assessment, sexual threats, and fire-setting to help manage and address the behavioral mental health and wellness of students with school safety in mind.

## About Public Consulting Group

**Public Consulting Group, Inc. (PCG)** Public Consulting Group, Inc. (PCG) is a leading public sector solutions implementation and operations improvement firm that partners with health, education, human services agencies to improve lives. Founded in 1986 and headquartered in Boston, Massachusetts, PCG has over 2500 professionals in more than 60 offices worldwide. PCG's education practice offers services and technology solutions that help schools, school districts and state education agencies/ministries of education to promote student success, improve programs and processes, and optimize financial resources.

**To learn more about how to address a child's call for help contact us today.**



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