The Comprehensive Approach
to Mental Health Promotion and Suicide Prevention for High Schools

Developed in partnership with McLean Hospital's College Mental Health Program

College Mental Health Program
HARVARD MEDICAL SCHOOL AFFILIATE

JED
HIGH SCHOOL

Purpose Statement

This Comprehensive Approach to Mental Health Promotion and Suicide Prevention for High Schools ("The High School Comprehensive Approach") provides high schools and districts with a framework to support and improve student mental health, reduce risk for suicide, and prepare students emotionally for the transition out of high school and into young adulthood. This approach encompasses a series of recommendations grouped under broader, thematic domains, which schools can undertake to ensure a holistic approach to student mental health and suicide risk prevention. The High School Comprehensive Approach can be utilized by school and/or district leadership in collaboration with school staff for the purposes of strategic planning around mental health and emotional well-being at school.

The Jed Foundation

The Jed Foundation (JED) protects emotional health and prevents suicide for our nation's teens and young adults. We partner with high schools and colleges to help strengthen their capacity to support mental health, reduce substance misuse, and implement effective suicide prevention programs and systems. We equip teens and young adults with the skills and knowledge to help themselves and each other, and we encourage community awareness, understanding, and action for fostering adolescent and young adult mental health.

EQUITABLE IMPLEMENTATION

Develop life skills

Promote social connectedness and a positive school climate

Promote means safety

Comprehensive Approach to Mental Health Promotion & Suicide Prevention for High Schools

Encourage help-seeking behaviors

Establish and follow crisis management procedures

Ensure student access to effective mental health treatment

Improve recognition and response to signs of distress and risk

STRATEGIC PLANNING

This Comprehensive Approach to Mental Health Promotion and Suicide Prevention for High Schools would not have been possible without contributions from the following individuals: Dr. Alan Berman; Dr. Alfiee Breland-Noble, Director of The AAKOMA Project, Associate Professor of Psychiatry, Georgetown University Medical Center; Dr. Kurt Michael, Stanley R. Aeschleman Distinguished Professor, Department of Psychology, Appalachian State University; Dr. Stephanie Pinder-Amaker, Director of the College Mental Health Program, McLean Hospital; Dr. Mitch Samet, Chairperson, Schools and Youth Work Group of NY State Office of Mental Health: Suicide Prevention Council; Dr. Victor Schwartz, Clinical Associate Professor of Psychiatry, New York University Grossman School of Medicine; and Dr. Janis Whitlock, Director of the Cornell Research Program on Self-Injury and Recovery, Cornell University College of Human Ecology.

Introduction

The Jed Foundation was established in 2000, with its highest priority being the development of a plan, model, or strategy for college and university campus suicide prevention. To guide that effort, JED leadership looked to a multi-faceted, community health suicide prevention model that had been developed by the United States Air Force (U.S. Air Force). In response to a significant increase in deaths by suicide amongst its service members, the U.S. Air Force implemented a system of universal community education and supports paired with targeted intervention for service members at higher risk for death by suicide in 1996.[1] Between 1996 and 2002, the U.S. Air Force Suicide Prevention Program (AFSPP) achieved demonstrable reductions in deaths by suicide, suicide risk, homicide, family violence, and accidental death, which were robust across gender, racial, age, and socioeconomic groups of service members.[2][3]

The Jed Foundation, in partnership with the Suicide Prevention Resource Center, used the AFSPP as a core, guiding foundation for its teen and young adult mental health promotion and suicide prevention efforts. JED's Comprehensive Approach to Mental Health and Suicide Prevention for Colleges and Universities ("JED Comprehensive Approach") ultimately was developed and launched in 2013. This empirically-supported approach builds on protective factors and environmental safety measures, provides support for early interventions and strengthens treatment and care. JED staff provide guidance and technical assis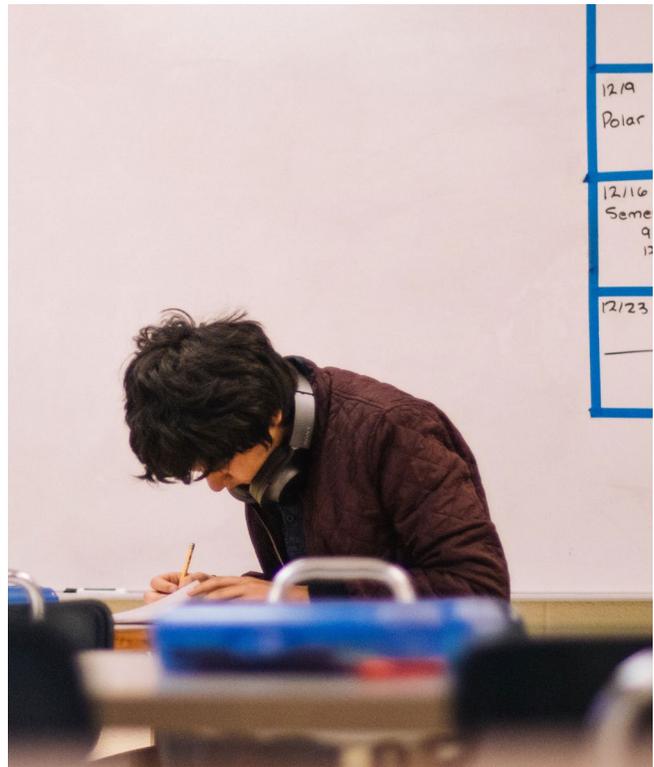tance to colleges and universities as they operationalize The Comprehensive Approach with the goal of promoting mental health and reducing substance misuse and suicide risk for students. A recent evaluation of 56 colleges and universities that implemented JED's Comprehensive Approach between 2014 and 2020 found evidence for improved planning and infrastructure supporting student mental health, improved and scaled mental health literacy and support training programs and screenings on campus, expanded clinical support for students in distress, and implemented strategies to systematically reduce student access to potential lethal means for self-harm among what have now come to be called "JED Campuses."

Escalating suicide risk and mental health needs in adolescents organically led to the call for JED to extend its impact into secondary education. Adolescent suicide rates have been on the rise for the past 12 years at the time of this writing, with certain groups of adolescents (males, BIPOC {black, indigenous and people of color} youth, and LGBTQ+ youth) disproportionately represented in this increase.[4] Suicide is now the second leading cause of death among adolescents in the United States, and self-reported suicidal thoughts and attempts among Black adolescents particularly are on the rise.[5] Estimates suggest that 50 to 80 percent of adolescents who die by suicide struggle with undiagnosed depression, and that substance misuse increases suicide risk across age groups. Although approximately one in five adolescents in the United States has a diagnosable mental health disorder, fewer than half of these youth are connected to mental health

or substance misuse treatment.[6][7] At the time of this writing, growing evidence of the increased prevalence of mental health needs in the United States as a result of the 2020 global pandemic has increased the likelihood that adolescent mental health needs will continue to escalate.[8]

High schools, as a key center of adolescent life, are a promising environment in which to meet these increasing needs. A 2019 Fluent Research/ JED survey of students, caregivers, and school administrators, for example, revealed universal agreement that adolescents are struggling with important stressors and significant mental health needs, and that schools should provide supports for their students around those needs. However, that same survey indicated that most students did not feel their school provided needed supports and information for emotional and social coping and to address mental health concerns.[9] While many, if not most, U.S. high schools are working to better support their students around mental health promotion, suicide prevention, and social/emotional learning, more can be done to support students, promote mental health and well-being, and reduce suicide risk in our teenagers.
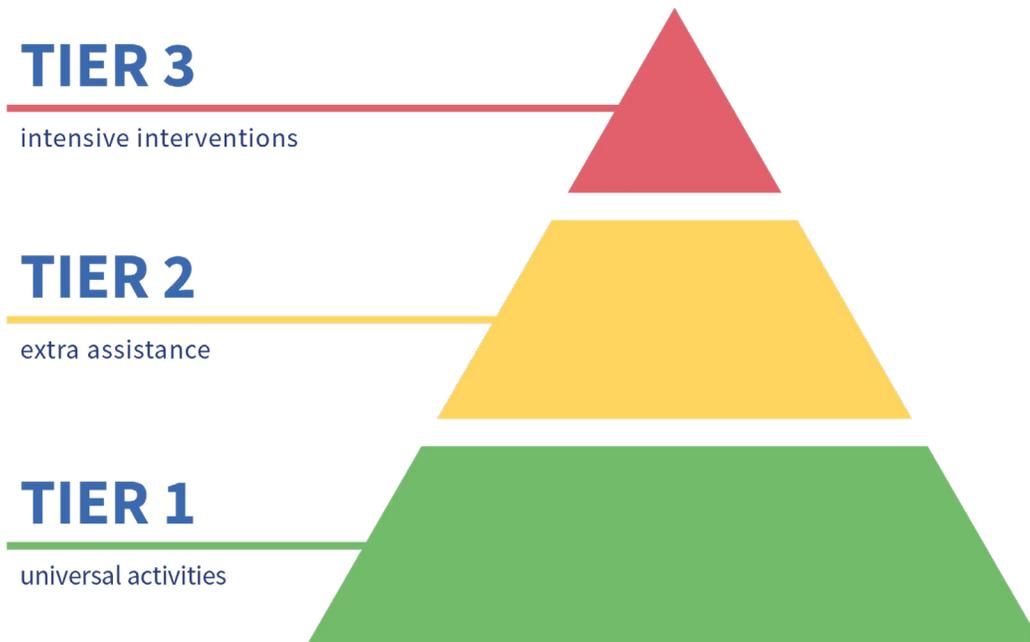
At JED, we believe that a comprehensive, public health approach, infused with a focus on the promotion of health, well-being, and resilience, and access to effective treatment for those who need it, is the most impactful way to improve the mental health of community members and reduce negative outcomes like substance misuse, academic or job failure, self-harm, and suicide. Accordingly, JED's programs are grounded in a tiered strategy, which aims to reduce risk factors and enhance protective factors for suicide, promote overall health and well-being with a focus on social and emotional well-being and mental health, enhance effective strategies for

identifying and responding to individuals at risk for serious mental health challenges, and connect those who need it to individual mental health and substance misuse treatment. The High School Comprehensive Approach reflects this public health frame, while drawing from current understanding and best practices specific to adolescence and to school-based prevention and individual treatment.

The High School Comprehensive Approach aligns well with the widely-accepted Multi-Tiered Systems of Support (MTSS) framework for implementation of supports and interventions in schools. Like the MTSS framework, this approach recognizes that no single intervention will be effective for all students, that systems change in the boundaried high school community can and should be aimed at supporting all students effectively, and that the promise of a multi-tiered prevention/intervention system to 'catch' students with different levels of need and connect them to needed treatment is high.

Multi-Tiered Systems of Support

TIER 3
intensive interventions

TIER 2
extra assistance

TIER 1
universal activities

MTSS defines three tiers of prevention and intervention. Tier 1 is for all students and consists of universal activities to help students build a strong foundation of protective factors. Tier 2 provides support to a slightly smaller group of students who may be at risk and need extra assistance and/or treatment to meet academic and behavioral goals. Tier 3 establishes more intensive interventions for a small subset of students who need significant support and/or treatment as a result of being in emotional distress or in an actual mental health crisis. The High School Comprehensive Approach encompasses activities and interventions appropriate to each tier, including more universal practices for all students such as teaching life skills and social-emotional skills, with more focused and intensive interventions for students who need crisis support or clinical treatment either in school or in the community.

JED's Comprehensive Approach consists of seven Core Domains. The Core Domains should be viewed as pathways to focused action, chosen in response to each JED High School's evaluation of its current strengths and needs related to supporting and promoting mental health and well-being and to reducing substance misuse and suicide risk. Using a framework of Equitable Implementation and a focused Strategic Plan, JED High Schools are supported, through technical assistance from The Jed Foundation, as they plan and implement activities, programs, policies, and practices that build on those in place and strengthen the school's coordinated approach to promoting mental health, providing needed treatment and supports, and preventing suicide. Each JED High School assesses, prioritizes, plans, and implements a customized approach to strengthen its unique school community's comprehensive mental health promotion, substance misuse prevention, treatment provision and referral, and suicide risk reduction efforts.

The following guiding principles form the foundation of this model:

- Promoting emotional health and overall well-being and providing needed mental health and substance misuse treatment in adolescence enhances educational outcomes, health outcomes, social connections, and long-term life outcomes. It also serves to reduce the risk of suicide.

- The promotion of student emotional health and well-being, and the facilitation of individual access to needed mental health and substance misuse treatment must be a shared and primary value for the entire school community. The school community includes school and district staff, educators, families, students, and leadership. School mental health and health professionals cannot accomplish this important work alone.

- Many high schools are working to support emotional health and well-being, but efforts often are implemented in siloes and without coordination and collaboration. The use of evaluation and strategic planning can serve to make efforts more coordinated, more efficient, more effective, and more sustainable.

- Adolescents bring diverse sociocultural identities to school and well-documented inequities place some students in marginalized and underserved groups at increased risk for emotional distress and suicidality. To equitably and effectively promote student mental health and reduce risk, schools must take special care to learn about and plan for the needs of students whose identities and/or challenges may expose them to heightened psychological risk.

- Schools cannot do this work alone. Enduring, systemic change requires partnership, technical assistance, and resources.

Overview of The Comprehensive Approach to Mental Health Promotion and Suicide Prevention for High Schools

A central tenet of The High School Comprehensive Approach surrounds the use of baseline evaluation and strategic planning to focus implementation efforts. The formation of an interdisciplinary team, whose members are selected to represent all key stakeholders in the school community, is the first step in this process. This team collaborates with JED staff to evaluate policy, programs, and resources and their alignment with The High School Comprehensive Approach Core Domains.

To equitably and effectively promote student mental health and reduce suicide risk, schools must take special care to learn about and plan for the needs of students whose identities and/or challenges may expose them to heightened psychological risk in general. Consequently, The High School Comprehensive Approach is written with a central focus on equitable implementation. Throughout the approach, schools are encouraged to use strategies that improve supports and opportunities for success for all students, including attention to identifying strategies that will be helpful to students in marginalized and underserved groups.

The High School Comprehensive Approach focuses evaluation and implementation efforts around seven, thematic Core Domains.

Domain 1: Develop Life Skills

The development of fundamental life skills and social and emotional learning is one of the most powerful ways to build resilience, protect mental health, and thus reduce suicide risk in youth. Educational focus on the development of life and coping skills has been found to reduce symptoms of anxiety and depression, reduce substance misuse, and reduce suicide risk. Social and emotional learning also promotes learning readiness, school engagement, and academic achievement. Culturally responsive social and emotional learning, when integrated across school programming, improves student health and well-being. Finally, robust life and coping skills that are contextualized to the diverse developmental, cultural, and mental health needs of teenagers constitute important buffers for the increasing level of stress and distress reported by today's high school students.

Domain 2: Promote Social Connectedness and a Positive School Climate

Loneliness and isolation, including experiences of being bullied or marginalized, are significant risk factors for mental health problems and/or suicidal behavior and the scientific link between social connectedness and mental health-promoting behaviors is powerful and longstanding. Adolescents who feel connected to others, cared for by others, and a sense of belonging in their school community are less likely to experience emotional distress or suicidal ideation, and are less likely to engage in substance misuse or suicide attempts. Schools are a powerful place for teens to experience social connectedness. The feel, quality, and character of day-to-day high school life, often referred to as the 'climate' of the school, is independently predictive of social connectedness for teenagers and protective when youth are experiencing distress. Communication skills are strengthened, and the connection between social-emotional learning and positive outcomes heightened, when students and adults alike feel supported, connected and safe in the school community. School climate, and the feelings of safety it can provide, improves for all students when schools include focused attention to improving climate and safety for those students who are most marginalized.

Domain 3: Encourage Help-Seeking Behaviors

Many students may be reluctant or uncertain about how to best access help in the face of emotional distress or suicidal thoughts. Obstacles to help-seeking include lack of knowledge about available treatment, fear of stigma or getting in trouble, and concerns about the cost, safety, and helpfulness of formal mental health treatment. Students who identify with marginalized groups may be particularly hesitant to seek out help. Adolescents who are willing to seek help report that support and encouragement for help-seeking, knowledge of and trust in providers, and the ability to openly express their emotions to trusted others facilitate that willingness to seek help. Schools should engage in a variety of culturally responsive mental health promotion activities that target barriers and build facilitators for help-seeking as a foundational component of mental health promotion and suicide risk reduction.

Domain 4: Improve Recognition and Response to Signs of Distress and Risk

The majority of young people who die by suicide are struggling with untreated mental health challenges. It is imperative that school communities include early recognition of these challenges through gatekeeper approaches and properly planned and implemented screenings. Both

approaches can support effective school community response to warning signs of emotional distress and risk. Those who interact with students the most are in the best position to recognize signs of distress and suicide risk, and gatekeeper approaches prepare school staff, faculty, administration, students and family members to recognize and respond to signals that teens are struggling. Gatekeeper programs and referral practices that include trusted community members outside of school are likely to be more effective for many BIPOC, LGBTQ+, and other underserved youth.

Domain 5: Ensure Student Access to Effective Mental Health Treatment

Schools are well-positioned in the lives of adolescents to provide students with, or facilitate access to, effective supports and psychotherapeutic treatments that increase health and well-being, prevent and treat depression, substance misuse, and other behavioral health disorders, and reduce suicidal thoughts and behaviors. The prevalence of stress, behavioral health symptoms, and suicidal thinking in today's adolescents makes it essential to offer accessible, consistent, and high-quality mental health services to students. When high schools aim to provide mental health services in schools, providers must be properly credentialed and supervised, culturally competent, and assigned provider-to-student ratios that facilitate effective care. When high schools are not able to offer in-house mental health services, partnerships with regional providers and/or telehealth providers can facilitate the availability of effective, culturally responsive services. Treatment modalities and approaches are most effective when they take into account each student's identity and cultural/social context and when treatment availability is responsive to student and family schedules. The health and well-being education efforts that encourage help-seeking behaviors also serve to reduce stigma and increase the likelihood of students engaging in mental health services.

Domain 6: Establish and Follow Crisis Management Procedures

Systematic processes for providing support to students who have been identified as potentially suicidal are critical to a comprehensive suicide prevention approach. In addition, comprehensive crisis management procedures should include plans for responding to any incidents or student needs that impact safety and mental health in school. The death of a student or member of the school community, threats of violence or the experience of violence at school, natural disasters, and accidents are just a few examples of events that can impact the majority of students at school, and require immediate adult intervention and longer-term follow-up to mitigate ongoing risk and promote healing. Best practice recommendations in school crisis response and management recommend a team approach and suggest that clear, well-planned, well-communicated, and practiced responses can mitigate the impact of a crisis when it occurs and reduce long-term negative effects on student mental health.

Domain 7: Promote Means Safety

It has been well-established that the reduction of access to lethal and dangerous means is a powerful component of comprehensive suicide prevention. Annual environmental scans of the high school campus can promote means safety by reducing student access to potentially lethal means such as chemicals, medications, unsecured ropes, rooftops, and towers. Education of all families in the school community about safe medication and firearm storage promotes means safety at home. When a youth has been identified as being at risk for suicide, lethal means counseling for family members is a critical component of effective suicide risk reduction. Clear and enforced policies about what students can and cannot bring to school also serve to keep potential lethal means (e.g., firearms and medications) out of the school community. Taken together, these strategies have the potential to reduce injury and save lives.

The Jed Foundation High School Team supports each high school or district through the journey outlined below. High schools/districts are asked to form an interdisciplinary team, to conduct a baseline organizational evaluation, and to work with the JED team to implement a student survey. JED provides each high school or district with a summary feedback report of the school's strengths and opportunities for growth in each domain area. The interdisciplinary team then works with the JED team to develop a strategic plan, which outlines the school's/district's priorities for strengthening its programs and systems and, ultimately, for improving the well-being and mental health of the students in the school/district. JED provides support (in the form of technical assistance, ongoing feedback, access to a community of JED high schools for implementation support and wisdom-sharing, access to an online library of resources, and regular topical webinars) to the high school/district as the team finalizes its strategic plan and addresses actions outlined in that plan. At the end of the 24-month engagement, the interdisciplinary team completes a final organizational evaluation and a post-implementation student survey. The JED team provides the high school/district with a final summary of strategic actions and outcomes resulting from the school's or district's strategic work. The graphic on the next page summarizes this journey.

The JED High School Journey
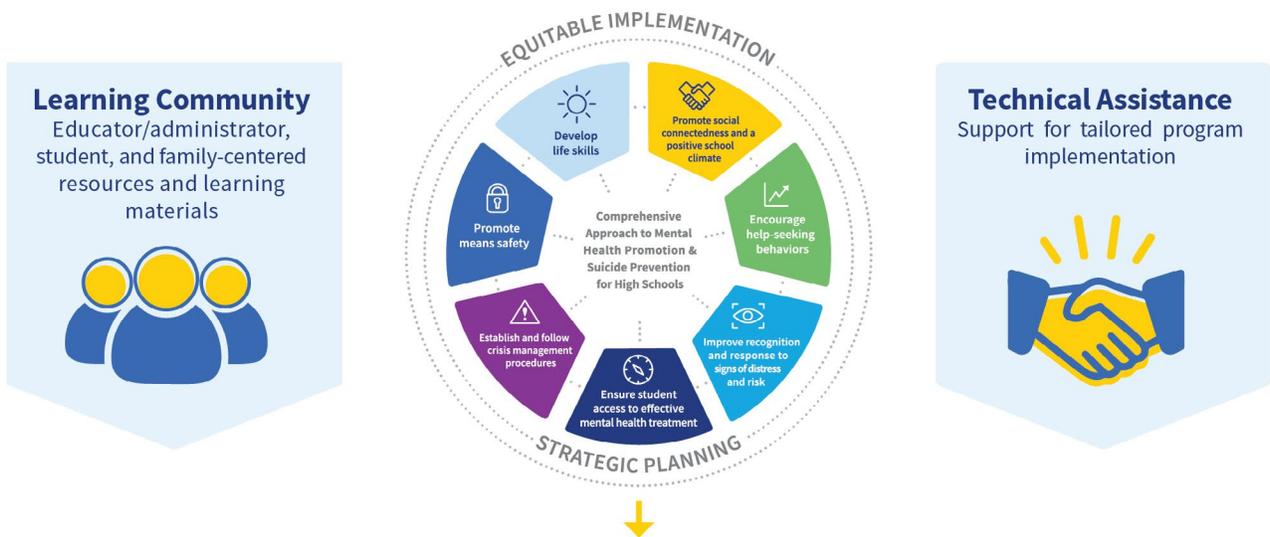
OUR SCHOOLS AND DISTRICTS ARE:

Committed to student mental health and suicide prevention

Ready to engage in sustainable change

Dedicated to equitable and inclusive environments that will protect the emotional health of students

ACTIVITIES

Organizational Assessment and Student Survey

EQUITABLE IMPLEMENTATION

Learning Community
Educator/administrator, student, and family-centered resources and learning materials

Develop life skills

Promote social connectedness and a positive school climate

Promote means safety

Comprehensive Approach to Mental Health Promotion & Suicide Prevention for High Schools

Encourage help-seeking behaviors

Establish and follow crisis management procedures

Ensure student access to effective mental health treatment

Improve recognition and response to signs of distress and risk

STRATEGIC PLANNING

Technical Assistance
Support for tailored program implementation

SCHOOL OUTCOMES

Enhanced school/ district capacity and infrastructure to ensure mental health and suicide prevention programming that supports students' mental and emotional well-being

Improved Overall School Culture

Increased student graduation rates

Decreased rates of student chronic absence

Decreased likelihood of student substance misuse

Improved student mental health

INTENDED IMPACT

Mentally healthy students prepared to fulfill their potential in life beyond high school

The Comprehensive Approach to Mental Health Promotion and Suicide Prevention for High Schools
Overview of Foundational Considerations

Strategic Planning

Engaging in an active and dynamic strategic planning process is one of the most important things a school can do to ensure the success of their mental health promotion and suicide risk reduction programming. A strategic plan is a living, breathing document that focuses policy, outlines implementation strategies, specifies actions, outlines the plan for resourcing implementation, and defines benchmarks for monitoring actions and evaluating impact.

Implementation driven by planning entails analyzing priorities with an evaluation process, prioritizing actions in response to evaluation findings, choosing and implementing actions that address priorities identified, and using a "Plan...Do...Check....Act" approach to evaluate the effectiveness of actions chosen and improve efforts in an ongoing cycle. Strategic planning allows schools to develop a unified vision, anticipate and evaluate clinical and programming needs, examine and structure the deployment of policy, personnel, and resources to address challenges and to coordinate efforts across the school or district, and evaluate programming effectiveness.[10][11] Strong strategic processes are collaborative, engage key stakeholders early, and focus on building consensus around goals and actions.[10][12][13]

Many states require schools to implement regular improvement or strategic planning processes; strategic planning in support of The High School Comprehensive Approach is distinct from required improvement plans in that it is focused on developing a plan specific to mental health promotion, substance misuse prevention, facilitation of student access to mental health and substance misuse treatment services, and suicide risk reduction. The High School Comprehensive Approach strategic plan is a reference for focused action rooted in baseline evaluation findings and developed through collaboration and consensus building. Plan goals are focused on strengthening the school's multi-tiered approach to mental health promotion and suicide risk reduction and to ensure student access to needed mental health and substance misuse treatment, and are guided by the seven Core Domains. Strategic actions resulting from those goals are chosen with the unique identities of all students in the school, the resources in the school and community, and the strengths and needs identified with the baseline evaluation in mind.

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Implementation of The Comprehensive Approach to Mental Health Promotion and Suicide Prevention for High Schools is organized around strategic planning and includes these key phases.

Interdisciplinary Team

Each JED High School or District is encouraged to form an interdisciplinary implementation team. The team is formed with a focus on representing all aspects of the school community, including district and building leadership, staff, educators from major academic areas, coaches, students, family members, school health, mental health, and counseling professionals, and any other group of key stakeholders (e.g., community or church leaders) who can contribute substantively to the process. The team is tasked with completing the baseline evaluation and building/oversighting/championing the strategic plan.

Baseline Needs Evaluation

The baseline evaluation is conducted in alignment with the seven Core Domains of The High School Comprehensive Approach. Evaluation minimally includes an organizational assessment, completed by the interdisciplinary implementation team, a student survey, and any key demographic or evaluative findings that the school collects routinely. Variables assessed include student demographics, social and emotional health status, help-seeking behaviors, and the alignment of current school policy and programming with current best practices in support of the Core Domains. Schools are encouraged to conduct focus groups with students, families, and staff to augment quantitative evaluation findings and elevate student and family voice.

Focused Action

The interdisciplinary implementation team, with technical assistance and support from The JED Foundation, uses baseline evaluation information to collaboratively build a vision of what specific goals are needed within each Core Domain, to choose or enhance policies, programs, activities, and resources in support of those goals, and to champion the actions needed to make progress toward those goals. This strategic plan is dynamic, and action plans are adjusted in response to the effectiveness of actions in service of the goals of the plan.

Ongoing Evaluation

The strategic plan should include methods for evaluating the impact of actions on progress toward plan goals. How will the interdisciplinary team know what is working and what is not? The interdisciplinary team is tasked with ongoing examination of impact and adjustment of actions to increase/improve impact. The Jed Foundation provides ongoing technical assistance in support of this process.

Equitable Implementation

Adolescents bring diverse sociocultural identities to school, including and not limited to gender, gender identity, sexual orientation, religion, race, ethnicity, nationality, country of origin, citizenship, ability, geographic location, community membership and socioeconomic status. While diversity of identity can and does foster resilient adaptations to stress, well-documented inequities in educational outcomes and in healthcare access and outcomes place students in marginalized and underserved groups at increased risk for emotional distress and suicidality. To equitably and effectively promote student mental health and reduce suicide risk, schools must take special care to learn about and plan for the needs of students whose identities and/or challenges may expose them to heightened psychological risk.

Prevalence data on suicide risk for adolescents powerfully highlight the potential negative impact of membership in a marginalized group on emotional well-being. Teenagers who identify as LGBTQ+, who are BIPOC, who have learning challenges or disabilities, who are homeless or housing insecure, those who are English-language learners, and those who are involved with the juvenile justice system over-index among adolescents in general for suicidal ideation, suicide attempts and/or death by suicide. [14] [15] [16] [17] Adolescents who are bullied or cyberbullied are more likely to report suicidal ideation and attempts; those who have been bullied describe physical appearance, race, ethnicity, gender, disability, religion, and sexual orientation as the most common reasons for being bullied or cyberbullied.[18] Across sociocultural identity groups, males are far more likely to die by suicide while females are more likely to attempt suicide.[19]

The mechanisms that place some groups of adolescents at greater risk for death by suicide are complex and varied. Access to the right treatment and supports for emotional distress and mental health needs, exposure to stressors that intensify those needs, and the availability of educational or community supports that mediate the impact of needs and stressors differ dramatically from group to group.[20] Students' mental health and well-being may be impacted by feelings of marginalization, isolation, or discrimination.[21] BIPOC and LGBTQ+ students may feel heightened distress or traumatic stress as potential or actual targets of microaggression, discrimination, or bias-related violence.[22] [23] Students with disabilities may experience

stigmatization by members of the school community.[24] Students who identify with different cultural groups may show distress and seek help in different ways, have different beliefs about appropriate supports for emotional distress, or lack access to treatment providers who are culturally competent. The unique life circumstances of some students may expose them to acute stressors, such as elevated incidents of violence in some communities, food insecurity, instability of family relationships, homelessness, poverty, or isolation, that exacerbate or give rise to mental health challenges.[25] Males, who die by suicide at a rate five times higher than females, may be more likely to have access to lethal means or may experience societal pressures that keep them from reaching out for mental health support. Membership in any underserved group constitutes a threat to overall health and well-being that elevates risk for suicidality, but the elements of that threat are different for different individuals.[26] [27]

In light of the complexity of this pathway to heightened risk and the diversity among and between students' identities, the challenge of equitable implementation of The High School Comprehensive Approach is one of responsiveness and reflectiveness. School communities are called to an ongoing reflection on the variety of identities, strengths, and adversities that exist for the students of a given high school or district, and to an incorporation of policies, strategies, and interventions that strive to promote equity and inclusion of those students.[28] [29] Equitable implementation is customized to the location and students in a way that will reach and help as many students as possible, regardless of identity factors. Importantly, equitable implementation includes an understanding, honoring and incorporation of family and community knowledge and resources that are needed to meet the needs of diverse groups of youth.[30] [31]

Equitable support and treatment requires innovation focused on improving well-being, fostering mental health, and connecting youth in underserved groups to culturally competent care.[32] In order to achieve these goals, members of the school community must work to develop a stance of cultural humility (openness to and curiosity about others – particularly to aspects of identity that are important to others) and cultural responsiveness (striving to understand the unique cultural backgrounds and identities of students and their families and to provide supports and services that make meaningful

connections to those identities).[33] Cultural humility and responsiveness are the result of school community members engaging in self-reflection about their own identities and biases and in ongoing learning for the entire school community about the dimensions of identity present in each student and family at the school.[34]

The promise of equitable practices in schools to positively impact emotional well-being and achievement for all students has emerged recently in educational research. Schools in which underserved students report more negative experiences and more stress also tend to have more staff and faculty burnout, and schools that work toward equitable practices and a positive climate for all students tend to exhibit higher levels of achievement for all students in the school.[35] Efforts toward equitable implementation, then, can be seen as efforts to promote a strong social, emotional, and learning environment for all students in the school community.[36]

The High School Comprehensive Approach is written with a central focus on equitable implementation. The model emphasizes attention to policies and practices that are equitable; schools are encouraged to use the evaluation and strategic planning approach to gain understanding of what is needed, and what works for students with diverse identities in the unique school community that is implementing the approach. Equitable implementation is not a 'one and done' process, however, and each school is encouraged to continually search for, try, and evaluate the effectiveness of strategies aimed at improved access to supports and opportunities for success for all students.

The following are some overarching actions and strategies schools can use to support an equitable implementation of this comprehensive approach:

- Organizational change begins with good evaluation and planning, and equitable implementation is no exception. Schools should include a careful examination of the identities of students and families in the school community from the start of the evaluation and planning process. Who is included/excluded in the school's thinking about social and emotional supports? How can the school's implementation plan work to include those who are not effectively supported now?

- Equitable policies around mental health supports work to avoid stigma by grounding implementation in the context of promoting student health and well-being overall and work to include diverse views of emotional health in those policies.

- Equitable implementation should include education for the entire school community about cultural humility and its role in promoting educational success and well-being. All members of the community should learn and practice a common language and framework for understanding and respecting sociocultural differences among students, faculty, staff, and leadership.

- Include a trauma-informed lens in all aspects of implementation and policy development. The trauma of community violence and the chronic stress and trauma of experiencing longstanding marginalization and bias contribute to behavioral challenges and lead to inequity in suspensions, expulsions, and drop-out. Shift the school community's response to students who exhibit challenging behaviors from "what is wrong with you" to "what happened to you, what need are you trying to express, and how can we help?"

- Understand that, for many underserved groups, community-based resources such as churches, extended family, and community youth organizations are critical components of emotional health and well-being. Engage family and community in conversation around what critical community supports should be included in the school's implementation plan. Provide outreach in the languages represented in your school community by investing in translation of information being sent to families and work collaboratively with community members who speak those languages and can assist with community focused activities.

Support for The Comprehensive Approach to Mental Health Promotion and Suicide Prevention

The High School Comprehensive Approach encompasses seven strategic Core Domains. These Core Domains should be incorporated into any school community-wide effort to support mental health and well-being and to limit substance misuse and suicide in high school. As mentioned above, evaluation and strategic planning should be used to drive an equitable implementation of tactical activities chosen in response to baseline evaluation findings. The strategic plan of action and the tactics and tools chosen for each school or district should be contextualized to the school or district and to the diverse identities represented in the school/district's student body.

The seven Core Domains of The High School Comprehensive Approach are described below. Each domain summary answers three key questions:

Why is this important?

Why is the domain theme important in the face of current knowledge of adolescent health, well-being, safety, and achievement? What are key concepts and definitions within this domain?

What actions best support the domain theme?

Based on a current understanding of the domain, what best and promising practices are available to support programming within the domain? These actions are supported by evidence or are promising practices. They are meant to be a guide for schools but not meant to be prescriptive.

Where do we start?

Finally, where should each high school begin in its examination of current practices and programs related to the domain? Again, these starting points represent a menu of possible actions that can be useful in supporting progress and improvement and should be used as a guide for planning.

Why is this important?

Evidence for the pervasive, positive impact of life skill development through the implementation of a social and emotional learning (SEL) curriculum is longstanding and well-replicated.[37] [38] The acquisition of independent living skills and SEL has a potentiating effect on students' current life and academic functioning while preparing them to become functional and successful adults. Well-developed social and emotional skills act as protective factors against stressors, improve academic performance, classroom behavior and attitudes, and increase school engagement. [39] [40] Learning and practice of life planning skills prepare students to make and execute good decisions about what to do after high school and support a successful transition to young adult life.[38]

Strong social, emotional, and life skills reduce the risk of suicidal ideation, as they increase student capacity to solve problems, manage emotional stressors, and control impulses.[41] Classrooms with strong SEL infusion tend to be more inclusive of all students, thus improving student engagement, student and teacher safety, and teacher-student relationships.[42] Teachers who are well-trained in SEL tend to create classroom environments that are safer, more respectful, and more strength-building. The infusion of SEL into the high school culture strengthens school functioning across the Core Domains of The Comprehensive Approach for High Schools, because SEL builds emotional well-being and reduces risks for students while strengthening a positive school climate.[43]

> *"When schools commit to promoting students' social-emotional learning, they become positioned to engage all education stakeholders and create a safe, equitable, and engaging school climate, so each student acquires and enhances the knowledge, skills, and dispositions they need for interpersonal and life success."*
> *(Duffell, Ilias, & Pickeral, 2017).*

Adapted from https://casel.org/what-is-sel/

Competencies related to coping and emotional health support students' increased understanding of their own emotions, identities, and strengths and build their capacity to take in and relate responsively to the unique perspectives, emotions, and choices of others.[44] Specific skills taught within each competency area aim to increase student mastery of self-management and responsible decision-making.[43][45] Social and emotional skills are best developed in adolescence through coaching and rehearsal, and can be infused into coursework, activities, and into the teaching and practice of fundamental life skills such as health, sleep hygiene, healthy cooking and eating, and management of finances. Social and emotional competencies increase students' capacity to develop healthier relationships and to exhibit more robust social and vocational behaviors across life contexts. For students with mental health needs in particular, these skills can bolster coping, self-care, and help-seeking. A full list of competencies can be found here. [46]

It is important to deliver inclusive SEL and life skills curricula that reflect the unique experiences and diverse identities of all students in the school.[47] Adolescents develop and are socialized in complex interlocking systems of families, communities, and larger social environments, and SEL is most effective when the complexities of these systems are acknowledged and integrated into curricula.[48] Inclusive SEL also recognizes that diverse cultural experiences and experiences of oppression impact identity development and strives to avoid invalidating, majority-culture norming of coping and behavior.[49]

For some adolescents, such as BIPOC youth, LGBTQ+ youth, youth with disabilities, teens with recent experiences of immigration, or youth who have experienced trauma, the larger social environment includes routine experiences with bias, inequity, and the absence of physical or psychological safety.[13 50 51 52 53] The notion of transformative social and emotional learning expands thinking about social and emotional learning to include aspects of the educational environment that perpetuate inequities (e.g., educator professional development in cultural humility and participatory educational practices), to build coping skills specific to race-based trauma and experiences of oppression, and to support youth in building an integrated cultural identity, social justice-oriented problem solving, coping, and citizenship skills.[54 55 56 57 58]

What actions best support the development of life skills?

Remember, these actions are supported by evidence or are promising practices.
They are meant to be a guide for schools, but not meant to be prescriptive.

Start small. Intentional approaches to implement SEL take time and resources. Go for quality as opposed to quantity.

Use proven SEL approaches whenever possible. The provision of SEL that is evidence-based is more effective. Social and emotional learning that is integrated into the classroom through curricula targeting specific competencies is more frequently found to be helpful for adolescents.[59 38]

Use impactful pedagogical strategies, with a focus on collaboration and participatory lesson delivery, to teach SEL. Many of the same pedagogical strategies that effect change in traditional academic curricula are important for successful delivery of SEL. Students best learn life skills and SEL as concepts embedded in real-life problem solving and/or into their academic curricula so as to understand the relevance of the skill they are learning which leads them to be more motivated to acquire social and emotional skills. High school students, when compared to primary and middle school students, are more responsive to the experience of being treated with respect and more motivated to learn when information is presented in ways that elicit and build upon their knowledge, expertise, and experience.[60] In short, interactive SEL delivery that facilitates adolescents' discovery of the results of using social and emotional skills in their own

lives will be more impactful for older teenage students than will traditional didactic strategies.[61] [53] Student-led pedagogical approaches have strong potential to mediate the marginalization of students whose stressors and life skills needs differ from those of the majority population or from those of their educators.[62] [63]

Infuse social and emotional learning into the school culture. Social and emotional learning, when delivered effectively, has the potential to impact all the Core Domains of The High School Comprehensive Approach. The skills and interactions associated with social and emotional skill mastery must be integrated into multiple settings across the school community.[64]

Invest in teacher and staff preparedness. Teachers are key deliverers of SEL lessons, and of role-modeling and messaging through their own social and emotional behaviors. Offering teachers professional development (training and collaborative supervision) around their own social and emotional awareness, their capacity to be culturally curious and responsive, and the effectiveness of their pedagogical strategies for SEL is a critical foundational component of impactful SEL.[65] [42] Non-teaching staff, who often are interacting with students during less structured and more socially-intensive parts of the school day, also should receive training in social and emotional skill modeling and support.[66]

Integrate real life challenges and fundamental life skills for adolescence and young adulthood into SEL; design curricula with the needs of diverse students in mind. The table on page 24 provides an example of how the core social and emotional competencies might be expanded to include transformative social/emotional skills that support and build equity and coping with systemic oppression and discrimination.[67]

Partner with the entire stakeholder community; include families, community leaders, and care providers in your work on SEL. Integrate school-family partnerships into your school's SEL curriculum and engage the broader community in support of social and emotional learning and the building and practice of fundamental life skills.[68] [69] Train school counselors on how to talk with families about social and emotional learning, how to be responsive to diverse family cultures, and how to educate caregivers about transitioning student health and mental health care after high school.[70] Offer informational supports and family-led events on supporting social and emotional learning.[40] Invite school alumni to return to campus to talk about their life, work, or college transitions after high school and to offer students support for their own decision-making. Engage the community in providing internships and vocational opportunities for students.

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INTEGRATED SEL COMPETENCIES & LIFE SKILLS

	Social and Emotional Core Competencies	Equity-Supporting SEL Competencies	Related Fundamental Life Skills
Self-Awareness	- Identifying emotions - Accurate self-perception - Recognizing strengths - Self-confidence - Self-efficacy	- Understanding one's place in the community - Understanding, building, and strengthening one's identity	- Generating individually and culturally relevant goals
Self-Management	- Managing emotions/emotion regulation - Impulse control - Stress management (emotion coping focus) - Self-discipline - Self-motivation - Goal setting - Organizational skills	- Understanding and building individual resilience - Race/identity-related stress management - Stress management (e.g., problem focused coping, mindfulness practices, exercise) - Cultural humility - Civic understanding, engagement, and efficacy - Responding to micro-aggressions	- Health, mental health, and academic success education - Health and mental health promoting behaviors (e.g., sleep hygiene, exercise, healthy tech device use) - Health and mental health management skills (e.g., understanding the health and mental health care systems, understanding health insurance, self-advocacy, planning for the transition of current health or mental health care after high school) - Planning for and moving toward goal achievement - Financial literacy and money management - Nutrition (e.g., eating, shopping, meal planning, cooking) - Study skills - Test-taking skills; managing test-related anxiety - Time management skills - Preparing for post-high school transition - Independent living skills (e.g., housekeeping, laundry, repair) - Career readiness skills
Social Awareness	- Perspective-taking - Empathy - Appreciating diversity - Respect for others	- Behaviors that foster inclusion - Understanding and building group resilience - Awareness of impact of diversity on group functioning - Critical social analysis	- Identifying and using credible information sources (research, news, healthcare) - Impact of social media/socially responsible use of social media
Relationship Skills	- Communication - Social engagement - Understanding healthy relationships - Relationship building; establishing and sustaining healthy relationships - Teamwork	- Collaborative problem-solving - Cultural responsiveness and competence - Leadership	- Conflict management and resolution - Violence prevention - Sexual harassment / relationship violence prevention
Responsible Decision Making	- Identifying and solving problems - Analyzing situations - Evaluating - Reflecting - Ethical responsibility	- Distributive justice - Pluralism - Collective well-being - Restorative justice practices - Advocacy for self and others	- Service projects - School and local governance - Activism

Where do we start?

Many schools have incorporated SEL into their offerings, and a comprehensive review of existing strengths and needs related to impactful SEL programming should include an examination of the possible strategies below. These starting points represent a menu of possible actions that often are useful in supporting progress and improvement and should be used as a guide for planning.

Policy and Planning

- Publicly stated goals and plans for the school community should include the explicit intention to promote social and emotional learning that incorporates the unique needs and life circumstances of all students in the school.

- School and district academic policies should include expectations that students will learn social, emotional, and basic life skills.

- School and district employment, promotional, and instructional policies should include expectations that teachers will model social and emotional skills and will infuse opportunities to learn those skills into their teaching.

- School and district policies around social and emotional learning should be equity-supporting and promote the acquisition of social and emotional skills that are relevant to students with different backgrounds and experiences.

- School and district policies should provide for student and family voice in the development of social and emotional learning curricula and opportunities.

- The school's disciplinary policies should be written with the goal of using SEL and skill-building as a core component of disciplinary action.

- The school's grading policies should include attention to and reward for progress in social and emotional learning.

Time

- School and district planning agendas should include time and space for SEL planning.

- Faculty meetings and family meetings should include time for discussion of SEL.

- SEL learning periods and teacher preparation time for SEL should be built into the academic schedule.

- School building leaders, counselors, mental health professionals, staff, and coaches must have time scheduled for coaching SEL in action with students each week.

Personnel

- The governance structure of the district/school should include a focus on social and emotional learning.

- A dedicated full-or part-time position should support SEL implementation.

- The individual responsible for professional development should be tasked with including SEL training for teachers and staff in the annual training plan.

- Guidance, mental health, and coaching staff workloads should be adjusted to incorporate adequate focus on social and emotional learning.

- Professional development opportunities should be available for leaders, educators, and staff to support the practice, teaching, and infusion of social and emotional learning in the school's programming.

Curricula & Activities

- Academic department chairs/leads should be asked to support SEL infusion in their teams.

- Lesson plans should incorporate SEL learning.

- Teachers should incorporate project-based and participatory teaching strategies into their work.

- Students should experience opportunities to practice skills that are reflective of their unique racial, cultural, and demographic experiences.

- Social and emotional learning should incorporate opportunities for students to explore and understand their unique identities.

- Students should experience learning that helps prepare them for the transition to college and adult life.

Infusion

- Both SEL and life-skill building opportunities should be available across all school programming. Teaching practices, curricular elements, organizational structures, school-community partnerships, and extracurricular activities should overtly support and develop SEL and life skills.

- Social and emotional learning concepts and practices should be incorporated into family-facing communication and events.

Resources

The Jed Foundation's "Set to Go" comprehensive online resource is based on a framework of five key areas of knowledge and skill development that comprise emotional preparedness. Students, families, and high school educators can use this resource to develop basic life skills (e.g., for managing physical and emotional health, finances, personal times, and belongings) and social and emotional skills (e.g., for addressing how to manage emotions, set and achieve goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions). The tool allows teens to independently explore their own readiness skills for transitioning to college and young adulthood.

The Jed Foundation's Press Pause hub offers a diverse set of videos, mindfulness resources and self-care experiences that help teens and young adults take care of their mental health and cope with stressors and emotional challenges.

The Collaborative for Social and Emotional Learning (CASEL) provides an extensive collection of resources to assist schools and districts in the implementation of SEL strategies, including strategies which advance equity through SEL promotion. The 2015 CASEL Guide: Effective Social and Emotional Learning Programs—Middle and High School Edition identifies school-based programs that have been evaluated with middle and high school students and that promote students' personal and social competence.

Facing History and Ourselves Back to School Toolkit provides educators with information and pedagogical strategies that integrate identity exploration into social and emotional learning.

Youth Communication offers social and emotional lessons rooted in true stories that are written by, and reflective of, today's teenagers. Curricula are available for SEL competencies, navigating the transition to adulthood, and other topics. Professional development resources for educators also are available.

PROMOTE SOCIAL CONNECTEDNESS AND A POSITIVE SCHOOL CLIMATE

Why is this important?

The need for social connection is particularly salient for high school students in all stages and has been shown to be a significant buffer for emotional distress and preventative of suicide risk.[71] As they are transitioning from middle school to high school, teens are exposed to increasingly challenging academic work and a new environment. Throughout high school, they are developing identity, beginning to shape goals for the future, and juggling the range of stressors that come with adolescence. Teenagers experience social connectedness in different ways, including a sense of closeness to peers, the perception of being cared for and supported by the adults around them, a feeling of belonging in family and community, a sense of satisfaction in relationships, and a willingness to reach out to others for support. A young person's social environment impacts brain development and can inhibit or facilitate resilience to mental health issues.[72] In order for social connectedness to develop and be sustained, students must experience consistently positive interactions with important others (peers, teachers, coaches, staff, and leaders) and a stable feeling of being cared about by others.[73 74 75] Schools can play a critical role in promoting social connectedness by providing infrastructure for connection between students and their peers, as well as between students and the adults in the school.[76]

The development of a positive school climate supports a school's capacity to sustain an inclusive, caring community through a network of respectful and supportive relationships among all members of that community.[77 78 79 80] School climate is best conceptualized as the interactional day-to-day environment of a school and is largely influenced by the attitudes of educators and school leaders. Positive school climates are those in which every member of the community feels socially, emotionally, and physically safe and in which student learning and development is individually and communally fostered.[81] Importantly, young people feel like they belong regardless of their identities or life circumstances.[82]

One dimension of school climate is teaching and learning, in particular the adoption of support for learning and the integration of social-emotional learning through repeated positive interactions. Communication skills can be taught as a component of SEL curricula, but are best learned and refined when modeled by teachers, school staff, and families. Supportive teaching practices such as giving constructive feedback and encouraging positive risk-taking can facilitate a positive school climate for students.[66] Supportive practices are important for all students but have shown to be particularly protective for students from marginalized groups experiencing bullying.[83 84 85] For students who have experienced trauma, such practices facilitate a sense of safety and prevent students from being triggered by school.[86]

School connectedness is a key component of school climate, best described as students' believing that adults in the school care about them and their learning, and that they belong.[87] Feeling connected to school is a critical contributor to social connectedness and is independently predictive of adolescent resilience. [66 88] Students with high levels of connectedness positively identify with school, are less likely to experience emotional distress, and are less likely to experience suicidal ideation or engage in suicide attempts. [65 66 89 90 91 92] School connectedness also is a protective factor against other high-risk behaviors in adolescence and a supporting component of school attendance and academic achievement.[93 94 95 96 97 98]

WHAT TEACHERS CAN DO TO PROMOTE SOCIAL & SCHOOL CONNECTEDNESS

- Genuinely convey caring, attentiveness, and excitement about learning

- Build a strong relationship with every student

- Help students learn about one another's strengths

- Use participatory curriculum planning, teaching, and student evaluation strategies

- Promote cooperation over competition

- Integrate the practice of mutual respect into all instructional activities

BIPOC students, LGBTQ+ students, students with disabilities, English-language learners, and students from low-income communities may have additional challenges in school that can increase risk for emotional distress and/or suicidal ideation.[99] Students from marginalized groups often perceive school environments as less positive, are at higher risk of isolation, and perceive differential treatment in school.[100 101 102 103] In order to combat this, efforts to improve school climate should include celebration of diverse identities, inter-cultural engagement, inclusivity, prevention of and response to bias-related incidents and bullying, and training for school community members on cultural biases. Thoughtful work on school climate and communication should focus on the development of an inclusive, affirmative community.[104 105 106 107] Caregivers from marginalized groups also tend to feel disengaged from their child's school and this disengagement has a negative impact on student outcomes. Students who have both experienced trauma and identify with a marginalized group may have their struggles further compounded by discrimination, bias, and/or use of punitive disciplinary practices. Teachers and school staff play a critical role in facilitating a safe, supportive environment for all students and families.[108]

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Efforts to improve school climate also can mediate the impact of high levels of stress resulting from extrinsic, developmentally inappropriate pressures to compete academically. Emergent research suggests that school or community environments that foster toxic competition can place high school students at greater risk for emotional distress, anxiety, and suicidal ideation by exposing teens to unreasonably high standards for achievement, activities, and college plans. Feelings of social and school connectedness, and the experience of being supported and accepted regardless of achievement outcomes, are important reducers of the stress and distress that result from toxically competitive, high-stress educational climates.[109] [110]

What actions best support social connectedness and a positive school climate?

Remember, these actions are supported by evidence or are promising practices. They are meant to be a guide for schools, but not meant to be prescriptive.

Measurement is essential. As a school's climate is closely linked to the individual members of the community, each school will have its own unique climate as well as specific needs. Therefore, it is important for schools to conduct regular assessments of the current school climate to understand the identities, values, norms, and expectations of all stakeholders in the community (students, family members, staff, administrators, and school district). Assessments can be conducted informally or formally. Special attention should be paid to how students from different groups experience school climate and are impacted by disciplinary actions.[111] [112]

Encourage supportive practices. Strategies that build the stability of respectful, healthy interactions among and between all members of the school community are the most powerful way to build a positive school climate. Teachers and school leaders should model and nurture mutual respect, constructive feedback, and conflict resolution for students. All staff should be supported in their use of participatory, collaborative practices. School staff should be trained on safety protocols, anti-bias, and supportive practices. Without proper training, support, and buy-in from staff, it will not be possible to facilitate the school environment young people need to thrive.[113]

Facilitate a sense of safety. Students should feel safe when they enter the school building and as they move through the day. Ensure that classrooms are predictable and orderly to promote optimal learning. Expectations should be made clear at all times and protocols should be in place to prevent and respond to incidents of violence, bullying, cyberbullying, hate, harassment, or abuse on or off school grounds.[114] Since the prevalence of trauma in today's youth is high, schools should use trauma-informed practices that support and prevent triggering students who have experienced community, interpersonal, and intergenerational trauma.[115]

Build an infrastructure for connectedness. Every student in the school should be connected to at least one caring adult and peers with whom they can relate. Create systems and activities for students and families to build strong relationships with their peers, teachers, other school staff, and the broader school community. Identify extracurriculars for students who appear to be disengaged. Partner with community leaders to gain access to diverse out-of-school activities for students.[116] [117]

Incorporate restorative disciplinary practices. While punitive practices are often used to maintain order and safety, they can contribute to feelings of isolation for students and disproportionately impact students of color.[118] [119] Employ practices that allow students to reflect on the root causes of their actions and provide support. Often behavior that is perceived as negative is a cry for help.[120] [121]

Promote inclusivity, equity, and anti-bias. Students should feel seen and heard and that their identities are honored and appreciated. All students benefit from a school environment that promotes diversity, equity, and inclusion. Improving climate and connection for the most marginalized students in the school improves outcomes for those students and for everyone else in the school community. Celebrate students' distinct identities, ensure they are represented in the curriculum, and that they are given opportunities to reflect on their biases. Programming should be specifically tied to the unique community members of the school. This action requires deliberate examination of current practices. [104] [122]

Where do we start?

Because direct survey of how students experience school climate is critical, schools should pay special attention to evaluation in this domain. Targeted action driven by evaluation findings is a good place to start. The list of strategies below represent a menu of possible actions that often are useful in supporting progress and improvement and should be used as a guide for planning.

Evaluation

- Schools and districts should measure and review school climate data regularly to monitor progress, areas of focus, and to be responsive to concerns. Measurement should include both student and family perspectives.

- Schools and districts should collect Information on the following data related to bullying, anti-bias, and other aggressive incidents: types of behaviors (e.g., physical, verbal, in-person, online, etc.); details about most common locations, time of day; reports of student help-seeking; reports of reactions of staff, caregivers, and other students; and school staff and families' perceptions of such incidents.

Policy & Planning

- Publicly stated goals and plans for the school community should include the explicit intention to promote a positive, inclusive school climate.

- School and district academic policies should eliminate the use of punitive policies and encourage restorative practices whenever possible. The school and district should seek routine input from students and families on school policies with a particular focus on disciplinary policies.

- School and district employment, promotional, and instructional policies should include expectations that teachers and school staff will model positive communication with students and families.

- School and district policies around bullying, cyberbullying, hate and bias-related incidents should include protection for LGBTQ+ students, BIPOC students, students with disabilities, English-language learners, victims of sexual abuse and violence, and any other marginalized groups represented in the school.

- All policies – and changes in policies – should be clearly and widely communicated to students, families, and school staff using multiple methods of communication.

Time

- School and district planning agendas should include time and space to review and respond to school climate data, to plan activities that foster positive climate and connectedness, and to identify and respond to student and staff concerns about physical or psychological safety.

- Faculty meetings and caregiver meetings should include time for discussion of school climate practices, activities, and data.

- School leaders should allow time for teachers to receive professional development on practices related to school climate and social connectedness (e.g., anti-bias training, restorative practices, culturally responsive teaching, facilitating safe environments).

Personnel

- The governance structure of the district/school should include a focus on school climate.

- The individual responsible for professional development should be tasked with including training related to school climate and social connectedness.

- Ensure teachers and school staff feel well-supported; reflective supervisory practices can facilitate this.

Curricula & Activities

- Regularly offer programs, activities, or campaigns that promote inclusive school environments with practices and policies that increase feelings of connectedness and belonging.

- Support and maintain diverse student run groups, clubs, athletics, and organizations.

- School and district curricula should include relevant materials (e.g., books, stories, role models, language, examples) for students of marginalized identities in curricula throughout the school year.

- Bystander training and bullying prevention training should be integrated into the school curriculum.

Resources

The Jed Foundation's Love is Louder project is a social media based community working to build a world where we all feel connected & supported.

The Jed Foundation and MTVu have developed Half of Us, a mental health literacy program featuring a library of free-for-use videos including PSAs, celebrities, and students talking about their personal experiences with mental health and substance use. Half of Us helps young people feel less alone and encourages them to reach out for help.

The National School Climate Center is a one-stop resource for choosing strong school climate surveys, learning about the impact of a positive school climate, and taking steps to improve climate and build safety for students and staff alike.

The International Institute for Restorative Practices provides comprehensive resources for understanding, evaluating, and implementing restorative practices in schools and in community.

Teaching Tolerance provides free resources to supplement curricula, inform practices, and create civil and inclusive school communities where children are respected, valued, and welcome participants.

The National Child Traumatic Stress Network has many resources for understanding and recognizing trauma, as well as a Child Trauma Toolkit for Educators.
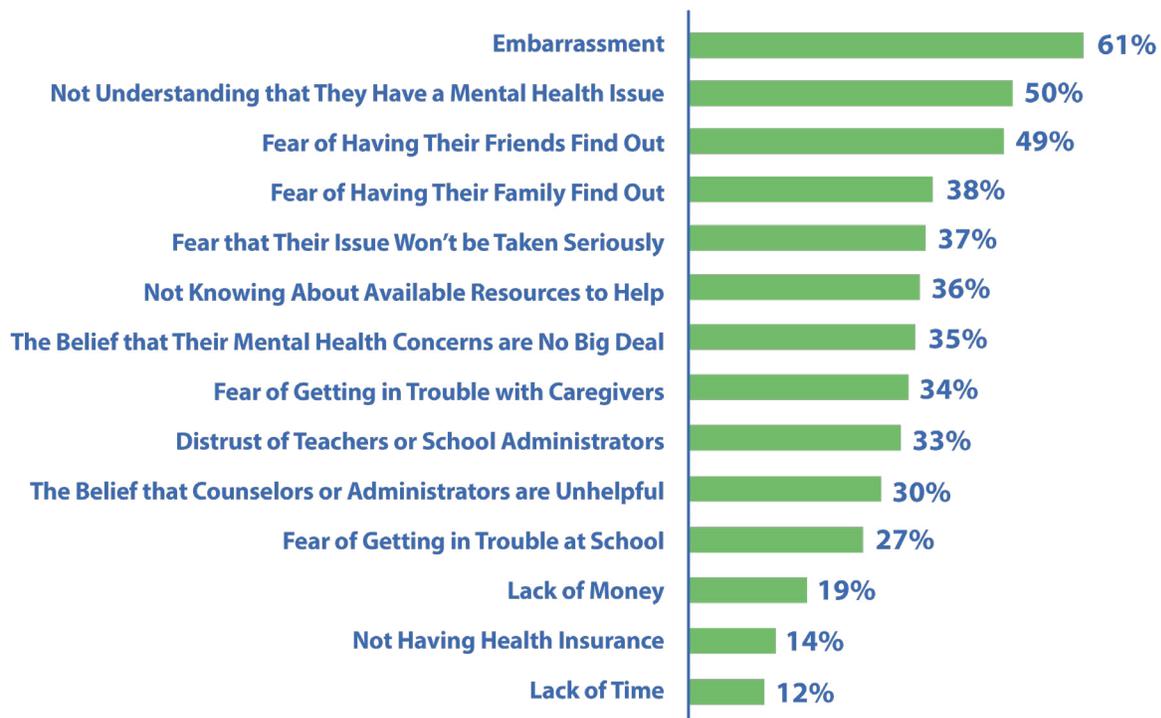
Why is this important?

Despite the increasing number of adolescents who report struggling with poor mental health, only one-third of those with reported challenges seek and receive treatment. Help-seeking behaviors, which are foundational in identifying mental health challenges and suicide risk, are even lower in groups of teens who experience marginalization (e.g., BIPOC and LGBTQ+ youth).[123] Delaying the help-seeking process in the face of mental health challenges has been found to lead to adverse health outcomes, including substance misuse, high-risk behavior, and suicide.[124] [125]

Students' Top Reasons That Prevent Them From Getting Help With Mental Health Issues

Reason	Percentage
Embarrassment	61%
Not Understanding that They Have a Mental Health Issue	50%
Fear of Having Their Friends Find Out	49%
Fear of Having Their Family Find Out	38%
Fear that Their Issue Won't be Taken Seriously	37%
Not Knowing About Available Resources to Help	36%
The Belief that Their Mental Health Concerns are No Big Deal	35%
Fear of Getting in Trouble with Caregivers	34%
Distrust of Teachers or School Administrators	33%
The Belief that Counselors or Administrators are Unhelpful	30%
Fear of Getting in Trouble at School	27%
Lack of Money	19%
Not Having Health Insurance	14%
Lack of Time	12%

From: JED & Fluent Research (2019). Mental health of high school students.

Researchers have identified several key reasons why students are reluctant to seek help when they are in emotional or mental distress. Adolescents who do not seek help report that they are unsure of what mental illness is or what mental health services are available to them. They describe being worried about the cost of mental health or substance misuse treatment, and skeptical about the ability of formal treatment providers to understand them, keep their concerns private, and effectively help them.[126] They report a need for self-reliance, and a preference to independently handle their challenges.[127] Teenagers also report fear of being shamed or stigmatized by peers or family as a barrier to help-seeking.[128] [129] Cultural considerations, including trust in the health care system and varying understanding of mental illness and how to treat it, also impact teens' willingness to seek help.

More recently, research on adolescent help-seeking behavior has sought to identify facilitators of help-seeking. Although this research is new, studies are beginning to suggest that adolescents who have past experience with help-seeking that is positive, or who learn about peers' successful help-seeking experiences, are more likely to reach out to others when in distress.[130] Teenagers also report that, when they experience social support or encouragement from their peers to ask for help, they are more likely to do so.[131] Finally, when adolescents have had positive interactions with school counselors or community mental health providers, they are more likely to reach out for help in the face of their own distress.

When adolescents do seek help, they tend to rely on family, informal social networks, and digital technology.[132] [133] Recent studies estimate that more than half of adolescents – particularly male adolescents – use social media sites or the world wide web to search for health and mental health information.[134] Much has been written about the mixed quality of available information on mental health supports in the digital world; the more that adolescents and their families have readily accessible information on where they can find credible digital resources of information and support, the more powerful their digital help-seeking strategies will be.[135]

What actions best support encouraging help-seeking behaviors?

> *The promotion of mental health and reduction in suicide risk in any school community should work to reduce barriers to help-seeking and strengthen students' willingness and ability to seek help when in distress. Remember, these actions are supported by evidence or are promising practices. They are meant to be a guide for schools, but not meant to be prescriptive.*

The promotion of mental health and reduction in suicide risk in any school community should work to reduce barriers to help-seeking and strengthen students' willingness and ability to seek help when in distress.

Increase mental health and substance misuse literacy for students, families, and staff; decrease stigma around mental health needs and help-seeking. Mental health awareness campaigns specifically designed for adolescents can have a powerful impact on mental health literacy. Providing students, staff, and families with information about common signs of distress and ways to reach out can reduce stigma and help everyone encourage help-seeking. Including information on prevalence rates can help students understand they are not alone in how they are feeling. Consider investing in a formal mental health literacy curriculum/campaign, which educates the entire school community on mental health diagnoses, symptoms, prevalence rates, supports, treatments, school and community resources, and mechanisms for accessing and affording formal mental health treatment.[112 136] Include training for family members and staff on positive reinforcement of help-seeking behaviors and minimizing stigmatizing or punitive responses to signs of distress. Include as much in-person or recorded exposure to school counseling staff and local mental health or substance misuse treatment providers as is possible.[137]

Encourage help-seeking with strategies that respect and increase adolescents' developmental press for self-reliance. The provision of easily-accessible and well-publicized resource materials allows students to research and develop their own plan for reaching out. Use a wide range of methods to reach different young people in your school community.[138] Include information on knowing when it is time to ask for outside help and how to do that. Provide multiple ways for students to ask for help, including ways that help students who feel shy about approaching someone directly. Make sure that students know about resources outside of the school community so that they can seek help where they feel comfortable doing so.[139]

Encourage help-seeking that is student-driven and increase students' direct experience with stories of same-age individuals who have struggled with stress, emotional challenges, trauma, and/or substance misuse and who have sought and received effective help. Empower students to develop and present PSAs and to participate in the delivery of mental health and suicide prevention campaigns. Work with students to identify strategies that will best suit the population of your high

school.[140] Consider starting a student-led club that focuses on mental health awareness and suicide prevention. Provide peer-to-peer opportunities to seek help and invite speakers on mental health and suicide prevention in whose stories your students can recognize themselves.[141] Provide an anonymous reporting mechanism through which teens can report concern or worry about a peer to counseling or support staff.

Plan activities that are relevant to what students are experiencing in the here and now; consider these relevant options: Provide information on stress management and coping with test anxiety during exam time. Provide supports for understanding and avoiding substance misuse during known party times. Provide information about emotional and physical reactions to stressors associated with marginalization when national, regional, or local events are likely to trigger more stress responses for students.[142] Discuss food insecurity and provide local food resources before summer break. Provide education about seasonal impacts on mood and mental health coping before the winter holidays.

Integrate help-seeking promotion efforts that incorporate the needs of diverse students in your school community. Include cultural and religious considerations that may influence ideas about mental health and the stigmas that might impact help-seeking.[143] Clearly communicate confidentiality and its limits so that students and families understand what they can share safely and privately and with whom. Include culturally relevant and appropriate resources for all groups of students in resource lists and awareness campaigns.[144] Include education and support information for youth who may be experiencing trauma in all literacy efforts.

Engage with adolescents' informal networks and shape their use of digital technology to find help. Develop and staff a family resource center, with information about mental health that caregivers can read in various languages, recorded webinars on the topic from trusted community-based organizations, and information about policies and protocols to handle mental health in the school as well as contact details for school counselors and/or school psychologists and other support staff in the school. The resource center also should make families aware of local resources for mental health as well as provide contact details for local providers that the school trusts. If possible, include insurance and cost information for those providers as well. Plan family events that help families foster an open and non-judgmental dialogue around mental health and suicide prevention with their teens.[145]

Where do we start?

Use your strategic planning process to identify resources and needs among the following possible strategies. These starting points represent a menu of possible actions that often are useful in supporting progress and improvement and should be used as a guide for planning.

Policy and Planning

- School and district policies and annual plans should include expectations that students will

increase their mental health literacy.

Time

- School and district planning agendas should include time and space for selecting and implementing mental health and substance misuse awareness and suicide prevention campaigns.

- Extracurricular activities should include student-centered clubs and activities to increase mental health literacy and provide opportunities for peer-to-peer supports.

- Family events should include mental health literacy speakers and information.

Personnel

- The governance structure of the district/school should include a focus on planning for mental health literacy and help-seeking supports.

- Administrative, guidance, mental health, and nursing staff workloads should be adjusted to include time for planning and implementing diverse resources and communication streams to increase student mental health literacy and support help-seeking.

- Faculty and staff champions should be identified and encouraged to spearhead student-centered and student-led extracurriculars on mental health literacy and peer-to-peer support.

- Professional development opportunities related to school climate and SEL should include mental health literacy and training on using non-stigmatizing language to talk about mental illness, substance misuse, and suicidal feelings.

Curricula & Activities

- Regularly offer programs, activities, and resources that promote student literacy around mental illness, mental health promotion, substance misuse and its treatment, suicidal feelings and getting support, trauma and its impact on mental and physical health, and how to reach out for help.

- The school should invest in mental health literacy curricula and resources that are student-centered and evidence-based.

- School and district mental health literacy curricula should include relevant materials (e.g., books, stories, role models, language, examples) regarding mental health literacy for students of marginalized identities.

- The school community's digital communication systems (e.g., Website, Twitter, Remind) should be an integral part of its mental health literacy curricula and campaigns.

Partnership

- Students should be involved in the selection of mental health literacy curricula and the planning and staging of related events, digital communications, clubs, and PSAs.

- Families should be involved in mental health literacy programming.

- Community partners, including the provider community, should be invited to participate in mental health literacy related events and clubs.

Resources

The Jed Foundation has developed several mental health awareness and suicide prevention campaigns, specifically designed for older adolescents and young adults:

- JED Storytellers: YouTube Videos

- There's Help All Around You

- Seize the Awkward: activation guide

- JED Voices

Active Minds is a not-for-profit network of student-led clubs and experts and has a group of chapters specifically designed to develop student leadership of mental health awareness support in schools.

Bring Change to Mind (or BC2M) is a student-led club in many high schools throughout California and the country.

The National Alliance on Mental Illness's Strength of Us program provides peer-to-peer digital supports for understanding mental illness and seeking help.

Sources of Strength is a best practice youth suicide prevention project designed to harness the power of peer social networks to change unhealthy norms and culture, ultimately preventing suicide, bullying, and substance abuse.

IMPROVE RECOGNITION AND RESPONSE TO SIGNS OF DISTRESS AND RISK

Why is this important?

As youth enter their teenage years, they are less likely to seek outside help when in distress, despite the increasing prevalence of mental health challenges and stressors they encounter. As a result, gatekeeper trainings–which teach natural helpers about the prevalence of suicide, warning signs of risk, and ways to reach out and offer support–become increasingly important for adolescent suicide risk prevention.[146] Those who interact with teens the most, including their peers, their families, and all members of the high school community, can play an important role in identifying and supporting youth at risk when properly trained. Gatekeepers are most effective when they have the information needed to connect youth who may be at risk to culturally relevant and culturally competent providers of treatment and support.[147]

After delivering Signs of Suicide to students, schools reported:

97 % believed students learned to identify signs of depression and suicide

95 % felt there was reduced behavioral health stigma among students

90 % saw an increase in students seeking help for themselves or a friend

Signs of Suicide (SOS) is a school-based prevention program which combines awareness raising and screening into a single suicide prevention program. SOS participants learn that suicidality is directly related to mental illness, usually depression. Participants are taught about signs and symptoms of depression and suicidality and take a depression screening. In addition, SOS participants are taught that suicide is not a normal reaction to stress and more adaptive coping such as help-seeking is prescribed. Students are taught the ACT action steps—Acknowledge the signs of suicidality in others by taking the signs seriously; let the person know you Care & you want to help; and Tell a responsible adult.

Gatekeeper training increases participants' ability to recognize possible signs and symptoms of suicidality and their confidence in reaching out to youth who may be at risk.[148] However, gatekeeper training conducted in isolation and without ongoing complementary suicide prevention efforts (such as repeated booster trainings for gatekeepers, screenings, awareness campaigns, etc.) does not appear to result in increases in mental health utilization.[149] It is vital therefore, that gatekeeper training be high quality, sustained over the long term with booster trainings and support, and conceptualized as just one component of a comprehensive and ongoing health/mental health promotion and suicide prevention program. It also is vital that youth identified by gatekeepers as being in need of evaluation or treatment be linked to trained mental health practitioners. [150]

Adolescents use social media to communicate with one another and to find information and support when they face challenges.[151] Research on the impact of social media use and messaging on suicidal ideation and attempts specific to teenagers is nascent and its conclusions are not yet clear. Some findings suggest a relation between exposure to digital information and images about suicide and the progression from ideation to attempt, but other studies show that the social connection and support to be found in posting when one is depressed have protective factors for youth.[152] [153] [154] Social media is best integrated into gatekeeper approaches with both of these findings in mind; the school community can be provided with support for safe and responsive digital communication. Gatekeepers should be trained to respond to or report warning signs found in social media posts and gatekeeper programs must include digital communication of support and images/concepts of positive coping.

5 Action Steps for Helping Someone in Emotional Pain

| ASK | KEEP THEM SAFE | BE THERE | HELP THEM CONNECT | STAY CONNECTED |

A social media campaign initiative called #BeThe1To encourages teens to take five action steps with someone in their life who may be suicidal

Universal screenings of students and targeted screenings of higher risk groups of students can be strong compliments to gatekeeper training in the reduction of suicide risk and the promotion of mental health, provided they are carefully planned and properly resourced. Universal suicide risk screenings are brief paper or web-based questionnaires that assess students' behaviors, thoughts, and feelings in order to determine whether they may be at risk for a mental health problem, including risk of suicide. Screenings that examine suicide risk specifically, such as the Computerized Adaptive Screen for Suicidal Youth or the Columbia-Suicide Severity Rating Scale, have a high degree of sensitivity to the possibility of suicide risk in adolescents.[155] [156] [157] Consequently, they are best used when properly trained, qualified counseling staff are able to carefully and privately follow up on individual youth who are flagged by a school-wide screening process. Universal screenings of global functioning, such as the Strengths and Difficulties Questionnaire can be used to screen the student population for indicators of emotional distress or mental health concerns. More targeted screenings, which can be used to identify suicide risk in youth who are exhibiting signs of depression, substance misuse, traumatic stress symptoms, or other signs of emotional distress, also can be integrated with effective methods of linking identified persons to needed treatments. It is important to note that periodic, standardized risk screenings do not

replace the need to identify students at risk in real time and to connect those students to needed evaluation and care. [158]

School-based screening for mental health concerns and/or suicide risk should be carefully planned and implemented. Screening efforts must include careful selection of a screening tool or tools that have been evaluated and vetted for use with the diverse student identities represented in a school's student body.[159] Well-implemented screening should include participation of the community of students and caregivers in planning and consenting to the screening and adequate training for those who will conduct screenings. Screening efforts must be planned carefully, with the following considerations in mind: time, school resources, and human resources budgeted for collecting and protecting screening data, reviewing results for immediate identification of potential risk, and private, culturally sensitive follow-up with students identified. It is critical that youth identified in any screening effort be promptly connected to effective mental health evaluation and treatment, as outlined in the "Ensure Access to Effective Mental Health Treatment" section of this document. [160]

CASE STUDY: The Los Angeles Unified School District

The Los Angeles Unified School District has a youth suicide prevention program utilizing gatekeeper training and education as outlined in the Center for Disease Control School Gatekeeper Training model. In this model, gatekeeper training is combined with effective psychoeducation and linkage (referral to treatment) efforts. Researchers suggested that it seems likely that this gatekeeper program was effective at subsequent mental health utilization precisely because of the tight integration with timely efforts to engage the student's caregivers/guardians, explain the need for treatment, and provide referral options (Kataoka et al., 2007).

Suicide risk among BIPOC and LGBTQ+ students and students whose histories have exposed them to traumatic experience is higher than that of the general adolescent population.[161] [162] Special consideration must be taken with gatekeeper programs, screening, and referral to treatment supports with each group of youth, especially when programs, tools, or actions have not been found to be effective supports for youth from underrepresented cultural groups. Gatekeepers must be trained to understand and respond to the unique social risk factors of diverse groups of students in the school, to observe and respond to youth in a culturally responsive way, and to help youth reach out to formal treatment supports through mechanisms (e.g., church leaders, family members, family health care providers) with which they feel safe and comfortable.[163] Involving relevant leaders from the local community in gatekeeper training is a promising approach to ensuring that youth identified as being at risk for mental illness and suicide receive support from trusted sources outside of school when that approach is most appropriate.[164]

What actions best support the recognition of and response to signs of distress and risk?

Remember, these actions are supported by evidence or are promising practices.
They are meant to be a guide for schools, but not meant to be prescriptive.

Develop a clearly outlined procedure for monitoring and responding to students in distress.
When every member of the school community knows how to connect with, listen to, and support students at risk, gatekeeper approaches are more effective.[139] Procedures are most useful when they include process-oriented content (e.g., how to listen non-judgmentally and how to validate emotions) and action-oriented content (e.g., escort student to a designated school mental health or counseling team member and remain with the student until the student is comfortable). Procedures are retained best by everyone in the community when they are available in a variety of easy-to-learn formats (remember to include social media messaging) and when they are reviewed regularly with everyone in the school.

Train everyone in the school community to promote emotional health, recognize warning signs of distress and risk, reach out, and know how to connect youth with appropriate resources and support. Well-defined, culturally responsive gatekeeper protocols are readily available; the best choice for each school will be guided by the evidence base behind that protocol. Consider the protocols success with all populations of students who attend that school.[165] Key stakeholder groups (e.g., caregivers, family, students, community leaders, educators, and staff) should be involved in the selection of a gatekeeper program and all stakeholders should participate in the training. [166]

Include booster training every three to six months. Knowledge (of protective factors, warning signs, and ways to reach out) and confidence (in ones' ability to recognize warning signs and to reach out) gains made by participants in gatekeeper training are sustained for three to six months before beginning to fade. Gatekeeper protocols that include regularly-scheduled, short booster trainings, brief content reminders, or focal concept reviews sustain gains made in initial training. Gatekeeper training and booster trainings that include behavioral rehearsal of outreach strategies are likely to further deepen and sustain the outcomes from initial gatekeeper training.[167]

Train everyone in the school community to understand and identify youth who experience elevated risk for emotional distress and suicide. When important adults understand and respond to students who may be at increased risk with compassion, respect, and outreach, preventative strategies in the school are strengthened. The provision of heightened attention to and care for students who are isolated or disconnected, are having attendance, academic, or behavioral problems, are experiencing stressful events, or identify with a non-dominant cultural group extends prevention efforts to those at higher risk. Educators who are aware of and responsive to the needs of vulnerable populations of students are better equipped to

recognize and respond to signs of distress in all students. Everyone in the school community must be trained to understand that even the most resilient teenager can be at risk for suicide when acutely distressed. Any student in distress should be connected to a trained mental health professional. [168]

Carefully select, plan for, and implement universal or targeted screening. Decide upon the most appropriate type of screening. Universal screening is most useful when conducted with a clear goal in mind and when proper infrastructure to collect, review, and sensitively respond to screening results is in place. Screening typically is a two-stage process where potential risk of suicide or mental health concerns is flagged in a brief screening and each youth flagged is connected with someone who is competent to follow-up and assess actual risk in a culturally competent manner.[128] Once students who need additional support are identified, referrals must be made to appropriate, culturally competent mental health services and supports.

Important Considerations for the Decision to Implement Universal Behavioral Health or Suicide Risk Screening:

☑ *Work with a qualified mental health professional to choose, plan, implement, and interpret the data from a screening.*

☑ *Make sure that qualified mental health professionals are available to follow up on any student identified as being in need of evaluation or treatment.*

☑ *Obtain informed consent from caregivers. Be sure to inform caregivers/guardians how screening information will be used, the limits of confidentiality, and what information if any will be shared with others when youth are identified as being in need of evaluation or treatment.*

☑ *Be sure that you have the resources needed to respond to youth identified by the screening.*

☑ *Do not use screening as a substitute for ongoing attention and response to youth in need of evaluation or care.*

Train and empower students to recognize and reach out to peers in distress and provide them with methods to anonymously refer a peer for additional adult support. Adolescents who recognize that mental health is part of overall health and well-being and who know the signs of emotional distress and emerging mental health issues are better able to identify and support their peers at risk. Teens who have been taught and have practiced outreach skills may be

more likely to reach out to peers. Peer-to-peer programs are most impactful when a licensed counseling, social work, or other mental health professional provides faculty leadership and when that professional provides participants with accurate and readily available information on school and community-based resources for peers in distress. Because adolescents often are reluctant to report their peers' problems to adults in authority, it may be helpful to provide an anonymous method to connect those at risk to competent adults in the school and the community.[169] [170]
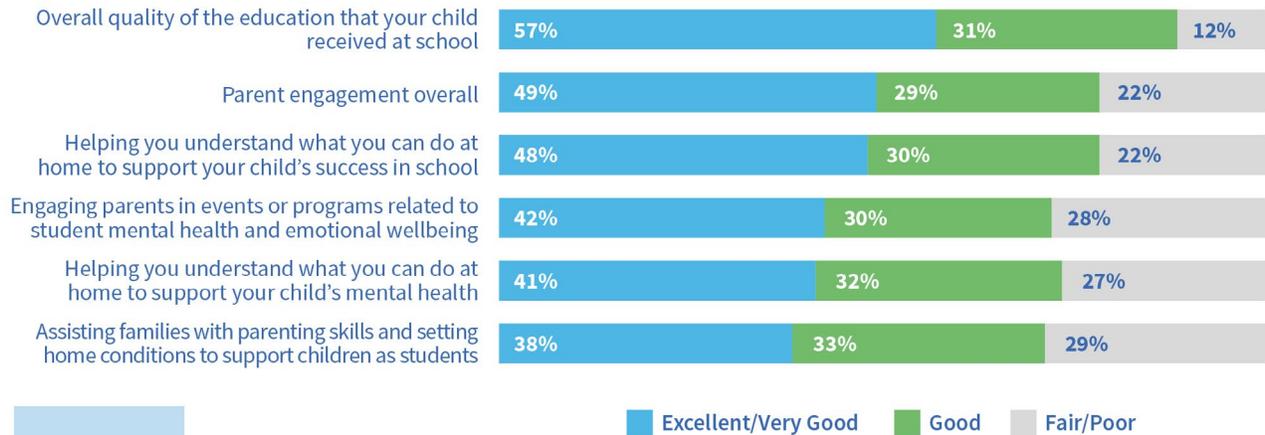
Encourage digital and social media use that supports well-being. When gatekeeper trainings for students incorporate guidelines for positive online and social media messaging, teens can learn to digitally communicate in safe ways about difficult feelings and about suicide. Schools can incorporate role-modeling in these areas by using their own social media messaging infrastructure to message about well-being and handling stress or tough emotions and can link to other resources that show and teach teens how to use social media in ways that promote well-being and social support for those who are struggling. [171] [172]

Partnership with families and community leaders is key. Adolescents often rely on family and community members for support when they are struggling. Their willingness to reach out may be increased when important adults outside of school are active participants in a school's gatekeeper approach.[173] Schools can best engage family members by involving them in all efforts to choose and implement gatekeeper training and screening approaches. Family members can be educated on how to promote self-care and well-being, how to address common adolescent emotional issues, how to increase their awareness of risk, and how to reduce their own feelings of stigma to actively support their child's mental health.[174] Community organizations are critical partners in the support of well-being and identification of risk for marginalized groups; schools can partner with churches, community centers, youth service programs, and other community-based supports in gatekeeper implementations. Schools can also keep in mind that some families may be better able to participate and stay informed if there is effort and investment made to translate materials and communications to languages spoken at home, especially for students who are English-language learners.

Overall, how would you rate each the following at the school your child attends?

	Excellent/Very Good	Good	Fair/Poor
Overall quality of the education that your child received at school	57%	31%	12%
Parent engagement overall	49%	29%	22%
Helping you understand what you can do at home to support your child's success in school	48%	30%	22%
Engaging parents in events or programs related to student mental health and emotional wellbeing	42%	30%	28%
Helping you understand what you can do at home to support your child's mental health	41%	32%	27%
Assisting families with parenting skills and setting home conditions to support children as students	38%	33%	29%

Legend: ■ Excellent/Very Good ■ Good ■ Fair/Poor

51% rate school climate as excellent/very good.

While the majority of caregivers/guardians rate the overall quality of education at their child's school as excellent or very good, fewer than half give the school high ratings for helping them understand what they can do to support their child's mental health. From: JED & Fluent Research (2019). Mental health of high school students.

Where do we start?

A review of existing systems and resources will help you build a plan for improving recognition of and response to signs of distress and risk in your students. These starting points represent a menu of possible actions that often are useful in supporting progress and improvement and should be used as a guide for planning.

Policy and Planning

- School and district policies and annual plans should include plans for implementing gate-keeper training and behavioral health screening. Plans for screening should have identified goals or outcomes sought by the screening process.

- The school should have a clearly written, easily accessible policy and protocol for responding to students who are identified as being at risk for suicide or mental health challenges. The protocol should be reviewed and updated at least annually and translated into other languages as is necessary. Protocols should clearly identify procedures for staff to supervise the identified student and identify designated school mental health providers that will help immediately.

Time

- School and district planning agendas should include time and space for selecting and implementing gatekeeper programming, reviewing the effectiveness of response protocols, and selecting and planning for implementation of screenings.

- The school's digital media planning agenda should include time and space for using social media to promote well-being and shape teens' positive use of social media for outreach and support.

- Family events should be planned to present information on promoting well-being, identifying signs of suicide risk, understanding mental health challenges, and responding to teens in distress.

Personnel

- All members of the school community should participate in initial and booster gatekeeper training. Booster trainings are most effective when they occur within six months of the last training.

- All members of the school community should be trained on the protocol for responding to students identified as being at risk. New employees should be trained before starting work.

- All members of the school community should have professional development opportunities to learn about the integration of health and mental health, the warning signs of mental health needs, risk factors for suicide, protective factors, and ways to reach out to students in distress without judgment.

- All members of the school community should be trained on recognizing youth who are at increased risk for mental health concerns and/or substance misuse, on culturally responsive and compassionate action in the face of challenging student behavior, and on ways to incorporate an understanding of the impact of trauma and trauma-informed responses into their interactions with students. Training should include a focus on understanding and reaching out to isolated or disconnected students.

- Members of the mental health, counseling, or social work staff should be designated and scheduled to receive "hand-offs" of youth who are identified as being at risk by a gatekeeper. Vacations and days off should be covered by another member of the professional counseling, health, or mental health team. All members of the mental health team should be familiar with local mental health practitioners and their area of specialization to facilitate providing appropriate referrals for students. Finally, members of the team should be trained to respond to students with cultural competence and to have lists of community or church leaders who can participate in support for youth at risk.

- School staff who will conduct screenings, collect screening data, review screening data, and respond to students who are identified as potentially at risk should be fully trained on the specifics of their role.

Curricula & Activities

- Screening tools and protocols should be selected to reflect the goals of the screening process and the needs of all student groups in the school. The screening data should be protected and follow-up on students identified as potentially being at risk should be timely and carefully conducted.

- Consider formal gatekeeper curricula conducted by outside experts. Be sure to include booster sessions every three to six months for all gatekeepers. Booster sessions can be delivered online or through review of printed materials.

- Regularly offer programs, activities, and resources that promote positive social media use and inform students of ways that they can reach out to peers in distress or safely express their own feelings on social media.

- In all activities and training, clearly communicate about confidentiality and its limits.

Partnerships

- Students should be involved in the selection of gatekeeper training and peer-to-peer gatekeeping and support should be included in the school's annual efforts. They should be given skills and encouragement to identify and reach out to peers who may be at risk or to isolated/disconnected peers. They should have easy access to protocols for connecting peers at risk to mental health or counseling staff who can help as well as to an autonomous reporting system for expressing concern about a peer.

- Families should be involved in the selection of gatekeeper training and should help develop and have access to response protocols and lists of community resources for supporting students at risk.

- Families should be involved in the development of goals for screening; the selection of a screening tool; and in the development of a protocol for screening, identification, and response.

- Caregivers/guardians should be educated on how to spot signs of mental health concerns in their teens, how and where to seek help in the community, as well as how and when to notify the school. In addition, school web pages should have a clearly established link for caregivers/guardians seeking mental health support for their child. In all communications and documents, clearly communicate about confidentiality and its limits.

- Representatives of community groups that are important in the lives of students (e.g., churches, youth centers) should be involved in the gatekeeper training whenever possible.

- All partners, including students, families, and community leaders, should have ready access to school- and community-based resources for mental health treatment and supports so they can refer teens to reliable and culturally competent sources of help.

Resources

ASIST is a well-regarded, 90-minute online training that teaches participants to recognize when someone is thinking about suicide and to connect them to help and support.

The Jed Foundation has developed several mental health awareness and suicide prevention campaigns designed for adolescents and young adults. Schools can use components of these campaigns to shape students' and families' understanding of well-being, emotional challenges, and positive social media messaging:

- Love Is Louder Campaign

- JED Storytellers: YouTube Videos

- There's Help All Around You

- Seize the Awkward

- Half of Us (in partnership with MTVu)

- The Pressure to be Perfect Toolkit

- The Jed Foundation's Student Engagement Toolkit

- JED Voices

Mindwise Innovations has developed The Signs of Suicide (SOS) program for middle and high schools. The program is 100% digital and focused recognizing and responding to warning signs of depression and suicide.

The QPR Institute has developed the Question, Persuade, Refer online training program. The program educates gatekeepers about mental health and suicide, debunks myths, reviews general warning signs of suicide risk, and briefly reviews gatekeeper skills. Participants also are provided with booster review materials.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has created the Ready, Set, Go, Review toolkit, which emphasizes and supports careful planning and implementation of behavioral health screening in schools.

The National Center for School Mental Health has curated The Shape System, a searchable library of free or low-cost screening and assessment measures related to school mental health, including academic, school climate, and social, emotional, and behavioral focus areas.

The National Suicide Prevention Lifeline has partnered with SAMHSA and Vibrant to produce this downloadable pdf that outlines social media strategies for supporting those at risk for suicidal thoughts and behaviors.

Orygen has developed an evidence informed campaign to teach youth about safe digital communication when communicating online about their own or others' suicidal thoughts, feelings, or behaviors.
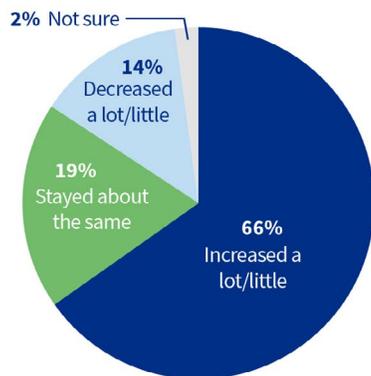
ENSURE STUDENT ACCESS TO EFFECTIVE MENTAL HEALTH TREATMENT

Why is this important?

Ready access to effective mental health and substance misuse treatment services for teens is imperative, yet significant barriers to that access are pervasive. High schools are well-positioned to address barriers to access, which include indirect and direct costs of care, long waiting times, inflexible treatment schedules, locations and modalities, administrative red tape, and the absence of culturally relevant and culturally competent providers and approaches.[175][176][177] Educators and school staff are well aware of the mental health needs of many adolescents and can help them navigate these barriers.[9] The provision of effective, trauma-informed mental health services within the school community has been shown to help teens overcome some of their own reluctance to seek treatment and can attenuate the costs of seeking care, such as payment, transportation, lost work for caregivers, and lost time from school for youth.

The Majority of Administrators Say that the Number of Students Experiencing Issues Related to Mental or Emotional Health is Increasing

During the past five years, has the number of students at your school experiencing issues related to mental or emotional health...?

2% Not sure

14% Decreased a lot/little

19% Stayed about the same

66% Increased a lot/little

Administrators **more likely to report increases** in student mental/emotional health issues:

- **Midwest** administrators (77% vs. 59% West, 64% South, 65% Northeast)

- Administrators in schools with **half or more of students eligible for free/reduced lunch** (75% vs. 60% less than half FRE)

- **School counselors** (83% vs. 59% of principals)

From: JED & Fluent Research (2019). Mental health of high school students.

In addition to its capacity to prevent suicide risk and improve mental health and overall well-being, effective mental health and substance misuse treatment has a positive, cascading effect on important educational outcomes. Improved mental health, well-being, and coping reduces absenteeism and discipline problems, increases individual school connectedness, and improves individual ability to learn and group learning culture. When high schools ensure student access to effective, culturally competent, and integrated mental health and substance misuse treatment, academic achievement improves.[178] When mental health and coping in adolescence improves, adjustment in early adulthood improves.

The pathway to ensuring effective mental health and substance misuse treatment access will differ depending upon the diverse identities of students in a school or district, the internal or community-based treatment resources, and the cultural needs of the community of students and families. As schools build out student access to effective treatment, resources and strategies should be developed with the unique needs of adolescents in mind. Integrated mental health approaches that teach mental health-promoting behaviors, incorporate family members whenever possible, use trauma-informed and culturally-competent strategies, and coach on coping with real life stressors, are most effective for teens.[179] Most importantly, effective adolescent treatment is personalized and includes provider competence in the unique concerns and experiences of each student.[180] [181]

Schools may decide to provide services for students in-house, through a school mental health team, or through onsite services with a contracted regional mental health provider. Alternatively, they may identify and partner with externally-located resources, such as clinics, community organizations, or telehealth providers. In both situations, schools can and should work to ensure the use of evidence-informed approaches to assure student access to effective care. Promising treatments exist for the reduction of suicidal thoughts and behaviors, and most of these involve some combination of cognitive behavioral treatment (CBT), psychoeducation, mindfulness and/or self-regulation training, and problem-solving coaching.[182] [183] For youth with trauma symptoms, Trauma-Focused Cognitive Behavioral Treatment (TF-CBT) is a well-supported approach.[184] [185] For most teens with behavioral health concerns, group CBT can be helpful.[186] Adequate, in-house mental health staff-to-student ratios are recommended by national school counseling and school

psychology organizations.[187] [188] Evidence-based or promising practices for depression, anxiety, substance misuse, and stress-related disorders are best used to treat adolescent mental health concerns.[189] [190] Standards of practice in pediatric psychiatry and adolescent mental health, which recommend the targeted use of psychotropic drugs with caution and in combination with effective individual and/or family psychotherapy, should be consulted in contracting with medical providers.[191] [192] [193] Telehealth practice standards can be used to guide (or to contract with providers around) service provision when geography or provider shortages call for treatment by distant practitioners.

CASE STUDY: Massachusetts General Hospital (MGH) Youth Scholar Program

McLean Hospital's College Mental Health Program (CMHP) works collaboratively with the MGH Youth Scholars Program to provide annual seminars for high school juniors and seniors from the Boston public school system. These workshops take place over the course of three to five weeks and are focused on supporting student identity, building an awareness of common mental health challenges, and fostering strengths to help students navigate high school and their upcoming transition to college. The workshops are all informed by a multicultural and strengths-based lens, with an emphasis on interactive and collaborative learning.

Special care must be taken to provide (or contract with providers for) effective mental health treatments for students whose identities, cultural backgrounds, values, and understanding/ practice of relationships and interaction may differ from the dominant cultural norms that drive treatment-as-usual. For students whose identification with a marginalized or oppressed group (e.g., BIPOC students, LGBTQ+ students, students with disabilities, English-language learners, students from low-income communities) increases their exposure to psychological stress and burden, treatment approaches that incorporate understanding of and competence in treating that stress and burden are imperative. Trauma-informed and resilience-enhancing approaches, while important for all students who have experienced traumatic stress, are particularly important in the treatment of the psychological results of marginalization and oppression.

For adolescents, transitions into care (engagement), back into school after restrictive care (reentry), and from the child/adolescent to the adult mental health/substance misuse treatment service system are challenging and risky.[194] High schools can ameliorate some of these risks with strong referral and transition protocols. Only about 20% of teens referred for treatment actually engage with providers; this rate is lower for BIPOC adolescents. Teens who are returning from restrictive psychiatric or substance misuse placement are at significant risk of recidivism, and those who have attempted suicide are at very high risk for attempting again or for dying by suicide. Mental health service utilization drops when adolescents transition to college and become young adults, while the prevalence of substance misuse, psychiatric disorders,

and suicide risk continues to climb. Promising practices exist to improve service utilization and reduce risk at each care transition for adolescents, and high schools can strengthen the impact of treatment and referral by integrating these practices into their protocols.[195]

Advances in understanding the benefits to adolescents of telemental healthcare provision (both psychotherapeutic and psychiatric care) are rapidly unfolding and suggest that schools can consider telemental healthcare as they address effective care access.[196] These services have evidenced many benefits, including being a promising avenue to address the country's chronic and ongoing national shortage of pediatric mental healthcare providers. Telemental health services allow underserved areas access to care and some studies suggest that accessing care via the Internet reduces the interference with treatment engagement caused by stigma.[197] [198] School-based telemental health services, specifically, have been found to increase service access and utility, caregiver involvement in treatment, and care coordination quality in rural and urban areas alike.[199]
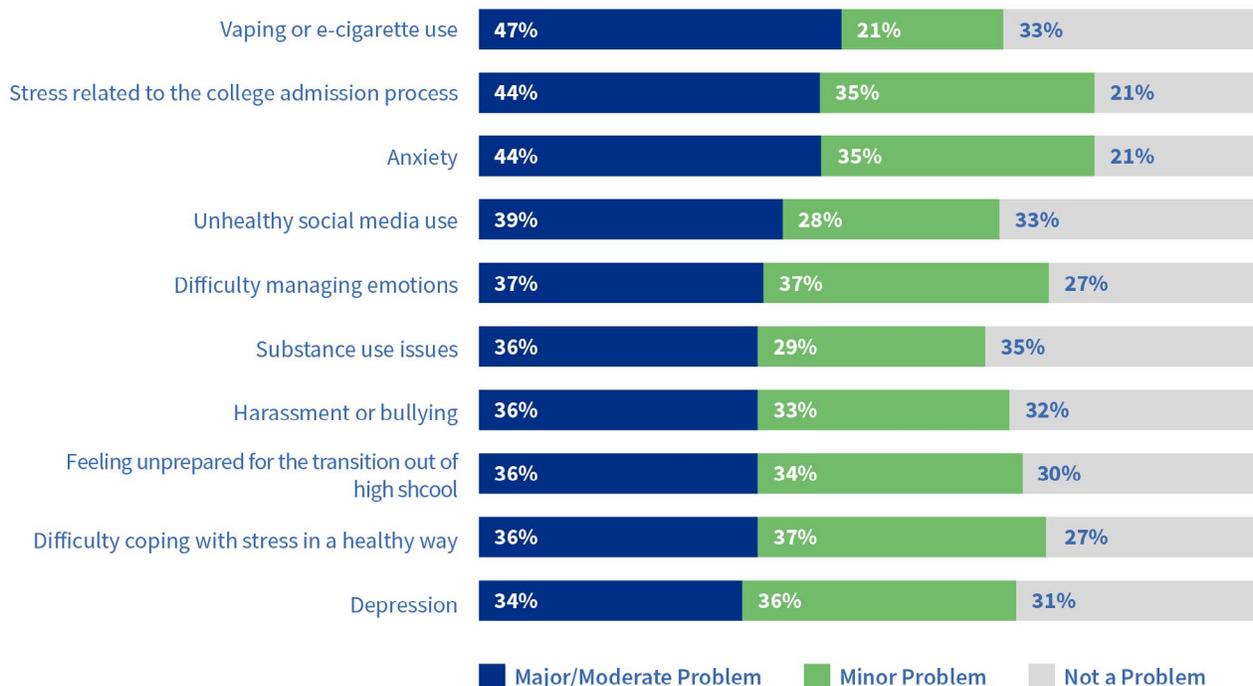

A growing pool of text message (SMS) based and mobile app based resources are available to support well-being, mental health, and substance misuse recovery for teens. Studies have found that adolescents find these interventions to be useful, engaging, and supportive. SMS-based communications have great potential in the communication of caring and support that is so critical to preventing suicidal behavior in adolescents.[200] [201] However, no clear, high-quality evidence exists to support the efficacy of these resources in the direct reduction of mental health symptoms. More promising, but limited, evidence has supported the use of recovery-based SMS or mobile app resources to support substance misuse treatment and recovery for adolescents. Until more is understood about mobile support for treatment and recovery, mobile app and SMS-based interventions should be used in conjunction with treatment and monitoring by a qualified professional.

What actions best support student access to effective mental health and substance misuse treatment?

Remember, these actions are supported by evidence or are promising practices. They are meant to be a guide for schools, but not meant to be prescriptive.

Create a trauma-informed school environment that promotes health and mental health and destigmatizes emotional distress and mental illness. Ensuring student access to treatment starts with creating safe, multi-tiered systems of support for all students.[202] The school-wide supports and efforts that aim to teach and encourage health-promoting behaviors and social/emotional skills, develop social connectedness and positive school climate, encourage help-seeking behaviors, and improve recognition and response to warning signs of distress also serve to create a safe space where all students feel supported.[203] [204] Health-promotion and mental-health literacy campaigns frame treatment in the context of a larger, health-promotion and self-care framework and can serve to destigmatize the idea of seeking treatment. When school mental health literacy campaigns are framed within an overall focus on well-being and building physical and emotional health, students learn about treatment as an acceptable self-care strategy. Teaching students health promotion and coping strategies related to real-life concerns and embedding treatment as one coping strategy on a continuum of health promoting strategies is more effective than simply teaching adolescents about diagnoses and behavioral health treatment.

Problems for Students at School

	Major/Moderate Problem	Minor Problem	Not a Problem
Vaping or e-cigarette use	47%	21%	33%
Stress related to the college admission process	44%	35%	21%
Anxiety	44%	35%	21%
Unhealthy social media use	39%	28%	33%
Difficulty managing emotions	37%	37%	27%
Substance use issues	36%	29%	35%
Harassment or bullying	36%	33%	32%
Feeling unprepared for the transition out of high shcool	36%	34%	30%
Difficulty coping with stress in a healthy way	36%	37%	27%
Depression	34%	36%	31%

■ **Major/Moderate Problem** ■ **Minor Problem** ■ **Not a Problem**

From: JED & Fluent Research (2019). Mental health of high school students.

Develop a school-based pathway to treatment access that is relevant to adolescent developmental needs and preferences and based in standards for effective practice: When asked why they do not utilize mental health or substance misuse treatment and support resources, adolescents identify embarrassment about their problems and uncertainty about available resources as significant barriers.[148] Adolescents also report that they fear their problems might not be taken seriously and that they are not certain treatment will be helpful. In addition, caregivers' perceptions of their teen's need for treatment may act as barriers to receiving care once a referral is made.[205] [206] Treatment and referral protocols that take teens' concerns, family/cultural concerns, and the adolescent developmental press for increased independence into account will be more effective for most teens.[207] When students are identified (or self-identify) as having a potential need for treatment, the school community's response must include careful, private assessment with a clear discussion of the limits of confidentiality; clear standards for triage and collaborative safety planning; collaboration with youth, family, and any community supports identified as relevant by the youth and family; and ongoing referral counseling and support until the youth is established in culturally competent treatment.[208] The use of a shared decision-making model at every step of this process can increase its success with adolescents.

Develop disciplinary responses with adolescents' possible treatment needs in mind. Adolescents report that they fear their concerns will be responded to with sanctions at school, particularly if they are disclosing substance misuse treatment needs. Students who report that they have used emergency services, that they think a friend needs emergency services (e.g., dangerous intoxication levels at a party), or that they are struggling with substance misuse should be subject to minimal disciplinary sanctions. When sanctions are necessary (e.g., substance use on school property), they should include conversation with a member of the school mental health team that involves screening for possible treatment needs.[209] [210] School administrators who are responsible for delivering disciplinary decisions to youth and families should be trained to include encouragement to seek treatment support in disciplinary meetings and should include a copy of available resources in any paperwork communicating disciplinary decisions.

Use a team approach that builds a system of care inside and outside of the school building. Identifying teens in distress, connecting them to the right treatment resource, monitoring their engagement and progress in treatment, and integrating supports for success in treatment into the school environment are critical–but challenging–components of ensuring that teens who need care receive effective care. When schools build on an existing Response to Invervention (RTI) team, Social and Emotional (SEL) team, or any team responsible for implementing school-wide positive behavioral interventions or supports (e.g., Positive Behavioral Interventions and Supports [PBIS] team) and create a school-community intervention team that emphasizes shared decision making with adolescents and their families, tertiary supports can be more effective.[211] The school's internal team should meet regularly to discuss students who have been referred for school mental health services, and community or school-based providers can work with the team to develop, implement, and monitor individual treatment plans and create a system of care and

support for each adolescent.[212] Examplar models of school-community intervention teams exist in communities that have developed a system of care approach.[213][214] Typical school-community teams consist of school administrators, nurses, psychologists, counselors, social workers, school resource officers, referring teacher(s), and school behavioral interventionists. Teams work best when a central referral coordinator is able to track referrals and outcomes and report to the team on how different linkages are working for the adolescents in the school. Members from the community might include psychiatrists, clinical psychologists, social workers, case managers, and hospital inpatient/outpatient program representatives. Importantly, school-community teams should invite representatives from culturally relevant organizations in the students' home neighborhood or community (e.g., pastor, community center, worker, coach or director), families with lived experience, and representatives of youth voice.[215]

> *"We have a Daily Hub which is like homeroom but is more intentional than a traditional homeroom. The Hubs are small (~10 students) with 1-2 staff members as the facilitators. The main purpose of Hub is to create a safe space where the students can feel connected to a trusted adult in the building, as well as to a small group of their peers (who they might not be 'friends' with). We try to build these relationships through team building activities and discussion topics. It is our hope that through participation in Hub, student will not only be more comfortable having discussion around mental and emotional health, but also be more willing to seek help from someone they trust."* Account provided by a high school counselor who participated in the Fluent Quantitative Research, 2020.

Whenever possible, provide in-house counseling, mental health, and substance misuse treatment. Each school will have different levels of resources available to provide such services, but a team approach using qualified staff with adequate student-to-counselor and student-to-school psychologist ratios is a good place to start. Studies find that careful allocation of counselors' time to the right mental health support activities (universal wellness and health/mental health literacy activities, triage, assessment, referral counseling, teaming, group counseling, and caregiver partnership) is linked to improvements in achievement. Continued professional development, support and supervision for school counseling or mental health staff improves quality of care and prevents staff burnout.[216]

The creation of onsite mental health/substance misuse treatment clinics is a viable alternative to using school employees exclusively.[217] This solution also will differ depending upon the treatment needs of the students and the resources available in the community. Schools can explore partnership with regional non-profits, county mental health programs, and independent licensed professionals for this purpose. In this model, the school provides private, safe space and referrals while the provider(s) provide treatment and are in charge of billing. Partnerships can include provision of individual services, group treatment, classroom consultation, crisis intervention and

professional development for staff. Not all schools are proximal to readily-available community mental health resources; contracting for onsite provision of telemental health treatment can address regional shortages.[218]

When onsite services are not an option, develop strong relationships with providers (regional and/or telehealth) and use a referral counseling protocol to ensure treatment engagement.
Whether off site services are in-person or delivered through telehealth, schools can partner with providers that match the unique needs and identities represented in the student body. When provider diversity is reflective of the student population, students are better able to work with a provider who has shared experiences and thus are more likely to engage in treatment. Providers must be trained in cultural competencies, be able to provide effective and responsive treatment approaches and schedules, and offer a range of payment options, including insurance-based, full fee, and sliding scale. School counseling or mental health staff can use referral counseling to help students and their families select the right fit provider and to continue to support engagement in treatment and follow up on fit and effectiveness.[219]

Maintain awareness of effective treatment approaches and use Request for Proposal (RFP) and formal contracting/Memo of Understanding (MOU) processes to ensure their delivery.
Schools are a primary referral source for adolescent providers and, as such, have some degree of 'purchasing power' when they search for services and service providers. RFPs can be issued for in-school service partnerships, while MOU processes can ensure that both students and the school community are well-resourced by school-provider partnerships. In both RFPs and MOUs, schools can request and require best practices for adolescent treatment.[129] Care coordination and consent expectations, effective and culturally competent treatment practices, prescribing

practices aligned with national practice standards, family engagement, provider participation in the school-community teaming process and reentry planning from restrictive placement or medical leave, responsive scheduling, billing, and fee structures should all be considered when constructing RFP's and MOU's.

Develop and implement strong protocols for each transition into and out of mental health or substance misuse care and for the transition to college or young adulthood after high school graduation. Integrated and collaborative referral practices, which can increase treatment engagement and service utilization, emphasize strong partnership with youth and caregiver(s), matching students to culturally competent providers and helping students and families identify their own goals for treatment. Referral counseling, which involves collaborative provider selection, conversational contact between the referring school counselor and the treatment provider, appointment supports (e.g., reminders, transportation when needed), and ongoing check-ins with youth and family about the helpfulness of care, is a promising practice for improving service engagement and reducing treatment drop-out. Protocols for reentry to school after restrictive behavioral health or substance misuse treatment can identify specific services, supportive individuals, peer supports, and crisis supports that help teens manage the stress of returning to school.[220] [221] Medical leave policies that are clear and that offer parity for mental health and physical health related absences can also reduce transitional stress for teens and their families. For youth who have experienced suicidal thinking or behavior, ongoing supportive check-ins and expressions of concern are preventative, but must continue during holiday and summer breaks. Finally, high school juniors and seniors can and should be taught to develop a transition of care plan for college or young adulthood in the community.[222]

CASE STUDY: Sources of Strength

"Sources of Strength [is] a student-led organization which operates via student networks and relationships in an effort to combat suicide, bullying, substance abuse, and violence. The group voices its messages through student participation in various activities and raises awareness and reducing stigma for mental health." Account provided by a high school counselor who participated in the Fluent Quantitative Research, 2020.

Partner with families and community. Access to effective treatment, treatment engagement, the cultural relevance and competence of treatment, and treatment outcomes for mental health and substance misuse treatment all are powerfully strengthened by family involvement and by partnerships with community organizations.[223] [224] Caregivers can meaningfully inform the selection process for in-school providers, develop effectiveness and logistics criteria included in RFPs and MOUs and contribute to the development of offsite provider referral lists. Referral counseling protocols that expand to engage, involve, educate and empower caregivers in choice of treatment approach and treatment planning decrease family/caregiver resistance to treatment and improve

family participation in care.[138] Local, regional, and national organizations all potentially are powerful community partners. Partnerships with culturally relevant community organizations, such as local religious organizations, Boys/Girls Clubs, YMCAs, Big Brothers/Big Sisters, or regional Gay, Lesbian and Straight Education Network (GLSEN) chapters, can offer referral counseling to youth and families who feel disenfranchised from treatment-as-usual and/or the school system, offer real-life activities with scaffolding and support so that teens can practice skills learned in therapy, and partner with treatment providers to ensure culturally competent treatment approaches. National advocacy organizations, such as The Trevor Project, AAKOMA, or LatinXTherapy, can provide teens who identify as members of non-dominant cultural groups and those who serve them with standards of identity-specific mental health treatment and referral resources, as well as other sources of information and support.

Where do we start?

An evaluation of current student needs, policy, staffing, and available resources for mental health and substance misuse treatment, followed by a strategic plan to match practice and resources to standards for effective care, is the best place to start. These starting points represent a menu of possible actions that often are useful in supporting progress and improvement and should be used as a guide for planning.

Policy and Planning

- The school policy regarding mental health and substance misuse needs should include a tiered approach that provides universal, targeted, and individual support for youth.

- The school should have a clear, comprehensive, and widely communicated policy regarding the pathway to needed mental health and substance misuse treatment that includes assessment and triage policies, staff-to-student ratios for counseling and mental health staff, referral counseling and care coordination, protection of student confidentiality, legal consent and documentation requirements, standard referral and referral tracking processes, culturally competent approaches, and caregiver involvement and empowerment.

- Importantly, the policy should clearly identify who students can turn to when in need of mental health or substance misuse treatment support and should be readily accessible to youth and families.

- The school should have a clear, widely communicated policy on alcohol and drugs that includes clear delineation of the need for education, prevention, and treatment along with disciplinary sanctions that incorporate awareness of possible need for treatment.

- The school should have clear, comprehensive, and widely communicated policy regarding reentry from mental health or substance misuse treatment. The policy should explicitly

address the need for information sharing and consent regarding discharge planning and school-based accommodations; it should cover the provision of educational adjustments needed for successful reentry. Medical amnesty policies should offer parity of mental health, substance misuse, and physical health needs.

- The school should have a clear, comprehensive policy for counseling juniors and seniors around their transition to college and young adulthood that includes a plan for the transition of needed mental health or substance misuse care.

- RFPs and MOUs for care provision (onsite, offsite, and telemental health) should include specific standards of practice for care coordination and consent; effective and culturally competent treatment practices; prescribing practices aligned with national practice standards; family engagement; provider participation in the school-community teaming process and reentry planning from restrictive placement or medical leave; responsive scheduling; billing; and fee structures.

- All policies related to mental health and substance misuse treatment, including RFPs, MOUs, and team policies, should include clear language on confidentiality and consent and its limits.

- Referral lists should include mental health and substance misuse treatment providers. Information about each provider's area of expertise (including age range), insurance participation, fees, wait times, and treatment approaches should be outlined whenever possible.

Time

- Counseling, mental health, and school psychology staff ratios should be in line with national standards.

- The team responsible for student behavioral supports should have dedicated time to ensure effective care/care access; oversee an intervention plan; use shared decision making with teens; take culture into account; engage families in the team process; incorporate an understanding of the impact of experiences of racism; bullying; or bias into account; and coordinate with onsite, telemental health, and offsite treatment providers.

- A care coordination role should include dedicated time to provide referral counseling, engage families, communicate with existing and engage new providers, and track mental health and substance misuse treatment utilization and outcomes.

Personnel

- Counseling and/or mental health staff should receive high quality professional development, supervision, and support. Professional development opportunities should include self-care

strategies, knowledge of evidence-based and promising practices in mental health and substance misuse treatment, specific training in effective approaches to reducing suicidal thinking and behavior and in using culturally-responsive approaches to working with adolescents.

- A school psychologist should be tasked with leading student reviews and intervention plans when behavioral health or substance misuse needs are suspected or identified.

- School counseling and mental health staff, onsite providers, and providers on referral lists (including telehealth) should represent the diversity of identities found in the school's student population. When this is not the case, first responders who represent students' diverse identities should be trained and should participate in the school mental health team.

- An in-school care coordinator must be identified. The coordinator is responsible for referral counseling and support with students and their families. The coordinator also maintains referral lists, networks and communicates with outside providers, convenes school-community meetings, establishes confidentiality and documentation procedures, and coordinates reentry from mental health/medical leave.

Resources & Activities

- School health promotion activities should include a focus on health and well-being, with mental health and substance misuse care 'nested' in education about health-promoting strategies.

- Schools can offer school-based well-being clubs, student run groups, school-based chapters of mental health advocacy organizations, and buddy programs to further increase students' familiarity with options for treatment.

- Offer emotional well-being education in physical and health education classes.

- Provide a dedicated space that is private and safe for community and telemental health providers to conduct individual, family, or group sessions for students.

Partnerships

- Partner with caregivers. Include them in policy, RFP, MOU, and referral list development. Include family members when an initial referral is made, provide referral counseling and take family preferences for providers/approaches into account, obtain full written consent before talking to providers about a student or caregiver. Share all referral lists and procedures with caregivers annually and when a need for treatment is identified.

- Partnership with family members is particularly important upon reentry from mental health or medical leave. Caregivers should be encouraged to accompany their teen to school on a first day back. A private meeting should be held with the caregiver to go over discharge documentation, medications, and school-based recommendations from external providers. Adolescents should be given additional counseling support, breaks, and opportunities to talk with caregivers and this can be planned in the reentry meeting.

- Partner with students. Survey students annually about their perspectives and recommendations for school mental health programs and services to best meet their changing needs; incorporate their responses into policy and practice.

- Partnering with students is particularly important upon reentry from mental health or medical leave. The initial reentry meeting (see above) should include a discussion with the student about what the student needs. The meeting should include support for the student around what to say when asked about the absence, going over supports and providing a pass to the counseling office, and a check-in with the school nurse to go over new medications. Most importantly, ask the student who among school staff and teachers can be given the relevant information needed to provide heightened support and, if possible, bring those adults into the meeting to talk about what helpful support would look like for the adolescent.

- Formal MOUs outlining clear standards and expectations for treatment standards and collaboration must be in place with all non-school employee providers.

- Partner with community-based organizations to ensure that supports for referral counseling are available to students with a diversity of identities; where appropriate use trusted adults from these organizations as referral counseling partners.

Resources

The Jed Foundation's "Set to Go" comprehensive online resource provides adolescents and their families with information and support around preparing for the transition into college and adult life and includes valuable information for preparing a care transition plan.

Active Minds is a not-for-profit network of mental health literacy clubs, speakers, and resources that students can use to learn about and destigmatize mental health needs.

Response to Intervention (RTI) is a multi-tiered approach to help struggling learners and is a recognized standard for integrating multi-tiered systems of support into the school community when a young person is struggling. The RTI Network website includes basic information about RTI and newly-expanded thinking about integrating behavioral health and substance misuse needs into the RTI framework for schools.

The Center for Family Intervention Science at Drexel University houses the **Attachment Based Family Therapy** training program. Attachment Based Family Therapy (ABFT) has a long history of efficacy with BIPOC youth and with youth from lower socioeconomic status groups and is being studied with groups of LGBTQ+ youth at the date of this writing, with promising initial results. The ABFT protocol incorporates cognitive, relational, and family systems work, has been found to be effective in reducing suicidal thoughts and behaviors, and also has a positive impact on symptoms of depression, anxiety, and bipolar disorder.

The Safe Alternatives for Teens and Youth Program is an exemplar approach in the reduction of self-injury, suicidal thinking, and suicidal behavior for teens. It incorporates many of the evidence-informed components of treatment described in this section, such as CBT, Dialectical Behavioral Therapy (DBT), real-life coping, shared decision-making, and family involvement.

Trauma-focused CBT (TF-CBT) is a well-replicated, evidence-based approach to treating trauma with a collaborative, cognitive-behavioral approach that engages youth and caregivers alike. The TF-CBT community has begun to study its effectiveness with symptoms of racialized trauma; results at present are promising. The site provides information, articles, referral service, and an avenue for certification in the approach.

The American Association for Child and Adolescent Mental Health maintains an ongoing, up-to-date list of evidence-based and promising practices for mental health treatment in schools. The site also points out commonly-used practices that are not known to be effective.

The National Institute for Drug Abuse has a **helpful and frequently updated list** of substance misuse treatment approaches that are effective for adolescents.

ESTABLISH AND FOLLOW CRISIS MANAGEMENT PROCEDURES

Why is this important?

Whether a student has been identified as being at high risk for suicide, has attempted suicide, or has displayed behaviors that indicate the possibility of increased suicide risk, the response of school staff must be coordinated, planful, and designed to keep the student who may be at further risk safe while appropriate levels of treatment referral are identified and carried out. [160] [212] [225] [226] Students who may be at risk must remain in-sight of adults while they are connected to the person who can conduct a proper assessment and then connected to the level of intervention reflected in that assessment's results with active family involvement. Pre-established procedures that outline each step of this process and identify resources and roles, help all members of the school community ensure the safety of a student who is at risk for suicidal behavior.

Signs of suicide risk **IS PATH WARM**

Increased **S**ubstance use; no sense of **P**urpose in life; **A**nxiety, agitation or sleep disturbance; feeling **T**rapped; **H**opelessness; **W**ithdrawal from family, friends, society; uncontrolled **A**nger or rage, revenge-seeking; **R**eckless or risky activities, seemingly without thinking; dramatic **M**ood changes

When a student has died by suicide, effective crisis response procedures can reduce the risk of other students attempting or completing suicide and buffer the long-term mental health impacts of the loss on the school community. Comprehensive postvention efforts, which focus on handling the short-term impact of crisis and the longer-term responses to loss for the entire school community, can be expanded to include the death of a student or staff member by any means, as these losses have demonstrated negative impacts on mental health and health outcomes for all students in the school.[227] [228]

The preventative and healing components of strong crisis management procedures can and should be extended to address other crisis events as well. Crisis and risk of any kind, including targeted school violence, incidents of violence between students, natural or manmade disasters and opioid overdoses are a few examples of crisis events that are relatively rare but that negatively impact the health and mental health of the school community when they do occur. The arc of good crisis management begins with developing strong procedures well in advance of any crisis and ends with postvention efforts to support students and staff and facilitate healing and prevention of further crisis.[212]

Students who are struggling with adversity of any kind (e.g., mental health or substance misuse challenges, struggles in home environment, traumatic stress, marginalization) are likely to demonstrate high-risk behaviors.[229] Crisis response approaches that use suspension, expulsion, and other punitive responses have been found to increase risk, decrease achievement, and lead to disproportionate rates of punishment for BIPOC students with mental health and substance misuse needs.[117] [230] [231] In contrast, promising risk-reduction and achievement outcomes have emerged when schools develop crisis response procedures focused on safety, well-being, and social justice. The current national trend toward the infusion of restorative justice practices into school discipline and crisis response policies, in progress at the time of this writing, has emerged in response to the research on discipline and crisis response, and has much to offer schools as they strengthen their crisis management and response procedures.[232] [233]

What actions best support established and followed crisis management procedures?

Remember, these actions are supported by evidence or are promising practices. They are meant to be a guide for schools, but not meant to be prescriptive.

Establish, communicate and practice clearly-defined written plans for crisis management and response. Review policies and procedures after crisis events to improve effectiveness.[234] Written crisis management and response plans, developed to be specific to the unique high school community, must address immediate crisis response, triage, and referral steps and resources, actions to manage crisis management, and postvention practices that ensure student safety, continuity of education, and the school community's healing after an incident.[235] Best practice standards for crisis management procedures advocate a holistic, multi-faceted and team-based approach that is communicated to all key stakeholders (including students, families and community stakeholders) and that clearly defines team roles and responsibilities.[236] [237] Protocols should be used to manage on site crisis and to support the school community when a crisis occurs off site but involves members of the school community.[238] Finally, crisis management plans are most effective when crisis teams debrief after each practice drill and following an actual crisis to identify and incorporate needed improvements into the plan. [205] [239]

Develop procedures for managing suicide risk that conform to current best practices. The American Foundation for Suicide Prevention, the American School Counselor Association, the National Association of School Psychologists, and The Trevor Project have published a model school policy on suicide prevention that outlines standards for managing suicide risk and suicide prevention in school. At a minimum, protocols for maintaining the safety of students at risk for suicide should be written, clear, and easily accessible to staff and students. New staff should be trained in this protocol before beginning work and all staff should be refreshed at least annually. Any changes or adjustments to the protocol following a crisis or review should be disseminated

to and reviewed with staff immediately. Students who may be at risk must be supervised at all times, brought to designated school mental health or health providers for assessment, and should participate in a risk assessment completed by a qualified mental health professional. Caregivers must be informed of the initial reason for concern about the student and the risk assessment outcome. Whenever possible, a face-to-face meeting with family members should be held by the individual who conducted the risk assessment and should include discussion of current risk level, including the specifics of any plans for suicide, warning signs, lethal means availability at home, safety planning, and recommendations for higher levels of care. If the school has reason to suspect child abuse and neglect, Child Protective Services should be notified of the student's level of assessed risk. If assessment results support needed treatment, restrictive treatment, or emergency placement, the family should be assisted in obtaining the level of care appropriate to the level of risk and treatment need.[240]

Establish procedures for preventing and responding to violence, including peer-to-peer violence and targeted violence. Violence risk in schools continues to be relatively rare, but when school violence occurs, students' mental health, physical health, and achievement is impacted.[241] [242] School violence prevention is best supported by the actions outlined in other domains of this document and a comprehensive school violence prevention policy that prioritizes skill-building, a positive school climate, educational equity, and safety is the most effective way to prevent violence.[243] In addition, schools can respond to incidents of violence and buffer their effects with crisis management and response procedures that include responding to and healing

from violent incidents. Students, staff, and families should be provided with readily accessible reporting mechanisms, including anonymous mechanisms, for reporting concerns about targeted violence risk (e.g., a possible school shooting) or incidents of violence between peers.[244] [245] Faculty and staff should be trained to intervene early in possible peer to peer or relationship violence with bystander and conflict resolution strategies.[246] [247] [248] When violence between peers has occurred, restorative justice practices have enormous potential to promote healing, reduce future violent incidents, and improve educational outcomes.[116] [208] [249] When a potential threat of violence toward a specific target is identified, schools should use clear crisis management and threat assessment procedures to manage risk.[250] [251] School-based threat assessment should be conducted with the developmental and cultural needs of youth in mind and is quite different from threat assessment approaches in law enforcement with adults.[252] [253] Not all threats require the same level of response; concerning behaviors occur on a continuum. Students exhibiting warning signs should be supervised by an adult as additional assistance and assessment from a designated mental health provider and a member of the crisis response team is secured.[254] If assessment results yield evidence of a substantive threat, protective action should be taken for the community and emergency treatment sought for the student.[208] In the event of active violence, well-practiced protocols for managing an active incident should be implemented.[255] Importantly, the postvention protocols outlined in the section of responding to loss also are critical to healing the significant mental health impact of any type of violence experienced or witnessed at school.

Procedures for responding to overdoses on school grounds/during school trips: Identifying and referring youth who misuse substances, as discussed in the 'Ensure Access to Effective Mental Health Treatment" domain, is a foundational component of preventing substance misuse related incidents. In addition, schools should incorporate preparation for substance overdoses into crisis management procedures and pay special attention to responding to opioid overdoses quickly.[256] The National Association for School Nurses recommends that schools incorporate access to naloxone (an opioid antagonist proven to be highly effective in preventing opioid overdose deaths) and training on naloxone administration into plans for crisis response.[257] All members of the school community, including students, should be trained to recognize signs of substance overdose and provided with easily accessible information on how to access emergency care.[258] Key first responders inside the school (e.g., nurses, security guards) should be provided with access to, and training in the administration of, naloxone in the event of an opioid overdose.[259] Schools should consider planning for school trips by training coaches or chaperones on naloxone use and sending secured doses on each trip. In the event of a substance-related overdose or death, crisis management follow up should include assessment and referral for substance-misusing youth, documented communication with their caregivers, and supportive postvention response for those in the school community who are impacted by the emergency.

Create a crisis response team. Effective crisis management and response requires an understanding of the unique needs of the school community, planning, practice, and coordination.[260] A school crisis response and management team, with a clear division of responsibility, should be formed to

develop, communicate, practice, and improve comprehensive crisis management and postvention procedures.[261] Members of the crisis response team should include the school principal, assistant principal, school psychologist, school counselor, school nurse, special education administrator, representative teachers, public information personnel, and a school resource officer; family representation on the crisis team is highly recommended.[262] Team membership should be clearly communicated to all members of the school community and all school staff and students should know how to access needed members of the team when school is in session. In particular, ensure that the procedure for teachers accessing the designated mental health provider(s) is clear and that the person in that role is easily accessible. The crisis team should form partnerships with community resources (e.g., local hospitals, EMS and/or mobile crisis response teams, fire safety officials, etc.) and establish channels of communication and collaborative planning with these resources well in advance of any crisis.[263] Planning, collaboration, and policy on when and how to involve law enforcement in a crisis must be carefully considered in light of the school population and the relationships between the local community and law enforcement.[210] Community partners, including families, can identify key partners for culturally responsive crisis resources for the youth in your school.

School Emergency Card for Caregivers

KEEP THIS IN YOUR WALLET OR CARRY AT ALL TIMES.

When an emergency has occurred at school, caregivers and guardians may obtain critical information by doing one of the following:

✓ Call the school **emergency hotline** at (555) 555-5555.

✓ **Check e-mail frequently** for news bulletins and alerts.

✓ Visit the school's Web site at **www.yourschool.edu**.

✓ Tune in to local television stations **A** (Ch. 2) and **B** (Ch. 4).

✓ Listen to local radio station 000.0 FM.

Example of School Emergency Card for Caregivers, taken from: *https://rems.ed.gov/docs/creatingplans.pdf*

Where do we start?

Most schools have an existing crisis response and management policy. Begin with a review of that policy and a strategic plan to further align it to best practices. These starting points represent a menu of possible actions that often are useful in supporting progress and improvement and should be used as a guide for planning.

Policy and Planning

- The school's crisis management policy should address suicide risk, death of a student or staff member, violence (targeted and peer-to-peer), natural disasters, and substance misuse-related incidents.

- The school's crisis management policy should include a focus on identifying and responding to risk, managing crises while they occur, and a procedure for postvention as the school community heals after a crisis.

- Crisis management policies must include attention to communication and sharing information as is needed to secure needed resources for students. Documentation of communication with families when a student is at risk for suicide or violence, memos of understanding with healthcare providers for sharing critical information during a crisis, standing consent for emergency medical treatment of students, and protocols for communicating with the press and the community are examples of important communication-related aspects of policy.

- Crisis management policies must be written down and accessible. Key components of the policy (crisis team members, action steps) should be posted and communicated in brief readable formats and in languages spoken by students and staff in the community. Policies also should be regularly communicated to community partners and to families.

- Crisis management policies should be reviewed, edited, and changes distributed after a drill.

Time

- School and district planning agendas should include time and space for development and review/improvement of crisis management plans.

- Members of the school crisis response team should have dedicated time to meet, to develop and disseminate crisis response policy and plans, and to build relevant community-resource relationships.

Personnel

- All school staff should be trained in crisis management procedures before beginning employment and refreshed at least annually.

- Ensure that teachers and administrators understand their role in implementing the policies but also that students and their families understand, in advance of a crisis, what the policies and procedures are.

- Members of the crisis response team whose roles include assessment of suicide and violence risk must have room in their daily schedules to shift tasks for emergency assessment.

- When key members of the crisis response team are not at work, their roles must be covered by other trained team members.

- Specific members of the crisis response team, preferably members who are licensed mental health professionals, must be assigned responsibility for consistent follow up with students who have been identified as at risk for suicide or, as needed, intensive follow up after an incident.

RESEARCH: Disciplinary Programs

"Schools tend to use visual campaigns, assemblies, and disciplinary programs to prevent and address student substance use issues. Students dislike the disciplinary programs because they are seen as punishment and not a way to help them." (Fluent Qualitative Data, 2019)

Resources & Activities

- Everyone in the school community must have ready access to crisis procedures in formats that are clear and easy to use (e.g., graphics and checklists).

- Review crisis procedures with PSA's; regularly drill crisis procedures.

- Make sure that students, staff, and families have ready access to lists of local and national crisis resources before, during, and after a crisis.

Partnerships

- All students and families should know who crisis team members are and what their roles are during a crisis.

- A clear process for communicating with families in response to a crisis must be established. Consider using multiple avenues of communication, including digital messaging systems and community phone trees with families and partnering community-based organizations.

- Develop partnerships with emergency rooms/hospitals, fire safety officials, community organizations, local mental health providers, and EMS/mobile crisis well in advance of an actual crisis; collaborate with these groups on policy development.

- Partnerships with law enforcement should be developed and planned carefully with the identities of the student population and the relationships between the community and local law enforcement in mind.

Resources

There are many high-quality resources to support school crisis management; a few key introductory resources are listed here.

The National Association of School Psychologists provides a comprehensive toolkit of resources for attending to school climate, ensuring safety, and responding to crisis.

The American Foundation for Suicide Prevention, the American School Counselor Association, National Association of School Psychologists, and The Trevor Project have published a model school policy on suicide prevention that outlines standards for managing suicide risk and suicide prevention in school.

The Suicide Prevention Resource Center, The Education Development Center, and the American Foundation for Suicide Prevention have published a postvention toolkit for suicide, which outlines key postvention procedures and communication templates for talking with students, staff, and families after a suicide has occurred.

The United States Department of Education funds a Readiness and Emergency Management for School Technical Assistance Center, which provides comprehensive resources, including training, for implementing the Incident Command System in school settings.

School Threat Assessment Consultants, led by Dewey Cornell, Ph.D., have developed a comprehensive [School Safety and Threat Assessment Educational Program](#), a well-respected, team-based approach to school-based threat assessment that helps ensure the community's safety while assisting students who are at risk of perpetrating violent acts with needed referral for treatment.

The Oakland Unified School District in Oakland, California has developed a [manual for school-based implementation of restorative justice](#) to prevent and heal from violence.

The Substance Abuse and Mental Health Services Administration provides an [Opioid Overdose Prevention Toolkit](#), which outlines key strategies for responding to opioid related incidents including naloxone storage and administration.
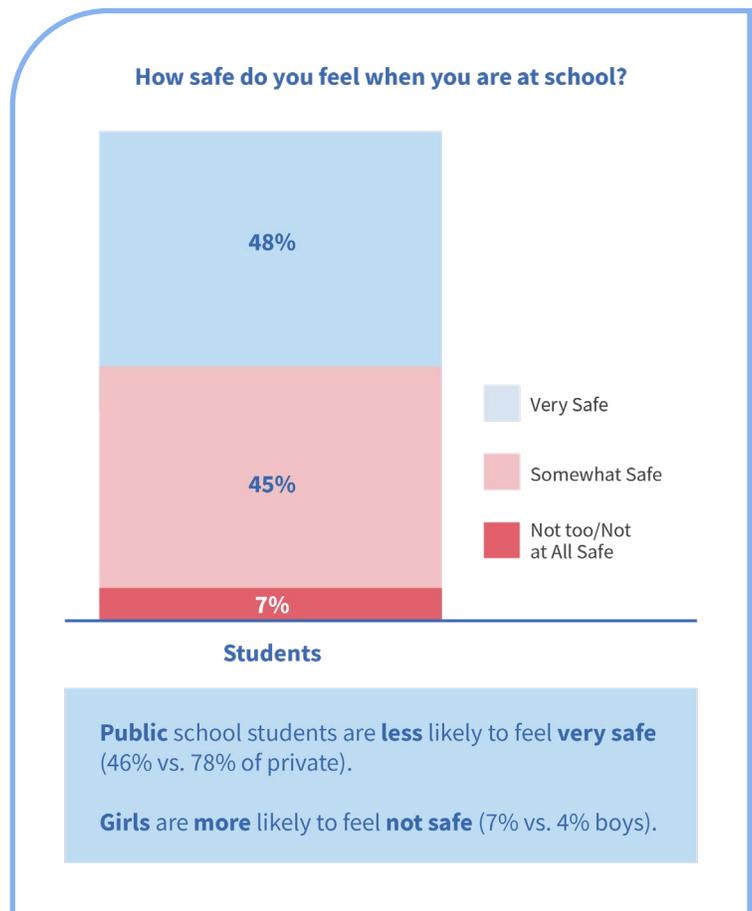
Why is this important?

The removal of access to means of self-harm (e.g., firearms, medications, poisonous chemicals, and rooftops) and the promotion of means safety have been established as powerfully effective tools to prevent death by suicide.[264] The overwhelming majority of people who plan to attempt suicide do not substitute an alternate method if their plan is interrupted or prevented but go on to survive and endure. For about half of individuals across age groups who attempt suicide, the elapsed time from thought to attempt is ten minutes or less.[265] The ambivalent and impulsive nature of many suicide attempts points to means safety as an important prevention tool during periods of acute crisis.

For adolescents, specifically, the experience of suicidal thoughts is relatively common while the process of moving from thought to suicidal behaviors is far less so.[266] Impulsivity is a predictive, though poorly understood, characteristic of adolescents who have attempted suicide and impulsive emotional reactions to stressful events appear to be particularly predictive of the transition from suicidal thought to suicidal behavior. At baseline, adolescent cognition is vulnerable to being impacted by emotion, and the identification, assessment, and treatment strategies outlined elsewhere in this document may be less effective when an adolescent experiences acute emotional crisis. At these times, the elimination of readily available lethal means is critical.

Current national data on youth deaths by suicide identify suffocation (by hanging or other means) as the most common means of suicide for younger adolescents (aged 14 and younger) and the second

How safe do you feel when you are at school?

48%

45%

7%

Very Safe

Somewhat Safe

Not too/Not at All Safe

Students

Public school students are **less** likely to feel **very safe** (46% vs. 78% of private).

Girls are **more** likely to feel **not safe** (7% vs. 4% boys).

Most high school students do not feel very safe at school, which highlights the need for schools to focus on creating a safe environment. From: JED & Fluent (2019). Mental health of high school students.

most common means for older teens. For youth over 14, firearms are the most prevalent means of suicide; firearms are the second most prevalent means for youth 14 and younger.[49] Some recent studies suggest that firearm-related deaths by suicide are increasing in the adolescent population and that increased risk for adolescent use of firearms to die by suicide exists in households with firearm ownership.[267][268] The ingestion of poison or the intentional overdosing of medication also is a prevalent method of death by suicide for younger and older teens.[269]

Despite clear evidence of the power of means safety and a clear understanding of the most common lethal means for suicide (firearms, particularly for males, suffocation, and ingestion of substances), many schools do not include lethal means counseling in their suicide risk response protocols. Family members who receive education on the importance of lethal means safety are more likely to take action to restrict adolescent access to medications, firearms, and methods of suffocation at home, yet many families report that they do not receive means safety education in the course of treatment for their adolescent's psychiatric crisis.[270] Low levels of training and associated lack of confidence in assessing suicide risk and providing lethal means safety counseling are thought to be the most significant barrier to consistent provision of means safety counseling in most treatment settings.[271]

What actions best support a safe environment?

Remember, these actions are supported by evidence or are promising practices. They are meant to be a guide for schools, but not meant to be prescriptive.

Teach all members of the school community about the power of means safety. When all members of the school community understand the power of limiting access to lethal means to keep students safe, the community can work together to identify and eliminate potentially lethal means.[272] Annual training on the link between access to lethal means and death by suicide, the potential impact of interrupting suicidal behavior by eliminating access to lethal means at school, and situations, items, or substances that constitute potential lethal means engages the entire community in the promotion of means safety. [273][274]

Conduct annual environmental scans to ensure a safe school building. A full environmental scan of the entire school campus, conducted each year by a team that is knowledgeable about lethal means, can ensure that students do not have access to potentially lethal means at school. The scan is best conducted by a designated team consisting of at least one member of the behavioral health or counseling team, an administrator who is empowered to make decisions about environmental safety measures and to incorporate findings from each scan into policy about school safety, members of the school's facility maintenance staff, and the school security officer. The team should be well-versed in what constitutes potential lethal means (e.g., access to unsecured ropes, poisonous chemicals, unsecured medications, roof-tops, towers, unlocked firearms) and should have a designated lead who is responsible for

recording scan results and tracking follow up. Follow up should include any action needed (e.g., locking up or removing chemicals or medications, installing barriers or locks on doors to high places, installing window guards on high floors) to remove access to potential lethal means as soon as possible.[275]

Create clear policy and procedure that promotes means safety by eliminating potential lethal means from campus and from school-related events. Schools should develop, communicate, and enforce policies that preclude students and staff from bringing lethal means to school or school-related events. Students, staff, and families should know what items are not allowed in school (e.g., medications, firearms). All staff and faculty should know how to safely secure cleaning supplies, chemicals, and tools used in science or vocational classes. Consider adopting policies precluding firearms on campus; ensure that policies are consistent with local law.[276]

Provide all families with clear information about means safety promotion. All families should be educated on adolescent suicide prevention generally, with particular emphasis on means safety at home. Many caregivers who receive lethal means counseling take action to promote means safety at home and families will appreciate and respond to public service announcements, checklists, and resources on safe medication storage/disposal and safe firearm storage.[277]

Incorporate lethal means counseling into school procedures for responding to students identified as being at risk for suicide. Train relevant staff to provide lethal means counseling to family members of students who may be at risk. Lethal means counseling for caregivers must include the assessment of whether or not a youth at risk for suicide has access to a firearm, medication, or other lethal means, working with caregivers to limit access to these items until the youth is no longer at risk, and helping caregivers understand the particular importance of ongoing attention to safe medication and firearm storage when a youth has experienced heightened risk for suicide.[278][279] All relevant staff–nurses, counselors, social workers, school psychologists, and any other health or behavioral health care professional who works at the school–should be trained in how to conduct lethal means counseling and should include lethal means counseling in every response to a student who has been identified as being at risk for suicide.[280][281]

Where do we start?

A review of existing procedures related to promoting means safety should evaluate the presence of the items below:

Policy and Planning

- The school's environmental management policy should include a plan for annual environmental scans for potential lethal means and for follow-up remediating action when potential means are present and accessible.

- The school's disciplinary policy should include clear expectations around what can and cannot be brought to school or to school events (e.g., firearms, medications) and a clear set of disciplinary responses when the policy is not followed.

- The school's health policy should include clear procedures for prescription medication storage and administration through the school's health office.

- The school's crisis response procedures should include lethal means counseling by school health, counseling, or behavioral health staff for any caregiver whose child has been identified as at risk for suicide.

- All policies should be clearly communicated to youth, staff, and families. Where necessary, policies should be translated as needed to be accessible to all members of the school community.

Personnel

- All school staff and faculty should be trained on what lethal means are, how to limit access to those means, and the power of means safety to keep students safe.

- All school staff and faculty should be trained on the safe storage of cleaning supplies, chemicals, and tools. Train new employees before starting work and refresh training annually.

- All school health, counseling, and behavioral health professionals should be trained to conduct lethal means counseling with the caregivers of any student identified as being at risk for suicide.

Resources & Activities

- Environmental scans for the presence of lethal means should be conducted at least annually; ensure rapid follow up to correct high-risk items.

- Provide families with easy to read checklists and resources on safe medication storage and disposal, safe gun storage, and means safety. Distribute information annually and translate resources as needed to be accessible to all members of the school community.

Resources

Harvard University's T.H. School of Public Health has developed the Means Matter website, which educates the public about the importance of promoting means safety and provides information and helpful checklists for professionals to guide conversations with youth and families, for families to ensure means safety at home, and for gunowners to ensure safe gun storage.

C.A.L.M. (Counseling on Access to Lethal Means) is a free, online course focused on reducing access to the methods people use to die by suicide. The course teaches providers how to: (1) identify people who could benefit from lethal means counseling, (2) ask about their access to lethal methods, and (3) work with them—and their families—to reduce access. This course is primarily designed for mental health professionals, but others who work with youth at risk for suicide may also benefit from the course.

Project Child Safe is a nationwide program of the National Shooting Sports Foundation, that works to promote firearms responsibility and provide safety education to all gun owners. Its central focus is to help prevent firearm accidents by providing materials and information to help gun owners properly store their firearms when not in use.

Up and Away is a website that educates families about safe medication storage and disposal.

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