

AGENDA

1. Role of school nurses
2. Understanding mental health crises
3. Strategies for addressing mental health crises
4. Planning in rural and urban areas
5. Consideration for implementation

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SCHOOL NURSES AND MENTAL HEALTH IN SCHOOLS

- Identification
- Prevention/Treatment
- Crisis Intervention

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U.S. DATA

- Suicide is the 2nd leading cause of death in 10-14 year-olds (2020).
- Suicide is the 3rd leading cause of death in 15-24 year-olds (2020).
- 16% of youth ages 12-17 reported experiencing a major depressive episode in 2019, compared to 8% in 2009.
- In 2019, 46.8% of youth who identify as lesbian, gay, or bisexual reported seriously considering suicide compared to 14.5% of their heterosexual peers.
- Higher number of American Indian or Alaskan Native youth (25.5%), Black youth (11.8%), and Hispanic youth (8.9%) reported attempting suicide in the past year, compared to White youth (7.9%) in 2019.
- About half (50.3%) of White youth with a past year major depressive episode received mental health services, while only 35.6% of Black youth and only 36.8% of Hispanic youth received services in 2019.
- Of those who received mental health services, 70-80% of youth received them at school.

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WISCONSIN YRBS DATA

- Felt sad or hopeless: 28.5%
- Considered suicide: 15.7%
- Made a plan: 13%
- Attempted suicide: 7.4%
- Injury from attempt: 2%

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WHAT IS A MENTAL HEALTH CRISIS?

- Any situation in which a person's behavior puts them at risk of hurting themselves or others and/or prevents them from being able to care for themselves or function effectively.

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MENTAL HEALTH CRISES TRIGGERS

- Loss of a relationship
- Trauma
- Rejection/Bullying
- Getting in trouble
- Failing grades
- Treatment complications

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MENTAL HEALTH CRISES WARNING SIGNS

- Inability to perform daily tasks
- Rapid mood swings
- Increased agitation
- Psychosis
- Hurting self
- Suicide Ideation/Behavior

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ANXIETY/PANIC

Symptoms

- Lethargy
- Sweaty/Hot flashes/Chills/Shaky
- Dry mouth
- Heart palpitations
- Nausea
- Rapid breathing
- Muscle tension

You Might See...

- Falling asleep in class
- School refusal
- Not completing homework
- Isolation/Withdrawal
- Aggression
- Frequent visits to the school nurse or bathroom
- Compulsions
- Substance Use
- SI/NSSI

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ANXIETY/PANIC INTERVENTIONS

- Breath techniques
- Build YouTube playlist
- Decrease stimuli in the environment (if possible)
- Grounding activities especially sensory related
- Guided imagery
- Meditations
- Movement
- Progressive muscle relaxation

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MAJOR DEPRESSIVE DISORDER (MDD)

Symptoms	You Might See...
<ul style="list-style-type: none">• Persistent sadness• Difficulties with sleep/eating• Moodiness/Irritability/Anger• Loss of interest in once pleasurable activities• Loss of energy	<ul style="list-style-type: none">• Crying, teary eyed• Falling asleep in class• Weight gain/loss• Poor grades• Isolation/Withdrawal• Frustration, irritability, anger• School absences/hardness• Frequent visits to the school nurse• Lack of response to questions (shutdown)• Poor hygiene• Flat/blank affect• Reckless behaviors• SUNSSI

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MDD INTERVENTIONS

- Discussing a recent positive experience to refocus
- Gratitude exercise
- Help with list of outdoor activities for movement and sunlight
- Inquiry about sleep
- Make a physical activity plan (Opposite action)
- Monitor for suicidal ideation
- Negative thought reframes
- Provide information to parents about local therapy resources, refer to Pediatrician, and have emergency services lists

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NON-SUICIDAL SELF-INJURY

Symptoms	You Might See...
<ul style="list-style-type: none">Scars, burn, wounds on arms, legs (Usual vs. Unusual areas)	<ul style="list-style-type: none">Scars in patternsWearing clothes that are inappropriate for weather to cover upNot changing for PEExcessive rubbing of skinFrequent reports of accidental injuryFrequent trips to the bathroom

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NSSI INTERVENTIONS

- Most important question: Was there any piece of you that wanted to die when you injured your body?
- Consult with School Psychologist, School Social Worker, School Counselor
- Caring for wounds (without judgment)
- Keep attention to minimum
- Not removing means of self-injury especially when suicidality is not in combination
 - Student needs a replacement

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SUICIDAL IDEATION & BEHAVIOR

Stressors	You Might See...
<ul style="list-style-type: none">Loss of relationships (friends, significant other, family)Getting in trouble at school (i.e. longer suspension, expulsion)Failing a class/major assignment or testBullying (social media, in-person, social exclusion)Recent or unresolved traumatic eventLGBTQ+Discharge from higher level of care	<ul style="list-style-type: none">Indirect and direct communication<ul style="list-style-type: none">Social mediaHopeless statementsExpression of feeling like a burdenSudden behavior change positive or negativeAsking friends or staff to acquire unusual items that are not safe or seem out of placeGiving away important itemsResearching or asking about lethal means (pills, hanging, jumping, etc.)

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CRISIS RECOVERY

- Address student's needs
- Provide clear expectations/directions
- Praise/Thank student for following directions
- Focus on the present
- Debrief with student after recovery
- Self-care

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WHAT IF I CAN'T DE-ESCALATE THE STUDENT?

- Ask for help from other adults in the school
- Call a national or local crisis line
- Call 911 if situation is life-threatening—Ask for a CIT officer

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PLANNING & RESOURCE FOR YOUR AREA

- Rural/Urban
 - Knowing what it is available in/to your local school system
 - Agencies and clinicians
 - Contacting CESA for more information
- What are your telehealth options to help with scarcity?
- Talking with other schools to collaborate

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IMPLEMENTATION CONSIDERATIONS

- District policy and procedure
- Logistics of service delivery in schools
- Section 504 & Individualized Education Program
- Other concerns in the school setting regarding mental health

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APPENDIX A

DSM 5-TR CRITERIA



ANXIETY/PANIC

ALSO SEE SEPARATION ANXIETY DISORDER & SOCIAL ANXIETY DISORDER

Generalized Anxiety Disorder <ul style="list-style-type: none">• Excessive anxiety and worry, occurring more days than not for at least 6 months, about a number of events or activities• The individual finds it difficult to control worry• The anxiety and worry are associated with 3 or more of the following<ul style="list-style-type: none">- Restlessness or feeling keyed up or on edge- Being easily fatigued- Difficulty concentrating or mind going blank- Irritability- Muscle tension- Sleep disturbance• The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning• The disturbance is not attributable to the psychological effects of a substance or another medical condition• The disturbance is not better explained by another mental disorder	Panic Disorder <ul style="list-style-type: none">• Palpitations, pounding heart, or accelerated heart rate• Sweating• Trembling or shaking• Sensations of shortness of breath or something• Feeling of choking• Chest pain or discomfort• Nausea or abdominal distress• Feeling dizzy, unsteady, light-headed, or faint• Chills or heat sensations• Paresthesias• Derealization• Fear of losing control or "going crazy"• Fear of dying
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MDD/DEPRESSION

- 5 or more of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either depressed mood or loss of interest or pleasure
 - Depressed mood most of the day, nearly every day, as indicated by with subjective report or observation made by others **NOTE:** children/adolescents can be irritable mood
 - Markedly diminished interest or pleasure in all, or almost all activities most of the day, nearly everyday
 - Significant weight loss when not dieting or weight gain or decrease or increase in appetite nearly every day
 - Insomnia or hypersomnia nearly every day
 - Psychomotor agitation or retardation nearly every day
 - Fatigue or loss of energy nearly every day
 - Feeling worthless or excessive or inappropriate guilt nearly every day
 - Diminished ability to think or concentrate, or indecisiveness nearly every day
 - Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for [dying by] suicide

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MDD/DEPRESSION CONTINUED

- Symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning
- The episode is not attributed to the physiological effects of an substance or another medical condition
- At least 1 major depressive episode is not better explained by schizoaffective disorder and is not superimposed on schizophrenia, schizophreniform disorder, delusional disorder, or other specified and unspecified schizophrenia spectrum and other psychotic disorder
- There has never been a manic episode or a hypomanic episode

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APPENDIX B

RISK ASSESSMENT TOOLS



COMMON ASSESSMENT TOOLS

- Ask Suicide-Screening Questions
 - <https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials>
- Columbia-Suicide Severity Rating Scale (C-SSRS)
 - <https://cssrs.columbia.edu/>
- Suicide Assessment Five-step Evaluation and Triage
 - <https://www.samhsa.gov/resource/dbhis/safe-t-pocket-card-suicide-assessment-five-step-evaluation-triage-safe-t-clinicians>

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APPENDIX C

RESOURCES



HOTLINES

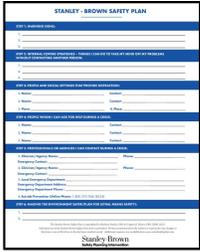
- Crisis Text Line
 - Text "Go" to 741741
- HOPEline
 - 1-800-784-2433
 - <http://hopeline.com/>
- National Suicide Prevention Hotline
 - 988 (Continues to work as well 1-800-273-8255)
 - <https://988lifeline.org/>
- Trevor Project LGBTQ+
 - 1-866-488-7386
 - Text "START" to 678678
 - <https://www.thetrevorproject.org/get-help/>

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STANLEY-BROWN SAFETY PLAN

- <https://suicidesafetyplan.com/forms/>
- Commonly used in health organizations
- Adding additional information to plan
 - What are your reasons to live?



The image shows a sample of the Stanley-Brown Safety Plan form. It is a structured document with several sections, each with a blue header. The sections include: 1. Identification (Name, Address, Phone, etc.), 2. Identification of suicidal thoughts and feelings, 3. Identification of suicidal thoughts and feelings that are most distressing, 4. Identification of suicidal thoughts and feelings that are most distressing (continued), 5. Identification of suicidal thoughts and feelings that are most distressing (continued), 6. Identification of suicidal thoughts and feelings that are most distressing (continued), 7. Identification of suicidal thoughts and feelings that are most distressing (continued), 8. Identification of suicidal thoughts and feelings that are most distressing (continued), 9. Identification of suicidal thoughts and feelings that are most distressing (continued), 10. Identification of suicidal thoughts and feelings that are most distressing (continued), 11. Identification of suicidal thoughts and feelings that are most distressing (continued), 12. Identification of suicidal thoughts and feelings that are most distressing (continued), 13. Identification of suicidal thoughts and feelings that are most distressing (continued), 14. Identification of suicidal thoughts and feelings that are most distressing (continued), 15. Identification of suicidal thoughts and feelings that are most distressing (continued), 16. Identification of suicidal thoughts and feelings that are most distressing (continued), 17. Identification of suicidal thoughts and feelings that are most distressing (continued), 18. Identification of suicidal thoughts and feelings that are most distressing (continued), 19. Identification of suicidal thoughts and feelings that are most distressing (continued), 20. Identification of suicidal thoughts and feelings that are most distressing (continued).

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COMMON SAFETY PLANNING APPS

- Suicide Safe 
- Suicide Safety Plan 
- Virtual Hope Box 

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THANK YOU FOR YOUR EXPERTISE AND CONTINUED PARTNERSHIP!





Kids deserve the best.
