



ES Mental Health Crisis Protocol

Step 1

When a child demonstrates a mental health concern (i.e. depression, psychosis, dissociation, suicide ideation, self-harm) or there is reasonable cause to believe that a child is in danger of themselves or others, the concerned adult/student will seek advice from the teacher/counselor/administration. Any report or other action must be kept confidential. In all cases, follow-up is conducted in a manner that ensures that information is documented factually and that strict confidentiality is maintained. The following procedure will be enacted by the counselor and/or administration:

1. Ensure student of concern is safe (may require one-to-one adult supervision)
2. Interview adults/students as necessary and document relevant information
3. Consult with school personnel to review the child's history in school
4. Report status of case to superintendent

Step 2

Based on the acquired information:

- Counselor and/or administration interviews student of concern. Depending upon the age of the child, these discussions may include drawing pictures and playing with dolls to elicit more information as to what may have occurred
- School nurse completes physical assessment (i.e. cuts, bruising, etc.)
- Counselor and/or administration documents interview, meetings, interventions, etc.
- Administration informs Superintendent of steps taken to date
- Follow-up phone call or meeting with parents of student of concern (dependent upon collective assessment from counselor, administration, and teacher)
- Completion of incident report and submitted within 24 hours after the full investigation/problem-solving
- If applicable and cause of immediate concern/serious emotional crisis due to signs/symptoms for child safety (as listed below), referral of the student and family to external professional counseling.
 - In the event of immediate concern/serious emotional crisis and professional help is required:
 - A student is released to a parent and/or guardian. It is required that the parent seek immediate counsel of a mental health professional before student may return to school.
 - A risk-assessment is conducted by a qualified mental health professional
 - Documentation from mental health professional stating that the child is not at risk must be submitted to the school (direct contact with mental health professional may be required from the school)
 - A re-entry meeting with parents, student, administration, and counselor is conducted
 - Determination of re-entry dependent upon outcome of meeting and submitted reported from mental health professional
 - The final decision of re-entry is determined by the Principal in collaboration with the Superintendent.

Signs and symptoms of immediate concern/serious emotional crisis:

- threatening behaviors/thoughts toward self or others

- unmanageable depression (signs include: a persistently poor, often irritable mood; withdrawal; not experiencing pleasure; not reacting to the environment the same way; sleep disturbance; changes in behavior, changes in sleep and appetite, and the persistence of that state for more than a few days in a row, typically for some weeks; doing badly at school; not joining in with other social activities with other kids and withdrawing from peers; abusing drugs and alcohol; self harm)

Step 3

Subsequent to a reported and/or substantiated case of immediate concern/serious emotional crisis :

- The counselor will maintain contact with the child and family to provide support and guidance as appropriate.
- The counselor will provide the child's teacher and the principal with ongoing support.
- The counselor will provide resource materials and strategies for teacher/parent/student use.
- The counselor may maintain contact with outside mental health professional to update the progress of the child in school

All documentation of the investigation will be kept in the child's school confidential records file. Records sent to schools to which their student may transfer will be flagged to let the receiving school know there is a confidential file for the child. AIS-R will make every attempt to share this information to protect the child.