EAB

Creating a Culture of Resilience and Wellness to Prevent Suicide

District Leadership Forum

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1) Executive Overview

Key Observations

To engage staff in resilience and suicide prevention initiatives, add resilience and suicide prevention goals to district strategic plans. Contacts at **District C** note that when district strategy does not include goals for student mental health, principals allocate staff professional development time and school resources to academic professional development, rather than to resilience and suicide prevention initiatives. Contacts at District C, **District B**, and **District E** note that when district administrators incorporate mental health goals into strategic plans, principals respond by incorporating resilience and suicide prevention initiatives into school-specific strategies.

Partner with professional organizations, non-profits, and external vendors to deliver resilience and suicide prevention trainings. Administrators at **District A**, **District B**, and **District C** implement suicide prevention trainings (e.g., Signs of Suicide, Sources of Strength) to help students identify warning signs of suicide and promote help-seeking behaviors. To support student resilience, administrators at profiled districts partner with external organizations to implement social and emotional learning (SEL) and mindfulness curricula, including Second Step, Caring School Communities, and MindUp. To ensure that trainings will impact students, administrators select training curricula supported by research.

To intervene with students at risk of suicide, assess student risk, engage administrators, parents, and external support services, and provide ongoing support post crisis. At **District A**, **District C**, and **District E**, administrators develop uniform processes to respond to students at risk of suicide. After teachers or staff refer a student, mental health staff (e.g., licensed counselors, trained school social workers) conduct a risk assessment to determine if the student is in imminent danger of self-harm. Counselors select appropriate supports based on the severity of the crisis and district policy. These supports include calls to parents and guardians, onsite counseling services, referrals to outside agencies, and contact with emergency services. At District A, counselors work with the student, parents, and administrators to develop a safety plan that outlines counseling interventions, coursework accommodations, and supports to help prevent future crises.

To assess the effectiveness of initiatives, administer surveys to students and educators and analyze trends in student disciplinary data. Administrators at **District B** and **District E** use district-wide surveys to assess the effectiveness of resilience and suicide prevention initiatives. These surveys ask questions to identify student and teacher mental health needs and assess student and teacher opinions on school climate and culture. At **District C**, administrators use trends in student discipline data to assess the effectiveness of resilience initiatives. Contacts suggest that as students become more resilient (i.e., learn to regulate emotions, reduce stress, and manage behavior), they are less likely to commit disciplinary infractions.

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2) Resilience and Suicide Prevention Initiatives

Key Definitions

Profiled Districts Support Student Resilience Through School Climate Initiatives, SEL Curricula, and Mindfulness Practices

Across profiled districts, administrators support student resilience through two approaches. At **District B**, **District C**, and **District E**, administrators implement school climate initiatives: large-scale support structures and policy adjustments that encourage support, wellness, and interpersonal relationships. Contacts at District B assert that school climate initiatives are the most impactful suicide prevention and resilience interventions at their districts.

Second, administrators at some profiled districts train staff and students to regulate emotional responses to stressors, traumas, and interactions and develop positive relationships with others. These trainings include social and emotional learning (SEL) and mindfulness trainings.

- **SEL**: SEL is "the process through which children and adults understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions." SEL curricula seek to establish five competencies: self-awareness, self-management, social awareness, relationship skills, and responsible decision-making.[1] **District A**, **District B**, **District C**, and **District E** use SEL curricula.
- **Mindfulness**: Mindfulness is "moment-by-moment awareness of our thoughts, emotions, sensations, and surrounding environment."[2] Administrators at **District B**, **District C**, **District E**, and **District D** implement mindfulness initiatives at schools.

Research Supports the Effectiveness of School Climate Initiatives, SEL Curricula, and Mindfulness Practices

Contacts at profiled districts highlight school climate initiatives, SEL curricula, and mindfulness as central to resilience and suicide prevention efforts. Research supports the effectiveness of these initiatives for student resilience and suicide prevention.

1 "What is SEL?," Collaborative for Academic, Social, and Emotional Learning, accessed February 3, 2019, https://casel.org/what-is-sel/.
2 "Why Mindfulness is Needed in Education," Mindful Schools, accessed February 3, 2019, https://www.mindfulschools.org/about-mindfulness/mindfulness-in-education/.

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Mental Health Interventions at Profiled Districts Supported by Research[3]

Intervention	*Research Support*
Contacts at **District A** report that **SEL curricula** are the most impactful resilience interventions at the district	Research suggests that SEL interventions significantly improve student academic performance; reduce conduct problems, emotional distress, and drug use; and increase positive attitudes toward the self, others, and the school. In addition, the Centers for Disease Control and Prevention states that SEL programs are an effective means to teach students coping and problem-solving skills: an important component of suicide prevention.
Contacts at **District B** note that **mindfulness practices** are a mental-health priority at the district	Research suggests that school-based mindfulness interventions reduce student stress and improve students' ability to pay attention. Mindfulness has also proven effective in suicide prevention. Research on mindfulness interventions in sixth-grade children revealed that students who meditated are significantly less likely to develop suicidal ideation than student who do not meditate.
Contacts at **District C** state that **school climate initiatives** are the most impactful mental health initiatives at the district	Research suggests that Positive Behavioral Interventions and Supports (PBIS) improves the perceived safety of schools and increases the proportion of students meeting or exceeding state reading assessment standards.

School Climate Initiatives

Implement Tiered Support Systems to Ensure Every Student Receives Appropriate Supports

District B, **District C**, and **District E** target interventions to students via tiered behavioral and academic support systems. These systems include Positive-Behavioral Intervention Systems (PBIS), Multi-Tiered Systems of Support (MTSS), and Trauma-Informed Practices (TIP).[4] PBIS and TIP focus on behavioral and emotional self-regulation, and MTSS combines academic and behavioral interventions into one unified system.

3 Joseph Durlak, Allison Dymnicki, Kriston Schelliner, Rebecca Taylor, and Roger Weissberg, "The Impact of Enhancing Students' Social and Emotional Learning: A Meta-Analysis of School-Based Universal Interventions," *Child Development*, no. 1 vol. 82 (February 2011): 405-432. http://www.casel.org/wp-content/uploads/2016/01/meta-analysis-child-development-1.pdf; Brad Bartholomew, Alex Crosby, Shane Davis, Kristin Holland, Deb Stone, and Natalie Wilkins, "Preventing Suicide: A Technical Package of Policy, Programs, and Practices," *Centers for Disease Control and Prevention* (2017). https://www.cdc.gov/violenceprevention/pdf/suicidetechnicalpackage.pdf; John Gabrieli, Akira Gutierrez, Sara Krachman, Ethan Scherer, and Martin West, "Mindfulness in the Classroom: Learning from a School-based Mindfulness Intervention through the Boston Charter Research Collaborative," *Transforming Education*, (January 2019). https://www.transformingeducation.org/wp-content/uploads/2019/01/2019-BCRC-Mindfulness-Brief.pdf; John Gabrieli, Akira Gutierrez, Sara Krachman, Ethan Scherer, and Martin West, "Mindfulness in the Classroom: Learning from a School-based Mindfulness Intervention through the Boston Charter Research Collaborative," *Transforming Education*, (January 2019). https://www.transformingeducation.org/wp-content/uploads/2019/01/2019-BCRC-Mindfulness-Brief.pdf; Willoughby Britton, Nathaniel Lepp, Halsey Niles, Tomas Rocha, Nathan Fisher, and Jonathan Gold, "A Randomized Controlled Pilot Trial of Classroom-Based Mindfulness Meditation Compared to an Active Control Condition in Sixth-Grade Children," *Journal of School Psychology*, vol. 52 (2014): 263-278. https://www.brown.edu/research/labs/britton/sites/britton-lab/files/docs/Britton%2C%20Lepp%20et%20al%202014%20Mindfulness%20training%20vs%20active%20control%20in%206th%20graders.pdf; Robert Horner, George Sugai, Keith Smolkowski, Lucille Eber, Jean Nakasato, Anne Todd, and Jody Esperanza, "A Randomized, Wait-List Controlled Effectiveness Trial Assessing School-Wide Positive Behavior Support in Elementary Schools," *Journal of Positive Behavior Interventions*, no. 3 vol.11 (February, 2009): 133-144. https://journals.sagepub.com/doi/abs/10.1177/1098300709332067.
4 "Positive Behavioral Interventions and Supports," OSEP Technical Assistance Center, accessed February 3, 2019, https://www.pbis.org/; "MTSS," OSEP Technical Assistance Center, accessed February 3, 2019, https://www.pbis.org/school/mtss; "Program Overview," University of California San Francisco, accessed February 3, 2019, http://hearts.ucsf.edu/program-overview.

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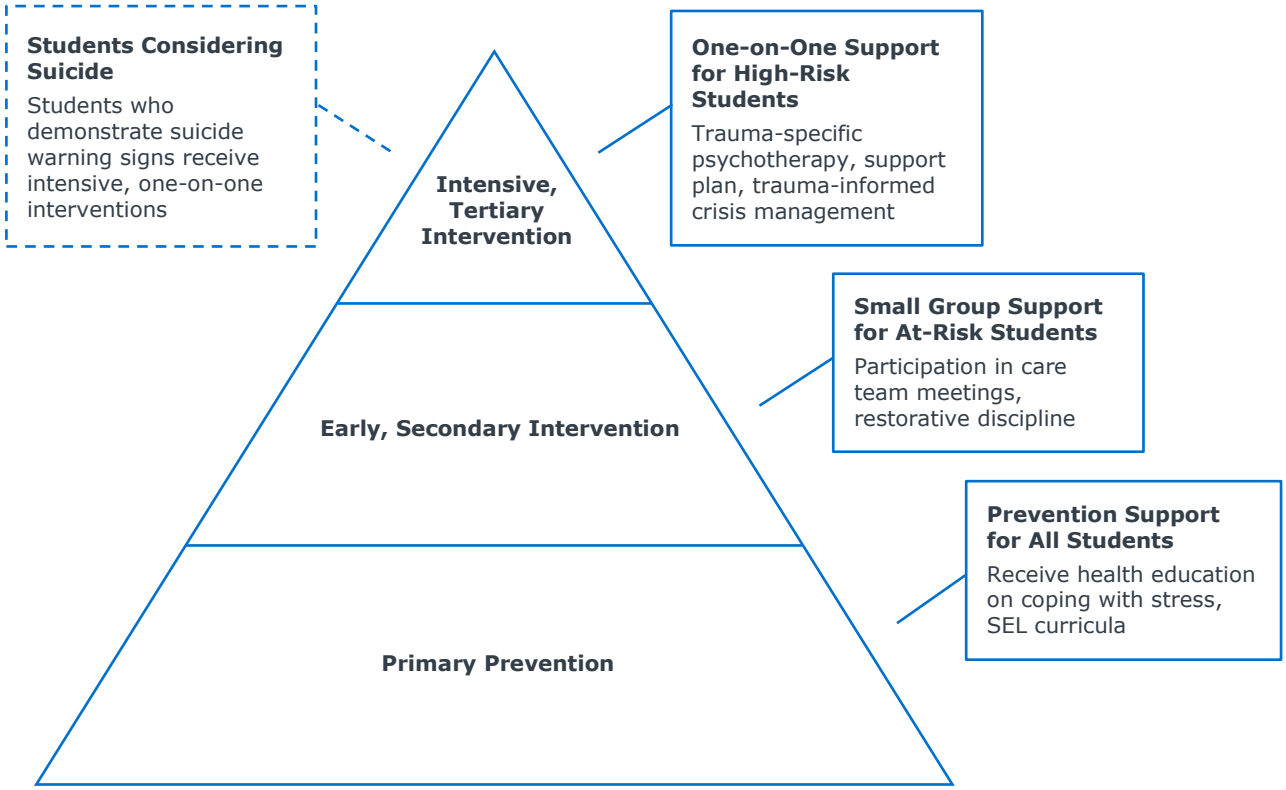
While these systems differ in content and application, they all organize student supports into three tiers. All students receive trainings related to behavioral and emotional self-management, suicide prevention, and coping skills (tier one). Those students who require additional support (e.g., students with mental health disorders, students with behavioral difficulties) receive either small group (tier 2) or one-on-one (tier 3) support based on intensity of need.

Through tiered support systems, districts can reduce the frequency of crisis interventions through proactive, prevention-based support. Contacts at District C report that PBIS strengthens relationships between students and teachers, improves student health and wellness, and increases school safety.

Abridged Tiered Support Framework from UCSF Hearts TIP Program[5]



5 "Program Overview," University of California San Francisco, accessed February 3, 2019, http://hearts.ucsf.edu/program-overview.

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Implement Restorative Practices to Strengthen Relationships Between Students and Staff

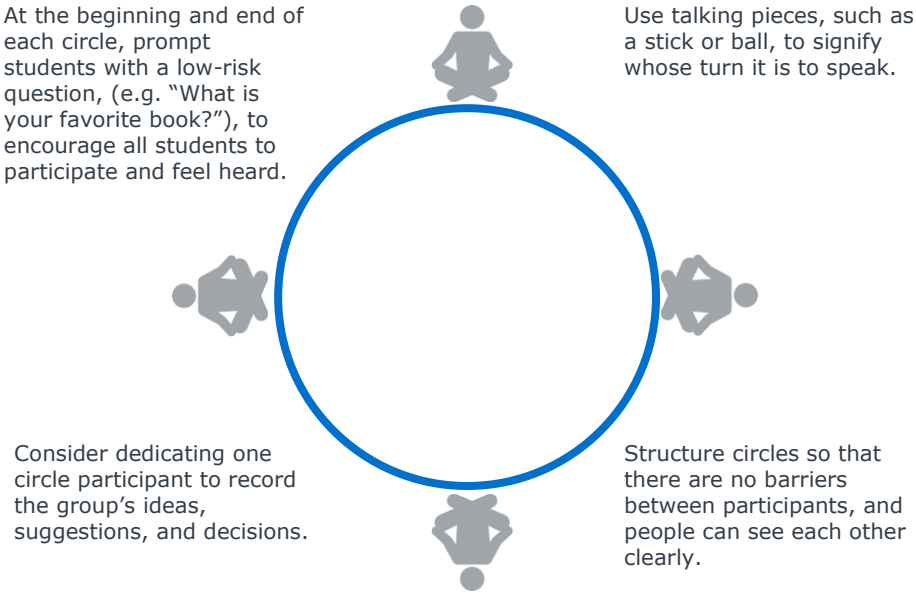
EAB's report **Behavior Management and Disciplinary Strategies** expands on how restorative practices can prevent negative behaviors and limit exclusionary discipline practices in school communities (**pages 11–12**).

Contacts at **District C** report that powerful, trust-oriented relationships among students, teachers, and administrators both increase student resilience and reduce school violence. To help foster relationships, administrators at **District B**, District C, and **District E** implement restorative practices. Research suggests that restorative practices help to reduce school violence, encourage positive behavior, restore relationships, and allow students to respond positively to disciplinary infractions.[6]

Schools within District E use community circles to foster conversations about school climate and mental health. Research suggests that restorative circles give participants an opportunity to share thoughts, perspectives, and emotions related to disciplinary issues, classroom and school processes, or traumatic events. To allow all participants to share feelings, circles often operate in a sequential format: one person may speak at a time, and the opportunity to speak moves in one direction around the circle. The circle facilitator (e.g., teacher, counselor) suggests topics and questions for participants to discuss.[7]

At District C, contacts plan to use restorative practices to respond to disciplinary incidents. Contacts report that while traditional disciplinary responses (e.g., suspension) exclude and alienate students, restorative practices allow students to demonstrate accountability and remain within the school community.

Restorative Circle Practices[8]



6 Ted Wachtel, "Defining Restorative," International Institute of Restorative Practices, accessed February 3, 2019, https://www.iirp.edu/restorative-practices/defining-restorative/.
7 Ibid.
8 Ibid.

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To Develop School Climate Initiatives, Partner with External Organizations

Administrators at **District C** and **District E** partner with local and national professional associations and universities to secure support for school climate initiatives. These organizations offer resources, best practices, and trainings to administrators and teachers.

Example School Climate Partnerships

Restorative Practices

Administrators at **District C** partner with the **International Institute of Restorative Practices** (IIRP). Student services coordinators use IIRP resources to develop trainings, which they deliver to teachers during professional development time.

Positive-Behavioral Intervention Systems (PBIS)

At **District C**, teams of teachers and administrators visit statewide and national conferences held by a statewide PBIS coalition. These staff use the knowledge they acquire at conferences to train other staff at schools.

Trauma-Informed Practices (TIP)

Administrators at **District E** partner with a regional program to implement TIP. Representatives from the program visit the district and lead two-day trainings for school social workers. Social workers and teachers lead abbreviated trainings for teachers and administrators at schools.

Partner with External Organizations to Audit Grading Strategies, Bell Schedules, and Other Policies that Contribute to Student Stress

At **District C**, administrators partnered with **Challenge Success**, a consortium of educational professionals, to develop practices and protocols to reduce student stress in high schools. With support from Challenge Success experts, administrators began an audit of bell schedules and grading policies to eliminate unnecessary student stressors. Challenge Success also offers trainings for teachers on how to plan lessons, deliver feedback, and grade assignments in ways that reduce student stress.

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Resilience and Suicide Prevention Programs

Profiled Districts Implement Suicide Prevention and Resilience Programs Developed by External Vendors

Administrators at **District A**, **District B**, **District C**, and **District E** partner with external vendors to implement resilience and suicide prevention training programs. Some partners provide curricula and resources that district staff use to deliver trainings, while others provide dedicated trainers for students and staff.

Suicide Prevention Program Partners at Profiled Districts

Signs of Suicide

- Used by: **District A**, **District C**
- This school-based suicide prevention curricula educates students on mental health and suicide warning signs. It also encourages students to demonstrate effective help-seeking behaviors. The program includes educational videos for students and teachers and an optional student screening test for depression and suicide risk.[9]

Sources of Strength

- Used by: **District B**
- In this program, certified trainers provide adult and peer student advisors with an initial training on suicide prevention best practices. These adult and peer advisors then develop marketing materials, presentations, and workshops to support other students.[10]

Community Organizations

- Used by: **District E**
- Contacts report that trainers from a local community organization visit schools to train all ninth-grade students on suicide intervention and prevention in health classes.

9 "SOS Signs of Suicide Middle School and High School Prevention Programs," Suicide Prevention Resource Center, accessed February 3, 2019. https://www.sprc.org/resources-programs/sos-signs-suicide.
10 "Sources of Strength," Suicide Prevention Resource Center, accessed February 3, 2019, https://www.sprc.org/resources-programs/sources-strength.

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SEL and Mindfulness Curriculum Partners at Profiled Districts

Second Step

- Used by: **District A**, **District B**, **District C**, **District E**
- Contacts report that this SEL curriculum focuses on how to encourage elementary and middle school students to develop character, resilience, and empathy. Second Step lessons are 25-45 minutes in duration.

Caring School Community

- Used by: **District A**
- This SEL curriculum provides lessons to teach students social skills, including classroom procedures, self-management, interpersonal skills, and executive function. It also offers practices to foster positive relationships among students and adults and suggests disciplinary practices that foster student self-discipline.[11]

Kelso's Choice

- Used by: **District A**
- This SEL curriculum develops conflict resolution skills among elementary school students. The basic program consists of 23 lessons, with 16 additional reinforcement activities, designed to instill nine conflict-management skills.[12]

MindUp

- Used by: **District B**
- This curriculum teaches both social and emotional skills and mindfulness practices, including deep breathing and attentive listening. Students learn and practice mindfulness techniques through 15 structured lessons.[13]

Mindful Schools

- Used by: **District D**
- Contacts report that this curriculum trains educators to manage stress and implement mindfulness practices in the classroom. At District D, both teachers and parents have access to online trainings for free.

Implement Cost-Effective Mental Health Programs that Research Supports

Administrators at **District A** and **District B** select programs that are supported by research and cost-effective. When investigating potential programs, contacts report that administrators at both districts rely on recommendations from trusted organizations, including the **Substance Abuse and Mental Health Services Administration** and the **Collaborative for Academic, Social, and Emotional Learning**. Administrators at District A also networked with employees at neighboring school districts to solicit recommendations.

11 "Caring School Community," Center for the Collaborative Classroom, accessed February 3, 2019, https://www.collaborativeclassroom.org/programs/caring-school-community/.
12 "About the Program," Kelso's Choice, accessed February 3, 2019, https://kelsoschoice.com/about/#program
13 "MindUp," Collaborative for Academic, Social, and Emotional Learning, accessed February 3, 2019, https://casel.org/guideprogramsmindup/.

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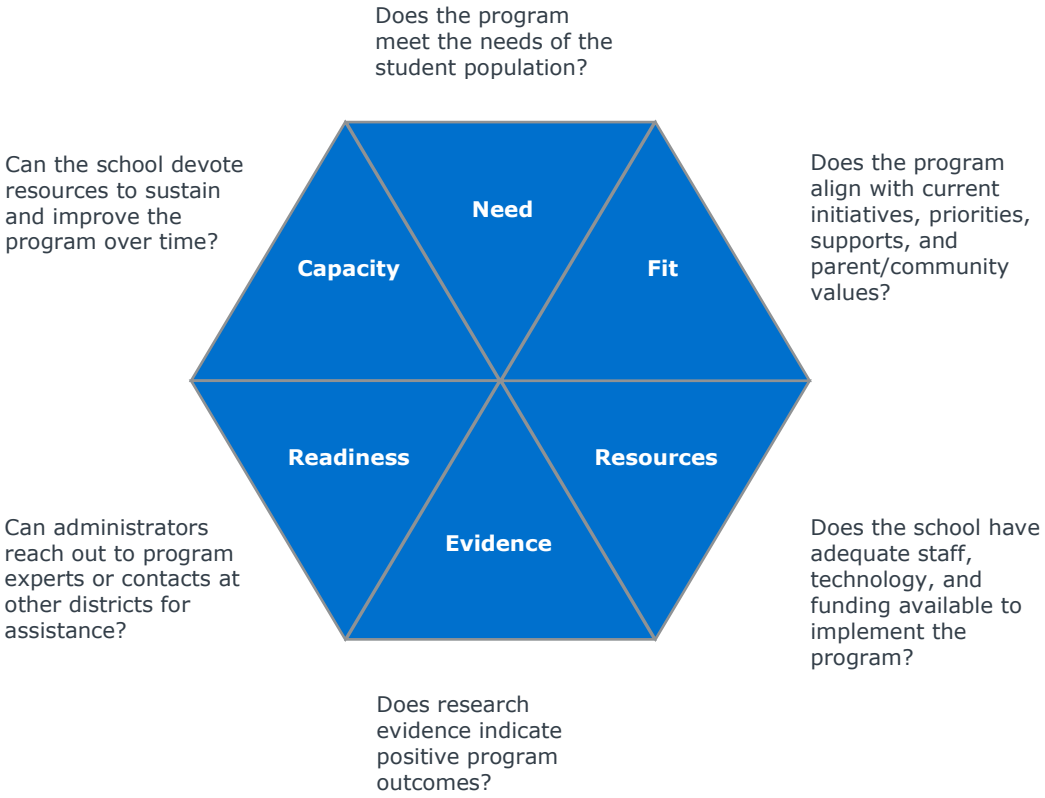
Contacts at District A note that they declined to implement some programs due to their high cost. For example, contacts report that administrators considered implementing the **RULER** SEL program—designed by faculty at Yale University—but decided that it was prohibitively expensive to fly administrators and instructors across the country for training.

Administrators at District B use the Hexagon Tool from the **National Implementation Research Network** to select programs on a school-by-school basis. Contacts note that NIRN provides numerous other tools to support implementation of mental health programs. District mental health staff encourage school administrators to use NIRN resources to improve mental health interventions at schools.

Abridged Hexagon Tool[14]



14 Karen Blasé, Laurel Kiser, and Melissa Van Dyke, "The Hexagon Tool: Exploring Context," *National Implementation Research Network*, 2013, https://www.pbis.org/Common/Cms/files/pbisresources/NIRN-Education-TheHexagonTool.pdf.

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Offer Consistent Professional Development to Teachers Before Delivering SEL Trainings to Students

Administrators at **District A** and **District B** spoke with research experts and networking contacts at other districts before implementing SEL curricula. According to contacts, experts and contacts suggested that administrators train staff before delivering curricula to students. Contacts explain that after training, staff better understand their emotional needs and their students' emotional needs, which allows them to respond to students with empathy. Staff can also model positive behavior and emotional regulation to students and use SEL techniques in the classroom to reinforce concepts in SEL curriculum. Contacts at District B emphasize that professional development must be ongoing. Contacts note that without consistent reinforcement, staff will not adjust their behavior or instructional practices.

At District A, administrators and counselors trained staff for two years on SEL. These trainings focused on the social and emotional needs of staff and the benefits of SEL for instruction. Throughout the next year, contacts report that administrators and counselors will train teachers on the Caring School Communities curriculum in small-group winter sessions and in a large-group summer session.

Strategies to Train Teachers

District mental health staff visit school sites during weekly professional development times to deliver presentations.

District mental health staff host school counselors and administrators for intensive trainings. These staff return to schools to train instructors.

District mental health staff deliver trainings during staff orientation periods before the start of the school year.

Deliver Curricula to Students During Classroom Instruction to Ensure that All Students Receive Training

Counselors at **District A**, **District B**, and **District C** deliver curricula to students during regularly scheduled class periods. Contacts at District A and District B note that they prefer teachers deliver curricula so counselors can provide focused support to at-risk students through small-group and individual interventions. Counselors at District B lead presentations during teacher common hours to begin to help teachers prepare to deliver curricula.

For Second Step lessons, counselors and school psychologists at District C visit individual elementary school classrooms between two and five times per week. Psychologists also deliver Second Step trainings in small-group settings. To deliver Signs of Suicide lessons, counselors at District A and District C visit high school courses required for all students (e.g., lower-level English and health courses). Counselors at District A visit these courses at middle schools, as well.

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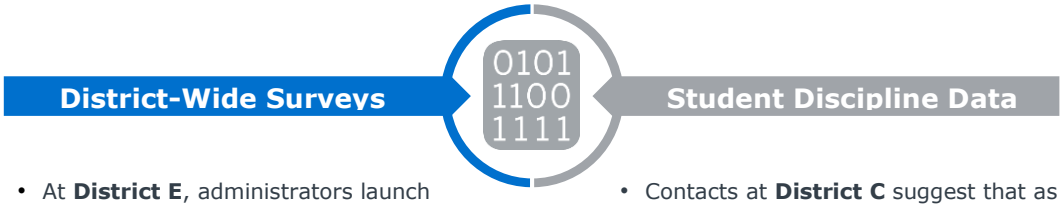
Use Teacher and Student Surveys and Student Discipline Data to Assess the Effectiveness of Initiatives

Administrators at **District B** and **District E** use district-wide surveys to assess the effectiveness of resilience and suicide prevention initiatives. Administrators use survey data to identify the mental health needs of teachers and students and allow parents, teachers, and students to provide feedback on school climate and mental health initiatives. By comparing survey data across multiple years, administrators can determine the effect of initiatives on student mental health needs. At District C, student services staff use student discipline data to assess the effectiveness of resilience initiatives.

Assessment Techniques at District E and District C[15]



- At **District E**, administrators launch surveys that assess both school culture and SEL competencies.
- School climate surveys ask students and teachers to identify:
  - the extent to which they feel a climate conducive to learning;
  - the extent to which they feel a sense of belonging;
  - the extent to which they understand discipline, rules, and norms; and
  - the extent to which they feel safe at school.
- SEL surveys assess student performance on four competencies: self-management, social awareness, growth mindset, and self-efficacy.

- Contacts at **District C** suggest that as students become more resilient (i.e., learn to regulate emotions, reduce stress, and manage behavior), they are less likely to commit disciplinary infractions.
- Student services staff track the frequency of suspensions, expulsions, school office referrals, counseling referrals, and disciplinary incidents (e.g., fights, bullying, dress code violations).
- Contacts note that the number of disciplinary incidents in the district has trended downward over the last three years, which they attribute to resilience and school climate initiatives.

15 "Surveys," District E, accessed February 3, 2019.

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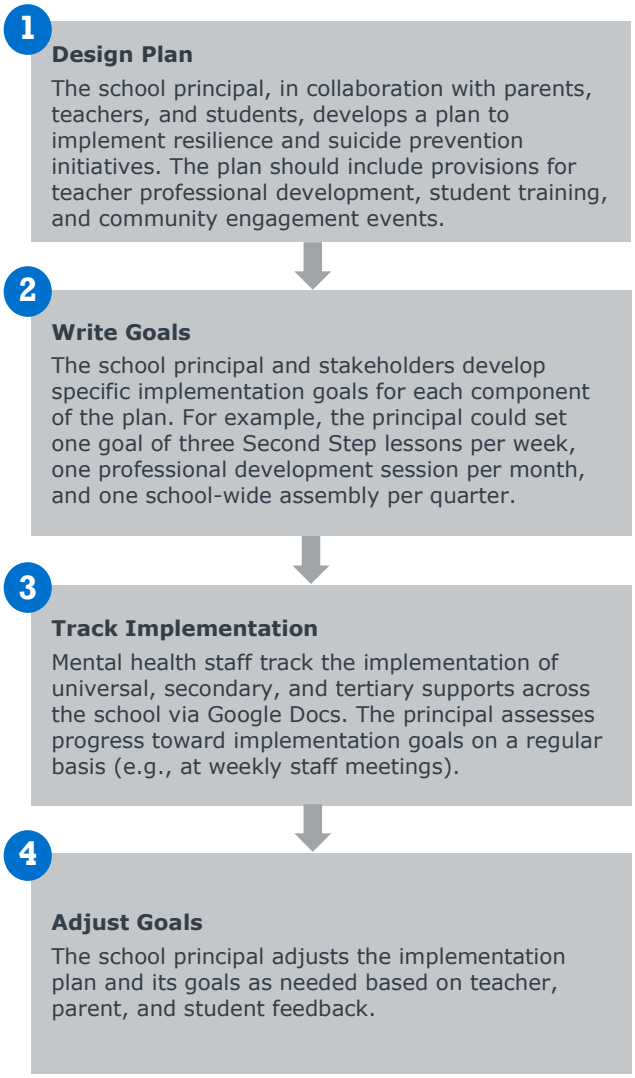
Assess Each School's Fidelity to an Implementation Plan to Evaluate Progress on Resilience and Suicide Prevention

Contacts at **District B** note that suicide prevention and resilience initiatives do not immediately affect district and school cultures. Specifically, contacts note that changes in student test scores, universal screening responses, or other assessment data may not appear until between two and five years after the implementation of an initiative. To overcome this problem, contacts recommend that school principals first develop an implementation plan with specific professional development and intervention goals. Then, principals should assess the extent to which the school meets its implementation goals.

Process to Assess Fidelity of Implementation at *District B*



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3) Stakeholder Engagement

District Engagement

Collect Data on Student and Teacher Mental Health Problems to Demonstrate the Need for Initiatives

Mental health staff at profiled districts use data and research to demonstrate the urgent mental health needs of students and staff to senior leadership.

Contacts emphasize the effectiveness of data sourced from district stakeholders to advocate for additional mental health supports. Mental health staff at **District B** and **District A** use screening tools to evaluate the mental health needs of students and/or staff. These screening tools identify students and staff who are experiencing symptoms of depression, anxiety, or other mental health disorders. At District B, administrators use a ten-question screening tool provided for free by a University of Texas professor. Contacts add that the tool's brevity improves its completion rate.

Use Responses to Universal Screening to Identify Students in Need of Support

At **District A**, administrators also use the screening tool to connect students in need with counseling services. The tool allows students to indicate that they would like to speak with a counselor in the next 48 hours. After all students complete the screener, school and professional counselors devote time during the following days to meet with students who request support.

Strategies to Source Data on Mental Health Needs

Superintendent listening tours

Research reports on mental health interventions at peer districts

Community and school focus groups and advisory committees

Teacher, student, and parent surveys and screenings

Present Data-Driven Stories to Engage District Leaders and Teachers

After collecting data on mental health needs at the district, mental health staff at **District B** and **District C** present findings at meetings with senior leadership to acquire support for mental health and wellness initiatives. Contacts at both districts emphasize the importance of storytelling: combining data on student needs with testimony from staff on the potential impact of mental health interventions and supports on student learning. To deliver stories, the director of health, prevention, and wellness at District B asks experienced school social workers and counseling staff to participate in leadership presentations.

Mental health staff at **District C** first presented findings at a Board of Education meeting. Contacts note that after these presentations, superintendent and board members understood the importance of mental health supports. These leaders

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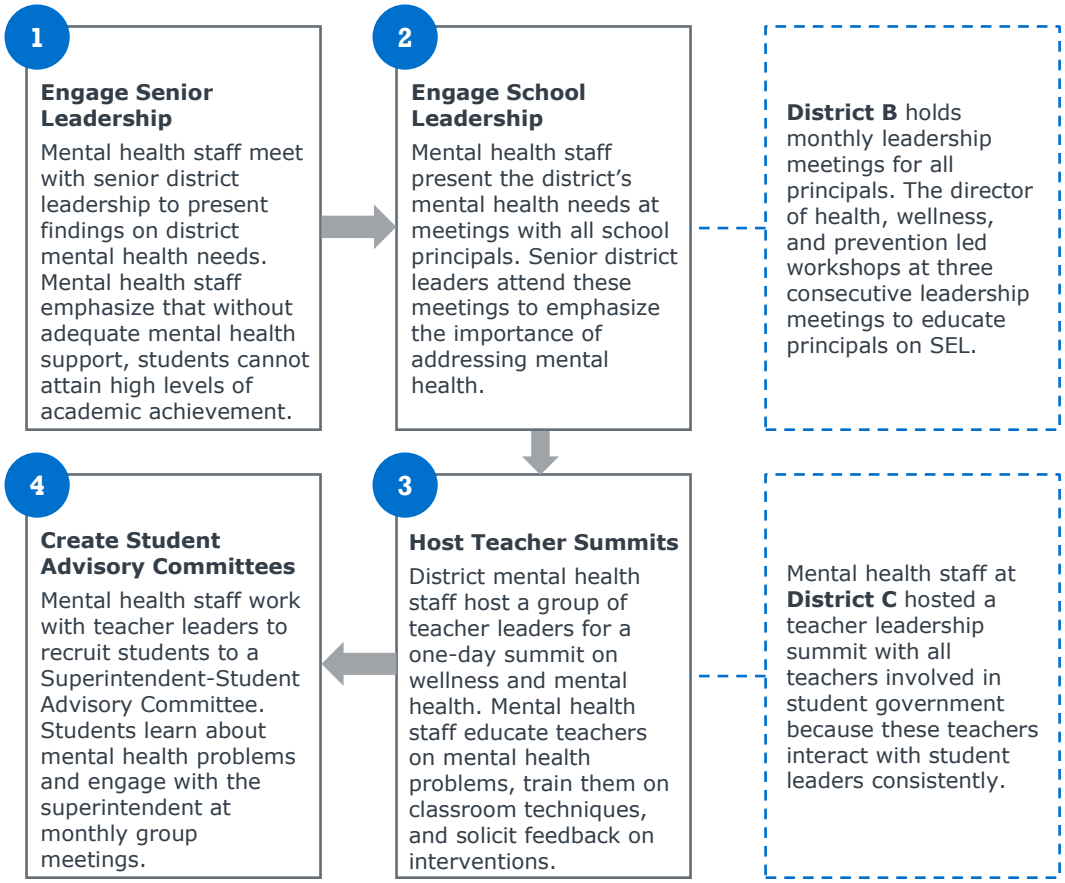
attended subsequent meetings with principals, teachers, and students to emphasize the district's commitment to mental health.

Sample Stakeholder Engagement Process



Add Resilience and Suicide Prevention Goals to District Strategic Plans to Encourage Schools to Adopt Initiatives

Contacts at **District B**, **District C**, and **District D** stress that to engage school administrators and teachers with initiatives, district administrators should establish student mental health as an official, district-wide strategic priority. Contacts note that principals often prioritize instructional professional development over mental health support due to pressure to improve student test scores. To provide mental health-related professional development, principals must sacrifice professional development time devoted to instructional techniques and practices. Contacts report that when district strategic plans emphasize that student mental health is a necessary precursor to academic achievement, it pressures principals to devote additional professional development time to mental health.

Strategic plans should include specific resilience and suicide prevention interventions and incorporate goals and metrics to assess implementation of those interventions at schools.

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Offer Wellness and Resilience Supports to Teachers and Administrators to Improve Resilience Efforts

Contacts at **District C** emphasize that for administrators and teachers to contribute to student resilience, they must be resilient themselves. If staff feel stressed, overwhelmed, and anxious, they will not engage in initiatives to support students.

At **District E**, administrators highlight the availability of counseling and support services for teachers and host teacher appreciation lunches and self-care events. At **District C**, district administrators dedicated a three-day employee orientation retreat to mindfulness and wellness practices for teachers. Mental health staff recruited a mindfulness expert from the community to lead wellness workshops.

Parent Engagement

To Engage Parents, Host Events, Policy Presentations, and Community Forums

Profiled districts host events during mornings and evenings to educate and engage parents on mental health and suicide prevention. These events educate parents on how to support students, inform parents about district policies and procedures, and allow parents to provide feedback on district initiatives. Often, school counselors, social workers, and other mental health staff lead parent engagement events. Contacts recommend that districts host parent engagement events on a regular (e.g., monthly) basis to encourage consistent attendance.

To Ensure All Parents Receive Information About Student Mental Health, Send Resources Through Multiple Channels of Communication

At **District D**, family engagement coordinators send emails to parents with information on warning signs of suicide, how to access support at the district, and how to support students at home. Coordinators also send printed newsletters with mental health information home with students. Through these communications, staff ensure that they inform parents who cannot access events about mental health. To increase the accessibility of materials, staff develop materials in multiple languages.

Types of Parent Engagement Events at Profiled Districts

Community Forums

Mental health staff at **District B** invite parents to the school to drink coffee and discuss mental health problems. The forum leader records parent feedback to inform district policy.

Expert Lectures

Mental health staff screen documentaries and bring experts to the district to address parents on specific mental health topics. **District C** hosts a monthly parent education series with experts on mental health topics.

Resource Presentations

The behavior health specialist at **District A** led a parent presentation on district suicide prevention policies, district-wide prevention and support programs, and suicide warning signs.

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4) Leadership and Resource Investment

District Administration

Central Departments Coordinate Mental Health Efforts

District B, **District C**, **District D**, and **District E** dedicate departments within the central district office to student mental health initiatives. Within these departments, staff develop mental health policies, programs, and initiatives and support and train school administrators, counselors, and teachers.

District A does not dedicate a specific department to student resilience and suicide prevention. Rather, the assistant superintendent of curriculum and instruction, director of human resources, director of special education, and behavior health specialist collaborate to coordinate student mental health initiatives.

Centralized Mental Health Leadership Structures

District B

Central Department

- A central wellness department is responsible for student resilience and suicide prevention.

Department Leadership

- Two directors of wellness and a mental health director lead the department.

Reporting Lines

- These directors oversee multiple coordinators, including coordinators of prevention and school culture, healthy schools, titles and grants, nursing services, and Medicaid reimbursement.

District C

Central Department

- The Office of Student and Community Services is responsible for student resilience and suicide prevention.

Department Leadership

- The director of student and community services leads the department.

Reporting Lines

- This director oversees two coordinators: the coordinator of student services and the coordinator of mental health and outreach services.

District E

Central Department

- A central health department is responsible for student wellness and suicide prevention.

Department Leadership

- The director of safety and wellness leads the department.

Reporting Lines

- This director oversees a team of clinical supervisors and mentor social workers, who support administrators and counselors at school sites.

Additional Departments

- Other offices also contribute to student wellness. The office of people services coordinates restorative practice interventions, and the health education team coordinates SEL.

District D

Central Department

- The Department of Mental Health and Wellness is responsible for suicide prevention and student resilience efforts.

Department Leadership

- The manager of mental health services leads the department.

Reporting Lines

- This manager oversees three additional wellness coordinators, who work closely with school administrators and counselors at school sites.

Additional Departments

- The school counseling department also contributes to suicide prevention and student resilience efforts.

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Structure Mental Health Offices Alongside Other Student Support Offices to Foster Collaboration

At **District B**, the central wellness department is part of a larger department, which also includes departments related to gifted and talented education, English language development, literacy, early childhood education, and special education. District administrators developed this structure to encourage collaboration among student support leaders, as specific students often require multiple forms of support. For example, a student with a learning disability may require individualized instructional practices and additional mental health counseling. Because department leaders share direct reports and goals, they are more likely to work together to support students.

School Leadership

School Principals, Mental Health Staff, and Teachers Lead Resilience and Suicide Prevention Initiatives

School principals, mental health staff, and teachers all contribute to suicide prevention and student resilience initiatives at profiled districts. Contacts at **District A**, **District B**, and **District D** note that principals possess the autonomy to coordinate staff professional development and student training at each campus. To create effective resilience and suicide prevention initiatives, contacts emphasize that principals need to prioritize mental health professional development for school staff.

Staff Contributions to Mental Health Initiatives

Principals

- Devote instructional and professional development time to suicide prevention, resilience, and wellness initiatives.
- Emphasize suicide prevention and student resilience as a cultural priority at staff meetings, student assemblies, and parent meetings.
- Engage district staff, parents, and students in conversations about mental health, wellness, and suicide prevention.
- Participate in school-wide mental health events and trainings.

Counselors

- Lead teacher professional development sessions on suicide prevention, resilience, and instructional techniques.
- Deliver suicide prevention and resilience trainings to students.
- Coordinate responses to referred and at-risk students and provide group and one-on-one counseling support.
- Lead parent and community engagement events.

Teachers

- Deliver in-classroom suicide prevention and resilience trainings to students.
- Adjust instructional practices to incorporate resilience strategies, including mindfulness practices and SEL.
- Advise mental health-related clubs and student organizations.

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To Promote Resilience, Principals Should Establish Relationships with Teachers, Parents, and Students

Contacts at **District C** and **District E** assert that strong relationships among administrators, teachers, parents, and students reduce school violence and contribute to a resilient school culture. Contacts note that principals can create and maintain a culture that promotes these relationships through consistent, structured interactions with stakeholders. Principals can also use conversations with parents, students, and teachers to identify common mental health issues and develop potential interventions.

Contacts at both districts report that principals should attend school events (e.g., football games, rallies, assemblies) to demonstrate an authentic commitment to the school. At District E, principals participate in team-building activities at mental health-oriented events to form non-academic connections with students and teachers.

Contacts at both districts also suggest that principals create regular, structured opportunities for district stakeholders to engage with them.

Stakeholder Engagement Strategies at Profiled Districts

Establish principal-student advisory committees for students to share feedback.

Host parent, teacher, and student representatives on school leadership teams.

Schedule regular morning coffee hours to meet with parents.

Develop a School Climate Team to Coordinate Suicide Prevention and Wellness Services at Schools

At **District E**, dedicated school climate teams of school counselors, school administrators, and support staff coordinate suicide prevention and resilience interventions at schools. Climate team members meet every two to four weeks to identify high-priority mental health issues specific to the school (e.g., bullying, exam stress, student burnout). Then, team members select specific trainings and initiatives to address those high-priority issues. School climate teams both facilitate communication between school administrators and mental health staff and ensure that mental health interventions meet the specific needs of the school.

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Staffing and Resource Investment

Host At Least One Mental Health Counselor at Each School to Provide Consistent Support to Students

At **District A**, **District B**, **District D**, and **District E**, administrators allocate funds for at least one counselor, social worker, or psychologist for every school. These counselors provide support to students on all days of the week and adapt supports to account for school-specific needs.

At District D, administrators fund between two to four wellness counselors for each school. These wellness counselors dedicate time entirely to student and teacher emotional support and prevention work. Wellness counselors offer individual, short term sessions on a drop-in basis. If students require more specialized or intensive support, counselors refer them to off-campus providers. Wellness counselors also support teachers who work with at-risk students and lead parent, student, and community engagement events.

Administrators at District D and District B assign counselors based on school enrollment and level of student need. At District B, each elementary school employs one counselor, and each middle and high school employs one counselor for every 250 students. At District D, schools employ two to three wellness counselors, depending on enrollment. Schools with 1700 or more students employ three wellness counselors, while schools with lower enrollments employ two wellness counselors. Schools receive additional wellness counselors if the student population requires additional mental health support; one school with a high population of students who require English language development support employs four wellness counselors.

Consider Dedicating One Counselor at Each School Site Specifically to Prevention Work

At **District B**, district administrators allocate funds for one additional counselor for each middle school to conduct only suicide prevention and wellness work. Contacts explain that mental health counselors struggle to devote consistent time to develop and coordinate universal prevention and wellness programs because they manage large student caseloads. District B's prevention counselors do not manage a case load. They work full-time on student mental health and wellness trainings, community events, and staff professional development. Contacts note that prevention program implementation increased dramatically after they established this position but cautioned that the program requires substantial resources to cover counselor salaries.

To Secure Additional Support for Mental Health Initiatives, Apply for Local and National Grants

Administrators at **District B** and **District D** use funds from external grants to provide additional counseling support to students. District B funds its prevention counselors via an external grant, and District D funds its wellness counselors through a grant provided by two local organizations. Administrators at District D attend monthly meetings with both organizations to discuss potential improvements to the wellness program. Contacts at District B note without grant support, they could not allocate enough funding to dedicate counselors to suicide prevention programs.

Administrators at District B also used grant funds to purchase mindfulness and substance abuse curricula for all middle schools in the district.

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Engage Local Community and Parent Organizations to Secure Additional Counseling Support for Students

At **District A**, administrators coordinate with a local community organization to secure additional counseling services for students. Administrators host counseling staff from this organization at the high school campus. To coordinate student support, administrators attend regular meetings of a council of community organizations. At these meetings, administrators both collaborate with community leaders to target support resources to areas of greatest need and develop new resilience and suicide prevention initiatives.

Contacts Express Difficulty Estimating Budget Allocations Committed to Mental Health Due to Funding Sources

Contacts at **District A** and **District B** note that it is difficult to estimate an exact budget allocation for resilience and suicide prevention efforts because funding comes from multiple sources. For example, administrators at **District A** receive enough funding from the state to employ .3 school counselor FTEs at each school site, but the district employs one full-time counselor at each school site. Administrators use an allocation from the district staffing budget to cover the remaining .7 of each full-time counselors' salary.

Contacts at **District C** add that because many district staff and departments contribute part-time to mental health work, it is difficult to determine which staffing and departmental budgets to include in a summation of resources devoted to mental health initiatives.

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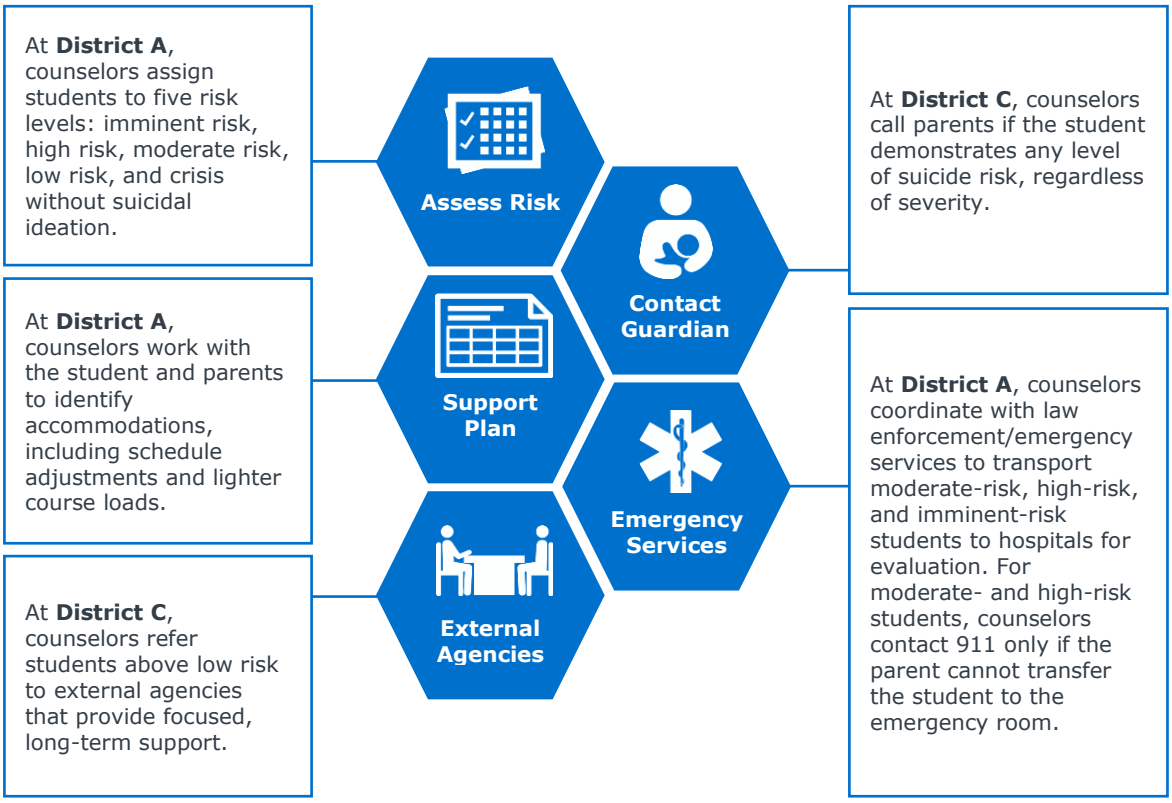
5) Intervening with At-Risk Students

Student Interventions

To Intervene with At-Risk Students, Assess Risk, Deliver Services, and Provide Continued Support Post Crisis

Administrators at **District A**, **District C**, and **District E** developed suicide prevention policies that outline standardized processes to respond to students at risk of suicide. At these districts, trained mental health staff (e.g., licensed counselors, school social workers) first conduct a risk assessment of referred students. At District A, mental health staff conduct a risk assessment before the end of the day during which the student is referred. Next, counselors at profiled districts select appropriate supports based on the severity of student risk.

Support Techniques for At-Risk Students at *District A* and *District C*[16]



16 District Suicide Prevention Response Plan, District A, February 12, 2018; "Risk Assessment Flow Chart," District C, provided December 20, 2018.

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At District E, administrators developed a six-step protocol (ACTPRO) for all mental health crises involving at-risk students.[17] This protocol ensures that all students, regardless of risk level, receive support post crisis:

1. Assess
2. Consult
3. Tell Team, Administrators, Parents/Guardians
4. Plan of Safety and Support
5. Record/Document
6. Ongoing Support and Follow Up

Develop Re-Entry Plans to Support Students Who Miss School Due to Crisis[18]

District A's suicide prevention policy includes procedures to assist students during the return to campus after a crisis. Mental health staff schedule a re-entry planning meeting with the student's guardians, support team members, the building administrator, and the student a few days before the student's return date. At the meeting, participants create a re-entry plan and a safety plan that outline potential accommodations (e.g., a lighter course load, exemptions from classes with triggering content, adjustments to examination schedules). Mental health staff also discuss what information to share with teachers and close peers. During the students' first several days in school, a support team member checks in with the student daily to adjust the plan as necessary.

Student Referrals

Provide Mandatory Trainings on District Referral and Support Policies to All Teachers

Administrators at **District A**, **District C**, and **District D** require teachers to complete mandatory trainings on district suicide prevention policies, referral policies, and student intervention policies. These trainings discuss how to identify suicide warning signs in students and emphasize the duty of teachers to report at-risk students. At District C, teachers complete a 30-minute online training developed by the district's insurance provider. At District A, all staff complete a 20-minute training led by the district's behavior health specialist. At both districts, staff that receive teacher referrals undergo more intensive trainings so that they can serve as mentors for teachers.

Trainings at District C and **District E** highlight the potential consequences of failing to refer students. At District C, online trainings emphasize state laws that require teachers to report signs of suicide and self-harm as soon as possible. At District E, trainers highlight examples of past suicides that could have been prevented had teachers acted referred students immediately.

At District C, District E, and District D, administrators also provide targeted trainings and tactics to help teachers engage in difficult conversations with students in need. District C and District D partner with **Kognito** to provide role-play simulations that allow teachers to practice responding to students who reach out for help. At District

17 "Protocol for Mental Health Crises," District E, provided December 2018.
18 District Suicide Prevention Response Plan, District A, February 12, 2018.

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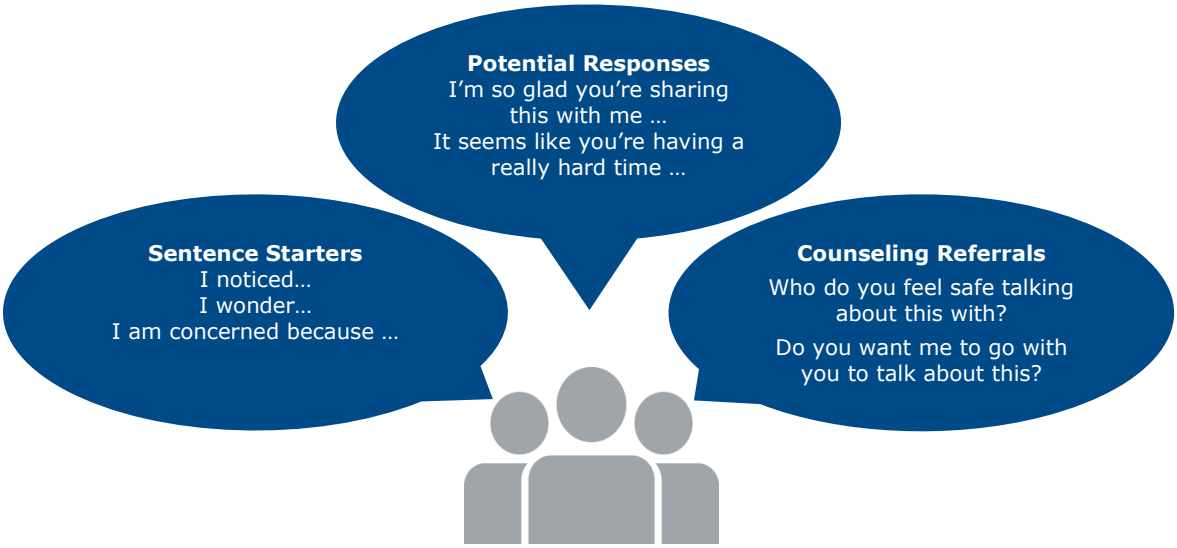
E, mental health staff provide sample language that teachers can use as a framework to engage students in conversation.

Conversation Framework to Engage Students at *District E*[19]



19 "Assessing Suicide and Self-Harm in Schools," District E, provided December 2018.

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6) Research Methodology

Project Challenge

Leadership at a member district approached the Forum with the following questions:

- What suicide prevention efforts do contact districts operate at middle and/or high schools?
- What initiatives do contract districts operate at middle and/or high schools to improve student resilience?
  - Which of these initiatives are most effective at improving resilience?
- Which staff at contact districts lead resiliency initiatives at the district level?
  - Who leads resiliency initiatives at the school level?
- How do administrators at contact districts promote or facilitate resiliency initiatives?
- How do teachers at contact districts support resiliency initiatives?
  - Specifically, how do districts encourage teachers to support initiatives?
- How do contact districts train teachers to help students respond to failure?
- What resources do contact districts allocate to improve student resilience?
  - How much time, in FTEs, do staff spend overseeing resiliency initiatives?
- How, if at all, do contact districts assess the effectiveness of resiliency initiatives?
- How do contact districts support students who may be at risk of suicide?
- How do contact districts train teachers to identify students who may be at risk of suicide and refer them to support services?
  - Specifically, how do districts encourage teachers to refer at-risk students?

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Research Parameters

The Forum interviewed district administrators and staff who coordinate student resilience and suicide prevention initiatives.

A Guide to Districts Profiled in this Brief

District	Location	Approximate Number of Students
District A	Pacific West	4,000
District B	Mountain West	67,500
District C	Pacific West	21,500
District D	Pacific West	9,000
District E	Pacific West	60,000

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