



SECTION III: STUDENT POLICY 3330

Student Mental Health Protocol Policy

STATEMENT OF PURPOSE

Insight School of Oklahoma (“ISOK” or “District”) supports student health and wellness protocols to include mental health support. This policy is to align access to mental health support by providing community resources for students and guardians focused on mental health treatment options, and crisis response intervention. It is also the policy of the District to provide mental health and crisis response training to school personnel. This process will involve consistent collaboration between the District and community mental health partnerships.

DEFINITIONS

Mental Health

Includes emotional, psychological, and social well-being and affects how individuals think, feel, and act. Mental health also determines how individuals handle stress, relate to others, and make healthy choices. (Information obtained from [CDC, 2021](#).)

Mental Health Crisis

Any situation in which a person's behavior or verbalized distress puts them at risk of hurting themselves or others and/or prevents them from being able to care for themselves or function effectively in the community. The 988 Mental Health Lifeline operates 24/7, offering anyone who dials 9-8-8 access to mental health crisis services.

Crisis Response

Refers to the advance planning and actions taken to address natural and manmade disasters, crises, critical incidents, and tragic events. Of course, in an emergency, it is always best to call 911.

Crisis Intervention

Can mitigate adverse reactions, facilitate coping and planning, assist in identifying and accessing available support, normalize reactions to a crisis, and assess capacities and need for further support or referral to the next level of care. *The three main goals of crisis intervention are: Reduce Symptoms, Stabilize, and Return to Adaptive Functioning – Facilitate Access to Continued Care.*

PRIVACY REQUIREMENTS

All District policies must comply with the privacy requirements of the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

RECOGNIZE WARNING SIGNS

Signs of a mental health crisis episode may not always be apparent in a student. Keeping the following warning signs in mind, teachers, principals, and other staff members can begin to identify the need for intervention.

Abusive Behavior: Often a student in mental distress will show abusive behavior to themselves and others. This may include self-harm, substance abuse, physical abuse, etc.

Inability to Perform Daily Tasks: This can include even the simplest tasks, such as bathing, brushing teeth and/or hair, and putting on clean clothes.

Increased Agitation: Children showing signs of increased agitation may use verbal threats, be violently out of control, destroy property, and more.

Isolation: Children and young adults in mental health crisis tend to isolate themselves from family and friends at school and at work.

Loses Touch with Reality (psychosis): Psychosis encompasses the following behaviors: signs of confusion, having strange ideas, thinking they are someone they are not, not understanding what people are saying, hearing voices, and seeing things that aren't there.

Paranoia: Paranoia manifests in suspicion and mistrust of people or their actions without evidence or justification.

Rapid Mood Swings: Increased energy levels, the inability to stay still, pacing, sudden depression and withdrawal, and becoming suddenly happy or calm after a period of depression may be indicative of a student in crisis.

Other warning signs may include:

- Changes in school performance
- Eating or sleeping too much or too little
- Pulling away from people and things
- Having low or no energy
- Worrying a lot of the time - feeling guilty but not sure why
- Having unexplained aches and pains, such as constant stomachaches or headaches
- Having difficulty readjusting to home or work life
- Feeling helpless or hopeless
- Expressing thoughts about suicide and/or engaging in self-harm
- Excessive smoking, drinking, or drug use, including prescription medications
- Inability to perceive changes in their own feelings, behavior, or personality (lack of insight or anosognosia)

SAFEGUARD STUDENT HEALTH AND SAFETY

The goal of the District is to establish a culture of support and safety to enhance student health and prevent barriers to effective crisis response. ISOK can assist with this process by fostering healthy relationships built on a foundation of trust, respect, and care in the school setting. These safeguards help to positively affect student-teacher relationships, increase engagement for students and families, and improve two-way communication between all parties. A culture of safety and support works to replace fear, uncertainty, and punishment as motivators with belonging, connectedness, and willingness to change.

Every person working at the District with reason to believe any student under the age of 18 years is a victim of abuse or neglect is required by law to report the matter *immediately* to the Oklahoma Department of Human Services (OKDHS) and local law enforcement. (70 O.S. § 1210.163; 10A O.S. § 1-2-101). The OKDHS Hotline number is [1-800-522-3511](tel:1-800-522-3511), and the online reporting link is www.OKHotline.org. The District will develop a streamlined process for documenting calls placed to OKDHS. The Oklahoma State Department of Education (OSDE) has created a [Child Abuse Reporting Form](#) template for the initial report to OKDHS and an [investigation form](#) schools may use if an investigative entity comes to the school to speak with the identified student

Beginning with the 2022-2023 school year, pursuant to Maria's Law, all schools are required, as part of any health education curriculum, to include instruction in mental health, with an emphasis on the interrelation of physical and mental well-being. ISOK may enter into agreements with nonprofit entities and other community partners to assist with or provide mental health education to students if the nonprofits and community partners are approved by the OSDE and the Oklahoma Department of Mental Health and Substance Abuse Services.

RESPONSE PROCEDURES

What to Do in a Mental Health Crisis

Steps all staff should take when addressing warning signs or managing student disclosures:

- Assess the situation.
 - Is the person in danger of hurting themselves, others, or property?
 - Do you need emergency assistance?

Call 988 to engage with trained crisis counselors for help with suicidal thoughts, substance use, and/or a mental health crisis.

Immediately call 911 for emergency assistance if the student requires medical attention.

- Talk to the student in a safe space. All staff members' responses should be calm, supportive, and non-judgmental.
 - Keep voice calm.
 - Listen to the student.
 - Ask questions, but do not push.
 - Express support and concern.
 - Ask how you can help.
 - Gently announce actions before initiating them.

- Stay with student in virtual setting while contacting School Counselor, Student Resource Coordinator, Social Worker, Licensed Professional Counselor, or School Administrator to join virtual room. Student should have adult supervision at all times. If occurs during in person event, staff member will walk student to staff listed above.
- School Counselor, Student Resource Coordinator, Social Worker, Licensed Professional Counselor, or School Administrator should follow district safety protocol and refer the student for crisis services at certified community behavior health clinic near student's home address.
- Immediately following the incident, appropriate staff member/s should document steps taken on the mental health referral packet.
 - Referral Form
 - Parent/Guardian Notification Form
 - Student Re-entry Plan
- If a student is out for an extended time (more than two school days), a caregiver/student/counselor meeting should be held a minimum of 24 hours in advance of the student's return to school.

Remember

A person experiencing a mental health crisis may not always clearly communicate their thoughts, feelings, needs, or emotions. They may also find it difficult to understand what others are saying. It's important to empathize and connect with the person's feelings, stay calm, and try to de-escalate the crisis. Seek outside assistance from our contracted Certified Community Behavioral Health Clinics for additional support.

STUDENT RETURN TO LEARN GUIDELINES

Whenever possible, the school team (Counselor, Social Worker, Student Resource Coordinator (SRC), Licensed Professional Counselor (LPC), and teachers) should meet with the student's parent or guardian and the student to discuss re-entry to the school day after an extended physical health absence, behavioral health assessment, or extended hospitalization.

1. The School Counselor or Social Worker should request a meeting with the student and their parent or guardian.
2. This group should discuss and document a re-entry procedure and what would help to ease the transition back into the school environment (e.g., whether or not the student will be required to make up missed work, the nature of check-in/check-out visits, etc.), address any concerns the student or parents/guardians may have.
3. All accommodations should be documented.
4. A designated staff person should periodically check in with the student to help with readjustment to the school community and address any ongoing social or academic concerns.
5. At least one member of the school team (counselor, social worker, SRC, LPC) should periodically check in with parents/guardians to update progress or concerns.

6. At least one member of the school team (counselor, social worker, SRC, LPC should meet with the student's faculty to share information about curriculum and social concerns prior to the student's return.
7. At least one member of the school team (counselor, social worker, SRC, LPC should be available to teachers to discuss any concerns they may have regarding the student after re-entry.

COMMUNITY RESOURCES

Certified Community Behavioral Health Clinics (CCBHC)

In accordance with 70 O.S. § 24-159, the District will collaborate with [Red Rock Behavioral Health Services, Counseling & Recovery Services Oklahoma, and/or other CCBHC in closest proximity to the student's home] to provide mental health crisis responses. The District will communicate with one or more of these entities in the event that mental health crisis services are needed. The district may also utilize the 988 Mental Health Lifeline.

988 Suicide and Crisis Lifeline

The 988 Mental Health Lifeline is a three-digit number for the national Mental Health Lifeline. The 988 Mental Health Lifeline operates 24/7 and offers services for mental health crisis calls. Operators are licensed and certified health crisis specialists who answer calls, connect to, and dispatch local services and mobile crisis teams.

Mobile Crisis Response

The Youth Mobile Response and Stabilization System is a mobile intervention service for children, youth, and young adults experiencing behavioral health emergencies.

GUARDIAN NOTIFICATION

Guardians will be notified by school personnel to streamline and assist with mental health crisis response efforts. The following steps should be considered:

1. The parents/guardians on file should be contacted by a designated school professional (Administrator, School Counselor, Social Worker, LPC, or other school personnel).
2. Arrange for parents/guardians to meet with designated school personnel through video conferencing or similar platform.
3. Speak with parents/guardians directly and review the Emergency Student Crisis Notification.
4. Provide parents/guardians with a copy of the form and all collateral referrals and/or contact resources.
5. Discuss with parents/guardians the school re-entry process upon release from a medical professional and the importance of Consent for Release of Confidential Information.

The District shall notify parents and guardians in accordance with 70 O.S. § 24-100.7 and 70 O.S. § 24-15.

MENTAL HEALTH PARTNERSHIPS

The District will request that the local school board obtain a signed working agreement with each identified mental health provider outlining all obligations under the protocol and a strategy for regularly reviewing its effectiveness using anonymous, nonidentifiable data.

The District will provide a statement/plan on dissemination of Oklahoma Prevention Needs Assessment (OPNA) survey data and other mental health data.

The District will submit the latest mental health crisis protocol and CCBHC working agreements to the State Department of Education (OSDE); all revisions and updates to the protocol and working agreements will be submitted to the OSDE.

The District and partnering mental health provider/s to conduct a joint review of the protocol and related working agreements every two years and consider any updates to better meet student needs. Require District and providers to include information collected from the OPNA survey, or an approved alternative survey, as part of the review process.

The Oklahoma Prevention Needs Assessment refers to the biennial mental health prevention survey of public school students in grades six, eight, ten, and twelve managed by the Department of Mental Health and Substance Abuse Services (ODMHSAS). ODMHSAS shall maintain the Oklahoma Prevention Needs Assessment and provide technical assistance for schools in survey administration, reporting, planning, and development of school mental health prevention and intervention strategies informed by the survey results. If the District chooses to administer an alternative survey or assessment tool to fulfill the purpose, it may apply for a waiver through ODMHSAS.

Beginning in the 2023-2024 school year, and biennially thereafter, the District will administer, the OPNA, or an alternative survey supported by ODMHSAS, for the purpose of providing direction to schools, school districts, and communities to effectively improve the lives of students regarding a variety of issues with a focus on alcohol, tobacco, other drug use, mental health, academic failure, and violence.

DISTRICT TRAINING

WHAT EDUCATORS SHOULD KNOW

Effective District training meets the following components:

- Identify Resources and Individuals to Turn to for Help
- Understand and Recognize Warning Signs
- Learn How to Access Crisis Support and Mental Health Services

In accordance with Student Mental Health Protocol 70 O.S. § 24-159, the District is committed to providing school administrators, teachers, support employees, and school-based mental health providers ready access to and regular training on the mental health protocol.

In accordance with the Suicide Awareness and Prevention Act, 70 O.S. § 24-100.7, the District board of education shall provide district-wide training to all staff on a biennial basis addressing suicide awareness and prevention. As a core element, this training requirement should include evidence-based approaches. The Department of Mental Health and Substance Abuse Services shall make available, at no cost to the districts, curriculum for staff that addresses suicide awareness and prevention. The training program may be combined with any other training addressing bullying prevention provided by the school district.

In accordance with the Oklahoma Teacher Preparation Act, 70 O.S. § 6-194.3, the District board of education shall require a training program for teachers which shall emphasize the importance of recognizing and addressing the mental health needs of students.

The program shall be completed the first year a certified teacher is employed by a school district, and then once every third academic year.

OTHER REQUIREMENTS

Reporting Procedures to the Oklahoma State Department of Education

In order to assist the State Department of Education with compliance efforts pursuant to the Student Mental Health Protocol at 70 O.S. § 24- 159, the District shall submit the latest protocol and working agreements to the State Department of Education, which shall share the protocols and agreements with the Department of Mental Health and Substance Abuse Services. These agencies may require revisions to ensure compliance with applicable laws, regulations, and established evidence-based practices.