



Supporting Student and Staff Mental Health

Resilience is Universal



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Jen Myers- EDC

In the work that we do at EDC across the world, we see people thriving and surviving through intense situations. Know that your best efforts to support students, families, peers, and manage your own stress are supported by the fact that humans are resilient. Of course, there are some factors that help build resiliency and some populations and communities which might have additional challenges to bouncing back.

Possible Impacts of COVID-19-related Changes on Mental Health*

- Concerns related to basic needs such as food
- Pandemic related fears, anxieties, and worries
- Changes to or lack of a routine often impact sleep, concentration, memory, attention, emotions
- Isolation related to changed social connections
- Increased screen time can impact sleep, brain chemicals, and relationships
- Different coping strategies/skills available
- Challenging family dynamics

*Consider individual, family, and community factors



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Jen Myers – EDC

When considering the impacts of COVID-19, related changes in school, routine, and physical distancing. It is important to remember individual, family, cultural and community factors which might contribute to increased mental health concerns and others might protect against mental health concerns. For instance, the LGBTQ-identifying student living in an accepting family in a loving community with strong supports is likely going to fare better from a mental health perspective than the LGBTQ-identifying student in a family that is not as accepting, isolated from supports, and feels a need to hide certain aspects of themselves at home.

While much of this content on this slide might seem obvious. I encourage you to think outside of the box. In regards to concerns related to food, think about the stress a student might feel if they are worried about basic needs and also the student who might be struggling with disordered eating behaviors and now is eating all meals at home. We know that family dynamics play can play a role in disordered eating behaviors.

Many people are talking about sickness and death, this can have a significant impact on students and families. Students can struggle with depression, anxiety, changes in brain chemicals with changes in activity level, sleep, screen time, and social engagements.

Some coping strategies may not be available to students while others may be more available. Consider a student who now has more access to substances in the home or the neighborhood or the student who no longer has the coach to walk with after school.

Think about how the family dynamics have significantly changed. For some students, they are not used to a parent trying to work while they are home or teach them.

When thinking of these impacts, I encourage you – in whatever role you have – to be proactive, not to wait for students or families to ask for help or state they are being impacted.

Look for Those at Greatest Risk for Trauma

- Community risks
- Neglect/abuse in home environment
- Substance misuse in home or community
- Previous exposure to violence or traumatic experiences
- Higher ACEs score prior to pandemic
- Recent loss or complicated grief
- Family health issues
- Risk for suicidal thinking/behavior (including impacted by a suicide loss)

Jennifer Myers - EDC

Consider the impact of trauma on mental health. Think of students and families that might have a higher community risk of trauma and violence exposure. Look for neglect, abuse, domestic/intimate partner violence in the home. Pay particular attention to students who have experienced violence in the past, have high scores of Adverse Childhood Experiences, have family health issues, experienced a recent loss, or have been at risk for suicidal thinking including impacted by a suicide loss. Even if these students or families weren't receiving targeted mental health supports previous to the COVID pandemic, you might consider what do they need now? How might their trauma be activated right now? How can we as a school help them to not only be safe but also experience a sense of safety.

How to Support All Students

- Develop a plan for all – Tier 1 mental health supports
- Inform parents about if and how to talk to kids in a developmentally appropriate way
- Apply trauma-informed principles
- Manage expectations of tasks
- Stay connected in the student's language & style
- Boundaries might look different
- Develop & keep a routine
- Be consistent, clear, & predictable
- Assist in identifying and labeling emotions
- Look for signs

Jennifer Myers – EDC

We know that Tier one mental health supports are university for all students and families. The plan for this needs to be strategic. Even though we are putting the wheels on the bus as we are driving it right now . It is best to consider what are your goals and how can you strategically address them. Helping parents is helping students. Keep using trauma-informed principles of safety, transparency, mutuality, choice, collaboration, respecting gender and cultural considerations.

Relationships and health take priority over assignments and compliance.

<https://www.washingtonpost.com/education/2020/03/26/trauma-informed-approach-teaching-through-coronavirus-students-everywhere-online-or-not/>

Be clear, consistent, and flexible. Stay connected in the student's language & style. Know that boundaries might look different in this time. Help students to identify, label, and express emotions. Look for signs that additional challenges may be occurring.

Indicated Supports (Tiers 2 & 3)

- Develop a plan for each student already identified as higher need for mental health supports
 - Tier 2 and 3 mental health supports
 - Review all students and who might be higher need given the situation
- Provide extra support
 - Consider higher ACEs, past trauma, suicide risk, special needs and learning disabilities
 - Isolated and disconnected students
 - Those without or concerned about basic needs

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Jennifer Myers – EDC

Students receiving services in Tier 2 and 3 likely had individual plans prior to the pandemic. Review these plans, make changes based on the current situation, what supports have they gained/lost? What resources might no longer be available while others such as telehealth may be. Think about who might not have received services in tier 2 or 3 previously and need the indicated supports. Think of the student who was picked on at school and is in a loving home and neighborhood environment and may no longer need the intensity of supports.

Indicated Supports (Tiers 2 & 3), continued

- Use connectors
- Wrap-around and work as a community team
- Apply basic emotion, thought, and behavior regulation skills
 - Mindfulness
 - Cognitive-behavioral approaches
 - Distress tolerance techniques

**For all Mental Health and SEL needs, use your networks.
Consult.
We're here to help.**

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Jennifer Myers – EDC

Many of you are likely using connectors for students – connectors should be proactive. We know that simple, short caring messages that ask for nothing, demand nothing can make a difference.

Mental health professionals might be teaching and reinforcing emotional, cognitive, and behavior regulation skills. Now might be the time to expand the support network and teach these skills to parents, support staff, integrate in to e-learning.

We are here for you if you need consultation, support, or resources. Reach out any time even if it is a simple question.

The Education Development Center has mental health experts on staff who can guide in specific strategies and processes.

National Resources

- CDC – Tips to keep children healthy while school is out
- DOE – Q&A on providing services to children with disabilities during the coronavirus disease 2019 outbreak
- Mindful Schools – Mindfulness classes for kids (Tues, Weds, & Thurs)
- National Association of School Psychologists – Health crisis resources
- National Center for School Mental Health (NCSMH) – COVID-19 Resources
- Child Mind Institute – Talking to kids about coronavirus



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Jen There are many resources out there – this is only a sampling. These are also not to be seen as the best resources for your needs. Reach out to your school, district, MA Department of Education, peers the partners involved in this webinar to seek out specific resources as needed.

<https://www.washingtonpost.com/education/2020/03/26/trauma-informed-approach-teaching-through-coronavirus-students-everywhere-online-or-not/>

Considerations and Strategies for Schools

The Risk is ISOLATION.

The Goal is CONNECTION.

*“... the energy that exists between people
when they feel seen, heard, and valued;
when they can give and receive without judgment;
and when they derive sustenance and strength from the relationship.”
~ Brené Brown, The Gifts of Imperfection*

The Challenge is ADAPTABILITY and FLEXIBILITY within STRUCTURE.



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Gina Kahn- Walker

As Shai and Jennifer have illustrated, this situation has created so many new challenges for all students, but especially those with more significant mental health needs, and the very definition of school environment and service delivery has changed in ways that we probably could not have imagined just a short while ago.

Thinking about our participants in today’s webinar, we represent unique communities, populations we serve and available resources. But as we look across the State, the common denominator-- certainly in the early stages of response-- has been to recognize and combat the potential risks of isolation, especially in the realm of our students’ mental health and social-emotional well-being. We’ve done this through our efforts to reinforce a sense of connection, recognizing –as Brene Brown observes, the strength that comes from relationships.

Our schools are seeking a balance– COVID-19 has placed us in uncharted and continually-changing territory that requires adaptations and ongoing flexibility, and yet our students, families and communities rely upon schools for stability and structure. Later in the program we will hear from our school-district presenters and

from our audience, with provide specific examples of how this looks on the ground. For my piece in the puzzle, I'll focus on strategies to consider at the systems level—the steps we can take so that the foundation remains solid.

Infrastructure for Addressing Mental Health Needs

1. Use existing school emergency operations plan and critical incident response protocols

- Clarify roles and responsibilities around mental health/ social-emotional supports
- Facilitate collaboration with key community partners for a continuum of services
- Coordinate across all functions

2. Clarify expectations and mechanisms for student outreach by mental health staff

- Develop flow charts for addressing more intensive needs
- Anticipate and plan to address barriers to communication and outreach
- Consider district policies and ethical guidelines surrounding alternative service delivery practices



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Gina Kahn- Walker

As Jennifer reminded us, we start with our strengths. This slide is intended to point out that while we may be dealing with an unprecedented situation, our schools have already well-established emergency operations systems. On the slide are just a few examples of how we can apply these systems with a focus on mental health and social-emotional supports in the COVID-19 environment. Two related resources for EOP Context: <https://rems.ed.gov/K12PlanningPrinciples.aspx> and <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/health-crisis-resources/responding-to-covid-19brief-action-steps-for-school-crisis-response-teams>

Within a framework of effective emergency operations planning, our Behavioral Health leadership, such as Student Services and Guidance Directors (or for some of Districts, SEL Coordinators) and members of their planning team will assess needs, define roles, responsibilities, and prioritize courses of action across all tiers of support. For most schools, this probably began a few short weeks ago with communication planning in our central offices, and the parallel process of

disseminating situational updates, informational resources, and family support tips.

(Facilitate collaboration) But as we have quickly transitioned into extended closure, schools have needed to articulate– and re-examine-- a graduated continuum of services, and service delivery models. The preparedness model helps us because these can shift quickly as conditions change-- Even our community resources have been impacted, and some teams have assigned a liaison to learn how referrals to other agencies are being impacted, such as the Department of Children and Families, our community-based behavioral health and crisis response providers, local pediatricians, and even law enforcement.

(Coordination across all functions) Ideally the mental health lens is used across all school-related services. In some schools, a counselor is attached to academic teams to follow up when students have not become engaged in learning activities; I am aware of schools that utilize related arts, particularly health teachers, to provide at-home activities to reinforce SEL competencies and coping skills such as mindfulness. A communication system between behavioral health and other functions such as health services and food services facilitates awareness of circumstances that, as Jennifer noted, could have potential impacts on mental health, such as homelessness, economic stress or serious illness in the family.

(Clarify Expectations/ Flow chart) With these structures in place, service delivery can be coordinated. A flow chart or matrix can describe the range of issues that our school-based mental health staff are trained and prepared to address. This will also provide needed clarity on what types of situations fall within the realm of the plan for their own service delivery, and the intersections at which they should inform administration about a concern, and/or refer to community resources that can better support the student or family under the current conditions.

(Cultural Awareness) Most important, our planning should be informed by awareness of our community and the cultural contexts for support and intervention, and should address possible communication or outreach barriers. Linguistically appropriate is often the first thing that comes to mind, but there should be ongoing discussion about how we will address equity issues such as access to technology if that is to be our primary outreach platform during school closure.

(Policies) Last but absolutely not least, our service delivery continuum and expectations for staff must be consistent with our district's policies and professional ethical guidelines, and this often requires team discussion that includes administration as well as our service providers. Especially right now, where we are

encountering questions that have not come up before, these reference points are really important to ensure consistency, and will often include State-level advisories on aspects such as IDEA or services to homeless youth, or even District's legal counsel for areas of uncertainty.

Policy/Guidelines Reference:

[https://www.schoolcounselor.org/school-counselors/legal-ethical/faqs-virtual-school-counseling-ethics?fbclid=IwAR0kE8A16WTJi1GUu1N-TXZ6lZwWMf4q-](https://www.schoolcounselor.org/school-counselors/legal-ethical/faqs-virtual-school-counseling-ethics?fbclid=IwAR0kE8A16WTJi1GUu1N-TXZ6lZwWMf4q-JryXftLPtmOiqMgwIPgD-9Xs9A)

[JryXftLPtmOiqMgwIPgD-9Xs9A](https://www.schoolcounselor.org/school-counselors/legal-ethical/faqs-virtual-school-counseling-ethics?fbclid=IwAR0kE8A16WTJi1GUu1N-TXZ6lZwWMf4q-JryXftLPtmOiqMgwIPgD-9Xs9A) Note: the ASCA guidance clearly emphasizes this point-- Work with your administrator and district office to establish the parameters and norms.

Infrastructure for Mental Health, continued

3. Expect the unexpected

- Periodically reassess/modify the plan
- Mobilize a crisis team in the event of a critical impact event, related/not-related to COVID-19

4. Plan for the return to school

- Review data to identify and front-load supports
- Anticipate training/ professional learning needs in evidence-based SEL-informed programs



Gina Kahn- Walker

The final points on this slide take a longer view at systems to support our students' needs. Our behavioral health planning teams will need to meet regularly and adjust the plans based on the successes and challenges that are being identified. It may be helpful to use a modified case-study or Assistance Team approach here. This would involve taking a detailed look at a challenging situation that has developed, examining gaps that were revealed in our efforts to assist the student, as well as celebrating what has worked well and making sure that the effective strategies become operationalized into practice and are shared with our other providers on our teams.

Taking this one step further, we should consider circumstances that may occur at any time, perhaps requiring the mobilization of our Threat Assessment or Crisis Teams: threats of violence, suicide, or a serious injury or death of a student or staff member, and also consider how the appropriate team would be safely mobilized under the current social restrictions.

Reference: Crisis Team Guidelines (NASP) (these are general and would need to be adapted for COVID-19 related barriers)

<https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/school-violence-resources/recovery-from-large-scale-crises-guidelines-for-crisis-teams-and-administrators>

The fourth point reflects something that we all look forward to, yet with such focus on the many variables of school closure we may not be thinking about school reopening. Time and resources should be allocated to this as soon as possible, and I again advocate utilizing what we have already invested in: taking a School Climate Team or MTSS approach of reviewing data, systems and practices to identify and front-load behavioral health supports needed before students can be fully re-engaged in learning. We should anticipate that return to school will be met with both relief and reservation for all students, and those that have struggled in the past with anxiety may be particularly sensitive and need more support in order to feel safe at school. If professional development is one of the expectations that districts have set for their staff during this period of school closure, we should use this time as an opportunity to offer PD in our evidence-based SEL and trauma-informed practices. And despite the exponential increase in potential new resources, this may not be the best time to adopt a new program– but rather strengthen our capacity in what has already been established as a good fit, and invest our time in understanding how that should be adapted to fit the circumstances of returning to school after this lengthy disruption and set the tone for success.

Resource: Getting Back to School after Disruptions: Resources for Making Your School Year Safer, More Predictable, and More Positive

<https://www.pbis.org/resource/getting-back-to-school-after-disruptions-resources-for-making-your-school-year-safer-more-predictable-and-more-positive>

<http://riversidetraumacenter.org/safety-predictability-control-in-the-midst-of-covid-19/>

And... Keeping It Simple

“Guiding Principles– From the Principal!

1. *Take care of yourself and your family.*
2. *Everyone is anxious about not having answers.*
3. *Do your work, follow a routine - this normalcy will help.*
4. *Contact your teachers, they want to hear from you.*
5. *Wash your hands.*
6. *Stay home.*
7. *You may feel lonely, but you are not in this alone.”*

Steve Hale, Principal
Minnechaug Regional High School
Family Communication 3/29/20



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Gina Kahn- Walker

Speaking of tone, we can not lose sight of the original point– that connection with our students is central to all efforts related to supporting their mental health and social-emotional well-being in a time of confusion and uncertainty.

This Principal’s message, reminds us that all members of the school community are working really hard to find the right tone to communicate that sense of caring, calm and confidence without minimizing the realities and uncertainties of the current situation. *In addition to the various tech tools that are bridging the distance, some are incorporating small but meaningful gestures to demonstrate that sense of relationship. In some communities, teachers are using school bus-routes to organize caravan parades, or mailing birthday cards to students who will not get to have their special day acknowledged in the classroom. We will hear move from you shortly on ways that you are staying connected, as we know that so many school districts are being very creative in the way that they are conveying that message of care to their students.*

But these efforts can take their toll on those that are working so hard to anticipate

and address the needs of our students, and our enormous efforts may sometimes obscure awareness of the social-emotional needs of school staff during this most stressful time.

Focusing on Our Own Mental Health

Resilience:

The capacity to bounce back—
to positively adapt...
particularly when confronted
with stressful or adverse events



Gina Kahn- Walker

Jennifer earlier spoke about resilience, and we need every bit of that resilience to meet the challenges of this “new normal” that feels anything but normal.

As we listen to colleagues in our Districts and those that we may be connected to through our regional and statewide networks, what are the words that we may hear? Overwhelmed? Stressed? Exhausted? Confused? Worried? We are all united in our focus and concern for the students and families that we serve and our desire to do our best for them, yet the ground upon which we do this work continues to shift, and with it come not only professional but personal challenges that require us to draw-down on our resilience reserves. ADVANCE SLIDE

Reference— the Grief context

<https://hbr.org/2020/03/that-discomfort-youre-feeling-is-grief>

Focusing on Our Own Mental Health, continued

Compassion fatigue:

- The personal impact of ongoing exposure to the emotional or physical pain of others
- Can impact Physical, Emotional, Behavioral, Cognitive, Interpersonal, Spiritual or Professional functioning of those that are called upon to help

Self-care:

- The set of conscious actions take to maintain physical, mental and emotional well-being
- The pathway to resilience



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Gina Kahn- Walker

You may be familiar with the term “Compassion fatigue (CF)” and how it poses a threat to resilience. “Professionals regularly exposed to the traumatic experiences of the people we serve, ... are particularly susceptible to CF” which can be characterized by physical and mental exhaustion, and can put those of us who are in a helping role at greater risk of developing mental health challenges of our own.

And in our current pandemic situation, those immersed in assisting students and families are likely facing a range of stresses on a personal level: Physical, Cognitive, Environmental, Emotional, Financial, Social, Spiritual, Occupational COVID19 checks all the boxes. Our antidote is to strengthen our “Provider Resilience.” This is defined in a course availability through the Readiness and Emergency Management Technical Assistance Center as “the ability to not only SURVIVE but also THRIVE despite adversity, through the practice of stress management and self-care.” (REMS webinar link below) So let’s talk about self care...

Understanding Educator Resilience and Developing a Self-Care Plan webinar and materials: <https://rems.ed.gov/webinarDetail?id=16>

Additional Resources:

<https://www.thenationalcouncil.org/BH365/2020/03/03/navigating-the-behavioral-health-impacts-of-the-coronavirus/>

<https://www.mentalhealthfirstaid.org/2020/03/how-to-care-for-yourself-while-practicing-physical-distancing/>

Compassion Fatigue among Healthcare, Emergency and Community Service Workers:
A Systematic Review

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4924075/>

How Schools Support Staff Self-Care

1. Acknowledge personal and professional stresses
2. Create and model routines that incorporate time for simple stress-reduction strategies (e.g., mindfulness activities, time for sharing)
3. Validate concerns and identify individuals in the organization that will be able to provide support while solutions are being developed
4. Ensure that training is available for any new skills or expectations that might be needed



SOCIAL EMOTIONAL LEARNING
& MENTAL HEALTH ACADEMY

Gina Kahn- Walker

Similar to planning for student support, there are organizational frameworks and best practices that schools can use to plan for faculty and staff support.

1. Like our Principal's message to students, acknowledging the personal and professional stresses that accompany this unique situation is an important first step. The knowledge that many of our teachers, counselors, support personnel, etc. are also parents, or partners, or caregivers for other family members should be reflected in our communications.
2. We have to do more than say "self-care is important/ practice self-care." Our plan needs to include space to model routines that incorporate time for simple stress-reduction strategies: mindfulness activities; time for sharing
1. And as demands change in a learning environment that no longer looks familiar, we must understand that stress and anxiety can stem from feeling ill-equipped to handle a situation, we should validate these concerns and make appropriate training and coaching available for any new skills that might be needed, and in that regard (NEXT SLIDE)

How Schools Support Staff Self-Care, continued

5. Include self-care as a component of available professional learning experiences
6. Include sharing of self-care ideas
7. Encourage optimism and resilience
8. Develop and communicate resources that can address ALL domains of self-care, such as Employee Assistance Programs



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Gina Kahn- Walker

We need to understand that as a skill that can itself be taught, self-care should be on the agenda for available professional learning experience. And when teaching adults to develop a complete self-care plan, we should bear in mind that the most effective strategies will empower and encourage optimism and correspond to each of the previously mentioned key life domains. As a final note, Employee Assistance programs typically provide a wide range of corresponding services and supports and should be actively promoted.

There are also some great self-guided tools that are available to help monitor compassion fatigue and build a solid self-care plan, and those will be shared along with the notes for this presentation (see below). Affirming our commitment to self-care actions is a perfect place to invite Jennifer back to help us think about some additional resources... Jennifer takes over.

References:

Understanding Educator Resilience and Developing a Self-Care Plan webinar and

materials: <https://rems.ed.gov/webinarDetail?id=16>

And:

[https://rems.ed.gov/docs/PROQOL_Explanation_Handout\[1\].pdf](https://rems.ed.gov/docs/PROQOL_Explanation_Handout[1].pdf)

[https://rems.ed.gov/docs/Resource_List_Compassion_Fatigue_and_Behavioral Health Websites\[1\].pdf](https://rems.ed.gov/docs/Resource_List_Compassion_Fatigue_and_Behavioral_Health_Websites[1].pdf)

National Resources

- CDC – Tips to keep children healthy while school is out
- DOE – Q&A on providing services to children with disabilities during the coronavirus disease 2019 outbreak
- Mindful Schools – Mindfulness classes for kids (Tues, Weds, & Thurs)
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Crisis Support Resources

- Samaritans – 1-877-870-4673 <https://samaritanshope.org/>
- MA 211- Call 2 Talk – 508-532-2255 or text C2T to 741741 - <https://mass211.org/call2talk/>
- Crisis Text Line – Text “HOME” to 741741
- National Suicide Prevention Lifeline – 1-800-273-8255 <https://suicidepreventionlifeline.org/>
- National Sexual Assault Hotline – 1-800-656-4673 <https://www.rainn.org/>
- National Domestic Violence Hotline - 1-800-799-7233 <https://www.thehotline.org/>
- The Trevor Project – 1-866-488-7386 <https://www.thetrevorproject.org/>
- Trans Lifeline – 1-877-565-8860 <https://www.translifeline.org/>



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Jen Myers- EDC

Remember that crisis support resources also have chat and text options. Be informed about how resources can be used for instance crisis text line can be used for any mental health issue that a person wants to text about – not just a suicidal crisis or other mental health crisis.

A stepped care model for suicide prevention includes crisis hotline support, follow-up and then brief interventions -
https://www.researchgate.net/publication/326878953_A_stepped_care_approach_to_clinical_suicide_prevention