


**OKLAHOMA UNION**

**STUDENT**

**MENTAL HEALTH**

**CRISIS PROTOCOL**



**OKU**

**70 O.S. § 24-159**

# Statement of Purpose

*Oklahoma Union supports student health and wellness protocols to include mental health supports. It is the policy of Oklahoma Union 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 Oklahoma Union to provide mental health and crisis response training to school personnel. This process will involve consistent collaboration between Oklahoma Union and community mental health partnerships. This policy shall extend to all schools in the Oklahoma Union School District.*

# 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:*

*Stabilize*

*Reduce Symptoms*

*Return to Adaptive Functioning - Facilitate Access to Continued Care*

# ***Privacy Requirements***

*All district/site protocols 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.*

## ***The Family Educational Rights and Privacy Act***

*(FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S.*

*Department of Education. FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the students when they reach the age of 18 or attend a school beyond the high school level.*

## ***HIPAA***

*Also known as Public Law 104-191, HIPAA has two main purposes: to provide continuous health insurance coverage for workers who lose or change their job and to ultimately reduce the cost of health care by standardizing the electronic transmission of administrative and*

*financial transactions. Other goals include combating abuse, fraud, and waste in health insurance and health care delivery, and improving access to long-term care services and health insurance.*

*The HIPAA Privacy Rule establishes national standards to protect individuals' medical records and other individually identifiable health information (collectively defined as "protected health information") and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The rule requires appropriate safeguards to protect the privacy of protected health information and sets limits and conditions on the uses and disclosures that may be made of such information without an individual's authorization. The rule also gives individuals rights over their protected health information, including rights to examine and obtain a copy of their health records, to direct a covered entity to transmit an electronic copy of their protected health information in an electronic health record to a third party, and to request corrections. The Privacy Rule is located at 45 CFR Part 160 and Subparts A and E of Part 164.*

# ***Recognize Warning Signs***

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

## ***Loses Touch with Reality (Psychosis)***

*Psychosis encompasses the following behaviors: showing signs of confusion, having strange ideas, thinking they're someone they're not, not understanding what people are saying, hearing voices, and seeing things that aren't there.*

## ***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 most simple tasks such as bathing, brushing teeth and/or hair, and putting on clean clothes.*

## ***Other warning signs may include:***

- \*Changes in school performance*
- \*Pulling away from people and things*
- \*Having low or no energy*
- \*Having unexplained aches and pains,*
- \*Feeling helpless or hopeless*
- \*Excessive smoking, drinking, or drug use, including prescription medications*

## ***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.*

## ***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*

*\*Eating or sleeping too much or too little*

*\*Worrying a lot of the time - feeling guilty but not sure why*

*\*Having difficulty readjusting to home or work life*

*\*Thinking about suicide*

*\*Inability to perceive changes in their own feelings, behavior, or personality (lack of insight or anosognosia)*

# ***Safeguard Student Health and Safety***

*It is important to establish a culture of support and safety to enhance student health and prevent barriers to effective crisis response. Districts can assist with this process by fostering healthy relationships built on a foundation of trust, respect, and care in schools. 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 school employee 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, and the online reporting link is [www.OKHotline.org](http://www.OKHotline.org). Districts are encouraged to 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. School districts 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 Oklahoma State Department of Education (OSDE) and the Oklahoma Department of Mental Health and Substance Abuse Services.*

## **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 suicide, 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 a calm voice.

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.

Walk with the student to the office of Grand Mental Health, school counselor or school administrator

*\*note - student should have adult supervision at all times.*

The school counselor or administrator will follow district safety protocol and refer the Student for crisis services at Grand Mental Health.

Immediately following the incident, the appropriate staff member/s should document steps taken on the mental health referral packet using the following forms:

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.