



# Responding to a Mental Health Crisis

**For Teachers and Staff**

September 2022  
Catskill Central School District  
K-12 Pupil Personnel Support Team

## ***Responding to a Mental Health Crisis*** **Teachers and Staff**

- 1) Contact** the main office or counseling office **immediately** so they may locate a member of the PPS team to come assist you. Please do not email or leave a message - speak with someone directly.
- 2) Remain with the student** until someone can assist you. Escort the student to the main office or the counseling office if you are able to do so.
- 3) Remain calm** and communicate reassurance by letting the student know you will get them help.
- 4) Validate the student's feelings** and the difficulty they are going through. Let the student know that in order to keep them safe, you need to notify a member of the PPS team who can assist.

Refer to the Limits of Confidentiality on the next page.

**Remember: Any calming, reassuring, validating statements are helpful in a time like this.**

***For example: "I am concerned for you." "I care about you."***

The PPS team member will complete a risk assessment and notify all other parties (administration, family, etc).

## **Warning Signs of Depression Or Possible Suicidal Behavior**

- Withdrawal caused by a loss of a significant person due to death, illness, divorce or the breakup of a romance.
- Academic failure or a sudden drop in grades or loss of interest in school.
- Social failure. Inability to make friends or a loss of one's friendship group; for example, not making the team, being ostracized.
- Threatening to commit suicide. This may be done casually and indirectly. Such statements should be acted upon immediately.
- Giving away prized possessions. Always take this warning sign seriously and be sure someone discusses it with the student immediately.
- Deterioration of personal grooming.
- Written or verbal expressions suggesting a wish to die or dealing exclusively with themes of despair and unhappiness.
- A sudden lifting of mood after a period of prolonged depression.
- A change in patterns of eating or sleeping.
- Withdrawal from regular activities for no apparent reason.
- Alcohol and drug involvement. These may cause the following:
  - Further depression
  - Impaired judgment
  - Lowered impulse control
  - Distorted perceptions
  - Loss of coping mechanisms
  - Sudden promiscuity
  - Difficulty with the law or abusive behavior

### **Limits of Confidentiality**

Explain to the student that the rules for confidentiality are different for a suicidal threat. As a teacher or staff member, you must notify a PPS Team Member in the building whenever a student is expressing suicidal thoughts or has made an attempt. You may wish to tell the student the following:

**“I am concerned for you and must get you help. To do this, I must talk with the principal, school counselor, social worker or school psychologist. I cannot keep this information confidential between you and me.”**



# **Guidelines for** **Responding to a Mental** **Health Crisis**

**Suicide Threat or Attempt**

**For Administrators and Pupil Personnel Services  
Team Members**

September 2022  
Catskill Central School District  
K-12 Pupil Personnel Support Team

**Response to Mental Health Crisis**  
**Guidelines for Administrators and PPS Team Members**

**Emergency Suicide Attempt**

**I. Physical Survival and safety of the student and others**

Provide emergency first aid when necessary. Contact Nurse and Building Administrator. Administrator notifies the Superintendent and makes emergency calls to parents/guardians. If needed, an ambulance or police are called.

**II. Determination of Method**

School Nurse with input from PPS Team Member makes a determination of the method when possible. For drug overdose, the drug or type of drug, amount taken and the student's weight are important information. For a method involving a weapon, administration will immediately notify the police.

**III. Notification**

Administration will attempt to notify parents/guardians. If necessary, transport to hospital by ambulance. If a staff member is required to accompany the student to the hospital, an administrator/designee will accompany the student. If the parent/guardian is not cooperative, notify Child Protective Services 1 (800) 635-1522.

**IV. Documentation**

Document all events and contacts made prior to the suicide attempt, actions taken by staff during and following the attempt including persons notified and outside referral contacts.

**V. Follow-up**

Maintain contact with parents to facilitate student's re-entry into school.

## Response to Report of Student's Suicidal Behavior

### Guidelines for Social Workers / Psychologists / Counselors / Nurses / Administrators

- **Notify Building Principal / Administrator**
- **Interview Student:** Pupil Personnel Services (PPS) Member conducts an interview with the student. The PPS Member may request an additional member of the PPS Team to assist with assessment.
- **Check for Suicide Ideation** and determine need to conduct Suicide Risk Assessment. If the student is deemed at-risk for suicide, follow procedures for Response to Mental Health Crisis.
- **Check on the Physical Safety of the Student.** Contact the School Nurse to provide emergency first aid as needed. School Nurse checks immunization record for most recent tetanus shot.
- **With the Building Principal, determine next steps to include contact with parents/guardians.** Other steps determined by the building principal may include:
  - Asking parents/guardians to come into school as soon as possible to meet with PPS member(s). The student should remain with a counselor or school nurse until the parent arrives. If a parent/guardian cannot be reached, contact should be made with individuals on the emergency contact list for that student until an adult is reached.
  - Providing parent with information on Suicide Behaviors and Letter to Physician (attached)
  - Asking parent/guardian to have their child seen by the hospital Emergency Dept (ED) or an outside counselor and obtaining parent's consent to communicate with the counselor. If the parent refuses, notify the principal and consider CPS call.
  - Asking parent/guardian to have their child seen by a physician and obtaining parent's consent to communicate with the physician. If the parent refuses, notify the principal and consider CPS call.
  - Having the student leave school for the remainder of the day and return the next day.
  - Providing parents/guardians with a list of agencies/resources for outside counseling (attached).
- **Documentation**
  - Document the event and actions taken
- **Follow Up**
  - Obtain information from physician and/or counselor via parent or direct contact.

\*Guidelines are not in any specific order. Individual plans for students, as developed with, documented and signed by parent and outside mental health providers, may be used in lieu of these guidelines.

**Response to Mental Health Crisis**  
**Guidelines for Administrators and PPS Team Members**

**Student Suicide Threat**

NOTE: The following are to be used as guidelines only. In working with students who may be at threat for self-harm, these guidelines should not be considered a substitute for sound administrative decisions and good clinical judgment. Each situation should be assessed and decisions made on a case-by-case basis in light of a student's developmental level of competence.

- I. Student makes suicidal threat (verbal or in writing)
- II. Administration and a PPS Team Member is notified.
- III. School Resource Officer is notified.
- IV. PPS Team Member interviews the student and may consult with another PPS Team Member. At this time, the Columbia Suicide Severity Rating Scale (C-SSRS) may be used. If at any time you suspect the student may intend to harm or cause harm to someone else, notify the administrator immediately. The student should not be left alone.
- V. If indicated, The Mobile Crisis Assessment Team (MCAT) will be called to assess the student and/or the School Resource Officer.
- VI. PPS Team Member contacts parent/guardian with the following information and asks the parent to come to the school. If parent/guardian cannot be reached, contact should be made with individuals on the emergency contact list until an adult is reached.
  - A. If MCAT was called to assess the student and recommendations
  - B. If a Safety Plan was contracted (attached)
  - C. Recommended Evaluation (see below)
  - D. Obtain release of information if necessary
  - E. Attach optional letter to provider if necessary (sample attached)
  - F. Resources for follow-up with outside counseling (see list attached)
- VII. PPS Team Member may call ahead to the Hospital ED to help facilitate the assessment .
  - A. If a hospital evaluation is necessary and the parent is unable or unwilling to take the student, the student may be transported by ambulance or police to the hospital. If required, an administrator/designee will accompany the student. The PPS Team Member will call ahead to the hospital and/or be available to speak with the hospital staff.
  - B. School Resource Officer may arrange hospital transport.
- VIII. PPS Team Member will obtain a release of information (attached) and follow up with an outside counselor or physician (new or existing).
- IX. If Parent is uncooperative in seeking any recommended outside evaluations and/or counseling, contact Child Protective Services 1(800) 635-1522.
- X. Document the event, assessment results and contacts made. PPS Team Member maintains information in their Confidential File. (attached)
- XI. Designate someone to be responsible for providing feedback to teachers and staff (see below for guidelines).

XII. PPS Team Member arranges for follow-up services for the student in the school setting and Weekly Building Meeting (see below) if needed.



### **Safety and Watch Guidelines**

Remove from the students possession any item that he/she could potentially use to harm themselves. Designate someone to stay with the student at all times. Do not leave the student alone. If a weapon is involved, do not hesitate to call the police (911).

### **Recommended Evaluation**

When the parent/guardian is contacted, it should be made clear that the parent/guardian is being asked to come to the school to pick up their child. When they arrive, they should be made aware of the seriousness of the situation and of the school's concerns regarding the student's safety. The parent is then strongly encouraged to seek an outside mental health evaluation for their child and to provide documentation of this evaluation (and any recommendations, including student's ability to return to school) upon the student's return to school. The parent is provided with a Letter to Outside Professional (see attached).

### **Weekly Building Meeting**

Weekly, the PPS Team and Administration meet to discuss students who are At-Risk. Following a suicide intervention, the PPS Team Member involved should make the PPS Team aware of a student's suicide attempt or threat, the actions taken and the follow up plan. Safety Plan and outside evaluations should be reviewed and a primary PPS Team Member established for check-ins with the student, family and outside providers.

### **Follow Up**

Follow up contacts with the student should be established to monitor progress. The student might require brief, as-needed visits and/or status updates from teachers and staff members. The possibility of short-term counseling should be considered along with follow-up therapy on an outpatient basis in the community.

### **Documentation Guidelines**

As much as possible, record the events as they progress on the Documentation of Mental Health Crisis Intervention (attached). Make notations of your assessment on the Columbia-Suicide Severity Rating Scale Assessment (attached) and keep this as your Assessment Documentation.

### **Feedback to Teachers and Staff**

When reporting back to teachers following referral for suicide threat assessment, be cognizant of the family's and student's right to privacy. Operate under a "need to know" policy and discuss the events with only those teachers/staff directly involved. If the student is hospitalized for mental health, do not share the details of their absence with all teachers and staff.

### **Limits of Confidentiality**

Explain to the student that the rules for confidentiality are different for suicide threat. Parents or guardians will be notified.

Note: These guidelines were adapted from information provided by Paul Egan, Professor in the School Psychology Department at Marist College, NY.

**Response to Mental Health Crisis**  
**Guidelines for Administrators and PPS Team Members**

**Staff Crisis**

Note: These are guidelines to be used in the event a staff member experiences a crisis such as a personal loss or tragedy or in the event of the death of a staff member.

- I. Administration confirms the event with the staff member or member's family and confirms what information will be shared and with whom it will be shared.
- II. If the staff/family want other staff members to be informed, administration will share approved information using the information tree below.
- III. If the staff/family request privacy, no information will be shared.
- IV. Administration may decide to activate the Crisis Team.

**Student Crisis**

Note: These are guidelines to be used in the event a student experiences a crisis such as a personal loss or tragedy.

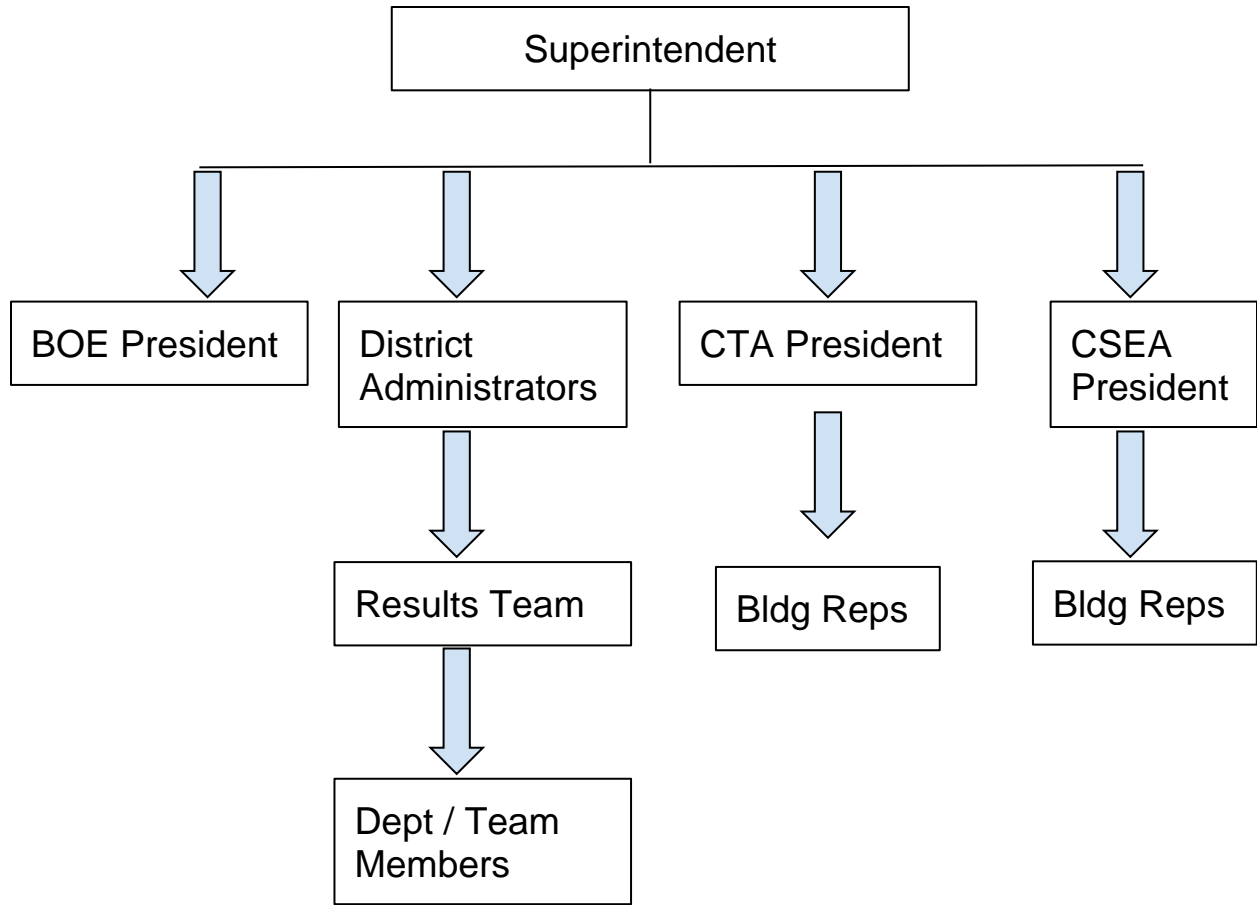
- V. Administration confirms the event with the student's family and confirms what information will be shared and with whom it will be shared.
- VI. If the student and family want staff members to be informed, administration will share approved information using the information tree below.
- VII. If the student/family requests privacy, no information will be shared.
- VIII. Administration may decide to activate the Crisis Team.

**Building Level Crisis Teams**

**CES**: Administrators, School Psychologist, School Social Workers, School Counselors, School Nurse, School Security

**CMS**: Administrators, School Psychologist, School Social Workers, School Counselors, School Nurse, School Resource Officer, School Security

**CHS**: Administrators, School Psychologist, School Social Workers, School Counselors, School Nurse, School Resource Officer, School Security



Catskill Central School District  
Documentation of Mental Health Crisis Intervention  
Suicide Behavior

Student: \_\_\_\_\_

Description of the incident:

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Actions Taken:

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Recommendations made to parent/guardian:

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Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Name/Title: \_\_\_\_\_

Catskill Central School District Safety Plan

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Completed with: \_\_\_\_\_

Reviewed w/parent or guardian: \_\_\_\_\_

1.)What are your triggers? (Warning signs that you are becoming angry or upset. Think about what starts to happen to your body)

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2.)What are healthy coping strategies that can help you feel calm and safe?

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3.)People you trust who you can talk to about how you are feeling? (name and number)

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4.) If coping strategies are not working or support people are not available, what other resources are available to ensure safety?

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**If you do not feel safe please call:**

- Mobile Crisis Assessment Team (MCAT): 518-943-5555
- Greene County Mental Health: 518-622-9163
- Police: 911
- Emergency Mental Health: 988
- Refer for Hospitalization at Four Winds: 518-584-6500
- Refer to Partial Hospitalization Program (PHP): 845-334-3110



Name/Address of Outside Professional:

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Date:

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Name & DOB of Student

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To Whom It May Concern:

The above named student has been assessed for threat of suicide/physical harm to others. Based on this assessment, we have notified his/her family of the need for this student to have further evaluation by a mental health professional outside of the school setting. We have strongly recommended to the parent/guardian that ***the student return to school after such outside assessment has been conducted and that we be provided notice of this and any pertinent recommendations from the outside mental health professional.***

Please fax to us (518-943-7470), attention: \_\_\_\_\_, the results of your assessment with the student, including your impressions, diagnosis and treatment recommendations.

If it was administered, we have provided the parent/guardian with a copy of the Columbia - Suicide Severity Rating Scale conducted with the student in school and have encouraged that they share these results with you. In addition, please find attached a **Consent for Release of Information** form signed by the parent allowing us to communicate with you concerning this student.

We greatly appreciate your assistance in determining that this student is safe to return to the public school setting and look forward to working with you on maintaining the safety and well-being of this student. Please be aware, however, that the school does not provide long-term therapy with students. Please make arrangements for this therapy to take place outside of school if you believe this is needed for the student.

Sincerely,  
Name/ Title:

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Name/Address of Physician:

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Date:

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Name & DOB of Student

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Dear Dr. \_\_\_\_\_:

Through interview and observation by Pupil Personnel Services providers we have learned that the above named student has engaged in Suicidal Behaviors. We have notified his/her parent/guardian of the need for this student to have a physical evaluation outside of the school setting.

If it was administered, we have provided the parent/guardian with a copy of the Columbia - Suicide Severity Rating Scale conducted with the student in school and have encouraged that they share these results with you. In addition, please find attached a **Consent for Release of Information** form signed by the parent allowing us to communicate with you concerning this student. We have provided the parent/guardian with a list of agencies/resources for outside counseling.

Please fax to us (518-943-7470), attention: \_\_\_\_\_, the results of your assessment with the student, including your impressions, diagnosis and treatment recommendations.

We greatly appreciate your assistance in further examining this student and look forward to working with you on maintaining the safety and well-being of this student.

Sincerely,

Name/ Title:

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**Consent for Release of Information**

Student: \_\_\_\_\_  
DOB: \_\_\_\_\_  
School: \_\_\_\_\_  
Date of Request: \_\_\_\_\_

I hereby authorize the following individuals/agencies to furnish/share information with the Catskill Central School District regarding past or present treatment of the above-named student including information contained in medical/psychological/psychiatric records.

Name, Title, Address of Persons/Agencies from which information is being requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send the requested information to the following school district personnel.

Name, Title, Address of School District Personnel requesting information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your attention to this matter.

Sincerely,

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Name of parent or guardian (printed)

\_\_\_\_\_  
Date\*

\*This release will expire one year from the date of signing.



### Mental Health Therapists

*The following is a list of therapists in our local area. This list is not meant to be a recommendation or endorsement for a particular clinician.*

Name	City	Phone	
Lilly Casscles, PhD	Catskill, NY	518-755-2803	
Suzanne Tolemao, LCSW	Leeds, NY	518-620-4769	
Mari Warfel, LCSW	Leeds, NY	518-618-8868	
Craig Lennon, PhD	Catskill, NY	518-943-4360	
Steven Abrahams, LCSW	Woodstock, NY	845-679-5511	
Walter Kendall, PhD	Cairo, NY	518-719-8873	
Marcie Pollit, LCSW	Saugerties, NY	845-247-4357	
Julie Staber, LCSW	West Hurley, NY	845-679-7500	
Carole Sayle, LCSW, CASAC	Catskill, NY	518-943-5354	
Tim Rodier, LCSW	Kingston, NY	845-705-9328	
Pam Perkins, LCSW-R (Families and Parenting)	Saugerties, NY	845-616-9087	
Patricia O'Neil, LCSW-R	Chatham, NY	518-929-8511	
Greene County Mental Health	Cairo, NY	518-622-9163	
Columbia Memorial Psychotherapy Center	Catskill, NY	518-697-8010	
Choices Counseling	Albany, NY	518-438-2222	
Families Together Counseling	Catskill, NY	518-719-0123	
Community Hospice	Catskill, NY	518-943-5402	
Mosaic Community Services	Kingston, NY	845-768-2295	
Grunblatt Counseling	Kingston, NY	1-845-331-3001	
Clearwater Counseling	Hudson, NY	1-518-791-3781	

#### **Mobile Crisis Assessment Team**

**Is an emergency mental health that can provide emergency mental health assessments. Their services are available 7 days a week from 8am—10pm by calling 518-943-5555**

Updated 9/8/22