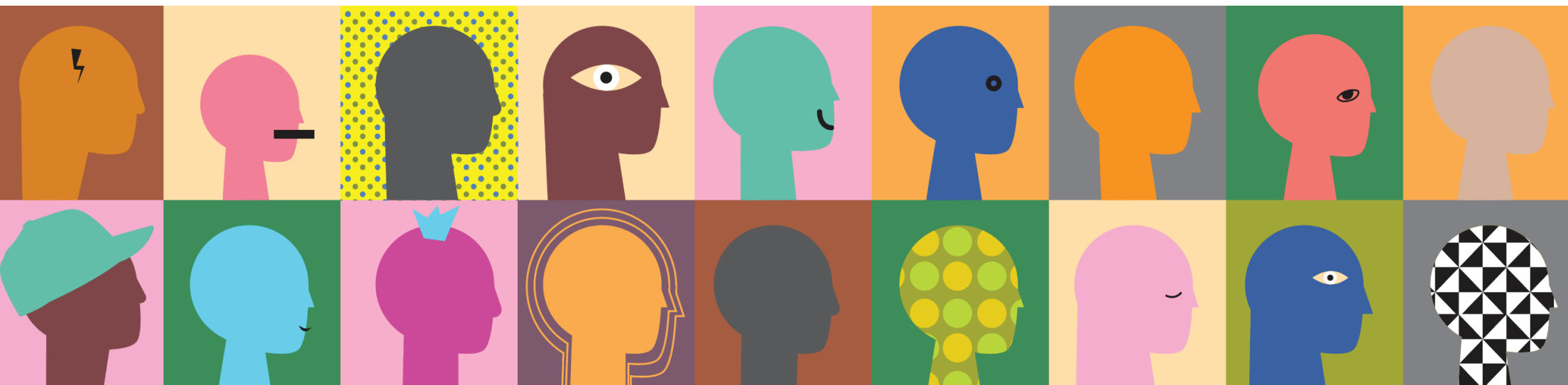




School Nurse's Mental Health Toolkit

Practical Strategies for Helping Students



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2024 Edition

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About This Guide

America's children spend nearly 1,000 hours a year in school. Who do these kids go to when experiencing mental health distress?

A school nurse.

This toolkit was born from a collaboration in Virginia between school nurses and pediatricians to learn and partner together to support children and families with evidence-based tools.

The toolkit is owned by the Virginia Chapter of the American Academy of Pediatrics. The Resource for Advancing Children's Health Institute was instrumental in content writing.

Special thanks to Lisa Hunter Romanelli, PhD.

Virginia schools can order a copy of the toolkit for their health clinic or download a digital copy from the VDH School Health webpage:

[VDH.Virginia.gov/school-age-health-and-forms/school-health-guidelines-and-resources/](https://www.vdh.virginia.gov/school-age-health-and-forms/school-health-guidelines-and-resources/).



Download a digital copy and learn more about the Virginia Chapter of the American Academy of Pediatrics: [VirginiaPediatrics.org/school-nurse-toolkit/](https://www.virginiapediatrics.org/school-nurse-toolkit/)



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Mental Health Action Signs for School Nurses

Despite well-documented levels of emotional and behavioral problems in the nation's youth, studies have repeatedly shown that 75% of youth with these problems are not identified and do not receive needed care. School nurses, as part of the mental health team, are key partners in identifying and supporting students experiencing a mental health crisis.

The REACH Institute offers the "Actions Signs" Project to help caregivers, educators, and healthcare professionals identify children at behavioral and emotional risk. Know your school's crisis protocols and participate in mental health crisis training with other school mental health team members. **If you think that one of your students may have any of the following signs, take immediate action, collaborate with your school's mental health team, and follow your school's protocol to help your student feel better.**



TheReachInstitute.org

- Feeling very sad or acting withdrawn for more than two weeks.
- Seriously trying to harm or kill themselves, or making plans to do so.
- Sudden overwhelming fear for no reason, sometimes with a racing heart or fast breathing.
- Involved in many fights, using a weapon, or wanting to badly hurt others.
- Severe out-of-control behavior that can hurt them or others.
- Not eating, throwing up, or using laxatives to make themselves lose weight.
- Intense worries or fears that get in the way of their daily activities.
- Extreme difficulty in concentrating or sitting still that puts them in physical danger or causes school failure.
- Repeated use of drugs or alcohol.
- Severe mood swings that cause problems in relationships.
- Drastic changes in behavior or personality.

To download the "Action Signs" Project, scan the code above or visit Flipsnack.com/reachcatie/actionsigns.html.

For more information about youth mental health support, resources, and tools, visit TheReachInstitute.org.

The parent/guardian/caregiver is the most important member of the team of support for the student. Sometimes, the parent may seem unwilling or unable to help. In this case, approach with curiosity, not judgment. Does the parent have unmet needs, mental health conditions, or other stressors? Providing support for the parent supports the student.

See the resource section in this toolkit for connections that can help adults in need, such as Bridge2ResourcesVA.org.

School Avoidance

School avoidance is the regular refusal to attend school or maintain consistent attendance. This can lead to chronic absenteeism, missing 18 days or more of school within an academic year. The sooner school avoidance is recognized, the better: not attending school is an emergency. Multiple factors contribute to school avoidance.

External factors:

- Bullying from a student or adult in the building.
- Family violence, trauma, or disruption.
- Family illness leading to separation anxiety.
- Poverty, lack of access to resources, need to work to support the family.
- Racism or LGBTQ+ discrimination.
- Natural disasters, violence in the community.

Student factors:

- Mental health conditions (depression, anxiety).
- Personal medical challenges (e.g., constipation causing student to avoid using the bathroom at school).
- Chronic or acute medical illness (e.g., diabetes, concussion).

What others might see:

- Refusal to participate in class activities (recess, PE, etc).
- Temper tantrums or outbursts, crying, especially upon arrival to school.
- Improvement on weekends or breaks.
- Chronic tardiness or early departures.
- Missing class, presentations, or tests.
- Frequent clinic visits.

Strategies

Unmet needs contribute to school avoidance.

Develop a communication process and team within the school so nurses are made aware of students who are missing school but may not be coming to clinic. Check in with the student:



Ask open ended questions, starting with easy ones.

- Be curious and supportive – “You have been missed lately! How are you?”
- Have you been sick? How have you been feeling?
- What do you like (or dislike) about school these days?
- Can you tell me about your friends? Are you being bullied by anyone?
- Has anything scary happened at school?
- How is everything going at home? What kind of changes are happening?
- Is there anything specific (classes or stressful situations) that keeps you from school?
- If chronically tardy, say: “I see you are often late in the morning. What do your mornings look like? How is everything at home? How can I help?”

Provide personalized early outreach to families.

The longer a child misses school, the harder it is to return. Connect with an open mind:

- “I am calling to see how we can support you and [student] in order for [him/her] to be in school regularly. Are there any specific reasons that your child has been absent?”
- If chronically tardy, ask: “Are there ways we can help your child arrive on time?”
- Recognize that stepwise approaches can be helpful. Consider a 504 plan for gradual re-entry to school.
- Connect families to local resources. See [Bridge2ResourcesVA.org](https://www.bridge2resourcesva.org).
- Encourage a visit to their medical provider.

Encourage intra-school connectedness. A counselor, trusted teacher or coach, extra curricular activities, and clubs help students’ motivation to attend. Who can be on the support “team” for the student?

Recognize when students need a 504 plan or IEP for unmet medical or educational needs.

Anxiety

Everyone experiences anxiety. Anxiety is a common emotion and can be helpful or harmful.

Past or present trauma can provoke anxiety symptoms.

Students with severe anxiety can have self-harming behaviors or suicidal thoughts.

Anxiety is helpful:	Anxiety is harmful:
To protect us when there is a real threat.	When we see threats everywhere.
To alert us to a stressful situation.	When we overestimate threat so that most situations are stressful.
To help us face new challenges.	When we avoid daily activities and new challenges.

Immediate Strategies

Listen and support.

Let the student know that you hear how they are feeling and that you are there to help.

Communication Tips

- Validate the student's feelings: "It sounds like you're worried about... That must be very hard." Avoid saying "Everything is fine," "Don't worry," or "That's not a big deal."
- Check your feelings. Be calm, so you can calm the student.



Gather information without judgment. Be curious.

- Do you know why you're feeling worried?
- What challenges are you having at home or school?
- How are your worries affecting your sleep and concentration?
- How do your worries make it hard to do what you normally do?
- How often does this happen?
- Explain anxiety. Let the student know that everyone gets anxious. Anxiety is helpful when there is a real danger or true alarm. Sometimes, we get a false alarm and overestimate the threat.

Review the Cognitive Behavior Triangle - [Visit the Depression section in this guide \(page 9\).](#)

Students with severe anxiety can be treated with therapy or medication or both. Changing one piece of the triangle (e.g., improving self-talk/thoughts) affects feelings and behavior. For example, changing a thought from "I'm going to fail this test" to "I studied and I'll do my best" can decrease anxiety (feeling) and improve concentration (behavior). Changing behavior (deep breathing exercises) can improve anxiety (feeling) and help thoughts become more positive.

Signs of Anxiety

Academic signs:

- Frequent trips to the nurse.
- Leaving school early or arriving late.
- Skipping school activities (e.g., gym, lunch, or recess).
- Excessive absenteeism.
- Sleeping in class.

Student might report:

- Physical complaints (stomach aches, headaches, chest pain, racing heart, trouble breathing, feeling dizzy).
- Excessive worry or fears.
- Trouble concentrating.
- Feeling afraid as if something awful might happen.
- Trouble sleeping.

Signs others might see:

- Restlessness.
- Irritability or acting out.
- Using marijuana or other drugs to ease distress.
- Change in participation in normal activities.
- Not wanting to engage with friends or activities.

Panic Attacks

A panic attack is a period of intense fear or discomfort during which at least four symptoms of anxiety develop quickly and usually reach a peak within 10-20 minutes.

Students may experience panic attacks out of the blue or in response to a feared object or situation (e.g., a spider, taking a test, giving a presentation).

Signs and Symptoms

During a panic attack, a student will experience at least four of the following symptoms intensely:

- Pounding heart or accelerated heart rate
- Sweating
- Trembling or shaking
- Shortness of breath
- Feelings of choking
- Chest pain
- Nausea or stomach pain
- Dizziness or lightheaded
- Numbness or tingling sensations
- Chills or hot flashes
- Fear of losing control or going crazy
- Fear of dying
- Feeling detached from reality

Strategies

Panic attacks are scary to experience and witness. You can help a student having a panic attack by:

- ▶ **Staying calm.** Students are overwhelmed during a panic attack and may think they are going to die. By staying calm and speaking to the student in a soothing voice, you can help them to relax more quickly.
- ▶ **Providing reassurance.** Let the student know that they are experiencing a panic attack, it is scary, but harmless and will pass. They are going to be fine. Reassure them that the symptoms will usually stop in 10-20 minutes and you can help them feel better.
- ▶ **Showing the student how to slow down their breathing.** A lot of the symptoms of panic are triggered by over breathing (hyperventilating). Encourage the student to try to slow down their breathing by taking slow, quiet, belly breaths in through their nose with their mouth closed and then out through their mouth. The greater the panic, the more time it will take for a student to be able to slow down their breathing.
- ▶ **Helping the student feel more grounded.** A variety of mental and physical grounding techniques can help a student shift their focus away from the symptoms of panic. [For example, try the 54321 technique \(page 19\) or apply cold water or an ice pack to the face and hands.](#)
- ▶ **Gathering information.** Once the student is calm, you can be curious and non-judgmental to find out if this is happening frequently, and connect them with resources via your school protocols.



Help them connect.
Always follow your school's crisis protocols.
Call or text 24/7.
988 for the Suicide & Crisis Lifeline.

Depression

Depression is a mood disorder that affects how we think, feel, and act. It can be described as overwhelming sadness that persists, interfering with everyday life.



ASK

Depression can be associated with suicidal thoughts, plans, or attempts. **One caring adult can save a life!** There is NO EVIDENCE that asking about suicide increases its risk. Don't wait to take action!

Did you know?

- Risk factors for depression include a family history of depression, stress, co-existing mental health disorders, and chronic medical illnesses.
- Younger students present more often with physical complaints such as chronic abdominal pain and recurrent headache.
- Black youth are less likely to seek help and less likely to remain in counseling.
- LGBTQ+ youth are SIX times more likely to be depressed.

Signs

For at least two weeks, students may experience:

- Excessive sadness (may see irritability or anger).
- Loss of interest in activities.
- Change in appetite, may see weight loss or gain.
- Sleeping too much or too little.
- Feeling restless or hard to get moving.
- Fatigue and trouble concentrating.
- Feelings of guilt or low self-esteem.
- Thoughts of death or dying.

Thoughts:

- Circular negative thinking: "I'm not good enough, nothing is going to get better."
- Emptiness or numbness. A lack of joy.
- Suicidal thoughts: "It's not worth it to go on."

Actions:

- Dropping out of activities.
- Not spending time with family or friends.
- Staying in their room at home.
- Self-harm.

Strategies

Approach with curiosity, not judgment.

Ask open-ended questions.

"I have seen changes that make me wonder about you. Are you doing OK? How are you feeling?"

"I see you are really struggling. Is there anything you would like to talk about?"

"I have heard others say "I just want the pain to go away" – how about you?"

Offer hope. Share information about depression.

If you suspect a student may be depressed, you can tell the student:

Depression is common but not normal.

Depression changes how we think, feel, and act.

Depression can cause physical changes.

Depression is treatable. Therapy, learning new skills, and sometimes medication can help depression.



School nurses can do a lot to help depressed students.



Quick Strategies



- Approach with curiosity, not judgment.
- Ask open-ended questions.
- Offer hope.

Behaviors noticeable to others:

- Distancing, withdrawal, acting out.
- Change in friend groups or isolation.
- Concerning social media activity.
- Decline in hygiene or no longer caring about appearance.
- Changes in eating habits (e.g., not eating lunch).

Academic changes:

- Skipping classes.
- Acting out in class toward teachers or peers.
- Falling asleep in class.
- Decline in academic performance.
- Difficulties concentrating.

Encourage the student to share how they are feeling with people they trust.

Depressed students need support, but may not let people know how they are feeling. Encourage students to let trusted friends, caregivers, teachers, and medical providers know how they are feeling.

Notify appropriate school staff if you're concerned about the severity of the student's depression or suspect the student is suicidal.

Know your school's protocol and crisis team before a crisis, and follow up after referral.

Communicate with caregivers and providers.

Encourage families to contact medical providers about your concerns so they can collaborate to make a treatment plan.

Visit [Bridge2ResourcesVA.org](https://www.Bridge2ResourcesVA.org) or scan the code to help families identify local mental health resources.



Depression

Cognitive Behavioral Therapy

Cognitive behavioral therapy explores the connection between feelings, thoughts, and behaviors. If we can recognize these interactions, we can figure out ways to feel better when we are experiencing distress.

- Teach calming methods to relax the mind and body. [See Coping and Relaxation Techniques on page 19](#) for more information.
- Change your behavior or environment. Go outside, find a friend, listen to music, draw, or move the body (shoot baskets, kick a soccer ball, or walk).
- Create a toolbox. Help them write down strategies that work. What can the student do the next time they feel sad?
- Explore ways to create healthy routines. Getting adequate sleep and nutrition, reducing screen time or social media use, exercise, or increasing free time and friend time matters to well-being.
- Follow school protocols for mental health referrals when depression is moderate or severe, or has been occurring for longer than two weeks.

Helpful cognitive behavioral strategies for depression are gifts that a nurse can give students in the moment.

They include:

Thoughts – Depression is associated with negative thoughts and core beliefs such as, I am unlovable, I am worthless, and I am helpless. Changing thoughts can help change feelings and behaviors (see CBT triangle below). Some questions that can help students “put their negative thoughts on trial” are:

- “Is this thought helping or hurting me?”
- “What is the evidence for and against the thought?”
- “Is there a more helpful and realistic thought?”
- “What would my friends say?”

To help students focus on positive thoughts, ask:

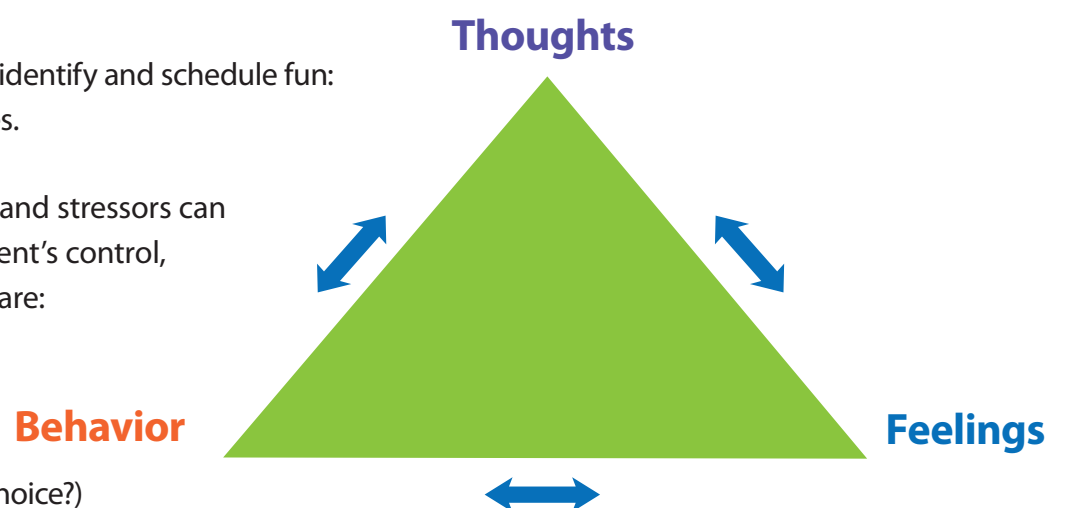
- What are three things that have gone well today?
- What are things you do now, or used to do, to feel better?

Feelings – Encourage students to cope with feelings of immediate sadness by doing something that is fun and distracting, soothing and relaxing, or that expends energy.

- Increase pleasurable activities.
- Teach the student: depression may tell you to stay home by yourself, but put yourself into positive situations even if you don’t feel like it and see what happens.
- What does the student like to do? Help the student identify and schedule fun: exercise, art, music, writing, group or family activities.

Behavior – Unpleasant situations, interpersonal conflicts, and stressors can contribute to depression. If these things are under the student’s control, encourage problem solving. Key steps for problem solving are:

1. Problem Identification (what is the problem?)
2. Identify Choices (what choices can I make?)
3. Consequences (what might happen if I make that choice?)
4. Choose a Solution (make a decision and go!)



Preventing Suicide: How to Help

One caring person can save a life...
You are that person.



ASK

There is **NO EVIDENCE** that asking about suicide increases its risk.

Prevention of suicide involves identifying students who have:

- Thoughts of death or hurting themselves.
- A history of prior attempts.
- A specific plan.
- A family history of suicide.

Quick Strategies



- Approach with curiosity, not judgment.



- Ask open-ended questions.



- Offer hope.

Risk factors include:

- Bullying.
- Chronic illness.
- Depression or other mental health disorders.
- Inability to obtain care for mental health.
- Societal pressures (racism, poverty, or trauma).
- Stigma and cultural barriers.
- Substance abuse.
- **Access to lethal means.**

Firearms are used in more than 50% of suicides.



988
SUICIDE
& CRISIS
LIFELINE

Help them connect.
Always follow your school's crisis protocols.
Call or text 24/7.

988 for the Suicide & Crisis Lifeline.

To text 988 in Spanish, type "Ayuda" to connect with a Spanish-speaking counselor. For people who speak other languages, call 988 for translation in 240+ languages. This is available 24/7 through voice calling only.

Preventing Suicide: How to Help

Suicidal Ideation in Students

Suicide rates are higher for:

- Black youth - Rates of suicide for Black youth have risen faster than in any other racial/ethnic group in the past two decades. [Persons of color can text STEVE to 741741 to reach a trained crisis counselor, 24/7.](#)
- LGBTQ+ youth.
- Native Americans and Alaska natives.
- Those with disabilities (due to difficulties in communicating suicidal thoughts).
- Residents of rural areas.
- Youth involved with juvenile justice system or those who have been in foster care.

Ask Students About Suicidal Thoughts



Ask open-ended questions.

"Sometimes kids feel so low that they wish they were never born. How about you?"

"Sometimes when people feel this bad, they wish they were dead or not here anymore. Tell me about you..."

"Sometimes when people feel this bad, they wish they were dead or not here anymore. How about you?"

"Have you ever done something to hurt yourself or tried to kill yourself?"



Approach with curiosity, not judgment.

"This is a horrible way to feel, and there is help and hope for feeling better."

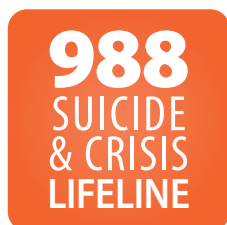
"Thank you for sharing these thoughts. I am here with you."



Offer hope.

"These feelings are treatable. Therapy, learning new skills, and sometimes medication can help."

"You are not alone. Many kids have experienced the same feelings and have gotten better."



Help them connect.

Always follow your school's crisis protocols.

Call or text 24/7.

988 for the Suicide & Crisis Lifeline.

Signs

Noticeable Behaviors

- Withdrawal or reports of severe pain.
- Extreme mood swings, including irritability or anger.
- Giving away prized possessions.

Actions

- Talking about wanting to die.
- Making or researching a plan to die.
- New or increased substance use.

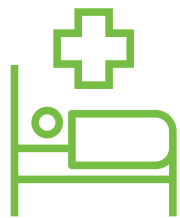
Thoughts

- Frequent thoughts about death or dying.
- "I don't want to live."
- "Everyone would be better off without me."
- "It's all my fault."

Academic Signs

- Withdrawal from activities or declining grades.
- Chronic absences.
- Dramatic change from prior performance.

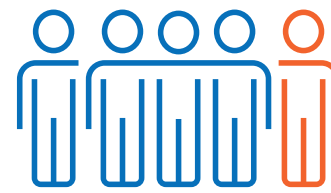
Preventing Suicide: How to Help



In 2021, approximately 3% of all students reported making a suicide attempt that required treatment.



In 2021, suicide was the second leading cause of death for youth ages 10-14 and ages 20-34.



In 2017, nearly 1 in 5 students had thoughts of suicide. This increased to 1 in 4 during the pandemic.

For additional resources for mental health conditions associated with suicidal ideation, scan the code or visit [TheREACHinstitute.org/help-for-families/helpful-resources/](https://www.thereachinstitute.org/help-for-families/helpful-resources/). For additional resources about suicide prevention, visit the American Foundation for Suicide Prevention at [AFSP.org](https://www.afsp.org).



[TheREACHinstitute.org](https://www.thereachinstitute.org)

Keep the student safe with you while you contact school resources.

Connect and communicate with school staff, caregivers, and pediatric clinicians. As a member of your school's crisis team, know your school's protocol before a crisis and follow up after referrals.

Safety Planning

Visit [SuicideSafetyPlan.com](https://www.suicidesafetyplan.com) for the The Stanley Brown Safety Plan (also available for download in the Apple App Store or scan the code).

Safety planning is an essential part of treatment. For more information, visit [AFSP.org](https://www.afsp.org).

Having a safety plan that addresses the following is an essential component of a student's recovery:

- Recognize what puts a student at risk.
- Find coping strategies that do not rely on the presence of others.
- Engage with people and go to places that help distract students away from their problems.
- Reach out to family or friends that can help students in a crisis.
- Keep the student's environment safe.



[The Stanley Brown Safety Plan](https://www.suicidesafetyplan.com)



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To text 988 in Spanish, type "Ayuda" to connect with a Spanish-speaking counselor. For people who speak other languages, call 988 for translation in 240+ languages. This is available 24/7 through voice calling only.



Preventing Suicide: How to Help

More About Suicide Screening and Safety Planning

Scan the code to download the ASQ Suicide-Screening Questions toolkit at [NIMH.nih.gov/](https://www.nimh.nih.gov/).

These screening questions can be completed with a student in one minute to determine if they need emergent care.

- School nurses should practice within their school protocols and training.
- How to begin: "I am grateful that you are sharing your feelings with me. I'd like to ask a few more questions to understand more." Then use the form above to review the screening questions.
- Praise the student for sharing information: "This is hard to talk about. Thank you for telling me."
- Next steps must involve the family. "After speaking with your child, I have concerns about their safety because they have shared thoughts about suicide. Can you share your perspective?"

Students who screen positive on the ASQ need urgent evaluation and cannot be left alone. Activate your school crisis protocols.

Safety planning always includes student and family/guardian/trusted adult.

Safety plans are used to support suicidal children and teens. A safety plan is NOT a "safety contract," or promise, which is not effective and may give a false sense of security. Say:

- "Our first priority is keeping you safe. What can you do when suicidal thoughts start?"
- Discuss coping strategies to manage stress. What works for the student now?
- Discuss with the student and family securing or removing access to lethal means. "Research has shown limiting access to dangerous objects saves lives. How will you secure or remove these potentially dangerous items (guns, medications, ropes, etc)?"

Safety planning is connected to building resilience. Children will be in distress throughout life, but how can they better cope with distress? How can we help them build their toolbox?

Home Safety Checklist

A home safety checklist helps to protect children at home.

- Safety at home requires decreasing access to lethal means, most importantly firearms. Remind families: studies have shown that many children know how to access the home's firearms, even when their parents think they do not. Store firearms unloaded in a locked safe with bullets locked separately. Gun safe keys or lock combination should be kept only by adults. When children/teens go to others' homes, ask homeowners about gun ownership and storage.
- If the student has stated a suicide plan or has made a previous or current attempt, remove those elements from the environment (substances, sharp objects, ropes, razors, and other means of self harm).
- Medications, over the counter and prescribed, should be locked and secured.



[ASQ Suicide Screening Tool](#)

asq Suicide Risk Screening Tool NIMH TOOLKIT
Ask Suicide-Screening Questions

Ask the patient:

1. In the past few weeks, have you wished you were dead? Yes No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead? Yes No
3. In the past week, have you been having thoughts about killing yourself? Yes No
4. Have you ever tried to kill yourself? Yes No
If yes, how? _____
When? _____

If the patient answers **Yes** to any of the above, ask the following acuity question:

5. Are you having thoughts of killing yourself right now? Yes No
If yes, please describe: _____

Next steps:

- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary. (Note: Clinical judgment can always override a negative screen).
- If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a positive screen. Ask question #5 to assess acuity.
 - "Yes" to question #5 = acute positive screen (imminent risk identified)
 - Patient requires a STAT safety/full mental health evaluation.
 - Patient cannot leave until evaluated for safety.
 - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
 - "No" to question #5 = non-acute positive screen (potential risk identified)
 - Patient requires a brief suicide safety assessment to determine if a full mental health evaluation is needed. If a patient (or parent/guardian) refuses the brief assessment, this should be treated as an "against medical advice" (AMA) discharge.
 - Alert physician or clinician responsible for patient's care.

Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline: 988
- 24/7 Crisis Text Line: Text "HOME" to 741741

ASQ Suicide Risk Screening Toolkit | NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)



[AACAP Home Safety Checklist](#)

Self-harm

Self-harm (non-suicidal self-injury) occurs when a person hurts oneself on purpose.

ASK

Suicidal thoughts can be present in a person who self-harms (but self-harm does not automatically mean a person wants to die).



- Behavior might be a momentary escape from intense distress such as loneliness, sadness, fear, or shame.
- Sometimes it is hard to stop because it helps them feel better.
- Self-harm can be a way to take control when everything else is out of control (family conflict, bullying, or trauma).

Self-harm might include:

- Cutting.
- Burning.
- Hair pulling.
- Skin-picking or biting.
- Hitting or punching self with intent to cause harm.
- Risky behaviors (trying to get hurt on purpose).

Did you know?

- Self-harm is a cry for help.
- Kids and teens with mental health conditions are at the highest risk for self-harm. These include:
 - Depression.
 - Substance abuse.
 - Sexual abuse.
 - Severe abuse or abuse by a family member.
 - Anxiety disorders.
 - Eating disorders.
 - PTSD.
 - Borderline personality disorder.
- Average onset for self-harm is 15 years old but females are more likely to be younger.
- Of people who self-harm, 25% only have one episode.
- The majority of people who self-harm stop after a period of five years.
- Severity of self-harm can range from superficial wounds to lasting disfigurement.

Self-harm vs. Suicidal Behavior

	Self-harm	Suicidal Behavior
Intent	To get immediate relief from negative emotions	To die in order to permanently escape pain
Repetition	More frequent	Less frequent
Lethality	Less lethal means but potential for fatality	Tends to involve more lethal means
Psychological Consequences	Often used to relieve psychological pain	Often aggravates psychological pain

Self-harm

Signs

What you might see:

- Scars, often in patterns (hands, arms, thighs, stomach).
- Fresh cuts or wounds.
- Wearing long sleeves or long pants to hide injury even in hot weather.

What you might hear from the student:

- Frequent reports of accidental injury or risky behavior.
- Problems in relationships with family or peers.
- Mood changes that are impulsive or intense.
- Signs of depression or anxiety.
- Abuse of alcohol, marijuana, or drugs.
- Asking for bandages but not showing wounds.

What peers or family might see:

- Spending time on websites, message boards, or social media devoted to self-harm.
- Exchanging texts devoted to self-injury topics.
- Exchanging photos of self-harm wounds.
- Talking about self-harming behaviors in general or about self-harming thoughts.

Strategies



Approach with curiosity, not judgment.

Ask open-ended questions.

“Sometimes, when some kids are stressed, they hurt themselves on purpose. Have you ever hurt yourself on purpose without intending to die?”

“I’ve seen those scars on your arms and I think you might be hurting yourself. If you are, I want you to know that you can talk to me about it.”

Asking questions does not make the student engage in self-injuring behavior.



Offer hope.

“You are not alone. Many students have experienced the same feelings and have gotten better.”

“These feelings are treatable, and you can develop safer ways to deal with negative feelings than hurting yourself.”



WHY? self-harm graphic data is provided by the Cornell Research Program on Self-injury and Prevention. For more information on self-injury, intervention, and treatment, scan the code or visit SelfInjury.bctr.cornell.edu/perch/resources/siinfo-2.pdf.



[Self-harm Prevention Resources](#)

Keep the student safe with you while you contact school resources.

Connect and communicate with school staff, caregivers, and pediatric clinicians. Know your school’s protocol and other members of your crisis team before a crisis, and follow up after referral.

Anger



We all experience anger.



**Anger is a secondary emotion.
What is underneath?**



**Anger occurs when we feel attacked,
threatened, afraid, disrespected, or
humiliated.**

Outbursts can be a sign of anxiety, depression, trauma, stress, or poor emotional regulation. Underlying mental health conditions or challenging life situations can lead to anger.

Students often need support to learn how to manage their anger and minimize the risk of aggressive behavior.

Strategies

SAFETY FIRST: If a student is displaying anger AND aggressive behavior that is risky to the student and others, follow your school's crisis intervention plan.

Manage your own emotions. Angry students may trigger feelings of anxiety and anger in you. Before you can help, you must manage your own feelings and remain calm. Raising your voice will escalate the student's emotion.

Be aware of your own body language and position. Take a non-threatening stance and project calm.

Minimize demands on the student. When a student is angry, set aside demands ("lower your voice, sit down, show me your pass") until the student calms. Placing demands on an angry student is likely to increase their anger.

Offer supportive comments and choices. In the heat of an angry moment, students need to feel supported and to calm down before they can engage in any problem solving:

- Say "I can see you're really upset. Would you like to talk or take a few minutes to relax in my office?" This shows the student that you understand and allows them to decide how you can help.
- [Give choices to promote calm in the moment. Offer a quiet corner, reading, drawing, coloring materials, belly breathing, 54321, music, or stress balls and other fidget items. Go for a walk with them.](#)
- Listen without judgment. Students may need to vent without interruption, or talk through their feelings with you or someone they trust. You don't have to solve the problem in order to help.

Teach these ways to understand anger:

Mindfulness

Mindfulness helps us understand and deal with distress and to purposefully observe one's own thoughts and feelings with kindness, not judgment.

Encourage students to slow down, accept their emotions, and focus on breathing.

Once the student is calm, explain that everyone experiences anger. It can hurt us and others if we don't recognize it and know what to do.

Picture anger as a wave. Be mindful of when you're at the top of the wave, then ride the wave, waiting until anger levels fall. The tension and "adrenaline" during peak anger is temporary and students can learn to wait for it to pass. The wave visualization can help the student manage their anger.

Picture anger like an iceberg. The anger shows, but there are other emotions underneath. Ask: "Is your anger hiding another feeling?" (e.g., sadness, worry, etc.)

Anger

The Anger Thermometer

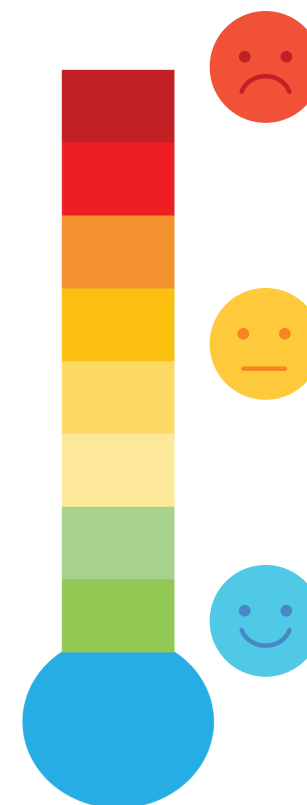
Teaching students about how to measure their anger using an anger thermometer can help them manage anger.

Show the student how the levels on the thermometer correspond to their emotions and bodily feelings.

How does the student feel and behave:

1. When they are most angry?
2. When they are in the middle or upset?
3. When they are peaceful?
4. When students learn about how anger feels in their body and mind, relating to the anger thermometer, students can:
 - Put words to their feelings.
 - Start to employ different coping strategies.
 - Identify when they need to calm down before acting.

10. I explode
9. Out of control
8. Furious
7. Very angry
6. Angry
5. Upset
4. Somewhat cranky
3. Restless
2. Still and calm
1. Totally at peace



Anger Management Strategies

Adapted with permission from Bunge et al. (2017).

Encourage students to practice using these strategies before their anger temperature rises to a high level. [See Coping and Relaxation Techniques on page 19 of this toolkit.](#)

Relaxation strategies – take a time out, belly breathing, applying cold over upper part of face with ice pack, tensing and releasing muscles.

Mindfulness strategies – 54321, focusing on all your senses.

Distraction strategies – focusing attention on something else (e.g., favorite song, reading, coloring, exercising, object in the room).

Changing thoughts – When we can identify unhelpful thoughts that fuel anger, and change them to helpful thoughts, our anger can lessen. For example:

- They don't control me. I'm not taking the bait.
- I can stay calm.
- As long as I keep my cool, I'm in control.

Coping and Relaxation Strategies

It is difficult to learn something new when we are anxious, angry, or distracted.

Teach and practice coping skills when everyone is calm.

Breathing Techniques

Belly Breathing

- When we are anxious, we breathe from our chest.
- Belly breathing stimulates the vagus nerve which activates the relaxation response.
- Exhale longer than inhale for increased effect.

Young Children:

- Lie down so the back is supported by a surface (couch/floor).
- Place a toy on the belly and watch it rise and fall.

Learn to belly breathe with Elmo:

Visit [YouTube.com/watch?v=mZbzDOpyIA](https://www.youtube.com/watch?v=mZbzDOpyIA) or scan the code.



Older Children:

- Blow on pinwheel for prolonged exhalation.
- Imagine filling room with a color while exhaling.

Teens:

- Hand on sternum, hand over belly button and focus on moving hand on abdomen only.
- Counting inhale/exhale pattern: 4 second inhale, 7 seconds exhale.

Belly breathing video demo for older kids: Visit [YouTube.com/watch?v=OXjlR4mXxSk](https://www.youtube.com/watch?v=OXjlR4mXxSk) or scan the code.



54321 Coping Strategy

54321 (or 5, 4, 3, 2, 1) is a grounding technique to reduce anxiety or stress. Tell the student: Identify 5 things you can see, 4 things you can touch, 3 things you can hear, 2 things you can smell, and 1 thing you can taste.

For video demo, visit [Strong4Life.com/en/emotional-wellness/coping/grounding-your-body-and-mind](https://www.strong4life.com/en/emotional-wellness/coping/grounding-your-body-and-mind) or scan the code.

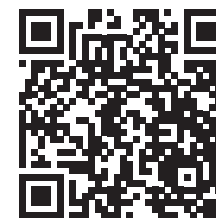


Box Breathing

- Exhale to a count of four.
- Hold with lungs empty for four counts.
- Inhale to a count of four.
- Hold the air in your lungs for a count of four.
- Exhale to a count of 4 and start over.

Learn to box breathe:

Visit [YouTube.com/watch?v=G25IR0c-Hj8](https://www.youtube.com/watch?v=G25IR0c-Hj8) or scan the code.



Take 5 - Combines breathing and sensory input.

- Trace one hand with the finger on the opposite hand.
- Breathe in deeply as you trace your thumb from base to tip.
- Breathe out as you trace back to your palm.
- Breathe in as you trace to the tip of your index finger.
- Breathe out as you trace back to your palm.
- Go around your whole hand.
- Can do this under the desk at school.

Coping and Relaxation Strategies

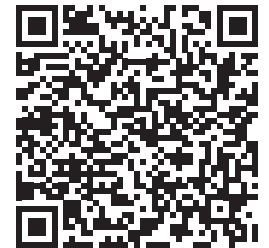
Muscle Relaxation Technique

Progressive Muscle Relaxation or “Body Scan”

When we are anxious our bodies respond with muscle tension. Progressive muscle relaxation reduces muscle tension and associated anxiety.

- Tense muscles first – from head to toe – and then release. This allows easier letting go of muscle tension all over the body.
- This can be done without others noticing, even while in class.
- Squeeze fists as tight as you can (under desk or in pockets) for 10 seconds, then release.
- Squeeze knees together as tight as you can (under desk) for 10 seconds, then release.

For video demo, visit [Strong4Life.com/en/emotional-wellness/coping/practicing-progressive-muscle-relaxation](https://www.strong4life.com/en/emotional-wellness/coping/practicing-progressive-muscle-relaxation) or scan the code.



[Muscle Relaxation for Young Children](https://www.strong4life.com/en/emotional-wellness/coping/practicing-progressive-muscle-relaxation)

For video demo for older children, visit [YouTube.com/watch?v=8Xp2UzG7UYY](https://www.youtube.com/watch?v=8Xp2UzG7UYY) or scan the code.



[Muscle Relaxation for Older Children](https://www.youtube.com/watch?v=8Xp2UzG7UYY)

Distraction Strategies

- Choose an item you can see in front of you. Spell it out, forward and then backward.
- Pick a color and name everything you can see that matches that color.
- Hum a song quietly.
- Think about your favorite TV show. Try to remember all the actors’ names and what they were last wearing.
- Focus on one object and think about how you would change each aspect of its design.
- Choose a category (what you see around you, animals, countries, people, food, etc.) and try to name one item for each letter of the alphabet.

Ways to distract yourself at home:

- Listening to music.
- Watching TV.
- Reading.
- Drawing, coloring, or journaling.



Door Method Relaxation Technique*

This technique can be helpful for falling asleep, staying calm, and reducing distractions.

- Picture four doors, all hiding a place or something that brings joy.
- Pick a door you want to go in and walk in. What do you see there? Look around and describe all that you experience - sights, sounds, and smells.




*Door Method by Tamar Chansky from “Freeing Your Child from Anxiety”, 2004.

Resources

Always call 911 for any emergency or when safety is at risk.

Suicide

The Steve Fund Crisis Text Line -  Text **HOME** to 741741; and text **STEVE** to 741741 if a young person of color, for a trained crisis counselor, 24/7.

Suicide Hotline -  1 (800) 273-TALK (8255)

Self-harm

Young Minds UK - Self-Help Guide for Teens Who Self-Harm video


 [YoungMinds.org.uk/young-person/my-feelings/self-harm/#Whatisselfharm](https://www.YoungMinds.org.uk/young-person/my-feelings/self-harm/#Whatisselfharm)

Nip in the Bud - Self-harm resources and videos

 [Nipinthebud.org/films-parents-category/self-harm/](https://www.Nipinthebud.org/films-parents-category/self-harm/)

The Cornell Research Program on Self-injury and Recovery -


The Non-Suicidal Self-injury Assessment Tool -  [Selfinjury.bctr.cornell.edu/perch/resources/fnssi.pdf](https://selfinjury.bctr.cornell.edu/perch/resources/fnssi.pdf)

Developing and Implementing School Protocol for Non-Suicidal Self-injury in School -  [Selfinjury.bctr.cornell.edu/documents/schools.pdf](https://selfinjury.bctr.cornell.edu/documents/schools.pdf)

Educators and Self-injury - Manual for understanding and aiding students who self-injure.

 EducatorsandSelfinjury.com/self%20injury-protocol/


Depression

MindDoc: Mental Health Support -  [App Download](#) CBT Mood tracker, journal, symptom screener for anxiety and depression. Can also be used with sleep disorders, eating disorders, postpartum depression, and various phobias. 10-question assessment directs user to learning modules.

Ages 12+, free with in-app purchases, available for download in the Apple App Store and the Google Play Store.


Boston's Children's Hospital - Guided Self-Management Tools for Depression in Children Ages 6-12. [Scan the code.](#)

The ABCs of CBT: Thoughts, Feelings, and Behavior Triangle - Cognitive behavior therapy video.


 [YouTube.com/watch?v=Stw9P38ePVI](https://www.YouTube.com/watch?v=Stw9P38ePVI)

Anger


They Are The Future: Anger Thermometer Worksheet Pack - Free printable anger thermometer and parent guide

 [Theyarethefuture.co.uk/wp-content/uploads/2023/03/Free-Printable-Anger-Thermometer-Worksheets.pdf](https://www.Theyarethefuture.co.uk/wp-content/uploads/2023/03/Free-Printable-Anger-Thermometer-Worksheets.pdf)

Cookie Monster Practices Self Regulation by Life Kit Parenting and NPR - Video about practicing self control.

 [YouTube.com/watch?v=j0YDE8_jsHk](https://www.YouTube.com/watch?v=j0YDE8_jsHk)

Mental Health Center for Kids - Videos on anger management for kids.


Anger Iceberg Activity -  [YouTube.com/watch?v=AQIQCOY_Im0](https://www.YouTube.com/watch?v=AQIQCOY_Im0)

Strategies to Calm Down When Your Temper Rises -  [YouTube.com/watch?v=lxpDF45TPA](https://www.YouTube.com/watch?v=lxpDF45TPA)

Sesame Workshop Handling Angry Feelings for Kids - Anger management video.  [SesameWorkshop.org/resources/handling-angry-feelings/](https://www.SesameWorkshop.org/resources/handling-angry-feelings/)

Anxiety/Panic Attacks

Kids Helpline Brain Basics - Panic attack informational video series for kids.  [YouTube.com/watch?v=geoiskj4aUE](https://www.YouTube.com/watch?v=geoiskj4aUE)


Mindshift CBT - Anxiety Relief  [App Download](#) Anxiety and stress tools that include fear ladders, goal-setting tool; CBT to reduce worry, stress, panic. From Anxiety Canada. Ages 12+, available for free download in the Apple App Store and the Google Play Store.

Anxiety Canada -  [AnxietyCanada.com](https://www.AnxietyCanada.com)

Free downloadable resources and tools for anxiety.

[Fight Flight Freeze - A Guide to Anxiety for Teens video. Scan the code.](#)

Boston Children's Hospital - Managing Anxiety in Childhood and Adolescence: Information and resource guide for parents and caregivers.

 [ChildrensHospital.org/sites/default/files/2023-04/bchnp-managing-anxiety-booklet.pdf](https://www.ChildrensHospital.org/sites/default/files/2023-04/bchnp-managing-anxiety-booklet.pdf)

Child Mind Institute -  [ChildMind.org/topics/anxiety/](https://www.ChildMind.org/topics/anxiety/) Resources for caregivers to support kids with anxiety.



Help them connect.

Always follow your school's crisis protocols.

Call or text 24/7.

988 for the Suicide & Crisis Lifeline.

To text 988 in Spanish, type "Ayuda" to connect with a Spanish-speaking counselor. For people who speak other languages, call 988 for translation in 240+ languages. This is available 24/7 through voice calling only.



[Guided Self-Management Tools for Depression in Children](#)




[Fight Flight Freeze For Teens](#)

Resources

LGBTQ+ Support

The Trevor Project

24/7, 365 crisis support for members of the LGBTQ+ community. Talk, text, or chat.   1 (866) 488-7386

 [TheTrevorProject.org](https://www.thetrevorproject.org)


Trans Lifeline Peer Support US -  1 (877) 565-8860

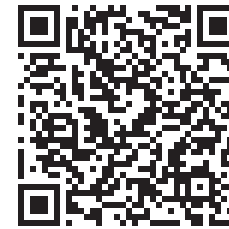
The GLBT National Youth Talkline (youth serving youth – age 25) -  1 (800) 246-7743

Trauma

Child Mind Institute - Video and Guide: Helping Children Cope After a Traumatic Event.

[Scan the code.](#)

The National Child Traumatic Stress Network - Free resources on child trauma, trauma learning modules, and tools to develop the systems to gain knowledge, to build practices, and to have the skills to support a trauma-sensitive school.  [NCTSN.org/](https://www.nctsn.org/)



[Helping Children Cope After a Traumatic Event](#)

School Avoidance


School Avoidance Alliance: School Avoidance 101 for Parents - Guide to helping kids get back in school.

 [SchoolAvoidance.org/school%20avoidance-101/](https://www.schoolavoidance.org/school%20avoidance-101/)

Rogers Behavioral Health School Avoidance and Refusal - What clinicians need to know.

 [YouTube.com/watch?v=Rw-aBeSygm8](https://www.youtube.com/watch?v=Rw-aBeSygm8)

Space Treatment Overcoming Entrenched School Refusal - A six-point plan helping parents for getting school-refusing children back in school.

 [YouTube.com/watch?v=J4x4NW1S_po](https://www.youtube.com/watch?v=J4x4NW1S_po)

Center on Positive Behavioral Interventions and Supports:

Improving Attendance and Reducing Chronic Absenteeism - [Scan code for clinician guide.](#)

School Refusal Assessment and Intervention - [Scan the code for clinician guide.](#)



[Improving Attendance and Reducing Chronic Absenteeism](#)



[School Refusal Assessment and Intervention](#)

Coping and Relaxation

Mental Health Center for Kids - Grounding Exercises For Anxiety And Other Big Emotions video


 [YouTube.com/watch?v=5YtnpPPnqaY](https://www.youtube.com/watch?v=5YtnpPPnqaY)

Virtual Calming Room - Resource site for students, families, and staff to find tools and strategies for managing emotions and feelings.

 [CalmingRoom.scusd.edu/home](https://www.calmingroom.scusd.edu/home)

Other Mental Health Resources

The Virginia Tiered Systems of Supports


Led by the Virginia Department of Education to support divisions with implementing and sustaining a multi-tiered system of supports. A systemic, data-driven approach that allows divisions and schools to provide evidence-based practices and interventions to meet the needs of their students.  [VTSS-RIC.vcu.edu/](https://www.vtss-ric.vcu.edu/)


Bridge 2 Resources

Access free or low-cost resources for housing, food, or healthcare in your community. [Scan the code.](#)

 [Bridge2ResourcesVA.org](https://www.bridge2resourcesva.org)


National Center for School Mental Health (NCSMH) - Mental health webinars from the University of Maryland School of Medicine

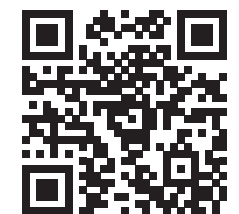
 [SchoolMentalHealth.org/webinars/](https://www.schoolmentalhealth.org/webinars/)

National Association of School Nurses (NASN) - Mental health clinical practice guidelines and resources.  [Learn.NASN.org/](https://www.learn.nasn.org/)

Stigma-Free Mental Health Student Mental Health Toolkit - Resources for teachers and counselors to help students ages 7-11 and 12-22 improve their mental wellness and combat stigma.

 [StigmaFreeMentalHealth.com/programs/school-program/student-mental-health-toolkit/](https://www.stigmfree MentalHealth.com/programs/school-program/student-mental-health-toolkit/)

National Association of School Psychologists - The professional home for school psychologists. Site offers standard practice guidelines and a variety of school-based mental health resources.  [NASPonline.org/](https://www.nasponline.org/)



[Bridge2ResourcesVA.org](https://www.bridge2resourcesva.org)

Resources

Substance Abuse and Mental Health Services Administration - Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools
[SAMHSA.gov/sites/default/files/ready-set-go-review-mh-screening-schools.pdf](https://www.samhsa.gov/sites/default/files/ready-set-go-review-mh-screening-schools.pdf)

Therapist Aid - Online Therapy Tools for Mental Health Professionals - Worksheets, interactive tools, videos, and articles.
[TherapistAid.com/](https://www.therapistaid.com/)

Children's Mental Health Matters - Maryland Public Awareness Campaign Resource Library
[ChildrensMentalHealthMatters.org/resources/downloads/](https://www.childrensmentalhealthmatters.org/resources/downloads/)

RAINN Sexual Assault Hotline - ☎ 1 (800) 656-4673

National Helpline for Substance Use - ☎ 1 (844) 289-0879

Substance Abuse and Mental Health Services Administration National Helpline - ☎ 1 (800) 662-HELP or TTY 1 (800) 487-4889

American Academy of Child and Adolescent Psychiatry - Pediatric mental health updates and resources.
[AACAP.org](https://www.aacap.org/)

National Federation of Families - Family support and advocacy.
[FCMH.org](https://www.fcmmh.org/)

Children's Defense Fund - Child advocacy and research.
[ChildrensDefense.org](https://www.childrensdefense.org/)

One caring person can save a life...
You are that person.



School Nurse's Mental Health Toolkit

Practical Strategies for Helping Students

2024 Edition

