Responding to Critical Incidents in Schools around Coronavirus Disease (COVID-19)

An Addendum to the School Behavioral Health Plan

This behavioral health plan was developed by members of the NH Disaster Behavioral Health Response Team (DBHRT) in an effort to address the issues related to school-based critical incidents and to complement existing School Emergency Response Plans around the 2019 Coronavirus Disease (COVID-19) pandemic.
Section 1: Introduction

The purpose of this guide is to provide support and resources for students, school staff and faculty during the 2019 Novel Coronavirus COVID-19 pandemic. Particularly, this guide will focus on providing such resources and supports consistent with the Centers for Disease Control (CDC) and New Hampshire Division of Public Health’s recommendations, as referenced in the below links.


Section 2: Managing the need for support while social distancing

Assess Impact

Responding to critical incidents within the school infrastructure will be significantly different during the 2019 Novel Coronavirus COVID-19 pandemic due to the inability to gather, connect, and support one another in person. This guide will provide a framework, offer strategies, and deliver approaches to help schools support their faculty, staff, students and families during this time of transition.

Accordingly, the first step will be to understand who may be impacted. Think creatively when listing those potentially affected. There may be siblings in another school or committee members who worked with a teacher. A coach or cafeteria worker may have been close to a child who died. Identify past traumatic events of the school and community as they might impact the recovery process. Consider psychological as well as physical injuries. One technique for assessment is to identify the circles of risk following an incident:

A. Those most closely impacted by the crisis, including, but not limited to, those with a positive COVID-19 diagnosis/ those who have lost a family member to COVID-19
B. Students, Teachers, Administrators, other school staff
C. Family, friends, responders
D. Lost homes, possessions, jobs; had preexisting conditions; at risk groups; other disaster responders
E. Larger community

Assess Internal Resources

Begin with the resources available within the affected school. The crisis leadership might include the school administration - superintendent and principal, a critical incident team if one has been formed, mental health and nursing staff. Make note of natural supports for the students affected such as sports teams, clubs, interest groups, or a favorite teacher or coach. It is important to
connect with these natural supports in a way that is the most visual—via Skype, FaceTime, Zoom, or other social media platforms, as allowed by your school.

Assess Availability of External Resources

Resources from other schools within the district might be available. Contact the community agencies that have a relationship with the school such as the local Community Mental Health Center (CMHCs), DBHRT, or other agencies where relationships have been created. Again, the capacity in which one can navigate these resources will differ—for instance, many of the CMHCs offer telehealth appointments. In addition, there are many crisis hotlines and warm lines that offer 24/7 telephone and text support as well.

Section 3: Resources for Schools/Parents/Students

Centers for Disease Control (CDC):


U.S. Department of Education:

https://www.ed.gov/coronavirus

Collaborative for Academic, Social, and Emotional Learning:

https://casel.org/

Yale Center for Emotional Intelligence:

http://ei.yale.edu/

http://ei.yale.edu/ycei-launches-coronavirus-covid-19-resources-school-communities-webpage/


National Association of School Psychologists:


National Alliance on Mental Illness (NAMI NH):

https://www.naminh.org/resources-2/covid-19/


https://www.naminh.org/find-support/teensyoung-adults/
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National Suicide Prevention Lifeline:

**Resources specifically for managing/dealing with Mental Health/Grief/loss:**

The Mayo Clinic video: Teen Suicide Prevention Video
https://www.youtube.com/watch?v=3BByqa7bhto&t=3s

Society for the Prevention of Teen Suicide:
www.sptsusa.org

Center for Grieving Children (Maine)
www.cgcmaine.org

National Alliance for Grieving Children:
https://childrengrieve.org/
https://indd.adobe.com/view/924b5436-fca0-4a15-901a-9233134766e4

The National Center for Grieving Children and Families – The Dougy Center:
https://www.dougy.org/
https://www.dougy.org/grief-support-programs/

Shiva.com:

**Resources continued:**

CNN Article:

Online grief support groups:
https://www.griefshare.org/findagroup
http://www.personalgriefcoach.net/
Disaster Behavioral Health Response Team (DBHRT)

Disaster Behavioral Health Response Team (DBHRT) is comprised of volunteer behavioral health professionals and paraprofessionals who reside in the State of New Hampshire and are available for rapid deployment and immediate response. These teams are coordinated by the New Hampshire Department of Health & Human Services (DHHS) Emergency Services Unit (ESU) and are available to assist schools in addressing the behavioral health concerns of our staff, and those we serve. These teams include community mental health center staff, psychologists, social workers, employee assistance professionals, pastoral counselors, marriage and family counselors, substance abuse providers, school counselors and many other behavioral health providers.

DBHRT members have various areas of expertise including critical incident stress management, psychological first aid, trauma, family support, victim advocacy and experience working with special populations such as children and those with cultural needs. DBHRT can be deployed virtually (such as via Zoom or teleconference) to assist with behavioral health needs in the wake of a critical incident impacting a school community.

DBHRT can provide the following services: consultation, critical incident needs assessment, behavioral health support to schools following a critical incident, community education and resources, crisis intervention, critical incident stress management, psychological first aid, screening and referral to community resources.

Team members have completed “Disaster Behavioral Health” training. The Disaster Behavioral Health Coordinator is available to consult with school staff regarding behavioral health language for emergency responses, and managing staff and student needs while following social distancing guidelines.

If you have any questions regarding any of the above information or to access the services of the Disaster Behavioral Health Response Team contact: Diana Schryver, Disaster Behavioral Health Coordinator at (603) 271-9454 or (603) 419-0074 (call or text) or by e-mail at Diana.Schryver@dhhs.nh.gov
Behavioral Health During COVID-19

You are not alone. Everyone is feeling some level of anxiety and discomfort right now. It is normal to feel this way. If you or a loved one have struggled with anxiety or other mental health concerns, this may be an even more difficult time for you. Here are some tips and resources to help.

**TIPS FOR COPING WITH STRESS DURING A PANDEMIC:**

- **Rely on trusted sources of information** - NH Department of Health and Human Services and the CDC for updates.

- **Stay connected to community** - talk with your friends, family or faith community through phone, text, email, FaceTime, Skype, Zoom or Google Hangouts.

- **Prioritize usual strategies for managing anxiety** - use relaxation techniques, meditation, mindfulness, reading or prayer.

- **Exercise** - Walking, time outdoors, yoga or stretching are all great options to keep you moving.

- **Stay in touch with your mental health or substance use disorder provider.** Telehealth options are available that allow you to connect with providers remotely. Continued treatment is essential.

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**CALL YOUR LOCAL COMMUNITY MENTAL HEALTH CENTER**

Emergency Services are available in every region of the state and there are Mobile Crisis Response Teams in Concord, Manchester and Nashua.

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**THE DOORWAY**

If you or someone you know is experiencing an addiction-related crisis, Call 211 now.
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Behavioral Health COVID-19
COMMUNITY RESOURCES FROM NEW HAMPSHIRE DHHS

HELPFUL LINKS TO TRUSTED INFORMATION ABOUT RESPONSES TO HIGHLY STRESSFUL SITUATIONS
- FAQ resource from the National Alliance on Mental Illness (NAMI)
- SAMHSA Behavioral Health during and Infectious Disease Outbreak
- CDC Coping with Disaster or Traumatic Event
- Potential Implications for People with Substance Use Disorders
- Managing Reactions to COVID-19
- NAMI NH Resources
- CDC Managing Stress and Anxiety
- Taking Care of Your Mental Health in the Face of Uncertainty - American Foundation for Suicide Prevention
- CDC Self Care

NEED TO TALK?
- Have general questions about COVID-19 and NH resources? Dial 211
- National Suicide Prevention Lifeline 24/7, free and confidential 1-800-273-8255
- The Disaster Distress Helpline Dedicated to providing immediate crisis counseling for people who are experiencing emotional distress do to disaster 1-800-985-5990

RESOURCES FOR MEDITATION, BREATHING, SKILL BUILDING FOR MENTAL WELLNESS
- Anonymous Behavioral Health Screenings
- Headspace Meditation Resource
- Mental Health America Anxiety Test
- Calm Meditation Resource
- Man Therapy
- Now Matters Now: provides skills and support for coping with suicidal thoughts.
- NH livestream worship & prayer groups
- For children: I am yoga
  I am peace
  Little twisteryoga & emotional wellness

FOR FIRST RESPONDERS
- CDC Managing Stress and Anxiety
- CDC Taking Care of Yourself
- SAMHSA Resource Portal

FOR PARENTS OR CAREGIVERS
- CDC Managing Stress and Anxiety during COVID-19 for parents
- Tips for Talking to Children about COVID-19

FOR PEOPLE IN RECOVERY
- Being in Recovery from SUD during COVID
- Online AA meeting list (attend from home)
- Alcoholics Anonymous update
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WHEN THE WORST HAPPENS:

Experiencing Loss in Isolation

Dealing with loss is difficult under normal circumstances, but if it happens when we are unable to access our normal sources of support it can feel even more unbearable. Let's look at some of the ways in which responding to loss is complicated when it's hard to use our usual coping skills and see if we can't figure out some alternate ways of coping.

Getting Together With Friends

Loss of any kind—whether it's a loss related to death or a more intangible loss like losing a dream or an opportunity—can make us feel very alone. We often judge our reactions in comparison to those of our friends so we can gauge if the way we're reacting is 'normal.' When we can't be with friends, the comfort that comes from sharing and comparing grief is missing. Online connections may seem like a poor substitute—virtual hugs aren't nearly as consoling as in person ones are!—but they are a way to share feelings and reactions. A few things to remember about using online communication, especially when the loss is related to death:

- It's a human tendency to want to know all the details about how someone died. It's also a human tendency to fill in the gaps of real, verifiable information with gossip and rumors. Be careful and be skeptical about the things you may read or hear about the death. Accept the fact that you may never know what really happened—your knowledge may be limited to the fact that this person you knew is now dead.
- Even if you don't know the details, however, you'll still have feelings about what's happened and, at the end of the day, sharing feelings is the best way to feel supported and connected to others.
- It's also helpful to focus on what you'll miss about the person who died in an honest, thoughtful way. Sometimes people become more important in death than they were in life. Or, if the death was sudden, the shock can lead us to almost turn the person into a rock star. Often, you'll see this happen as time goes by, we wind up forgetting about a person's faults and focusing more on who we imagined them to be than on who they really were.

Visiting With The Family Of The Deceased

Most of us get comfort from simply 'being there' for the family of someone who dies. Just showing up is a way to communicate without words that we support them in their loss and join them in missing the person who has died. When we can't visit, there is no easy replacement for this. A different way to be supportive, however, is to write to them and share one of your memories about the person who died. Chances are, you will have had experiences with the person who died that their family doesn't know about. By writing about one of these, you do something we call 'gifting the family with memories'. You are sharing a story that will often become part of the family's personal remembrances. Or, maybe instead, you write a song, or draw, or put together some pictures. It's harder than simply stopping by to visit the family, because you really are sharing some of your grief, but in the long run, it can be helpful for you as well as them.

Finding Support

Sometimes when we lose someone close, it can make us think of our own death. If you or a friend is having thoughts of wanting to die, you must reach out for help immediately. Please utilize the following free an anonymous 24-hour hotline numbers. You are not alone.

CRISIS TEXT LINE
Text HELLO to 741741
Press 24/7, Confidential

Society for the Prevention of Teen Suicide, Inc. | www.sptsusa.org
110 West Main Street, Freehold, NJ 07728 | info@sptsusa.org | (732) 410-7900
Recognize the Warning Signs for Suicide to Save Lives!

Sometimes it can be difficult to tell warning signs from “normal” behavior, especially in adolescents. Ask yourself, Is the behavior I am seeing very different for this particular person? Also, recognize that sometimes those who are depressed can appear angry, irritable, and/or hostile in addition to withdrawn and quiet. Take action if you see any of the following warning signs:

- Talking about or threatening to hurt or kill oneself
- Seeking firearms, drugs, or other lethal means for killing oneself
- Talking or writing about death, dying, or suicide
- Direct Statements or Less Direct Statements of Suicidal Intent (Examples: “I’m just going to end it all” or “Everything would be easier if I wasn’t around.”)
- Feeling hopeless
- Feeling rage or uncontrollable anger or seeking revenge
- Feeling trapped - like there’s no way out
- Dramatic mood changes
- Seeing no reason for living or having no sense of purpose in life
- Acting reckless or engaging in risky activities
- Increasing alcohol or drug use
- Withdrawing from friends, family, and society
- Feeling anxious or agitated
- Being unable to sleep, or sleeping all the time

For a more complete list of warning signs and more information on suicide prevention, please consult the Connect website at http://www.thecommnecprogram.org and click on Understanding Suicide.

If you see warning signs and/or are otherwise worried that this person:

**Connect with Your Loved One, Connect Them to Help**

1) Ask directly about their suicidal feelings. Talking about suicide is the first step to preventing suicide!
2) Let them know you care.
3) Keep them away from anything that may cause harm such as guns, pills, ropes, knives, vehicles
4) Stay with them (eyes on at all times) and get a professional involved.
5) Offer a message of hope - Let them know you will assist them in getting help.
6) Connect them with help:
   - National Suicide Lifeline (24/7) 1-800-273-TALK (8255) (press “1” for veterans)
   - Crisis Text Line: 741741
   - Your local community mental health center or emergency department
   - For an emergency, dial 911.

For more information about suicide prevention training and resources in NH:

www.thecommnecprogram.org
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Home Safety Guidance From the Co-Chairs of the NH Youth Suicide Prevention Assembly For Citizens, Families and Providers:

The Covid-19 pandemic has created many new challenges for individuals, families and businesses. Individuals and families are facing increased stressors as a result of limited access to previously used supports, increased anxiety about the pandemic and the uncertainly of how long it will last.

Individuals of all ages may be at increased risk of harm to themselves or others because of lack of supports, possible increased unsupervised time at home. This is some general guidance as a reminder of general home safety for all times, but especially during these times of increased stress and isolation.

Many of us already engage in home safety steps: smoke and carbon monoxide detectors, pool safety steps, posting emergency numbers, home alarms or motion detectors, etc... Steps to increase safety before and during a suicidal crisis follow these measures. Now is an important time to be diligent about reducing the risk of accidental or intentional injury in the home.

“Putting time and distance between a lethal means and an at risk person” is a reminder that when a person is feeling suicidal, the feeling is generally temporary and efforts to have a lethal means less available can increase safety during that “at risk” period until a more in-depth safety plan can be developed. Lethal means can include, but are not limited to, firearm discharge, medication, or substance access. Families and caregivers are urged to ensure that any of these items are properly secured, or even removed from the home if there is concern about someone’s risk.

Signs that a person may be at risk of harm include, but are not limited to: change in mood, increased substance use, major life changes (alone, or in combination with Covid-19 changes), changes in behaviors (more withdrawn, for example) and/or feeling of hopelessness, gloom about the future, etc.. If you are concerned about someone: let them know you care; remove access to lethal means; stay visually and emotionally connected with them, and seek help immediately.

Help is effective and is available 24/7. The National Suicide Prevention Lifeline can be reached at 1-800-273-8255 (TALK), or text “home” to 741741. The State of New Hampshire also has Community Mental Health Centers that can provide help during this time or answer any questions: https://www.dhhs.nh.gov/dcbs/bbh/centers.htm

Do not hesitate to contact the YSPA Co-Chairs if we can help to support you and your community during these challenging times:

Elizabeth Fenner-Lukaitis: Elizabeth.Fenner-Lukaitis@dhhs.nh.gov

Elaine de Mello: edemello@naminh.org

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Margaret Lougee: mlougee@bownh.gov
A soft reminder as we enter a new week:

We (all of us) are currently going through a collective traumatic experience. Trauma is often thought of as "too much, too fast"… which is exactly what’s happening. Of course you’re exhausted. Of course you’re afraid. Of course you’re overwhelmed. Of course you’re clinging to certainty in the midst of so much unknown. Of course you aren’t as productive, feeling foggy, or wondering how you can possibly go through so many waves of emotions all in the same day. This all makes so much sense in the context of our circumstances. Be gentle with yourself. Have compassion for your process. Give yourself grace. You are good, no matter how you are managing this completely new experience.

Lisa Olivera