

Q. What is the state of schools right now with depression and suicide? There is talk of both going up with COVID right now.

A. Different kids are handling this differently. The anxious kids are doing better with the lockdown and isolation because during pre-COVID times they were at higher risk because they have had less stress. When COVID hit, the other kids who were higher functioning without the levels of anxiety and depression pre-COVID are more at risk (e.g. those who are outgoing, more social, getting their seasons cancelled with school activities). All of the same signs we are taught to look for are still the key indicators of a problem, but now the type of kid changes. All the symptoms – helplessness, withdrawal, poor sleep, poor grades – are all still important. You need to broaden to all students – any sudden changes are indicators and red flags to be ware of.

Suicidal ideations and general thoughts of not wanting to be alive are increasing. That's the trend right now. What does that mean for all of us? There are enough risk factors right now to ask the question in your role as a school nurse. Try to read the mood of your students – anchor from 1-10 – and give the opportunity for students to have the space to answer honestly and not shy away from the reality of where they are. Ask your administrators what the process is if someone tells you they are suicidal or struggling. It is OK to ask the question. On the safety plan app we talked about (the plus sign one) you can pull the app up on your phone and go through it with students and talk about the warning signs, coping strategies, reasons they have to live, and whether they want to be alive. You can find trainings on this.

Q. How do school nurses and other staff take this information to parents? If a school nurse is going to a parent and saying they are in concerned about the student, what if the parent is in denial or doesn't want to hear it? What tips do you have?

A. We are all subject to mandatory reporting. For the most part, parents have been pretty accepting (from the expert's role as a psychologist). If you let your families know you are doing screeners in your office, it may be better received when you have to give this information to a specific parent. The more you practice, the better you get at sharing this type of information.

Be direct, don't try to sugar coat it but also don't try to raise alarm. Using screeners with provide objective data for the parents. Coming prepared with a plan of recommendation is helpful (e.g. talking to a school psychologist). Also have a potential plan for the school day. Parents might be resistant to counseling outside of school but OK with the student getting help in school. Keep the parents informed of what is or isn't working is helpful too. Be upfront, stay brief and informative. In-person contact is preferred when possible although that may be hard with COVID – even outside after school is good.

Rely on community resources that are available too. If the child has a plan or knows what they might do to harm themselves, it might be time to go to the hospital. Know who the community provider is, what resources you have where you live. Some schools have psychologists in their building. Partner with someone in your community if possible.

Q. You talked about information sheets for nurses to share with students. What about videos for students to watch?

A. The National Association of School Psychologists (NASP) has a lot of videos. Other online associations have a lot of online resources as well including Children's. Child Mind is a great resource as well with a workbook for students to fill out. Another option is asking professional organizations or hospitals in your area to create for you if you can't find what you need. Look at national organizations for resources; it can be overwhelming to find what you need. Share resources with others if you can.

Q. Mike Moody with Wakefield Public Schools said in the comments, "We've put together a mental health team. Our goal is to make mental health an integral part of the school system and we plan to provide supports to students, staff and the families".

A. Mike – Even before the pandemic, Wakefield recognized mental health is an integral part of everyone's lives. They looked at social emotional learning (SEL) and partnered with Panorama to help the district. They also partnered with a local counseling agency and put together a mental health team in the district to help staff members work with students – noticing new behaviors, processing through changes.

Q. Can Mike share the resource list he discussed so we don't have to reinvent the wheel?

A. Yes – will share out when available.

Q. What is the best one sentence line to say to a teenager who is struggling?

A. I hear you and I am here with you and for you. Validation and connection is key. Sometimes it is not even saying anything but sitting with the student. If they are emotional and crying, be OK feeling uncomfortable with them. Share the moment. If you don't have anything to say, don't force it. Just be there with them.