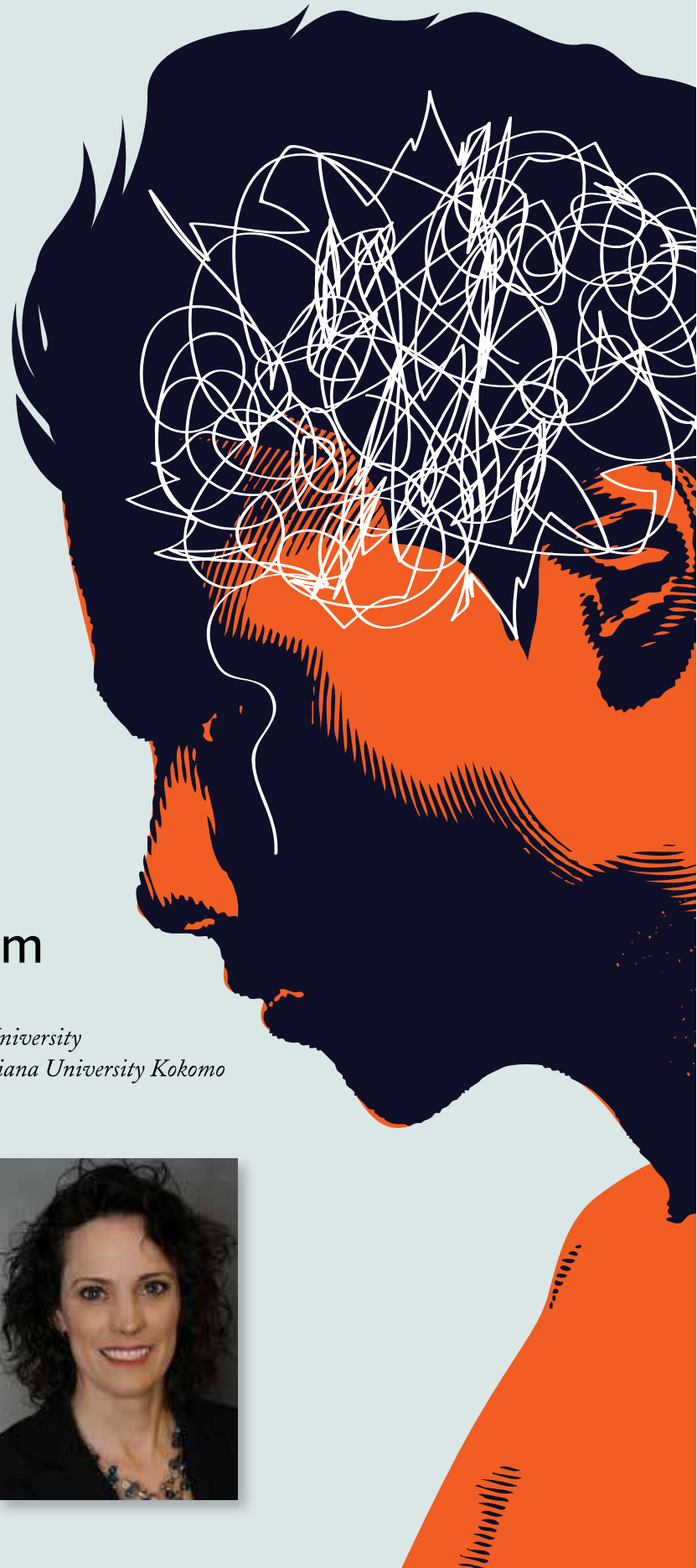


# When School Safety, Behavioral and Mental Health Issues Intersect:

## Implications for the School Board-Superintendent Team

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**A**s school board–superintendent teams consider the policy and resource implications for school safety as well as addressing behavioral and mental health issues, each can be a daunting proposition in and of itself. However, by considering the intersections of school safety and behavioral mental health, many comprehensive efficiencies can be gained. Another way of envisioning this intersection is to imagine an issue in your district that rises to the level of crisis such as an active shooter. When envisioning next steps for a prepared crisis response, concern first turns to the physical safety of your students/faculty/staff as well as their psychological safety (e.g., minimizing fear, stress, distrust, anxiety, and trauma). This intersection can serve to inform district level school safety planning, resource commitments and policy development. First, a brief terminology overview is needed.

When considering school safety, the focal point quickly becomes the shocking factors that crises garner and exemplify through a persistently lengthy media presence such as the shooting at Marjory Stoneman Douglas High School in Parkland, Florida, or the gang-related violence in Central Islip/Brentwood, New York. Across Indiana, while many school leaders are frequently faced with safety issues including student hunger, living in conditions of poverty, violence, drug usage, suicide, and addictions, the December 2018 Richmond shooting and the May 2018 Noblesville shooting serve as a staunch reminder that no school is immune from the potential of such crises. These realities underscore the importance of a school safety focus at the district level by ensuring appropriate policies are codified and sufficient resources are available, including human service personnel (e.g., counselors, psychologists, and social workers).

Behavioral mental health may not be as common of a phrase in school board–superintendent team discussions as school

safety. Behavioral mental health grew out of the mental health field as a more inclusive term that focuses on behaviors connected to representative mental health issues such as depression, anxiety, substance abuse, addictions, abuse (Sandler, 2009). In other words, focusing solely on one’s behavior as an intentional act may overlook the underlying social-emotional and mental health contributions.

When considering school safety and behavioral mental health together through a policy and resource lens, robust yet efficient means to “create and sustain safe, supportive learning environments can occur” (National Association of School Psychologists [NASP], 2018, para. 1). With terminology defined, a final assumption about the stage of school safety and behavioral mental health needs consideration and focus. Building policy and resource capacity is best understood through three distinct stages: (1) preparation and prevention, (2) response, and (3) recovery (U.S. Department of Education [USDOE], 2007). For example, preparation and prevention might focus on the development and implementation of a safety and behavioral mental health plan including response team development. Another important element of this first stage is the development and implementation of curriculum and instructional practices that support mental and behavioral well-being. Response might focus on a balance “among prevention, intervention, and reaction” (Schonfeld, Lichtenstein, Pruett, & Speese-Linehan, 2002, p. 8) when a crisis or behavioral mental health issue is occurring. It is noteworthy that while in the response stage, physical and emotional safety is a first priority. The recovery stage generally focuses on efforts to restore safety and a supportive and successful learning environment (National Child Traumatic Stress Network, n.d.). Each stage is distinct and for the purposes of this article, our focus will be on the first stage of preparation and prevention.

## SAFETY AS A HOOSIER PRIORITY

In August 2018, Governor Holcomb issued the 2018 Indiana School Safety Recommendations. The School Safety working group who authored the report identified key focus areas to enhance school security and to “address gaps in areas that go beyond hardening our buildings and training to respond to incidents” (State of Indiana, 2018, p. 6). Included as well was a focus on mental health. “An increased emphasis on enhanced and expanded mental health services as well as the adoption of equipment and technology impacting school safety is needed” (State of Indiana, 2018, p. 6). As a final recommendation, the working group recommended better information sharing between the student-related stakeholder groups and the multiple agencies and groups that collect data on trends, threats and student behavior. The working group made 18 recommendations: six focused on improved mental health services, six focused on equipment, technology, tools and training, and six focused on policy or legislative changes. At the core of the mental health recommendations, the report noted that “Indiana lacks a robust, government-sponsored and endorsed mental health program” (State of Indiana, 2018, p. 10). Recognizing that schools and local agencies have developed and implemented resources and initiatives, the working group recommended that “FSSA [Indiana Family and Social Services Administration] be directed to lead a statewide mental health initiative with the goal of being a significant pillar of support for those schools in need of resources or guidance” (State of Indiana, 2018, p. 10-11). Of the 18 recommendations, those mental health related recommendations included:

1. Direct FSSA to identify and provide schools with a universal and effective mental health screening tool, which would evaluate a student on an individual basis and allow the school to take a personalized preventive action;
2. Direct FSSA to provide more training to educators on mental health risk factor recognition; direct schools to implement the mental health first aid program and report progress (via a shared report) to FSSA and the Indiana Department of Education (IDOE);
3. Require schools to provide a baseline of professional mental health support to students and families through community mental health centers or providers;
4. Direct FSSA to lead a statewide mental health programming initiative to provide supplemental, evidence-based, preventative programming to students in schools;

5. Endorse PsySTART as the preferred mental health emergency response model and train communities to use PsySTART in Emergencies; and
6. Implement and require the Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Surveillance System (YRBSS) as the singular risk behavior surveillance tool in Indiana high schools.

Within the above recommendations, the report outlines an expectation for processes in place for schools to utilize support teams composed of “administrators, counselors, psychologists, social workers, special education staff, and teachers regularly meet to implement a multi-tiered approach of providing support and services” (State of Indiana, 2018, p. 8). Further, schools would be expected to provide training to staff to manage mental health crises and to respond to mental health concerns such as mental illness, substance abuse and suicide. It is also worth noting that the report’s references to the CDC research indicating youth who experience negative or adverse childhood experiences (ACEs) are at greater risk to perpetrate violence on themselves or their peers. Tied to this research, the report noted that the CDC offers the YRBSS as a free student survey to be conducted in Indiana schools every 2 years yet few schools have taken advantage of this tool. The survey provides assessment data concerning bullying, harassment, bringing weapons to school or suicide attempts so that school can develop awareness and provide staff development to affect school culture.

The 2018 School Safety Report has recommended “[a] sustainable fiscal approach to the funding of the Secure School Fund [as] critical in order to implement several of the recommendations included in this report in addition to maintaining the level of support afforded to school through the fund in FY19” (State of Indiana, 2018, p. 19). The report recommends funding for school safety grants to be nearly doubled from the available funding in 2018; however this funding is restricted to employment of School Resource Officers (SROs), equipment purchases, to conduct threat assessments, and purchase technology for use of restricting access to property or expediting notifications to law enforcement or first responders. The report also recommended developing a tiered approach to funding based on district size and/or revising the match requirements since many schools are unable to apply for funding due to the inability to meet the matching funds requirement.

## SCHOOL SAFETY AND MULTI-TIERED SYSTEM OF SUPPORTS (MTSS)

Building on Indiana's array of school safety emphases, an emerging body of evidence suggests the most effective way to support school safety and student well-being is through implementation of a schoolwide multi-tiered system of supports (MTSS, NASP, 2013). MTSS encompasses (a) prevention and wellness promotion; (b) universal screening for academic, behavioral, and emotional barriers to learning; (c) implementation of evidence-based interventions that increase in intensity as needed; (d) monitoring of ongoing student progress in response to implemented interventions; and (e) engagement in systematic data-based decision making about services needed for students based on specific outcomes (NASP, 2013).

Key to the topic of school safety is social-emotional learning (SEL) which refers to the knowledge, attitudes, and skills that children and adults develop and apply to understand and manage emotions, set personal goals, feel and show empathy, create and maintain positive relationships with others, and make responsible decisions (Collaborative for Academic, Social, and Emotional Learning [CASEL], 2018). SEL competencies can be taught through explicit instruction using evidence-based SEL curriculum and by being integrated into academic curriculum and instruction. Classroom and school climates that emphasize relationships among teachers and students, foster conflict resolution and self-regulation, and use positive disciplinary approaches also promote the development of SEL skills. The Indiana Department of Education's soon to be released (i.e., as of this publication's December 14, 2018 submission deadline) SEL competencies will be helpful to schools seeking to take a preventive and proactive approach to school safety. Meta-analyses demonstrate (Taylor, Oberle, Durlak, & Weissberg, 2017) that K-12 students provided with SEL instruction and intervention "fare significantly better than controls in social-emotional skills, attitudes, and indicators or well-being" (p. 1156) regardless of students' race, socioeconomic background, or school location. SEL as part of core instruction, or Tier One, both promotes resilience and the development of skills that can be used when challenging or traumatic experiences occur.

Universal mental health screening is recommended as a way to both prevent and ameliorate emotional and behavioral challenges in children and youth (Juechter, Dever, & Kamphaus, 2012). This core component of MTSS involves actively screening all students using specific instruments (e.g., rating scales) to determine which students may be at risk for social-emotional and/or mental

health concerns so that early supports and interventions can be implemented and monitored for effectiveness (Dvorksy, Giron-Herrera, & Owens, 2014; Lane, Menzies, Oakes, & Kalberg, 2012). A recent survey of Indiana school principals indicates that few schools conduct universal mental health screenings although approximately 75% of the respondents indicated an interest in beginning to do so (Wood, 2018). Many schools use office discipline referrals to indicate which students are at risk and in need of intervention services (Bruhn et al., 2014). Unfortunately, this type of data is limited in that it is reactive and focused on externalizing, or visible, behaviors; conversely, internalizing concerns such as depression and anxiety may be overlooked (Walker, Cheney, Stage, & Blum, 2005). Wood (2018) recommended increased awareness regarding free, diagnostically reliable mental health screeners that are available for use in schools. Schools' use of valid and reliable data is essential since universal screeners, needs assessments, diagnostic assessments, threat assessments, and other forms of evidence inform the selection and use of evidence-based practices to meet the social-emotional and mental health needs of their students and foster safe and supportive school environments.

## LEGAL IMPLICATIONS

The contextual legal framework provides an important perspective on school safety and behavioral mental health issues. However, the development of Indiana Code, agency directives, case law, and other forms of legal guidance are often responsive to important issues facing schools statewide. As such, when thinking of the three stages of (1) preparation and prevention, (2) response, and (3) recovery (USDOE, 2007), the legal lens often focuses on the end of stage one, and more so on stages two and three.

Various Indiana Codes and memoranda help frame school and district parameters when considering student safety and mental health issues. Under Indiana Code, "a superintendent or school leader may exclude or excuse a student found mentally or physically unfit for school attendance. An exclusion or excuse under this section is valid only for the school year during which it is issued and shall not violate a student's right to a free and appropriate public education under federal law" (IC 20-33-2-46(a)). The IDOE clarified in a December 1, 2014 Memorandum, that "When a school responds to a student who has mental health issues, the school should work with their school counselors, school psychologists and school social workers who have training to make an initial assessment. If the initial assessment indicates that



the student is in need of comprehensive mental health services, the school should communicate with the parent about options for a mental health evaluation” (Emphasis added.). It is only after this school based initial assessment that a school can exclude a student from school pending further follow up with a mental health provider. The IDOE Memorandum further clarified that “Student assistance services shall include, but are not limited to, the following: Referral, which includes: (A) implementing policies and procedures for referring students and families to student assistance services and to community agencies for intensive counseling or other specialized services not available from the school; (B) disseminating a directory of community services and resources; and (C) creating a system to monitor referrals to ensure that students and families receive services in a timely and appropriate manner” (511 IAC 4-1.5-5(c)(4)). Lastly, the IDOE Memorandum provided that: “The school may not refuse to provide educational services pending a psychiatric evaluation. If the school believes the student is a danger to himself or others, the school may determine the child should be educated in an alternative setting. The school’s determination that a student is in need of a suicide evaluation or mental health assessment is not grounds for a suspension or expulsion, which are the only reasons a child can be excluded from education following due process. In addition, if a school requires any evaluation pending the right to return to school, the evaluation would be at the expense of the school.” Further restrictions include “a physician, psychologist, or psychiatrist [who] certifies that a student is fit for school attendance, [then] the superintendent or school leader may not exclude or excuse that student” (IC 20-33-2-46 (c)). Considering these legal perspectives, any policy and other protocols such as guidelines intended to protect students from harm, including suicide, should be included in the district Crisis Intervention Plan (511 IAC 4-1.5-7). Ultimately nothing prohibits student discipline pursuant to any legal authority (IC 20-33-8, IC 20-33-2-46(c)).

### **POLICY AND RESOURCE ALIGNMENT**

Research suggests district needs vary greatly and no one-size-fits-all approach exists to addressing resource and policy needs at the district level (NASP, 2018). Informed policy and strategic resource investment regarding safety and mental health is rooted in strong relationships - relationships that are data-driven, collaborative, and involve multiple school-community stakeholders (e.g., students, faculty, staff, parents, and agency

perspectives). The following representative policy considerations may inform school board-superintendent team discussions:

- ▶ **Establish a safety and mental health cabinet (i.e., district leadership team) to inform policy development and advise building-level teams.** Committee composition includes key building and district employees. Among these key employees should be mental health professionals and law enforcement personnel. The emphasis on mental health and law enforcement personnel that are employed by the district is that they bring a preparation and prevention perspective to the cabinet by virtue of their day-to-day relationship with the district. Others not employed with the district will have an important role within safety planning, but their role and those of the agencies they represent are generally associated with the response and recovery phases (i.e., essential supports during and after crises occur).
- ▶ **Develop and implement discipline policies that minimize punitive outcomes such as suspension and expulsion.** These types of discipline approaches are often tied to restorative justice perspectives (more at <https://www.umojacorporation.org/our-approach/restorative-justice/>), positive behavioral intervention supports (more at <https://www.pbis.org/school/swpbis-for-beginners/pbis-faqs>). Both approaches are often tied together (more at <https://www.strongnation.org/articles/411-restorative-justice-and-positive-behavior-intervention-support>). The School City of Hammond’s student code of conduct is a prime example of integrating restorative practices with behavior intervention supports (see p. 36 at [http://www.hammond.k12.in.us/UserFiles/Servers/Server\\_43216/File/StudentParentGuide2018-19.pdf](http://www.hammond.k12.in.us/UserFiles/Servers/Server_43216/File/StudentParentGuide2018-19.pdf))
- ▶ **Minimize the involvement of SROs in disciplinary matters.** Over-reliance can encourage a school-to-prison pipeline. Memorandums of understanding can clarify the role of SROs in discipline situations.
- ▶ **Consider school climate and safety in district strategic plans.**
- ▶ **Develop and implement policy or guidelines for reporting (including anonymous reporting) threats or concerns.** Development and implementation should consider all school-community stakeholders (e.g., students, faculty, staff, and parents).
- ▶ **Develop a team-based threat assessment protocol, which is a successful violence prevention strategy for early intervention** (more at <https://www.nasponline.org/resources-and-publications/resources/school-safety-and-crisis/threat-assessment-at-school/threat-assessment-for-school-administrators-and-crisis-teams>).
- ▶ **Separate from threat assessment, suicide risk assessment policy or guidelines should also be considered,** which is best accomplished by a trained mental health professional. (Adapted from NASP, 2018).

The school board-superintendent team should consider

various funding opportunities to address safety, behavior, and mental health issues. Competitive grants may be an option such as the Secured Safety Grant Program (more at <https://www.in.gov/dhs/securedschoolsafety.htm>) through Indiana Department of Homeland Security, or the Safe Haven Grants through the Indiana Criminal Justice Institute (more at <https://www.in.gov/cji/2390.htm>). The Every Student Succeeds Act also provides select funding opportunities as well:

- ▶ **Title I** may be used for school-wide programs to improve student outcomes through human service professional supports (e.g., counseling or school-based mental health support).
- ▶ **Title II** allows for professional development focused on school safety and behavioral and mental health student referrals.
- ▶ **Title IV** supports the implementation of behavioral and mental health delivery systems, trauma-informed practices, violence prevention, professional development regarding at-risk students, and supports for the development of positive discipline practices that minimize suspension and expulsion.

Other local, state, and federal funds may be available through simple keyword searching through the internet using keywords such as “school safety grants in Indiana” or “mental health and wellness grants in Indiana.”

## CONCLUSION

There is much to consider when addressing school safety and mental health from a policy and resource perspective. Investments in prevention and preparation can yield many long-term benefits for districts and its stakeholders. The December 13, 2018 shooting in Richmond Community Schools serves as a positive and urgent reminder for prevention and preparation investments to minimize, contain and further prevent deadly school threats. An important outcome of this tragic incident was noted in an Indiana State Police statement: “It is important to emphasize that due to the result of advance notification of the potential for a violent act at the school, the school had initiated their lockdown procedure, which clearly prevented injury to students and faculty even though the suspect was able to enter the school” (as cited in Emery & Truitt, 2018).

We hope this article stimulates conversations about essential supports to begin a systematic review of district safety and mental health capacity-building toward identifying need areas. Need areas can vary from appropriate curriculum, to district-level cabinet advisors. However, if current plans are needing more emphasis on social-emotional learning and lacks addressing psychological safety, a comprehensive needs assessment might prove useful. More may be found on conducting a needs assessment at <https://www.nasponline.org/standards-and-certification/nasp-practice-model/nasp-practice-model-implementation-guide/section-ii-nasp-practice-model-implementation-and-service-delivery/assessing-school-level-and-district-level-needs>. 🗨️

## REFERENCES

- Bruhn, A. L., Lane, K. L., & Hirsch, S. E. (2013). A review of tier 2 interventions conducted within multi-tiered models of prevention. *Journal of Emotional and Behavioral Disorders*, 22(3), 171-189.
- Collaborative for Academic, Social, and Emotional Learning (CASEL) (2018). What is social-emotional learning? Retrieved from <https://casel.org/what-is-sel/>
- Dvorsky, M., Giron-Herrera, E., & Owens, J. S. (2014). School-based screening for mental health in early childhood. In M. Weist (Ed.) *Handbook of School Mental Health* (pp. 297-310). New York, NY: Springer.
- Emery, M. & Truitt, J. (2018). RPD: Teen suspect took his own life after firing at officers. Pal Item. Retrieved from <https://www.pal-item.com/story/news/local/2018/12/13/report-shots-fired-dennis-intermediate-school/2298678002/>
- State of Indiana (2018). 2018 Indiana School Safety Recommendations. Retrieved from <https://www.in.gov/dhs/files/2018-Indiana-School-Safety-Recommendations.pdf>
- Lane, K. L., Menzies, H. M., Oakes, W. P., & Kalberg, J. R. (2012). *Systematic screenings of behavior to support instruction: From preschool to high school*. New York, NY: Guilford Press.
- National Association of School Psychologists (2013). A Framework for safe and successful schools. Bethesda, MD: Author. Retrieved from [www.nasponline.org/safeschoolsframework](http://www.nasponline.org/safeschoolsframework)
- National Association of School Psychologists. (2018). A framework for safe and successful school: Considerations and action steps. Retrieved from <https://www.nasponline.org/resources-and-publications/resources/school-safety-and-crisis/a-framework-for-safe-and-successful-schools>
- National Child Traumatic Stress Network. (2011). Coping in hard times: Fact sheet for school staff. Retrieved from <https://www.nctsn.org/resources/coping-hard-times-fact-sheet-school-staff> on December 6, 2018.
- Sandler, E. (2009). Behavioral health versus mental health. *Psychology Today*. Retrieved from <https://www.psychologytoday.com/us/blog/promoting-hope-preventing-suicide/200910/behavioral-health-versus-mental-health> on December 6, 2018
- Schonfeld, D. J., Lichtenstein, R., Pruetz, M. K., & Speese-Linehan, D. (2002). *How to prepare for and respond to a crisis (2nd ed.)*. Alexandria, VA: Association for Supervision and Curriculum Development.
- Taylor, R. D., Oberle, E., Durlak, J. A., Weissberg R. P. (2017). Promoting positive youth development through school-based social and emotional learning interventions: A meta-analysis of follow-up effects. *Child Development*, 88(4), 1156-1171.
- U.S. Department of Education. (2007). Practical information on crisis planning: A guide for schools and communities. Retrieved from <https://rems.ed.gov/docs/PracticalInformationonCrisisPlanning.pdf> on December 6, 2018.
- Walker, B., Cheney, D., Stage, S., & Blum, C. (2005). School-wide screening and positive behavior supports: Identifying and supporting students at risk for school failure. *Journal of Positive Behavior Interventions*, 7, 194-204.
- Wood, B. J. (2018). Universal Mental Health Screening Practices in Indiana Schools. Presentation at the Annual Conference of the Indiana Association of School Psychologists, Indianapolis IN.