



## MENTAL HEALTH RETURN TO LEARN SAFETY NET

### SUMMARY:

Mental health crises and trauma leading up to youth suicide attempts and completions are serious problems in Virginia. Schools are instrumental in helping students seamlessly transition back to school after a mental-health related illness. The Virginia Department of Education in collaboration with agencies serving youth urgently needs to update policies, procedures, and protocols to reflect current national and state research. This resolution represents a first step to address the critical needs of students who have been treated by licensed mental, medical and behavioral health practitioners and are ready to “return to learn.” We seek to support the formulation and distribution of policies, procedures and protocols to save student lives. It is envisioned that the state can reduce tragedies as circumstances are tailored to at-risk student needs.

---

**WHEREAS**, suicide is a very serious problem for the youth of Virginia, as the second leading cause of death for ages 15-34 (after unintentional injury) and the third leading cause of death for ages 10-14. Virginia has a suicide rate of 12.65 per 100,000 population and three times as many people die from suicide as from homicide in Virginia. In addition to those who die by suicide every year, many more attempt suicide but do not die. For every suicide death, there are between 25 – 100 suicide attempts, including hospitalizations for a suicide attempt, emergency department visits for a suicide attempt, and attempts that do not result in hospitalizations or emergency department visits; and

**WHEREAS**, the mandate of schools is to provide educational programming in a safe learning environment, parents report that standard guidelines for school personnel to follow are non-existent and/or if they do exist, they are not communicated clearly and consistently within school districts; and

**WHEREAS**, some of the biggest problems faced by a child recovering and transitioning from a mental health illness are exacerbated by disconnects between school personnel, licensed mental health practitioners, district school administrators, and the students’ parents or legal guardians; and

**WHEREAS**, every effort should be made to apply recommendations from a student’s licensed mental health practitioner (such as a psychiatrist or psychologist), parents have reported that recommendations are not consistently considered when academic, socio-emotional, and/or behavioral interventions are developed at the classroom, school or district level; and

**WHEREAS**, many states require school districts to adopt policies and training related to preventing and responding to episodes indicative of mental illness, suicidal behaviors, or trauma. Virginia schools are not required to provide consistent training or track who attends it; and

**WHEREAS**, national data from 2015 shows that there is a relationship between low grades and serious contemplation of suicide- and also active shooter incidents; and

**WHEREAS**, peer groups and other programs that incentivize sharing and caring attitudes while attending school, on school grounds, and during school supported functions are powerful agents of change. These tools for creating awareness, support and self-help seeking behaviors have been proven helpful for those dealing with trauma or mental health issues;

## **THEREFORE, BE IT**

**RESOLVED**, that the Virginia PTA supports legislation requiring school divisions to have policies that grant students diagnosed with depression, anxiety, suicidal thoughts, or other mental illness a “Safety Net Meeting” at the Parent's request OR the Student's request which should include school personnel, parents or legal guardians, the student (if appropriate) and the student’s licensed mental health provider (or a written statement from the provider); and be it further

**RESOLVED**, that the Virginia PTA through its Districts, Councils, Local Units and Members, encourages school districts and boards to adopt formal "Safety Net Plans” that can be adhered to at the school level for the period of time recommended by the student’s licensed mental health provider and which provide baseline decision trees, processes, procedures and protocols that can be consistently established to pre-determine - at a minimum - a menu of classroom interventions and education accommodations given a set of circumstances, diagnosis or mental behavioral illness; and be it further

**RESOLVED** that the Virginia PTA through its Districts, Councils, Local Units and Members, encourages school districts and boards to develop clear, concise, and consistent policies that will serve as a baseline towards improvements in service levels and transition consistencies; support baseline quantifiable and qualify-able measures to track supports, and; support the continued education of school personnel as they seek to adapt to changing national, state, and local mental health, behavioral, and medical trends; and be it further

**RESOLVED**, that the Virginia PTA through its Districts, Councils, Local Units and Members, encourages development and sponsorship of programs, policies and peer support groups to create public awareness and provide a supportive educational environment for students dealing with a mental health illness as well as training for all school personnel.

January 2018, approved by General Membership