Youth Behavioral Health Crisis: School-Based De-Escalation & System Navigation

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Learning Objectives

By the end of the session, participants will be able to:

- Recognize and assess behavioral health crises in school settings
  - Identify early warning signs and distinguish between escalation, crisis, and emergency to guide timely response.
- Apply developmentally appropriate crisis management and de-escalation strategies
  - Use trauma-informed techniques to support students, promote safety, and stabilize situations.
- Engage resources and collaborate appropriately with necessary partners
  - Determine to collaborate with school staff, community crisis teams, emergency services when needed.

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The State of Children & Youth Behavioral Health at a Glance...

2025 Mental Health America ranked Washington 38th in the nation for youth mental health access indicating high prevalence of mental illness with low rates of access to care.

A review of national behavioral health data by the Center for Disease Control and Prevention (CDC) suggested that as many as 1 in 5 children and youth may experience a mental health disorder every year (Bitsko et al., 2024)

Recent Community Health Needs Assessments conducted by MultiCare and the Tacoma-Pierce County Health Department have reported that greater than one-fourth of Pierce County middle schoolers self-report depressive symptoms.

Nearly 60% of Washington adolescents report experiencing persistent anxiety and/or depression, 15% contemplating suicide (Washinton State Healthy Youth Survey 2023)

Children and youth of color, LQBTQIA+ children and youth, children living in rural areas, and children and youth with intellectual and/or developmental disabilities may be at increased risk of mental health concerns due to systemic racism, sexism, homophobia, and other types of oppression and marginalization (see the U.S. Surgeon General's 2021 Advisory on the Youth Mental Health Crisis)

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What is a Crisis?

Carelon Definition: A behavioral health crisis is any situation in which a person's behavior puts them at risk of hurting themselves or others and/or prevents them from being able to care for themselves or function effectively in the community; AND/OR a crisis is a disruption or breakdown in a person's/family's normal or usual pattern of functioning. A crisis cannot be resolved by a person's customary problem-solving resources/skills therefore requiring intervention at another level.

Signs:

- Emotional dysregulation
- Aggression
- Panic attacks
- Suicidal statements

Often triggered by

- Peer conflict
- Bullying
- Academic stress
- Trauma
- Home instability

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Considerations for Developmental Differences

Younger children → behavioral expression

Adolescents → verbalization, risk-taking, withdrawal

What can a behavioral crisis look like in the school setting?

- Frequent visits
- Somatic complaints (headaches, stomachaches)
- Shutdowns

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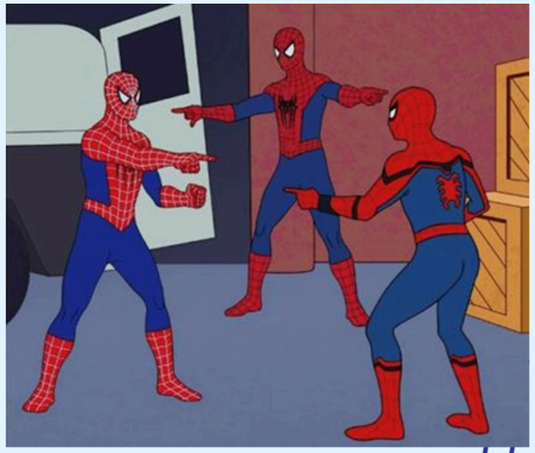
Developing a Coordinated Response

Prevention is truly the best treatment for mental health challenges

Behavioral health crises come in many forms, and most do not fit neatly into a categorical service box.

No single entity or system owns full responsibility for crises, and a single entity or system is not, on its own, sufficiently leveraged to address the multifactorial complexities necessary for a healthy system.

Current practice engages multiple stakeholders at many levels of leadership and various service lines and results in unclear communication and difficulty establishing a clear clinical/decision-making team. This negatively impacts patient/family experience, length of stay and degrades the ability of the clinical staff to establish an effective team process.



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Crisis Management

⚠️ Behavioral Health Crisis

- Expressing suicidal/homicidal ideations, including with plan and intent but without current access or attempt.
- Panic attacks
- Escalating defiance/aggression (no weapon or active harm)
- Self-injury like scratching or cutting without suicidal intent
- Sudden changes in behavior, sleep, appetite, etc.
- Refusal to attend school or activities
- Seeking help or disclosing distress

🚨 Behavioral Health Emergency

- Active Suicide Attempt (Ex: Taking pills, attempting to jump from something, putting something around neck)
- Physically assaulting others or self
- Running into traffic
- Making explicit threats with access to weapon
- Severe disorientation accompanied with dangerous behaviors
- Overdose
- Loss of consciousness

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Crisis Management Framework

A TRAUMA-INFORMED & CRISIS SUPPORT FRAMEWORK

Recognize / Respond / Stabilize / Refer

1. RECOGNIZE

Identify Signs of Distress

- Changes in mood (sadness, irritability, hopelessness)
- Withdrawal from activities
- Sleep or eating changes
- Out-of-character behavior
- Verbal clues about self-harm
- Unexplained injuries or poor hygiene

2. RESPOND

Offer Empathy & Active Listening

- Use active listening: pause, reflect, show understanding
- Ask open-ended questions
- Avoid minimizing or giving quick advice
- Offer hope and reassurance that help is available

3. STABILIZE

Ensure Safety & Reduce Risk

- Remove potential hazards
- Encourage safe spaces and routines
- Address acute symptoms
- Connect to crisis resources
- Avoid re-traumatization; ensure person feels safe

4. REFER

Connect to Ongoing Support

- Professional counseling or therapy
- Community mental health services
- Peer support groups
- Crisis hotlines
- Follow-up care and check-ins

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Behaviors

Considerations for Behavior - Things we cannot see:

- History or Past Traumatic Experiences
- Medical, Psychiatric or Neurological Conditions
- Learning Needs

Functions of Behavior

- Attention
- Escape
- Tangible
- Sensory

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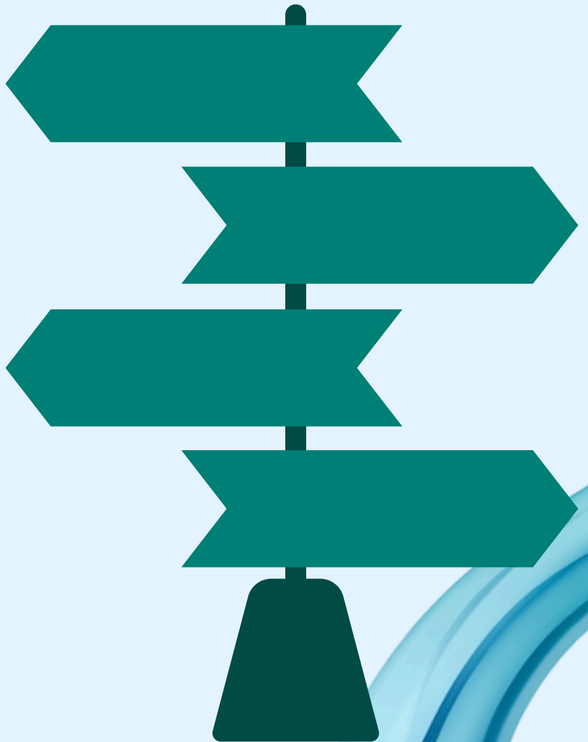

De-Escalation

VERBAL Techniques
- Use calm tone, short sentences
- Validate emotions (“I can see you're upset...”)
- Avoid confrontation or arguing facts

NON-VERBAL Techniques
- Maintain safe distance
- Open posture
- Avoid sudden movements

STRATEGIC APPROACHES
- Offer choices (“Would you like to sit or stand?”)
- Reduce stimuli (noise, lighting)
- Set limits respectfully

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The Role of the Adult Brain

Our Nervous Systems are Contagious

Students borrow:

- Our calm
- Our tone
- Our predictability
- Our regulation
- We regulate first so they can regulate next

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What makes School Settings Unique

- Peer dynamics (embarrassment, social pressure)
- Limited space/privacy
- Time pressure between classes

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Developmentally Appropriate Techniques

Elementary Students

- Get on their level physically
- Use simple language
- Offer comfort items (if appropriate)
- Use distraction or redirection

Middle/High School Students

- Respect autonomy
- Avoid power struggles
- Validate feelings without agreeing with behavior

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What to Avoid

- Public confrontation
- Dismissing feelings (“You’re fine”)
- Immediate discipline language during escalation
- Don’t threaten
- Don’t rush the student
- Don’t take behavior personally

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Case Study

Elementary Student Throwing Objects. Student escalates after being sent to the nurse for behaviors.

Focus:

- Safe Positioning
- De-Escalation Language
- When to call for additional support

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Case Study

Middle school student expressing suicidal thoughts - “I don’t want to be here anymore.”

Key Actions:

- Stay with the student - supervision
- Ask direct safety questions
- Activate school protocol immediately

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Key Take Aways

- Behavioral health crises often show up in the nurse's office first
- Understanding Behavioral Health Crisis versus Emergency
- Early recognition = prevention of escalation
- De-escalation should be age-appropriate and trauma-informed
- Safety and supervision are always the priority
- Strong collaboration improves outcomes for students

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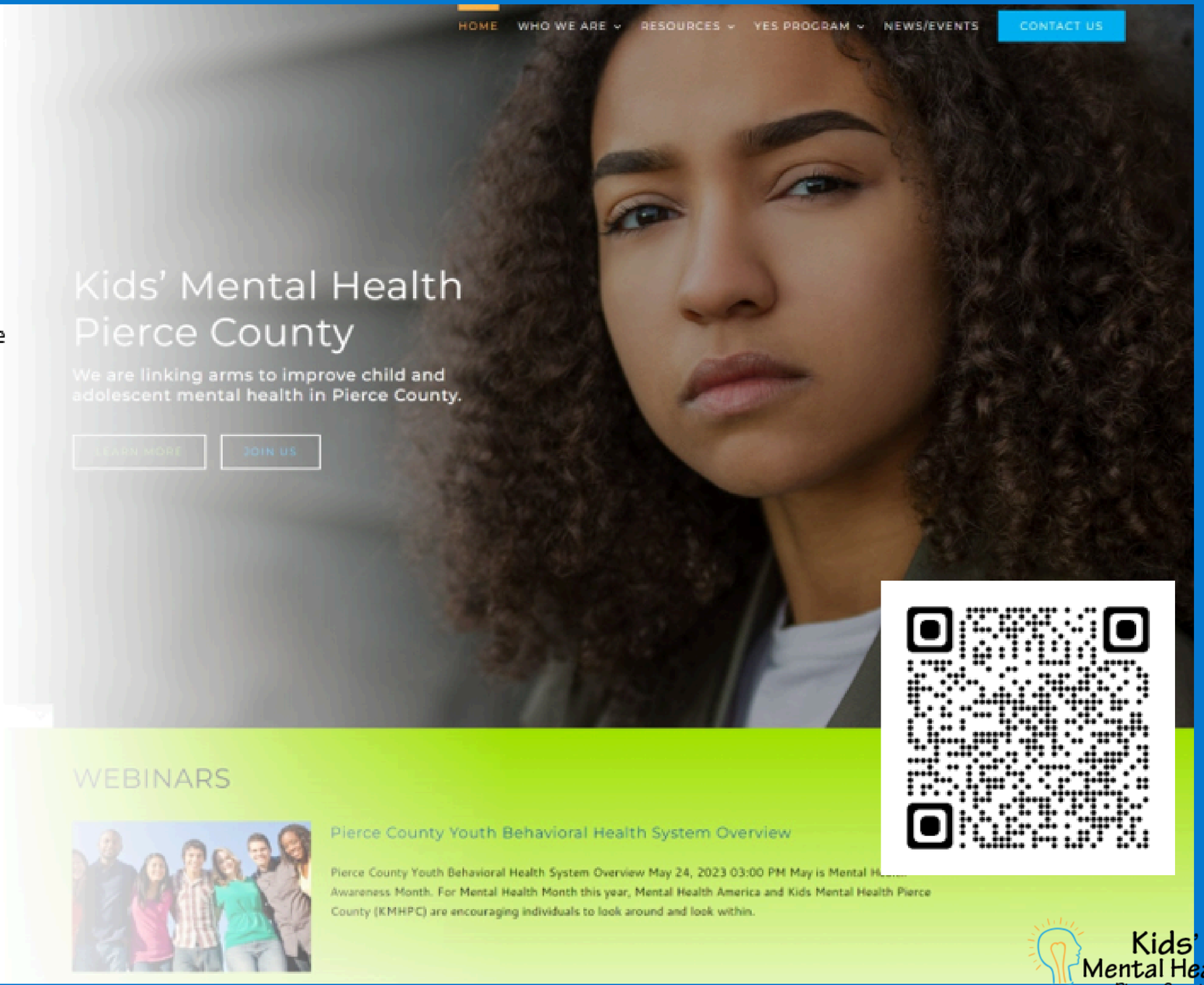
Regional Resource Hub

Kids' Mental Health Pierce County (KMHPC) serves as Pierce County's hub for comprehensive pediatric behavioral health information.

Available Resources:

- Crisis Services
- Intellectual and Developmental Disabilities Resources
- Parent Support
- Inpatient and Outpatient Mental Health Services for Youth and Families
- Substance Use Disorder
- Black, Indigenous & People of Color Mental Health Resources
- Find A Provider
- Community Multi-Disciplinary Team (MDT)
- Insurance



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Questions

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