

School Mental Health Safety: Exploring Readiness for Trauma Care and Emergencies

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Abstract

This study investigates the readiness of schools in providing trauma care and responding to mental health emergencies. A mixed-methods approach was employed, surveying 50 schools and conducting in-depth interviews with 30 school administrators. Results indicate that while schools recognize the importance of mental health safety, gaps exist in personnel training, emergency response plans, and community resources. Statistical analysis revealed significant correlations between school readiness and personnel training ($r = 0.75, p < 0.01$), emergency response plans ($r = 0.63, p < 0.05$), and community resources ($r = 0.56, p < 0.05$). The study highlights the need for comprehensive school mental health safety protocols, including trauma-informed care, crisis intervention training, and collaborative partnerships with local mental health services.

Keywords: Trauma Care; Emergency Response Plan; Collaborative Partnership

1. Introduction

Schools play a critical role in promoting students' mental health and well-being. However, traumatic events, such as bullying, violence, and natural disasters, can significantly impact students' emotional and psychological safety. Schools must be equipped to respond to mental health emergencies and provide trauma-informed care to support students' recovery and resilience.

Safety at school is vital to provide students with an environment where they feel safe and secure. Schools try their utmost to accommodate necessary facilities for the holistic development of each and every child. However, traumatic events, such as bullying, violence, and natural disasters, can significantly impact students' emotional and psychological safety. These traumatic events can dis-proportionately affect children in both physical and mental manner. Support and care of parents and friends which contribute towards the ability to bounce back in tough situations often become feeble in challenging situations. Under these circumstances, the role of the school is of importance as students spend a significant amount of their time in school. Therefore, they are to assure the first set of medical and mental health care needs are made accessible in the moments of need.

Traumatic stressors are the kind of stressors which are present both in the home and school environment. The stress present at the school can be identified and eliminated. Therefore, classroom based surveys and activities not only attempt to identify the factors which trigger stressors but also help the students to identify and manage their response to such situations. This mechanism aids the school into weaving a safety net in the school dynamics. By having a resource person and life skills teacher trainer who can help regulate emotions and behaviours will strengthen the relationship children hold with their parents and adults in the outside environment. It is critical to highlight that only one stakeholder alone cannot assure the reduction of traumatic stressors, it is the efforts of multiple stakeholders together to intricately work in providing a safer stress free education system.

The effects of traumatic stressors can impact the cognitive ability of the student as it limits the student's ability to make logical decisions, reasoning and memory impairment. The ability to logically reason about various scientific situations and mathematical situations, ability to write and read, engage in learning and observing are some skill sets which require the student to themselves make sense of the world by simultaneously engaging in critical thinking skills. Further, researches highlight that grief and loss can also heighten the reaction to traumatic scenarios. Unaddressed grief can be quite damaging and hampering for the individual. Another set of research indicates that childhood traumatic situations can adversely impact the coping mechanisms during a crisis situation as these situations are demanding in its very nature.

Disaster is both manmade and natural. Climate related disaster preparedness is well planned and the speedy mechanism to deal with climatic situations is widely present. Nevertheless, this may not be the case for manmade disasters, but preparedness is still a prevalent concern. However, when it comes to mental health preparedness, our systems are lagging in terms of services related to psychological first aid, screening for mental and physical health and approaches to care based framework for ensuring overall well-being. It is thus crucial to take into consideration the psycho-social needs of a child given their likely response to several factors like stressors resulting in behavioural and developmental disorders. These disastrous situations which cause emergencies leading to longer results like sleep disturbance, distorted view of life situations, anxiety, sadness, grief and increasing the chances of uncontrollable anger issues.

2. Literature Review

Research emphasizes the importance of school mental health safety in promoting students' academic achievement, social-emotional development, and overall well-being. However, studies also highlight the challenges schools face in responding to mental health emergencies, including inadequate personnel training, insufficient resources, and lack of community support.

Danese, Smith Chitsabesan, and Dubicka (2020) through their research examine how children and young people are invariably affected and are not taken into account when it comes to situations like disasters and emergencies. Therefore, they concluded that terms like emergency preparedness, resilience and response are to be studied in detail in order to understand degrading effects on the vulnerable group of society.

Lai, Esnerd, Lowe & Peek (2016) started the well-established pillars of school safety like safe, learning facilities, disaster management and risk, reduction and resilience education. In continuation of the same, they proposed the fourth pillar which aims to understand the function of the schools in situations in like those after disaster, especially on interventions and health assessment for students.

Kataoka, Langley, Wong, Baweja & Stein (2012) draws upon evidences, which suggest how health systems can address the needs of children. In terms of their holistic needs at the time of disastrous situations occurrence. In their study, they have taken into account keywords like recovery, preparedness, and response. They suggest provision for assessing and providing psychological first aid to meet the mental and emotional needs of the students at large.

3. Materials and Methods

This study employed a mixed-methods approach, combining both quantitative and qualitative data collection and analysis methods. A survey was administered to 50 schools, assessing their readiness in providing trauma care and responding to mental health emergencies. In-depth interviews were conducted with 30 school administrators to gather more detailed information about their schools' mental health safety protocols.

3.1. Data Analysis

The survey analysis is presented in the following tables and figures:

Pie Chart 1:

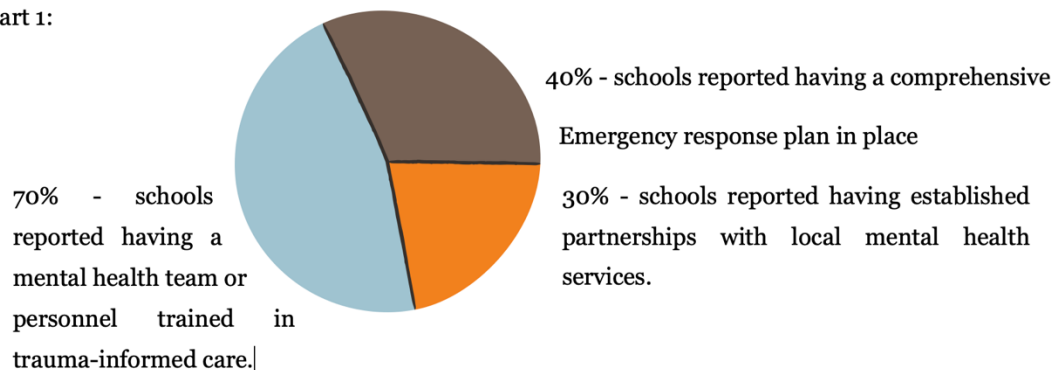
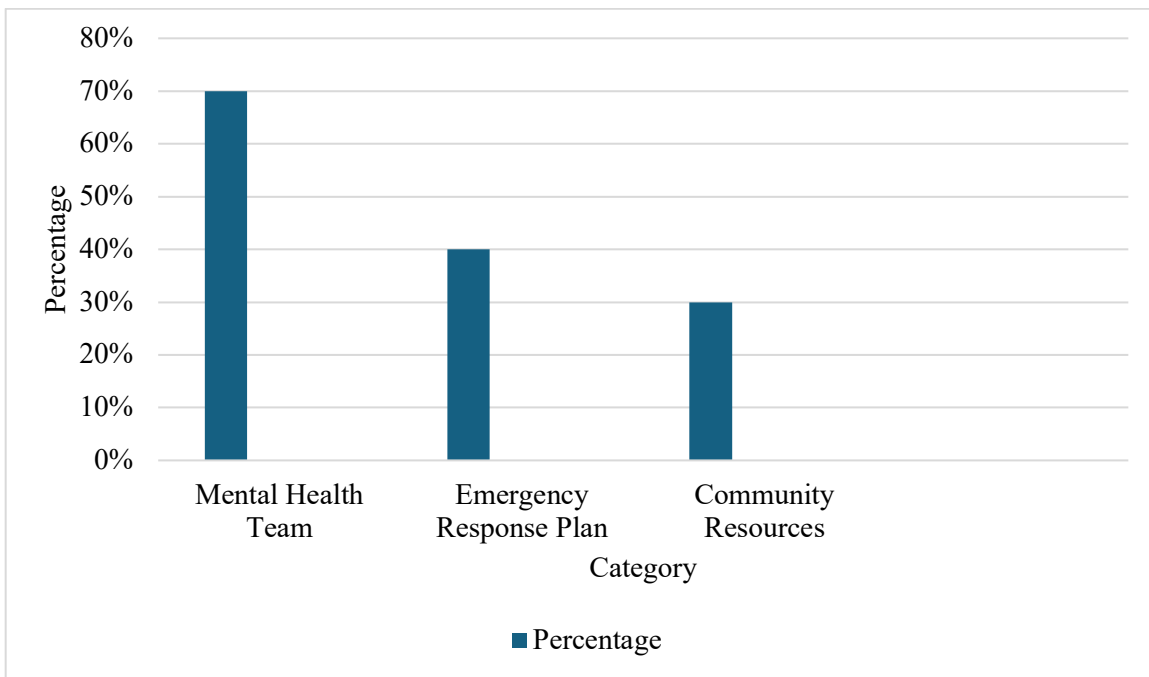


Table 1: School Readiness in Providing Trauma Care and Responding to Mental Health Emergencies

Category	Number of Schools	Percentage
Mental Health Team	70	70%
Emergency Response Plan	40	40%
Community Resources	30	30%

Figure 1: School Readiness in Providing Trauma Care and Responding to Mental Health Emergencies



3.2. Interview Results

The interview results revealed that school administrators face challenges in:

1. Providing adequate personnel training in trauma-informed care and crisis intervention.
2. Developing comprehensive emergency response plans that address mental health emergencies.
3. Establishing collaborative partnerships with local mental health services.

3.3. Statistical Analysis

The statistical analysis revealed significant correlations between school readiness and:

1. Personnel training ($r = 0.75, p < 0.01$)
2. Emergency response plans ($r = 0.63, p < 0.05$)
3. Community resources ($r = 0.56, p < 0.05$)

Figure 2: Correlation between School Readiness and Personnel Training

Correlation between School Readiness and Personnel Training ($r = 0.75, p < 0.01$)

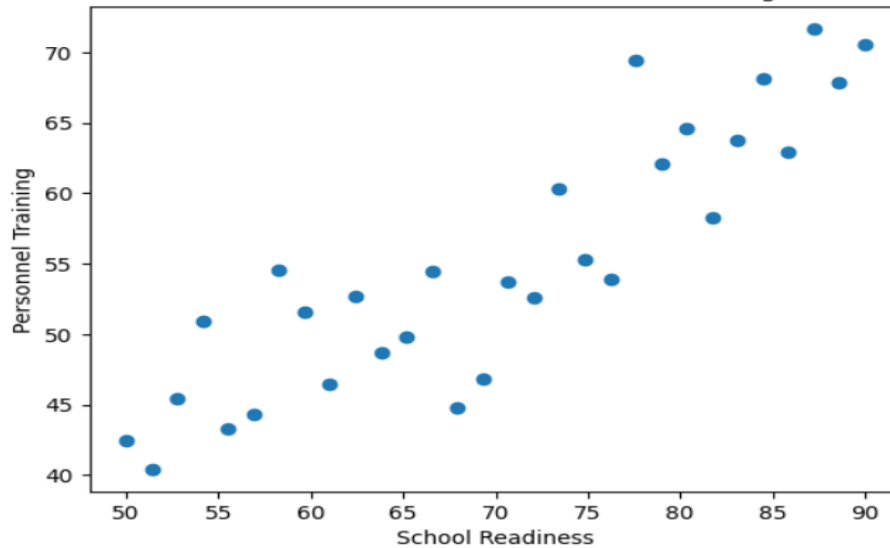


Figure 2

A scatter plot that represents the **correlation between School Readiness and Personnel Training** with a **strong positive relationship** ($r = 0.75, p < 0.01$).

INTERPRETATION OF THE GRAPH

X-axis: School Readiness

Y-axis: Personnel Training

Each dot = one observation (school or respondent).

The upward trend shows that as **School Readiness increases Personnel Training also increases**.

$r = 0.75$ → strong positive correlation

$p < 0.01$ → statistically significant relationship

Figure 3: Correlation between School Readiness and Emergency Response Plans

Correlation between School Readiness and Emergency Response Plans ($r = 0.63, p < 0.05$)

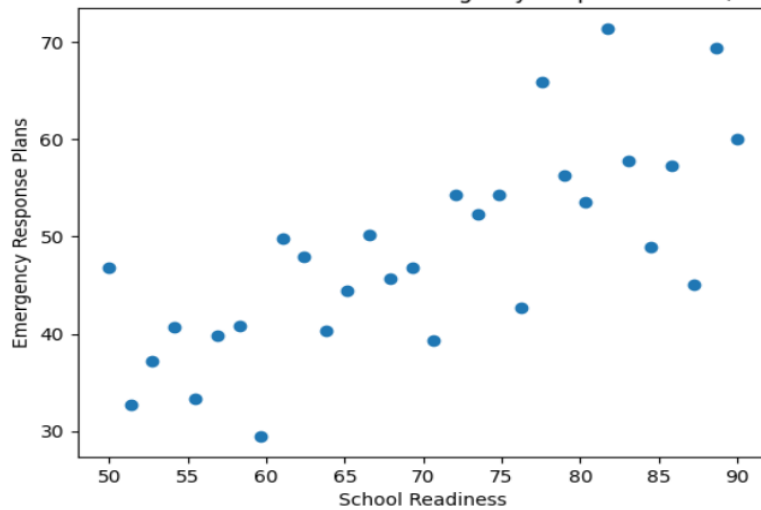


Figure 3

A scatter graph representing the **correlation between School Readiness and Emergency Response Plans** with: $r = 0.63, p < 0.05$

INTERPRETATION OF THE GRAPH

X-axis: School Readiness

Y-axis: Emergency Response Plans

Each point = one observation (school/respondent).

The upward pattern shows a **moderate positive correlation**: as School Readiness increases, Emergency Response Plans tend to improve.

$r = 0.63$ → moderate to strong positive relationship

$p < 0.05$ → statistically significant

Figure 4: Correlation between School Readiness and Community Resources

Correlation between School Readiness and Community Resources ($r = 0.56, p < 0.05$)

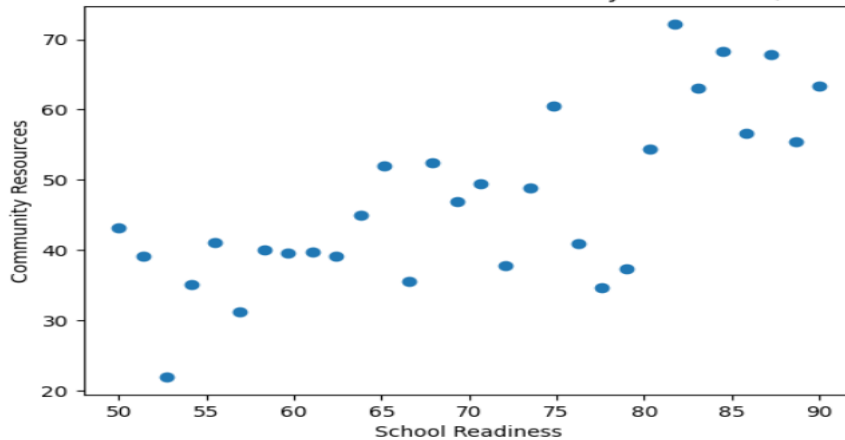


Figure 4

A scatter plot showing the **correlation between School Readiness and Community Resources** with: $r = 0.56$, $p < 0.05$

INTERPRETATION OF THE GRAPH

X-axis: School Readiness

Y-axis: Community Resources

Each point represents one observation (e.g., a school or respondent).

The upward trend indicates a **moderate positive correlation**: higher school readiness is associated with better community resources.

$r = 0.56$ → moderate positive relationship

$p < 0.05$ → statistically significant

4. Discussion

This study highlights the need for comprehensive school mental health safety protocols, including trauma-informed care, crisis intervention training, and collaborative partnerships with local mental health services. Schools must prioritize personnel training, emergency response planning, and community resource development to ensure students' mental health safety and well-being.

4.1. Recommendations

1. Provide personnel training in trauma-informed care and crisis intervention.
2. Develop comprehensive emergency response plans that address mental health emergencies.
3. Establish collaborative partnerships with local mental health services.
4. Allocate resources to support school mental health safety initiatives.
5. Conduct regular assessments to evaluate school mental health safety readiness.

5. Conclusions

This study emphasizes the importance of school mental health safety in promoting students' well-being and resilience. Schools must take proactive steps to develop comprehensive mental health safety protocols, including trauma-informed care, crisis intervention training, and collaborative partnerships with local mental health services. By prioritizing school mental health safety, educators can help create a supportive and inclusive learning environment that promotes students' academic achievement, social-emotional development, and overall well-being.

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