GUIDANCE NOTE: MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IMPLICATIONS OF TRAUMATIC EVENTS AT SCHOOLS

April 2026

PREPARED BY: Ganna Goloktionova, MHPSS Advisor; Arz Stephan, MHPSS Advisor; Shona Whitton, MHPSS Advisor & Augustin Lambert, MHPSS in Emergencies Intern

This document provides an overview of the psychosocial consequences of traumatic events at schools and outlines key considerations for MHPSS programming.

This guidance note is intended for Red Cross Red Crescent Movement components who may be responding to incidents at schools in their country or region. It includes guidance on:

- common reactions and behaviors after traumatic events at schools
- integration of MHPSS considerations for responses
- links to existing relevant materials.

CONTEXT ABOUT TRAUMATIC INCIDENTS AT SCHOOLS

Traumatic incidents at schools could include shootings, knife-related, or other incidents where students or teachers are killed, injured, or harmed. These types of incidents are among the most acute and traumatic crises a child or adolescent may face. These events are characterized by sudden onset, extreme violence, and often multiple casualties—including students, teachers, and school staff. Beyond the immediate threat to life and physical safety, the psychological and social impacts of such incidents can be profound, long-lasting, and far-reaching. These types of events undermine the protective environment of the learning space, erode trust in institutions, and may contribute to cycles of distress, fear, and stigma within the wider community.

COMMON REACTIONS AND BEHAVIOURS AFTER TRAUMATIC INCIDENTS AT SCHOOLS

Adapted from The National Child Traumatic Stress Network guidelines (NCTSN)

It is expected that people may express distinct feelings of fear and distress, which will affect their reactions and behaviour during and after a traumatic incident at a school or other learning environment. These feelings are often expected reactions to witnessing or experiencing, a violent and horrifying incident; however, reactions can also be serious and long-lasting.

RCRC Movement MHPSS Hub
Hejrevej 30, St.
2400 Copenhagen NV
Denmark

https://mhpsshub.org/
mhpsshub@rodekors.dk

Common reactions after traumatic incidents include:

- Feelings of anxiety, fear, and worry about the safety of self and others
- Feelings of sadness, loss and grief
- Guilt about surviving and/or not protecting those who were hurt or killed
- Fears that another act of aggression may occur
- Lack of interest in usual activities, including spending time with friends
- Strong reactions to reminders of the incident (seeing friends who were also present during the incident, media images, police, memorials)
- Staying focused on the incident (talking repeatedly about it)

Common physical, cognitive effects, and behaviours after traumatic incidents include:

- Increase in activity level
- Decrease in concentration, attention, memory
- Learning difficulties
- Increase in irritability and anger
- Avoidance, withdrawal or being not able to stay alone
- Radical changes in attitudes and expectations for the future
- Changes in school and work-related habits and behavior with peers and family
- Increases or decreases in sleep and appetite
- Engaging in harmful habits like drinking, using drugs, or doing things that are harmful to self or others
- Physical complaints (headaches, stomachaches, aches and pains)
- Increased sensitivity to sounds (loud noises, screaming)

INTEGRATION OF MHPSS CONSIDERATIONS INTO INCIDENT RESPONSE

Responses to traumatic incidents at schools should include MHPSS. MHPSS responses must be multi-layered, coordinated with other services, and responsive to changing needs over time. Activities will differ depending on the local context, nature, and impacts of the incident.

RCRC Movement MHPSS Hub
Hejrevej 30, St.
2400 Copenhagen NV
Denmark

https://mhpsshub.org/
mhpsshub@rodekors.dk

Ongoing assessments and monitoring will inform which MHPSS activities are the most appropriate at any given time. The following section outlines some recommended minimum actions for the integration of MHPSS into responses at schools. These actions may not be the mandate of National Societies, however, they should be advocated for.

Immediate response

The first priority is to restore a sense of physical and psychological safety. This includes moving students to secure spaces, ensuring access to basic needs (food, hydration, rest), and removing further exposure to violence or distressing stimuli. The physical presence of trusted adults and clear, consistent routines can provide a stabilizing effect.

Children and adolescents need clear, age-appropriate information. Explain the situation calmly, using honest but reassuring language. Avoid speculation or graphic details. Let children ask questions and express their concerns, without pressure to share or relive the event.

Core psychological first aid (PFA) actions involve listening without judgment, offering practical assistance, and helping children feel connected to their peers and caregivers. Avoid pressuring children to talk or recount their experiences in detail. Instead, offer a quiet, calm presence, normalize stress reactions, and reinforce that support is available.

Encourage children to engage in simple grounding activities such as drawing, games, or storytelling. These foster a sense of normalcy and connectedness, which are critical for psychological recovery. Remember that while some children may show distress immediately, others may appear unaffected in the short term, but may experience delayed reactions. Strong emotional responses can be experienced particularly around anniversaries. Monitoring over time and providing pathways to more targeted or specialized care is essential, as guided by the stepped MHPSS approach.

Layered MHPSS responses

Basic psychosocial support for all

This foundational level targets the entire school population, creating a supportive and safe school environment that promotes resilience, normalizes stress responses, and reinforces protective factors.

Classroom-based activities can support emotional processing and social reconnection. Educators and trained facilitators can lead structured sessions focusing on coping skills, emotional literacy, and regulation strategies. Use of arts-based methods—such as drawing, collaborative murals, music,

movement, or building activities—can help students externalize emotions and foster a shared sense of purpose. Group projects that encourage collaboration (e.g., restoring a garden, painting a peace wall) are particularly useful in rebuilding class unity.

Memorialisation activities can play an important role in healing after a school shooting. When planned sensitively and inclusively, guided by the needs of those most affected, they provide space for grief, remembrance, and collective meaning-making, helping to acknowledge what happened without reopening harm. Memorial activities can support emotional expression, validate loss, and foster a sense of connection. It is important that memorialisation is voluntary and culturally appropriate.

Psychoeducation for teachers, parents, and caregivers is critical. This includes simple guidance on recognizing signs that may need further help, understanding how children express distress, and knowing when and how to seek help. Schools should offer regular communication, information sessions, and access to handouts or online resources to reinforce this knowledge.

Community and family engagement

Effective MHPSS in the aftermath of school shootings must extend beyond the school walls and actively involve families and community systems. Inclusive outreach is vital—not only to families of visibly distressed children but also to those who may not immediately show reactions. Many children internalize distress, and caregiver understanding is essential for early detection and support.

Schools should ensure equitable communication with all parents and caregivers, including those from marginalized or language-diverse communities. Engagement strategies may include community meetings, culturally appropriate information materials, and direct follow-ups through school counsellors or social workers.

Coordination with community-based resources enhances the safety net for affected children. Partnerships with child protection actors, faith-based organizations, grief and trauma counsellors, and local mental health services ensure that families have access to holistic care and support systems. Community healing events or rituals—where culturally appropriate— foster collective processing and resilience.

When families are informed about MHPSS impacts, supported with basic skills on how to support children, and empowered, they become central agents of children's recovery. Engaging them as partners in healing reinforces the protective environment essential to long-term psychosocial well-being.

Focused group support

This level supports children and adolescents who exhibit mild to moderate distress or who are at increased risk due to exposure, losses, or coping capacity.

Structured, small group interventions may focus on grief support, anger management, conflict resolution, self-esteem, and coping skill development. These group sessions are typically led by school counsellors, trained Red Cross volunteers, or child psychologists, and are informed by evidence-based practices. Sessions must be designed to be trauma-sensitive and culturally appropriate.

Recognizing the role of digital spaces in adolescent lives, group interventions can also explore safe social media use, online support networks, and managing exposure to distressing content. Conversations around digital well-being, peer pressure, and media literacy help students regain control over their narratives and peer connections.

Specialized care

A small percentage of students may require individualized, intensive care due to severe psychological distress, or (pre)existing mental health conditions. Psychiatric referrals may be necessary for children with complex or debilitating symptoms such as depression, dissociation, or suicidal ideation. Referral pathways must be clearly defined and linked with child protection and health systems.

Support should also extend to survivors' families and school personnel, who may experience vicarious trauma, grief, or burnout. Providing confidential counselling, family therapy, and peer support mechanisms is essential to sustain the caregiving environment that children rely on.

COMMUNICATIONS CONSIDERATIONS

It is extremely important to communicate in a clear and supportive way when visiting and talking to people affected by a traumatic incident at school. Staff and volunteers should be well briefed about the incident, so they feel confident about the messages they deliver, and they should be trained in psychological first aid, supportive communication, and active listening.

Every crisis is personal, and reactions will vary depending upon previous experiences, and what an affected person says may differ from what they are experiencing inside.

When interacting consider and acknowledge the needs of every person and group, such as:

- age, as children of different ages need things explained in an adapted vocabulary.
- gender e.g. girls may prefer to talk to women and boys to men.

- culture e.g. will affect how people communicate about unexpected death caused by violence, mental health and wellbeing, their behavior and how they choose to access and engage with service providers
- faith e.g. when people need to pray or what they can eat.
- needs and abilities that may affect where and how assistance may be accessed.

Key psychosocial phrases conveying interest and empathy:

- I hear your concerns …
- You have the right to be (sad, angry …) ….
- I hear what you are saying …
- I am hearing that you are worried …
- In this situation, your reaction is to be expected …
- Maybe we can discuss possible solutions …
- What we can offer is …
- I am concerned about you …
- With your consent, we would like to …

Phrases that are unhelpful:

- Everything will be okay…
- Most importantly, you are alive…
- Using the word “victim”; rather “survivor”
- Using the word “traumatized”; rather “affected person” or “person at risk”

COORDINATION OF MHPSS ACTIONS & MHPSS ASSESSMENT

In the days and weeks following a traumatic incident, early identification of psychosocial distress is essential to guide the appropriate level of support and ensure that no child is left behind. MHPSS assessments should be conducted in a non-intrusive, child-sensitive, and culturally appropriate manner, recognizing that children manifest distress in varied ways depending on their age, gender, developmental stage, and prior experiences.

A school-wide psychosocial screening process—coordinated by trained school counsellors, social workers, or child protection focal points—can help identify students who may be experiencing acute stress responses.

It's important to note that some children may internalize in distress, making symptoms less visible in group settings. Screening processes should only be undertaken if an appropriate mental health response can be implemented.

High-risk groups should be prioritized for more in-depth assessment and follow-up care. This includes children who witnessed the violence directly, those physically injured, those who lost a family member or close friend, and children with pre-existing vulnerabilities (e.g., disabilities, history of abuse, mental health concerns).

Clear referral pathways need to be established to ensure that children in need of focused or specialized support are linked to mental health professionals, social workers, or clinical services. Mapping and coordination with local service providers, including Red Cross, Ministry of Health, and community-based organizations, ensures continuity of care and reinforces the protective environment essential to children's recovery.

RELEVANT MATERIALS

- UNICEF/IASC three-tiered model and school-based interventions interagencystandingcommittee.org+3corecommitments.unicef.org+3mhpsscollaborative.org+3
- Social workers' role in violence prevention and prevention-focused group work socialworkers.org+1un.org+1.
- Specific PFA and coordination guidance for mass casualty events clearinghouse.unicef.org+9nasponline.org+9interagencystandingcommittee.org+9.
- SAMHSA mass violence MHPSS manual (planning, secondary trauma) unicef.org+10pmc.ncbi.nlm.nih.gov+10unesco.org+10.
- PFA for School Incidents https://www.nctsn.org/resources/psychological-first-aid-schools-pfa-s-field-operations-guide OR https://www.nctsn.org/resources/providing-psychological-first-aid-health-related-professionals
- Coping after mass violence events https://www.nctsn.org/resources/coping-after-mass-violence

RCRC Movement MHPSS Hub
Hejrevej 30, St.
2400 Copenhagen NV
Denmark

https://mhpsshub.org/
mhpsshub@rodekors.dk