Mental Health
&
the School Nurse

Dawn Bounds MSN, PMHNP-BC
Objectives

- Increase identification of mental health concerns amongst students who present to the school nurse’s office
- Increase familiarity with assessment and screening tools appropriate for use in the school nurse’s office
- Increase familiarity with appropriate interventions to use in the school nurse’s office
- Increase identification of situations that necessitate a referral
- Increase ability to communicate confidential information when necessary
Context

- State of mental health
- Mental health in schools
- School nurses are on the front line
The State of Mental Health for Children & Adolescents

- 1/5 experience symptoms of a mental health problem over a year
- Approximately 14 million youth aged 18 and under suffered from one or more mental, emotional or behavioral disorders in 2008
- Lifetime prevalence of mental disorders is 46.6% with half emerging by age 14 and 75% by 21
The State of Mental Health for Children & Adolescents

- Leading cause of disability in those ages 15-44

- The demand for child mental health services is projected to increase 100% between 1995 and 2020

- Untreated mental disorders compromises development and places youth at risk for school failure, substance use, teen pregnancy, violence, suicide, and co-morbid psychiatric and substance use disorders

- Only 20% with mental health problems receive services

- 87% of uninsured children have unmet mental health needs

- 79% of children with private health insurance have unmet mental health needs
Mental Health in Schools

- Schools have become identifiers and treatment providers of mental disorders
- 50% of youth with severe emotional disorders identify school as their sole provider of these services
- Children with mental health problems are frequent utilizers of primary care visits
- 24% of pediatric primary care appointments involve psychosocial concerns
- Among privately insured children, 1/3 of mental health visits are to their primary care providers and the majority of antidepressants and medications for ADHD are currently prescribed in primary care
Mental Health in Schools
School Mental Health Services in the United States, 2002–2003

- What’s being addressed and by who in schools had not been adequately studied
- First study of its kind
- 83,000 public elementary, middle and high schools in the US
  - 60% elementary
  - 19% middle
  - 18% high school
  - 3% combined schools
Mental Health Problems in Schools

Exhibit 2.2 Percentage of Schools That Ranked the Following Mental Health Problems as Among Their Top Three Problems for Male and Female Students, 2002–2003

Barriers to School Mental Health

Exhibit 2.7 Percentage of Schools Reporting Extent to Which Various Factors Are Barriers to Providing Mental Health Services, 2002–2003

<table>
<thead>
<tr>
<th>Factor</th>
<th>Not a Serious Barrier</th>
<th>Barrier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial constraints of families</td>
<td>30%</td>
<td>68%</td>
</tr>
<tr>
<td>Inadequate school Mental Health resources</td>
<td>38%</td>
<td>42%</td>
</tr>
<tr>
<td>Competing priorities take precedence</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>Transportation difficulties for students</td>
<td>42%</td>
<td>48%</td>
</tr>
<tr>
<td>Inadequate community Mental Health resources</td>
<td>43%</td>
<td>47%</td>
</tr>
<tr>
<td>Stigma associated with Mental Health services</td>
<td>51%</td>
<td>49%</td>
</tr>
<tr>
<td>Parental cooperation and consent</td>
<td>54%</td>
<td>46%</td>
</tr>
<tr>
<td>Coordination between school and providers</td>
<td>58%</td>
<td>42%</td>
</tr>
<tr>
<td>Language and cultural barriers</td>
<td>67%</td>
<td>33%</td>
</tr>
<tr>
<td>Protecting student confidentiality</td>
<td>79%</td>
<td>21%</td>
</tr>
</tbody>
</table>

Source: School Mental Health Services in the United States, 2002–2003
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services
School Questionnaire, Item 32, Appendix C, School Table 19
Staffing for Mental Health Services in Schools

Exhibit 3.1 Percentage of Schools Using Staffing Sources for Various Mental Health Services in Schools: 2002–2003

Source: School Mental Health Services in the United States, 2002–2003, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. School Questionnaire, Item 29, Appendix C, School Table 17. Note: Numbers do not total 100 percent because of missing data.
Variety of Staff who Provide Mental Health Services

Exhibit 4.2 Percentage of Schools With Various Types of Staff Who Provide Mental Health Services, 2002–2003

Mental Health in Schools

- Associated with positive school outcomes
- School mental health promotion creates a climate where students can learn
- Improves teaching conditions
- Schools are where children are – increased opportunities for prevention, early intervention and treatment
- Reduces costs
The Current Child Mental Health Workforce Crisis

- Aging child psychiatry workforce
- Not enough medical students entering child psychiatry
- There are about 7,400 child psychiatrists actively practicing in the United States
- Only 300 child psychiatrists complete formal education and training annually
- Shortage of child/adolescent psychiatric providers
- Inequitable distribution of these providers to large metropolitan areas
Yes…It’s Normal for Adolescents To…
(APA, 2002)

- Argue for the sake of arguing
- Jump to conclusions
- Be self-centered
- Constantly find fault in the adult’s position
- Be overly dramatic
Vital Assessments

- Assess for suicide BUT remember not all cutting is suicide
  - Plan
  - Intent
  - Means
  - Access
  - History
- Functioning – attendance, grades, disciplinary referrals
  - Get collateral info – teachers, staff, parents
Useful Tools

- Bright Futures [www.brightfutures.org](http://www.brightfutures.org)
- Motivational Interviewing [www.motivationalinterview.org](http://www.motivationalinterview.org)
  - Remember OARS
    - Open-ended questions
    - Affirmations
    - Reflections
    - Summaries
Tips for Talking With Adolescents (APA, 2002)

- Engage adolescents with non-threatening questions.
- Listen non-judgmentally (and listen more than you speak).
- Ask open-ended questions.
- Avoid “why” questions.
- Match the adolescent’s emotional state, unless it is hostile.
- Casually model rational decision-making strategies.
- Discuss ethical and moral problems that are in the news.
Interventions

- Become an assets-builder (it’s all about resilience!)
- Influence school culture
- Encourage good sleep hygiene
- Encourage good eating habits
“Developing resilience at school improves academic performance and strengthens students’ abilities to overcome obstacles in all aspects of life. The most effective methods of deterring at-risk students from future misbehavior rest in establishing mutual respect and building relationships with them by being visible and available, by communicating with them to get to the root of their real problems and referring them to the appropriate resources for help” (Parker, 2007).
Developmental Assets Theory

- Search Institute: [http://www.search-institute.org/assets/40AssetsList.pdf](http://www.search-institute.org/assets/40AssetsList.pdf)
- 8 categories of Developmental Assets
- 20 External and 20 Internal
- 40 Developmental Assets
- “Crucial categories of influence that time and again have been shown to meaningfully shape young people’s developmental pathways” (Scales & Leffert, 2004, p.13).
- Increases resilience
Developmental Assets Theory: Support

- Love, Affirmation, Acceptance
- Family support
- Positive family communication
- Other adult relationships
- Caring neighborhood
- Caring school climate
- Parent involvement in schooling
- “Urban Sanctuaries”
Developmental Assets Theory: 
Empowerment

- Community values youth
- Youth as resources
- Service to others
- Safety

“Benson (1997) warns that asset building in general is less about programs than it is about community members mobilizing to ‘build sustained, informal positive relationships’ (p.93) with young people” (Scales & Leffert, 2004, p.71).
Referrals

✧ Know when it is a crisis, when it isn’t, and when it is not up to you to decide

✧ Call SASS on the CARES Line for Crises

✧ Use the resources in the building

✧ Know your community
Communication

- Use a release
- Only provide necessary information
- Introduce student to who you’d like to communicate with and let them communicate for themselves in your presence
References

- Cartoons - http://www.dubuque.k12.ia.us/cartoons


- Parker, D. (2007). Developing and Saving Relationships…and Students that may be At-Risk.

Thank You!

Dawn Bounds MSN, PMHN-BC
Rush University, College of Nursing
708-334-3296
Dawn_T_Bounds@rush.edu