

**RESULTS OF THE FOCUS GROUP WITH
SCHOOL NURSES IN THE EASTERN REGION**

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BACKGROUND

The School Mental Health Project is a three-year project of Eastern Area Health Education Center funded by The Duke Endowment. Its primary purpose is “to increase the availability of school-based mental health interventions through access to school nurses and other school staff with enhanced mental health training.” To that end, the following four basic outcomes of the project are:

Training and Continuing Education: 4 Components

1. Development of a curriculum that can be used to provide training and education to school nurses and other school staff with enhanced mental health training (Now through Summer 2003)
2. Development of a “train-the-trainer” component which will enable public school personnel and others to utilize the curriculum to provide training locally (Now through Summer 2003)
3. Regional training based upon the curriculum in the East (Fall 2003), Central and West (Spring and Fall 2004)
4. A statewide Conference on Best Practices in School Mental Health (Spring 2005)

Resource Directory

A directory of experts in school mental health topics that will be available to provide training on those topics to public school personnel (Fall 2003 and Fall 2004)

Web-based Instruction

Courses that school nurses and public school personnel may take via the Internet (Fall 2003 – Spring 2005)

On-line Resources and Materials

1. Identification of resources and materials already available on the AHEC Digital Library (Fall 2003)
2. Identification of resources and materials that can be added to the AHEC Digital Library (Spring 2004)
3. Resources and materials available through other online sources, e.g., Center for Mental Health in Schools at UCLA

PROCESS

School nurses in the Eastern Region meet quarterly to discuss issues and receive information pertinent to their jobs. The project director contacted the president of this group of school nurses to determine their interest in the project. He then scheduled a focus group following the quarterly meeting in April 2003. Lunch was provided to those in attendance. The focus group began at 12:30 p.m. and concluded at 2:00 p.m.

RESULTS

The recorded comments of the focus group are listed in Attachment A. They are grouped according to the questions asked:

1. What is the need? What are the problems?

2. What is being done to address the need and problems?
3. What needs to be done or should be done to address the need and problems?
4. How can the School Mental Health Project help you address these needs and problems, with a specific focus on education and training?

1. Needs, Problems, Concerns and Obstacles

The school nurses identified four basic areas of concern: School-related, family-related, community service-related and general. The six themes under school related concerns were:

1. Lack of knowledge about mental health needs among administrators, teachers and students, including basic knowledge of behavior and how to change it.
2. Multiple responsibilities of teachers, nurses, counselors, social workers and psychologists. These diverse and competing responsibilities often prevented the type of follow through needed to assist the students.
3. Identification of children needing help is problematic. Procedures, if they exist, are unknown. Screening tools and standardized forms to assist in the process often do not exist. Also, responsibilities in identification are ambiguous. Plus, once a child is identified as needing help, what is the next step?
4. Often the student's problem becomes worse, even after identification, before anything is done. And the action frequently taken is suspension. Often students with mental health needs are kept in the regular classroom rather than helped through special education.
5. There is a critical shortage of school nurse positions. In addition, school nurses have to complete an inordinate amount of paperwork that could be handled through secretarial support.
6. Because of the accountability through testing, there is much greater stress on the students, especially during April and May.

Family-related concerns were also discussed. Some of the issues pointed out by the nurses were:

1. Lack of knowledge about and denial of mental health needs by parents;
2. Lack of knowledge and/or denial leading to rejection of available services; and
3. Lack of follow-through by missing appointments or not giving medication properly.

Concerns about community services were expressed. The different categories of concerns were:

1. Finding and accessing services and, once a referral is made, the long wait until the child and family actually receive services;
2. Problems with coordination among different community services: confidentiality issues, lack of communication and refusal of some agencies to cooperate; and
3. Barriers to services: lack of transportation, high cost, no insurance, the state of flux of the mental health system.

Some general concerns mentioned were:

1. Mislabeling of children, especially ADHD and ADD;

2. Lack of coping skills taught in the home;
3. Every-day stresses seem to be much stronger than ever before; and
4. Stigma for both child with a diagnosed mental illness and the parents.

2. What is being done to address the needs, problems, concerns and obstacles?

School nurses identified several different ways through which their schools were addressing the identified needs. All agreed that they do individual counseling with students. Some in-school programs include:

1. D.A.R.E.;
2. In-school suspension;
3. Homebound instruction for long-term suspended students;
4. Group and individual counseling by counselors;
5. Character education;
6. Peer mediation; and
7. Alternative learning situations, e.g., segregated schools.

Other in-school efforts include:

1. The school system hiring a mental health counselor to work in the schools;
2. Having a team of personnel in the school to meet once a month to discuss student problems from different perspectives;
3. Using standardized forms for identification; and
4. Labeling children who need help but fall short of specific criteria just to make them eligible for some support.

One school nurse identified an outreach program, called the Nurturing Program, in which the school offers parenting education both in the school and in the community.

Several cooperative programs were mentioned by the school nurses. Staff from a regional residential substance abuse program comes into the schools to talk with students in groups and individually about substance abuse. The Yellow Ribbon Campaign, a program to reduce teen suicide, has been implemented in one school system. One nurse described a mentor program in which business and community leaders come into the school to work with students. Another nurse told about community agencies, including the school, coming together on a regular basis to address different concerns, both in and out of the school setting.

One school nurse said her community has a group home for children with extreme behaviors who are in school but have ongoing support by staff of that home. Some children, another nurse stated, have a Community-based Inclusion (CBI) worker to assist the children one-on-one in the school.

3. What can or should the public schools do to address the needs, concerns, problems and challenges?

In thinking about what the public schools can or should do, the thought immediately expressed was to allow the counselors to actually provide counseling rather than the many other responsibilities put upon them. The second way highly emphasized by the school nurses was decreasing the student-to-nurse ratio. Many felt the recommended ratio, 750:1, which is seldom met in North Carolina, is too high. Other ways to address the need in school were:

1. Helping administrators understand the link between education and mental health;
2. Giving school personnel the tools to assess behavior (not diagnose conditions) so that referrals can be made;
3. Developing standardized forms for identification, referral, follow-up, etc.;
4. Helping administrators and teachers understand the need for physical activity in decreasing inappropriate behaviors;
5. Increasing mental health education for public school personnel, students and parents; and
6. Providing information and training for teachers at faculty meetings.

Two ways to meet the mental health needs of students through cooperation with community services were mentioned. They were:

1. Having a full-time mental health counselor in the school, and
2. Developing a way to share information among agencies, e.g., regularly scheduled interagency meetings and/or interagency working agreements.

Some of the school nurses felt that community services should develop an inpatient facility for adolescents who need intense treatment outside the school setting.

4. What can the School Mental Health Project do to help you address the needs, problems, concerns and challenges that were identified?

The responses of the school nurses to this question fell into three categories: Education and training, advocacy and a general category labeled "other." Under the category "Education and Training," the following suggestions were made:

1. Basic education on different mental health conditions (what are they, what are the symptoms, what are the treatments, what can be done in the schools, etc);
2. Materials that explain what to do from a "hands-on" perspective, i.e. practical suggestions that have worked;
3. A notebook on mental health conditions for each school or maybe even each teacher in the school;
4. Training in basic counseling techniques for school nurses;
5. Making sure principals and assistant principals attend training;
6. Locally held workshops that last only two-three hours; and
7. Provision of continuing education credit, especially credit for teacher assistants that meets the No Child Left Behind standards;

8. Internet courses and information websites; and
9. Community-based education for families, possibly through PTA's, churches, etc.

Under the "Advocacy" category, the following suggestions were made:

1. Advocate for private insurance to pay for mental health services;
2. Advocate for public funding for insurance (Medicaid) and services;
3. Help school boards and administrators understand the mental health needs of students, how they affect learning and what the schools can do to help the students; and
4. Obtain support from the Department of Public Instruction, and maybe even a mandate, for school personnel to attend training.

Other recommendations included:

1. Developing a list of provider information (who provides mental health services, where they are available, if the provider accepts Medicaid, who has expertise in different topics, and the availability of support groups);
2. Developing a recommended guide for schools to use in implementing protocols for responses to situations presented by students, e.g., suicide attempt; and
3. Providing lunch as a part of training events.

SUMMARY

Much was learned from the focus group with nurses about the mental health needs of students and what schools and school systems are doing. School nurses think:

- There is a lack of knowledge and education about mental health needs of students by school personnel, students, families, administrators and board members.
- The multiple responsibilities of counselors, social workers and nurses make it increasingly difficult to attend the mental health needs of the students.
- There is a critical shortage of school nurse positions. Those currently working cannot meet the need presented by the students.
- Families play an important role in causing and meeting the mental health needs of students.
- Barriers to community services are significant.

Regarding what public schools are doing or need to do, school nurses indicated that:

- Public schools are undertaking a variety of efforts to address mental health needs directly and indirectly.
- No concerted or comprehensive effort is being made; it's mostly fragmented. There appears to be no concept of using a systems approach to address these issues.
- Public school personnel have good suggestions on what needs to be done, some very inexpensive, others with significant costs.

Finally, school nurses said the School Mental Health Project could help address the needs by:

- Providing training and education to a variety of audiences, e.g. teachers, administrators, school board members, families and students, in a variety of ways (faculty meetings, school-based workshops, community workshops, internet courses) and keeping the workshops short;
- Making sure training provided is practical and “hands-on”;
- Providing continuing education credits, especially to teacher assistants as required by the *No Child Left Behind Act*, and
- Developing resource guides that identify available services and resources.

CLOSING COMMENTS

The focus group with school nurses helped provide some direction to the project. While project staff have developed an overall implementation plan within the scope of the funded proposal, the information from the focus groups will help determine how the project will provide public school personnel the resources they need to better serve their students.

Attachment A
RESULTS OF SCHOOL NURSE FOCUS GROUP

What are the needs? What are the problems?

TOPICAL NEEDS	SCHOOL RELATED	FAMILY RELATED	SERVICE RELATED	OVERALL
<p>Lots of other mental health concerns (i.e., bipolar, schizophrenia, anxiety disorders, etc.)</p>	<p>Knowledge deficit & lack of support of administrators Teachers and students lack education Role of teachers in ID is unclear Lack of follow through by teachers Lack basic knowledge of behavior No single way to identify children in the school setting Don't know what to do after children are identified Shortage of school nurses School nurses do a lot of secretarial duties Suspension is primary answer; don't consider alternatives Teachers wear many different hats Problem usually get worse before anything done No tools (forms, documentation of identified children) School accountability – stress Keeping the child in school School personnel over-whelmed with extra duties (esp. counselors) Multiple responsibilities (esp. counselors) Children with special needs, esp. behavioral problems, stay in regular classroom rather than getting help in special classes</p>	<p>Parents don't keep appointments Parents don't recognize problem Denial by parents Ignorance of mental health needs cause resistance Parents don't want services Not always giving proper medication</p>	<p>Accessing services Finding services Long period of time between referral and service Lack of transportation Confidentiality High cost; no insurance to help pay Lack of communication with mental health providers Community problem Lack of coordination Lack of DSS involvement Mental Health reform – what will be in place Mislabeled of children, esp. ADHD, ADD</p>	<p>Stigma (student and parent) Everyday stresses Lack of coping skills of children</p>

Attachment A
RESULTS OF SCHOOL NURSE FOCUS GROUP

What are the public schools doing to address the needs, concerns, problems and obstacles?

IN-SCHOOL	OUTREACH	COOPERATIVE	EXTERNAL
Individual counseling by school nurses DARE Alternative learning situations (i.e., segregated school) Label children who cannot get help just to make them eligible Group and individual counseling Character building education Peer mediation Suspension – homebound “Squeaky wheel gets grease” (children overt problem behaviors get attention; those with “silent” behaviors do not) Meet once a month to address different issues with different perspectives School system hires mental health counselors Use standardized guides for identification purposes	Nurturing Program (family-centered parenting programs that focus on the root of problem)	PORT program come into schools to talk to at risk groups Yellow Ribbon – Suicide prevention program Alliance of different community programs Mentors (i.e., business and community leaders) CBI workers	Group homes for children with extreme behaviors

Attachment A
RESULTS OF SCHOOL NURSE FOCUS GROUP

What can or should the public schools do to address the needs, concerns, problems and obstacles?

IN-SCHOOL	OUTREACH	COOPERATIVE	EXTERNAL
Allow counselors to counsel More mental health education for staff, students and parents Help administrators understand the link between education and mental health Decrease student/nurse ratio Standardized forms for identification, referral, etc. School personnel need to assess behavior, not diagnose Required recess/activity during day		Bring mental health services to schools (mental health counselor at school) Share information among agencies	Inpatient facility for adolescents

EDUCATION AND TRAINING	ADVOCACY	OTHER
Community based education (i.e., PTA, Churches) Hands on materials Notebook mental health conditions for each school or teacher Basic counseling techniques for school nurses Information on different conditions (basic education) Training for Principals and Assistants Short workshops (2-3 hours) Internet courses and information Training locally Offer CEU's Offer training to teacher assistants for which they can receive credit	Advocate for private insurance to help pay for mental health services Advocate for public funding for insurance (Medicaid) and services Help school boards see mental health needs School administrators see mental health needs Support has to come from DPI; maybe even mandate	List of provider information (who, Medicaid, expertise, support groups) Protocols for response to situations presented by kids Provide lunch