

Mental Health and Risk-Taking Behaviors

Introduction

Good mental health is essential to a child's well-being and can positively influence physical and emotional health, relationships, behavior, cognitive development, and school achievement. School districts have a responsibility to provide a free, appropriate public education to all students. Many schools are seeing more students with significant mental health and behavioral conditions and do not feel prepared to educate these students. School nursing services can provide expertise on mental health issues and connections to the resources available in the community to help students and their families.

For more information, *The Burden of Mental Illness* provides information about different mental health conditions and can be explored through the [Centers for Disease Control and Prevention](#) website. Child and Adolescent Mental Illness and Drug Use Statistics are provided at [American Academy of Child and Adolescent Psychiatry](#). The Department of Public Instruction (DPI) has a [Mental Health Toolkit](#), and a school mental health framework document, which both provide resources for school staff.

School nurses need a variety of nursing skills to provide care for students with mental illness and risk-taking behaviors. The school nurse needs to be able to:

- Perform physical and emotional assessments
- Recognize age-appropriate child development and variations thereof
- Identify signs and symptoms of mental illness
- Advocate for appropriate school and community care for students with mental health problems
- Collaborate with pupil services staff, teachers, families, and community providers on mental health concerns of the student
- Identify appropriate nursing interventions and the accommodations necessary for a student with a mental illness to receive a free, appropriate public education
- Intervene with students experiencing a mental health crisis¹

To that end, this chapter will cover the issues and practices pertinent to school nursing including:

- Legal Considerations—State Laws
 - Education Goals and Expectations-Personal Development ([Wis. Stat. sec. 118.01\(2\)\(d\)](#))
 - Exception to the Reporting Requirements for Sexually Active Minors ([Wis. Stat. sec. 48.981\(2m\)](#))
 - Human Growth and Development Instruction ([Wis. Stat. sec. 118.019](#))
 - Minor Consent for the Release of Information ([Wis. Stat. sec. 51.30\(5\)\(a\)](#))
 - Policy on Bullying ([Wis. Stat. sec. 118.46](#))

- Privileged Communication ([Wis. Stat. sec. 118.126](#))
- Suicide Prevention Education ([Wis. Stat. sec. 118.01\(2\)\(d\)7](#))
- Tobacco Products and School ([Wis. Stat. sec. 120.12\(20\)](#))
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Legal Considerations – State Laws

Several important Wisconsin regulations guide and govern schools. This structure helps districts as they develop policies to help protect students, staff, and the community. The specific laws related to mental health and risk-taking behaviors are reviewed in this section, ([Wis. Stat. sec. 118.01\(2\)\(d\)](#)).

Education Goals and Expectations—Personal Development

Within [Wis. Stat. sec. 118.01\(2\)\(d\)](#) it is stated that each school board shall provide an instructional program to students to give knowledge of physiology, hygiene, and the effects of controlled substances and alcohol on the human body, symptoms of disease, and proper care of the body. Parents may exempt their child from such instruction by supplying a written objection to the child's teacher or administrators. The student cannot be penalized in any way for not participating in this instruction.

Under this statute, instruction must also be provided by which a student recognizes, avoids, prevents, and halts physically or psychologically intrusive or abusive situations that may be harmful to the student including enticement, child abuse, and sexual abuse. The instruction must

be designed to assist the student to develop positive psychological, emotional, and problem-solving responses and avoid relying on negative, fearful, or solely reactive methods of dealing with such situations.

Exception to Reporting Requirements for Sexually Active Minors

Health care providers do not need to report sexual activity between minors to child protective services unless the student:

- had, or is likely to have, sexual contact or intercourse with a caregiver;
- is unable to understand the nature or consequences of being sexually active due to mental illness, mental deficiency, age, or immaturity;
- was physically unable to communicate unwillingness to engage in sexual intercourse or contact at the time of the act; or
- is being exploited by another participant in the sexual contact or intercourse.

Additionally, a health care provider must contact county child protective services if she or he has any reasonable doubt as to the voluntary nature of the minor's sexual involvement. School nurses are considered to be health care providers and consequently must adhere to the exceptions in the reporting law ([Wis. Stat. 48.981\(2m\)](#)). The purpose of this law is to allow students to obtain confidential health care services.

Human Growth and Development Instruction

The purpose of the Human Growth and Development Instruction statute ([Wis. Stat. sec. 118.019](#)) is to encourage school districts to provide human growth and development instruction in order to promote accurate and comprehensive knowledge, responsible decision making, and support parents in the moral guidance of their children.

By state law, a school board may provide an instructional program in human growth and development in grades kindergarten through 12. The program topics follow the most current state law requirements.

The instructional methods and materials used must not promote bias against pupils of any race, gender, religion, sexual orientation, or ethnic or cultural background, against sexually-active pupils, or children with disabilities.

Each school district that provides human growth and development instruction must annually provide the parents or guardians of each student enrolled in the school district with an outline of the curriculum used in the pupil's grade level, and information on how parents/guardians may inspect the complete curriculum and instructional materials. The materials must be made available for inspection at all times including prior to instructional use. Parents may exempt their child from participation in the human growth and development curriculum by providing a written request to a teacher or principal.

Each school board that provides human growth and development instruction must appoint an advisory committee to advise the school board on the design and implementation of the curriculum, and to review the curriculum. The advisory board is to be composed of parents,

teachers, administrators, students, health care professionals, members of the clergy, and other residents of the school district ([Wis. Stat. sec. 118.019](#)).

Minor Consent for the Release of Information

[Section 51.30\(5\)\(a\) of the Wisconsin Statutes](#) allows for minors who are 14 years of age or older to consent to the release of confidential information in court or treatment records without the consent of the parent or legal guardian.

Policy on Bullying

School districts are required to have a policy prohibiting bullying. DPI has developed a [Model School Policy on Bullying by Pupils](#) and has compiled [Bullying Prevention Resources](#) for all grades. The model school policy may be used by school districts in the development of their local policy. School districts are required to make the policy available to individual requests, and to students and parents annually ([Wis. Stat. sec 118.46\(2\)](#)).

Privileged Communication

The school psychologist, counselor, social worker, nurse, teacher, or administrator who is designated by the school board to engage in alcohol and other drug abuse program activities, shall keep confidential that a student is using or is experiencing problems resulting from the use of alcohol or other drugs. Disclosure is protected unless the following is occurring:

- The student who is using or experiencing problems as a result of the use of alcohol and drugs signs a release of information for disclosure.
- School district personnel have reason to believe that there is imminent danger to the health, safety, or life of any person and the disclosure of the information to another person will help to alleviate the serious and potential danger.
- The information is required to be reported as part of referral for child protection for suspected abuse and neglect of a child or an unborn child.

School district personnel who are engaged in working with alcohol and drug use and abuse programs who, in good faith, disclose or fail to disclose information regarding a student's alcohol or drug abuse or imminent danger, are immune from civil liability exemptions for such acts or omissions ([Wis. Stat. sec. 118.126](#)).

Suicide Prevention Education

Wisconsin law ([Wis. Stat. sec. 118.01\(2\)\(d\)7](#)) requires schools to provide instruction for students about suicide prevention and intervention. The state law establishes that schools must address the conditions that cause, and the signs of, suicidal thinking, the relationship between suicide and the use of alcohol and other drugs, and the services available in the local communities. The goal of the instruction is suicide prevention and promotion of positive emotional development. DPI maintains a [suicide prevention resources page](#).

Tobacco Products and School

Wisconsin Statute [sec. 120.12\(20\)](#) prohibits the use of all tobacco products on public school property. [Wisconsin Statute sec.101.123](#), the Clean Indoor Air Act, prohibits smoking in educational facilities, including private schools and daycare centers. These laws apply to students, staff, and visitors. Schools must adopt and enforce a tobacco-free policy.

Role of the School Nurse

School nurses have contact with students in structured and non-structured environments in the health office and other school settings. Opportunities to interact with students in a variety of settings offer additional information regarding behavioral triggers and variability of symptoms. The nurse may identify students who are struggling with social, emotional, and behavioral difficulties, and symptoms of possible mental health disorders.

School nurses need to be able to recognize and nurture normal emotional and social development in children and adolescents. Assisting with identification of feelings and development of effective coping mechanisms to deal with life's stressful events can be modeled and taught to students in the school setting. The school nurse should implement the school's behavior program with students in the health office.

The school nurse is especially qualified to assess a student's health status and how it might be impacting mental health and ability to learn in the classroom. Some physical health conditions mimic the signs and symptoms of mental health conditions including, but not limited to, Tourette's disorder, seizure activity, cardiac disorders, sleep disorders, allergies, side effects from prescribed medications, and symptoms of undiagnosed and/or improperly managed comorbidities. A thorough health and developmental history review with the student and parents/guardians can uncover critical health information. The school nurse's observations of the child in the classroom, playground, and lunch room can provide additional information that validates or conflicts with information in the health history. Finally, the school nurse's physical examination of the student should add additional information for formulation of an accurate nursing diagnosis. With additional education and training, some school nurses are also able to provide time on task studies and rating scale information to the student assessment.

School nurses may be asked by parents and medical providers to monitor responses to pharmacotherapy with rating scales, time studies, or observation in multiple classrooms. Students receiving stimulant pharmacotherapy may have significant side effects. The school nurse may be helpful in recognizing side effects and communicating the significance of the side effects to parents and clinicians, as well as making accommodations to minimize the side effects experienced at school.

School nurses and other school personnel do not diagnose mental illnesses. Information regarding the student's identified symptoms, triggers of student behavior, peer relationships, and barriers to learning should be shared with parents/guardians in a timely manner. School nurses and other pupil services personnel provide appropriate referrals to parents regarding community primary and mental health providers for further diagnostic and mental health services.

Collaboration with Other School Personnel and Community Providers

The school nurse should collaborate with the pupil services team, community mental health providers, and parents/guardians.

Pupil Services Teams

The pupil services teams in Wisconsin schools vary in composition. The team may include a school district administrator, social worker, speech and language pathologist, psychologist, counselor, and nurse. With this array of expertise, pupil services teams can provide a holistic approach to problem-solving strategies to meet the educational, emotional, social, and physical needs of students. Pupil services personnel may administer screening tools that can help determine if a mental health referral is warranted. The school nurse can collaborate with other pupil services team members on systemwide interventions including, but not limited to, discipline, leadership, safety, and effective education. An example of systemwide collaboration is [Positive Behavioral Interventions and Supports \(PBIS\)](#), which provides an operational framework for the school.

Community Mental Health Providers

School nurses working with the pupil services team can identify students who may be in need of additional mental health services that the school cannot adequately provide. Communication with the parents/guardians regarding the school nurse and team's observations and findings can lead to decisions regarding appropriate referrals in the community.

Parental consent is required for the exchange of academic and health information with medical and community providers. With parental/guardian authorization, the school nurse can serve as a liaison between the school and medical and community providers. During the school year, the student spends the majority of hours in school with different opportunities for the student to interact with non-family members in a large group setting. Sharing of the student's experiences during the school day can offer valuable information that can result in better informed treatment decisions. School nurses are uniquely qualified to provide insight into the effect and side effects of prescribed medication on behavior and learning.

Parents/Guardians

Due to the stigma of mental illness and concerns regarding confidentiality, parents/guardians may be reticent to share information regarding their child's mental health concerns with school personnel. The school nurse can collaborate with parents to identify their comfort level in sharing specific information to targeted school personnel. Some mental illnesses have suicidal tendencies associated with the illness or treatment modalities. The school nurse can be instrumental in collaborating with the parents/guardians to find interventions that protect confidentiality while facilitating student safety.

Positive Behavioral Interventions and Supports

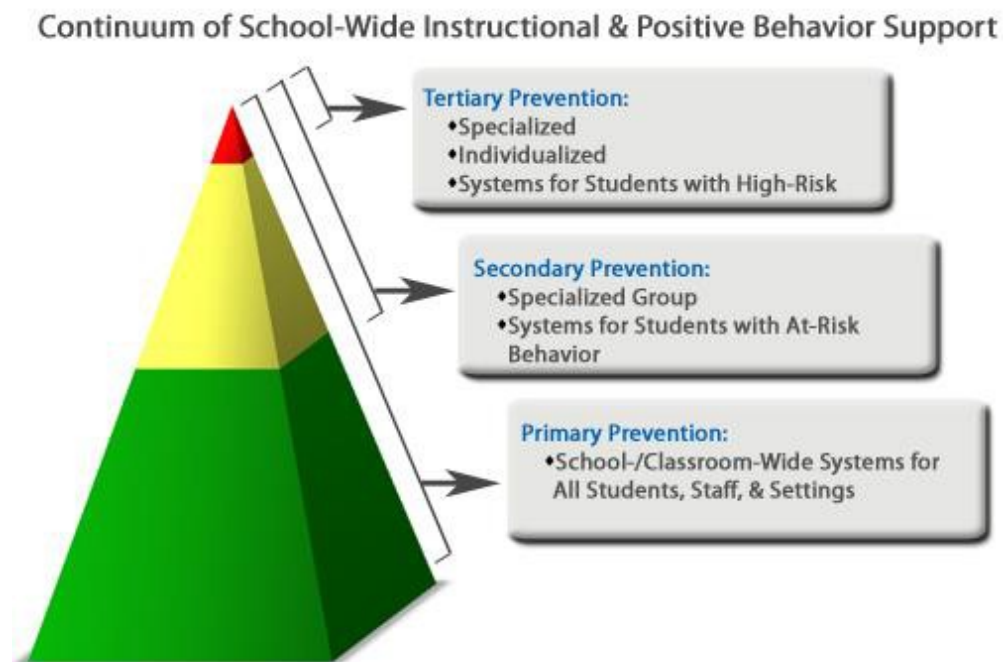
Positive Behavioral Interventions and Supports is a framework or approach that builds on the positive student behaviors already working in each school. These behaviors then become expectations that are taught and practiced schoolwide.

This framework relies on a team of educators to evaluate effective behaviors throughout the school, both in the classroom and elsewhere. Based on the evaluation, the team sets expectations for the school and teaches those expectations to all students.

Using a multi-layer/tiered approach with increasing levels of support to reach all students, PBIS centers on four elements, that drive decisions in the school. These include:

- data to support decision making,
- tracking of measurable outcomes supported by data,
- evidence that the practices can achieve the desired outcomes, and
- schoolwide systems to facilitate effective and efficient implementation of the practices.

Positive Behavioral Interventions and Supports is a continuous investigation of data, implementation of practices, and system support to achieve the desired behavioral outcomes that facilitate a student's ability to learn. The evidence-based practices are targeted at three different levels of intervention: systemwide, targeted, and individualized strategies.



From the Office of Special Education Programs Positive Behavioral Interventions and Supports.

In many ways, the PBIS framework is similar to the nursing process with the gathering of data, measurement of outcomes of interventions, and communicating the success of the interventions with others. School nurses will need to be familiar with the adopted school district practices to provide consistent implementation of the practices when working with students.

Seclusion and Restraint

Despite careful evaluation and planning for students with behavioral needs, students can become harmful to themselves and others. Controversy surrounds the use of seclusion and physical restraint in schools and other human services settings, and use of these interventions carries a high degree of risk for being misunderstood. Both should only be used as a last resort in cases of danger to the student and/or others. In some specific situations, as determined by the student's Individualized Education Program (IEP), the use of seclusion and/or physical restraint may be

necessary and appropriate to maintain the student's safety or that of others. The immediate goals of seclusion and physical restraint are to defuse the dangerous situation, protect the student and others from injury, and regain a safe, controlled, productive learning environment. The DPI provides [resources for 2011 Wisconsin Act 125](#) related to seclusion and restraint practices in the school setting.

If seclusion and restraint procedures are necessary, a school nurse may be involved in monitoring a student's health and safety during the procedure. School nurses can be an advocate for alternative behavioral interventions as appropriate.

Types of Mental Illness

Many school districts have speculated that the number of students with mental illnesses has increased. Whether the true incidence of mental illness has increased or the identification and treatment of mental illness has become more prevalent, schools are frequently addressing mental health issues. In 2009, the [National Survey on Drug Use and Health](#) revealed that one in eight adolescents received specialty mental health services. The survey goes on to state that "one in twenty (5.1 percent) adolescents (age 12-18) received counseling or treatment in a specialty mental health, general medical, or educational setting. The most common symptom for students receiving mental health services was feelings of depression. Female adolescents were more likely to have received mental health services in outpatient specialty settings (13.3 vs. 9.1 percent) than their male counterparts."²

With many of these mental illnesses expressing their initial signs in the school-age population, school nurses need to be able to identify possible symptoms and refer students and families for appropriate diagnosis and treatment. Following is an overview of the most common types of mental illness that present in the school setting.

Anxiety Disorders

Anxiety is rapidly changing thoughts or irrational fears that make it difficult to focus and concentrate. Anxiety is a normal reaction to life's events. In reasonable amounts, anxiety can be beneficial in motivating people to do what they need to do to get through an event. For example, as educators we know if you study for a test, you will likely perform better on an exam and, consequently, have lower anxiety. For some people, however, who have intense fear or constantly changing thoughts, it can render them nonproductive and can paralyze them with inactivity.

There are different types of anxiety disorders.

- Generalized Anxiety Disorder—characterized by exaggerated worry and significant tension.
- Obsessive Compulsive Disorder—characterized by persistent and unwanted thoughts (obsessions) or repetitive acts (compulsions). Compulsive acts might include behaviors such as hand washing, turning on light switches, counting, cleaning, or checking that is performed in order to relieve the anxiety. However, the relief from the anxiety is short-lived because the anxiety builds and the task needs to be performed again.

- Panic Disorder—characterized by intense fear accompanied by physical symptoms that may include shortness of breath, chest pain, dizziness, and rapid heart rates. For the student experiencing the panic attacks, the symptoms are very real with significant discomfort.
- Post-Traumatic Stress Disorder (PTSD)—is an anxiety disorder that develops after a traumatic event or ordeal in which significant injury or harm occurred or was threatened. Students with PTSD may have intense anxiety when confronted by similar events. They may also have ongoing symptoms that include a significant startle response, difficulty sleeping, and dissociation.
- Separation Anxiety—characterized by exaggerated worry or fear that something may happen to their parents if the student is separated from the parent, or that something will happen to the student when separated from their parents.
- Social Phobias—characterized by significant anxiety and self-consciousness when in contact with other people. Students with social phobias have difficulty coming to school.

The current treatment for anxiety disorder usually involves specific psychotherapy and pharmacotherapy. The type of therapy is often tailored to the specific symptoms and type of anxiety disorder suffered by the student.²

For more information regarding anxiety disorder, go to:

- [National Institute of Mental Health](#)
- [Centers for Disease Control and Prevention](#)
- [American Academy of Child and Adolescent Psychiatry](#)
- [U.S. National Library of Medicine](#)
- [Mayo Clinic](#)
- [WebMD](#)
- [Kid's Health](#)—Information for parents, children, and adolescents

Bipolar Disorder (formerly Manic Depression)

Bipolar disorder is a mental illness that is characterized by extreme mood swings. Students who are bipolar will often vacillate between periods of high-energy and irritability (or mania) and significant sadness and hopelessness (or depression). Individuals vary in severity of symptoms and how rapidly they cycle between mania and depression. Signs of bipolar disorder will often begin in adolescence, but can occur at any age.

Common symptoms of mania and depression might include:

Symptoms of mania

- Feeling irritable or angry
- Thinking and talking fast
- Not sleeping
- Feeling omnipotent
- Spending too much money
- Abusing alcohol and drugs
- Engagement in casual sex

Symptoms of depression

- No interest or pleasure in their life
- Feeling sad or numb
- Crying easily
- Feeling lethargic
- Feeling worthless or guilty
- Difficulty with focus and attention
- Sleep disturbances

As with any mental health disorder, medical providers must rule out all physiological causes for the presenting behaviors. Students with untreated bipolar disorder are at high risk for suicide and drug addiction. Bipolar disorder can significantly interfere with the student's ability to engage in meaningful relationships and achieve their academic potential. Treatment requires pharmacotherapy, as well as counseling, to deal with the stress of living with this disorder.⁴

For more information regarding bipolar disorder, go to:

- [Mayo Clinic](#)
- [WebMD](#)
- [Kid's Health](#)—Information for parents, children, and adolescents

Depression

Depression is characterized by profound sadness and hopelessness. In the past, there was a belief that children did not suffer from depression. Today, we know that is not true. The literature, however, is unclear regarding the prevalence of depression in children and adolescents. The signs of depression may include:

- persistent sadness
- feeling like life is not worth living
- loss of interest in sports, activities, or hobbies
- lack of interest in social activities
- irritability and restlessness
- change in appetite
- inability to get to sleep or stay asleep
- decrease in energy
- decline in academic performance.

Treatment is focused on counseling and pharmacotherapy. Selective serotonin reuptake inhibitor (SSRI) antidepressants are often used to treat depression. In June 2004, the United States Food and Drug Administration issued a black box warning for the use of SSRI in children due to the

slight increase in suicidal ideation from two percent with the placebo group compared to four percent for the SSRI medication group. This was despite data that revealed actual suicide completion rates in children declined with the use of SSRI medications. Although any suicidal ideation is cause for concern, health care providers will need to weigh the risk versus the benefit for the use of these medications in children. The use of SSRIs is often preferred by students and families, because they cause fewer side effects than other anti-depressant medications. If SSRIs are used in children, the school nurse and pupil services team members should carefully and confidentially monitor students for six months after initiating treatment with SSRIs. It is also recommended to request a release of information with the doctor prescribing the medication and family to monitor any changes in the student.³

For more information regarding depression, go to:

- [National Institute of Mental Health](#)
- [Substance Abuse and Mental Health Service Administration](#)

Oppositional Defiant Disorder (ODD)

Oppositional defiant disorder is characterized by consistently hostile and uncooperative behavior that is developmentally greatly different from the student's peers. There is a significant comorbidity between oppositional defiant disorder and the following disorders: AD/HD, depression, Tourette's, and anxiety disorders. Symptoms of ODD may include:

- temper tantrums
- excessive arguing with adults
- frequent questioning of the rules
- refusal to obey adults or established rules
- failure to take responsibility for their own actions
- irritability toward adults and peers
- being revengeful
- being frequently angry and resentful
- deliberate efforts to annoy or irritate others.

Treatment is focused on medication to control the symptoms and other comorbid mental illnesses.³

Parenting students with ODD can be very demanding. Parents will often benefit from support groups, understanding, and parenting knowledge.

For more information regarding oppositional defiant disorder, go to:

- [Minnesota Association of Child's Mental Health](#)

Schizophrenia

Schizophrenia is a chronic, severe mental illness that requires ongoing lifelong treatment. It is a psychotic disorder that can begin in childhood. A psychotic disorder is a brain disease in which a person cannot distinguish what is real from what is not real over a long period of time and not caused by any apparent physical condition. Schizophrenia before age 13 is very rare.

Schizophrenia after age 13 and before age 17 is termed early onset schizophrenia. Symptoms of schizophrenia might include:

- hallucinations;
- delusions;
- poor social skills;
- depressed mood;
- flattened or inappropriate emotions;
- impaired memory; and
- depression.

Treatment will be long-term and include use of typical and atypical antipsychotic medications as well as psychotherapy.⁵

For more information go to:

- [National Institute of Mental Health](#)
- [American Academy of Child and Adolescent Psychiatry](#)—Information for families
- [Mayo Clinic](#)
- [WebMD](#)

Neurodevelopment of the Brain

Recently, there has been compelling research regarding the development of the adolescent brain. Years ago, it was thought brain development ended early in life. With the advent of magnetic resonance imaging (MRI), it is now known that there are some areas of the brain that are not fully developed until early adulthood or the second decade of life. For instance, the prefrontal cortex is described as the master center; it controls the setting of priorities, organization of ideas, formation of strategies, control of impulses, and sustained attention. The prefrontal cortex is thought to be the last part of the brain to develop, leaving the adolescent vulnerable to poor judgment and limited impulse control. Consequently, brain development is evolving for students in middle and high school.

Also during this period, the brain selectively “prunes” away the neural connections that are not used. This pruning allows the brain to strengthen the neural pathways that are frequently used to become more efficient and effective. The connections that are frequently used will be further developed and honed and those that are not get pruned away. This information gives new meaning to the phrase “use it or lose it.”

This plasticity of the adolescent brain makes the brain much more vulnerable to external stressors. For example, the adolescent brain is more susceptible to alcohol intoxication than the

adult brain. Consequently, this makes the adolescent experimentation with at-risk behaviors much more dangerous.⁵

For more information regarding adolescent brain development, go to:

- [National Institute of Mental Health](#)
- [Cornell University](#)
- [Harvard Magazine](#)
- [American Bar Association](#)—Juvenile Justice Center

Trauma

Significant numbers of school-aged children have been exposed to trauma. The National Child Traumatic Stress Network (NCTSN, 2008) estimates that one in four children have experienced a traumatic event that could lead to learning or behavior problems. A traumatic event is an event that overwhelms a child's ability to cope due to overpowering fear. It may be the loss of a loved one to violence, an accident, or an event in which the child fears for life or the life of a loved one. It could be physical or sexual assault, or even painful medical procedures. Child traumatic stress is a term that describes the physical and emotional response that a child has to a traumatic event. Most children experience short-term distress from one traumatic event and most are resilient and return to normal. Children exposed to more than one or to chronic trauma, and children with other psychological problems or family dysfunction, may show more signs of post-traumatic stress (PTSD) that result in enduring emotional or behavioral responses that are maladaptive, especially in school.

School-aged children with traumatic stress may be more anxious and they may worry about safety of self and others. They may experience uncomfortable or terrifying thoughts and have many bodily complaints. They may ruminate about the event, show avoidance behaviors, have difficulty with emotions and experience the trauma over and over. They may experience states of high arousal that appear aggressive, reckless, and self-destructive. Some children may appear resistant to change, have trouble with authority figures, have difficulty paying attention, be physically restless and active, demonstrate impulsive behavior, have lower grades and higher rates of absence, or they may simply present with irritability and angry outbursts.

When school nurses understand the signs and symptoms of traumatic stress, they may be better able to provide an environment that is calm and stable. It is important to take time to listen carefully to children and respond in a calm manner. Of equal importance is to not take a child's behavior personally, instead listen and assess with compassionate curiosity. An awareness of the school and community resources available to help support families and students seeking trauma-specific care is important.⁶⁻⁸

Types of Risk-Taking Behavior

With the drive to become independent adults, adolescents are trying out adult behaviors, just when their judgment to make sensible decisions may be questionable. Adolescents need the guidance and supervision of trusted caring adults more than ever during the teen years. School nurses can be essential in assisting adolescents in decision making involving alcohol, tobacco and drug use, sexual activity, suicide, and violence.

The school nurse can provide individual, small group, and classroom education to equip students with the information necessary to make informed decisions in their lives. Providing information regarding available community mental health resources and providers can assist the student and family in obtaining the necessary care and support. Finally, the school nurse can gather data regarding student response to interventions that may assist providers in evaluating appropriate care.

Alcohol, Drug, and Tobacco Use and Abuse

Many school nurses are involved in alcohol, drug, and tobacco prevention on multiple levels, including one-to-one, classroom presentations, and schoolwide interventions. With extensive bodily systems knowledge, nurses can educate students regarding the effects of alcohol and drugs on the body and the short- and long-term complications of use and abuse. Nurses can also assist with effective education and development of a student's leadership skills, which are essential in the prevention of suicide.

For students who may be impaired or under the influence of drugs or alcohol at school, the nurse can perform an assessment regarding stability of the student and immediate need for emergency medical services. School nurses can be helpful in the development of smoking cessation programs for students interested in stopping smoking.

Motivational interviewing is a counseling technique that school nurses could use in their work helping students make lifestyle changes. Motivational interviewing incorporates warmth, empathy, and unconditional positive regard in a therapeutic relationship while consciously directive. It is a communication style designed to resolve ambivalence and move a person toward change. This technique can be learned and practiced.^{9,10}

For more information regarding substance abuse, go to:

- [Substance Abuse and Mental Health Services Administration](#)
- [Centers for Disease Control and Prevention](#)
- [Healthy Children](#)—American Academy of Pediatrics
- [eMedicineHealth](#)
- Kid's Health—
[Dealing with Addiction](#)
[Drugs and Alcohol](#)

Eating Disorders

Many children and adolescents are very self-conscious regarding their bodies. Sometimes, this concern can become pervasive, leading to obsessive and compulsive behavior regarding weight, food, physical activity, and body image. These obsessive and compulsive behaviors can develop into eating disorders such as bulimia and anorexia nervosa. Of special concern are students with diabetes who engage in disordered eating. This is particularly dangerous and must be approached carefully.^{3,11}

Often, students want to hide symptoms of their eating disorder from school officials, family, and friends. Due to the growth screening programs in schools, school nurses may be in a position to identify students whose body weight is of concern. The nurse's physical assessment of the

student may reveal other signs and symptoms consistent with an eating disorder, such as dental erosion, callus on digits, and growth measurements. It is recommended that the school nurse consult with other members of the pupil services team in approaching the parent or guardian with observations and findings. School nurses can provide referrals to medical and community providers with appropriate parent consent.³

For more information regarding eating disorders, go to:

- [Healthy Children](#)—American Academy of Pediatrics
- [The Academy for Eating Disorders](#)

Sexual Activity

School nurses are an excellent resource for students who are sexually active. Nurses have knowledge regarding anatomy and physiology, and school, medical, and community resources available to students. Prepared with this knowledge, school nurses are in a unique position to offer nursing services to students who are sexually active and to prevent unwanted pregnancies. The nurse can provide confidential information regarding risk for pregnancy and sexually transmitted infections and make confidential referrals to appropriate community providers. Following up with students after medical appointments can provide an opportunity to review the student's decision-making skills and reinforce the information received from the medical provider.

Students who are questioning their pregnancy status are often in an emotional crisis and need to have open communication with an available health care provider. The school nurse can be that person. The school nurse can also provide the student with communication tools and support to communicate with the partner, parents, and family regarding confirmed pregnancies.

Wisconsin law requires that school districts make modification and services available to any enrolled school-age parent to enable him or her to continue their education ([Wis. Stat. sec. 115.915](#)). School-age parent is defined as any person under the age of 21 who has not graduated from high school and is a parent, an expectant parent, or a person who has been pregnant within that last 120 days ([Wis. Stat. sec. 115.91](#)). Also, school districts that are receiving state categorical aid to support classroom and/or homebound instruction, must meet all the requirements in [Wis. Admin. Code sec. PI 19](#).

Family planning clinics are required by state law ([Wis. Stat. sec. 253.07\(3\)\(c\)](#)) to treat all information gathered, including any personally identifiable information, as part of a confidential medical record. Information cannot be released without informed consent with the exception of statistical information compiled without reference to anyone's identity. No distinction is made based upon age. Consequently, Wisconsin state law gives adolescents the right to access confidential family planning services. "The expectation of privacy in matters of reproductive health is so substantial that the United States Supreme Court has declared as a matter of constitutional law that reproductive privacy is a protected right, or liberty interest, of individuals regardless of age or marital status. ([Planned Parenthood of Central Missouri v. Danforth, 428 U.S. 52 \(1976\)](#); [Carey v. Population Services International, 431 U.S. 678 \(1977\)](#)).

For more information, see the DPI document [Reporting Requirements for Sexually Active Adolescents](#).

Suicide

For students ages five to 19 in Wisconsin, suicide is the second leading cause of death, according to the Centers for Disease Control's WISQARS fatal injury report for the period between 2000 and 2013. Many Wisconsin youth experience symptoms of depression, think about suicide, make plans to die by suicide, and even make a suicide attempt each year. Gay, lesbian, and transgendered youth are especially at risk.^{3,13} High school students who are not from Caucasian backgrounds were more likely to report suicidal thoughts and behaviors than their Caucasian peers.¹³ Wisconsin continues to have one of the highest youth suicide rates in the nation. Wisconsin has a state law requiring school districts to provide health education regarding suicide prevention ([Wis. Stat. sec. 118.01\(2\)\(d\)7](#)). School nurses may come in contact with students who may be displaying early and urgent warning signs of suicidal tendencies.

Warning Signs

- Decline in quality of school work
- Withdrawal and loss of interest
- Personality or mood changes
- Changes in sleeping/eating habits
- Preoccupation with death
- Anxiety, agitation, change in eating behavior
- Threats about hurting self
- Talking about a specific plan
- Impulsive anger
- Rebellious behavior
- Giving away possessions
- Purchase of instruments (i.e. gun, rope)

It is critical that the school nurse recognize these signs, collaborate with other pupil services team members, notify family members, and make appropriate referrals to community medical health providers. Since depression is a common precipitating factor in suicides, school nurses can be instrumental in making sure students are receiving medical and therapeutic treatment. With parent permission, the school nurse can provide appropriate feedback regarding the student response to treatment with the appropriate mental health providers.³ In accordance with [Wis. Stat. sec. 118.295](#), any staff person who in good faith attempts to prevent suicide of a pupil is immune from civil liability.

For more information regarding suicide prevention, go to:

- [Substance Abuse and Mental Health Service Administration](#)
- [Suicide Prevention Resource Center](#)
- [Centers for Disease Control and Prevention](#)
- [Mayo Clinic—Suicide and suicidal thoughts](#)
- [Kid's Health](#)—Information for parents and teens
- [DPI—Suicide Prevention](#)

Violence

Violence with students can take on many forms including bullying or harassment and assault, which may be perpetrated in dating relationships, gangs, and peer relationships. Gay, lesbian and transgendered youth are particularly susceptible to incidents of violence and mental health issues related to the violence or fear of violence.^{13,14} The literature indicates that students who do not feel safe in school are not able to learn. School districts need to be able to address the violence in school so that every student can feel safe and learn to their optimal potential. If there is any question regarding the use of coercion or use of force involving sexual activity and the child is under 18 years of age, this must be reported to the county protective service agency.

In the fall of 2010, legislation was passed requiring every school district to have an anti-bullying policy that addresses aggression and intimidation in the school setting. School districts are required to make the policy available upon request and to all students and families annually ([Wis. Stat. sec. 118.46](#)).

It is estimated that 60 percent of children are exposed to violence annually. The school nurse, as a trusted professional, is in a position to observe student behaviors or health-related symptoms that may indicate suspected violence exposure and to intervene to prevent further problems. School nurses working collaboratively with their pupil services colleagues can use available resources and strategies to assist students and families to understand respectful relationships.¹⁵

For more information regarding violence prevention, go to:

- National Institute for Mental Health—[Children and Violence](#)
- U.S. Department of Justice—[Youth Violence Prevention](#)
- Center for Disease Control and Prevention—[Violence Prevention](#)
- Safe Schools/Healthy Students—[Violence Prevention](#)
- DPI—[Safe and Supportive Schools](#)

Self-Injury

No chapter on mental health of school-age students would be complete without a discussion of self-injury. The new term that has been used as a substitute for self-harm or mutilation is non-suicidal self-injury (NSSI). NSSI is not a mental illness or risk-taking behavior, but rather a maladaptive form of emotional regulation. There is an increased prevalence of mental illnesses associated with a student who self-injures including borderline personality, depression, anxiety, adjustment and eating disorder, poor impulse control, and other ineffective coping mechanisms.¹⁶

There are four key concepts associated with NSSI including:

- Self-injury is an act done to the self.
- It must include some type of physical harm.
- It is not usually undertaken with the intent to kill oneself. However, NSSI can be a risk factor to suicide. Failure to cope with emotions can lead to a suicide attempt.
- It is most often done with the intention to provide relief.

Students who engage in NSSI use a variety of methods including cutting, burning, hair pulling, skin picking, scratching, inserting objects under the skin or in body orifices, although cutting and burning are the most common.^{3,11}

Typically, students experience relief from anger, frustration, and anxiety by using NSSI. Since students are looking for emotional relief, it is important to take time to listen compassionately and without judgment to students presenting with self-harm.

When a school nurse identifies a student engaged in NSSI, it is important to be nonjudgmental. Immediate consideration should be to provide appropriate care for the injury or wound. The school nurse should assist the student and family with information regarding community referrals to appropriate medical and mental health professionals for a complete medical and mental health assessment and consult with other pupil service personnel. Working as a team with community providers and pupil services staff is very important in implementing treatment and appropriate behavioral boundaries in a school setting.

Conclusion

Mental Health First Aid

Adolescence is the peak age of onset for mental illness and early onset is a predictor for future episodes. Adolescents and young adults, however, are not likely to seek or receive treatment. Children and adolescents may well present first to the school nurse. Nurses can be trained to help students using principles from the [Youth Mental Health First Aid Program](#), which was launched in Australia to teach adults who work with teens the skills needed to recognize the early signs of mental illness, recognize mental health crises, and facilitate students getting the help they need as early as possible. Mental health first aid is not a substitute for treatment or therapy. It is offered to a person who is experiencing a mental health crisis until appropriate treatment and support are received or until a crisis resolves. Keys to the nurse's intervention are:

1. assess the risk of harm
2. listen non-judgmentally
3. give reassurance
4. encourage getting appropriate professional help, and
5. encourage self-help and other support strategies.¹⁷

Another evidence-based intervention that school nurses can use is [Screening, Brief Intervention and Referral to Treatment \(SBIRT\)](#). School nurses trained in this technique will be better prepared to respond to students' selected behavioral concerns.

School districts are aware of the increasing prevalence of students with behavioral and mental health issues in the school setting. School nurses need to be able to work with the pupil support team to enhance all students' social, emotional, and mental health. These educational services and leadership skills can be instrumental in the prevention of high-risk student behaviors. Students with significant behavioral and mental health symptoms need to be identified and referred to appropriate school and mental health providers to remove these barriers to learning.

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