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School nurses' experiences of managing young people with mental health problems: A scoping review

Abstract

Prevalence of mental health disorder is increasing among young people. It is recognised that early intervention is essential in supporting young people and care provided within schools to support emotional wellbeing is recommended as part of this process. A scoping review was undertaken examining school nurses' experiences of supporting the mental health of school children. Findings suggest that school nurses have a central role in supporting young peoples' mental health, although a number of barriers exist which impact on school nurses' preparedness for this aspect of their role. While there are inconsistencies in the provision of mental health training available to support school nurses, when training is implemented it has positive outcomes for service provision and quality of care. A number of challenges for school nurses were also identified and recommendations for practice are suggested in the article.

Key words: School nurses; mental health; young people; scoping review

Introduction:

This article explores school nurses' experiences of managing young people (aged 11 to 18 years) in full time education, who have been diagnosed with, or who display symptoms of a mental health disorder. For the purpose of this paper mental health is defined with a positive emphasis and relates to the person's ability to deal with stress in everyday life (World Health Organisation (WHO) 2013a). Honeyman (2007) suggests that when young people live a complete and active life, maximise opportunities and cope with problems, they have good mental health. However, the lack of a diagnosed disorder does not automatically equate to being healthy; mental health lies on a continuum, total mental health at one end, spanning to complex disorders at the other (Olivia and Lavis 2013). Mental health disorders most frequently seen in young people include anxiety and depression, eating disorders, conduct disorders, attention deficit hyperactivity disorder (ADHD), as well as self-harming behaviours and other complex issues such as psychoses (Hagell et al 2015, Eapen *et al* 2012, Chipman 2011).

Background

'Mental health is a major part of young people's general wellbeing and is closely bound up with their physical health' (Hagell et al 2015: 98). While around 4/5 of young people living in the UK report that they are satisfied with their lives, the prevalence of mental health disorder in young people is an increasing concern; debates about whether young

people today are more stressed and anxious than their predecessors exist. There is evidence that mental health disorders in young people are indeed common   (Hagell et al 2015); in the UK ten percent of children and young people suffer from a mental health disorder, while 40 % will experience mental health problems at some point during childhood (Office for National Statistics 2005).

On a global level similarity exists; Belfer (2008) reports that up to 20% of children and young people suffer from a disabling mental health disorder, with suicide the third leading cause of death among adolescents. It is widely recognised that up to 50% of all adult mental disorders have their onset in adolescence (Hagell et al 2015, Stevenson 2010, Belfer 2008), with poor mental health in adolescence associated with negative outcomes, including low educational achievement, substance misuse, violence and poor sexual health (Patel et al 2007). However mental health disorders amongst young people frequently remain unidentified, with many young people not accessing help and receiving a diagnosis (Wilson 2007, Samargia et al 2006).

The WHO (2014) identifies mental illness as one of the six 'preventable adolescent behaviours' that have the potential to adversely impact later life, with global recognition that early intervention is essential in supporting young people; identifying and tackling mental health disorders in young people is therefore a key health care priority (WHO 2013b; DH 2013). The priorities identified by the WHO (2014,

2013b) are reflected in UK policy and guidance, for example, the UK's Healthy Child Programme (DH 2009) aims to have parity between physical and mental health when commissioning young people's health services (DH 2014).

Miliband (2012:1) notes that "good mental health doesn't start in hospital or the treatment room; it starts in our workplaces, our schools and our communities," emphasising the proactive role that community practitioners can provide in promoting positive mental health, and where appropriate early intervention. Early intervention and prevention is recognised as an essential approach when addressing public health issues and is incorporated within the school nurse framework, which provides the foundations for practice (DH 2013, 2012, 2009). Early interventions benefit an individual's wellbeing early on in life and have economic benefit by avoiding the cost of dealing with more ingrained mental illness issues later on (DH 2011a).

The National Institute for Health and Clinical Excellence (NICE 2009) propose that promoting positive mental health among young people should be the responsibility of multiple agencies including partners from education and health, and while specialised mental health services have their place in supporting those with complex needs, universal services play a substantial role in intervening early on. Stevenson (2010) notes that universal services are integral to improving resilience

and encouraging positive mental health; likewise the WHO (2013b) also propose that schools are an appropriate environment to support young people's emotional wellbeing, with evidence that school nurses can play a key role in promoting young people's health, promoting positive mental health and academic achievement through teaching, screening, and collaborating with a range of services/agencies (Puskar & Marie Bernardo 2007, DeSocio & Hootman 2004).

However, while public health is a key aspect of the school nurses role and certain interventions, for example, delivery of immunisation programmes are widely recognised as core elements of public health (DH 2004; DH 2009), lack of resources and a clear public health evidence base provides specific challenges for implementing positive mental health programmes for young people (Patel et al 2007). Moreover, despite the drive for school nurses to support young peoples' emotional wellbeing, in the UK there are no national guidelines pertaining to their role in assessing young peoples' mental health. Indeed, a recent review of UK based studies (Bartlett 2015) found a lack of literature specifically related to the school nurse role and mental health provision. Thus, the purpose of this review was to examine international literature to determine school nurses' experiences of managing young people who are experiencing or displaying symptoms of mental health disorder, with the aim of determining how the experiences gained may influence the further development of the role of the school nurse within the UK.

Design

Due to the paucity of research examining school nurses' experiences with managing mental health in the school setting, a scoping review was undertaken. Unlike systematic reviews, scoping reviews adopt a comprehensive review of available literature, usually where an area is complex or has not been comprehensively reviewed previously (Arskey & O'Malley's 2005). Although no universal definition of scoping reviews exist (Colquhoun et al 2014, Levac et al 2010) they are generally employed in order to identify and map what existing research has been undertaken, with a view to integrating and synthesising findings of published work; unlike systematic reviews they do not generally assess or grade the quality of included studies (Colquhoun 2014, Levac et al 2010, Arskey & O'Malley 2005), although Levac et al (2010) recommend that while no specific critical appraisal tools for scoping studies exist, that this be included as an element of the scoping review, as was the case for this study.

Arskey & O'Malley (2005) initially developed a six-stage framework for undertaking scoping reviews, which was subsequently developed and adapted by Levac et al (2010); these six stages were adopted for this review, (see Table 1), although the 6th stage of consultation was not achievable in the timeframe of the project.

Insert table one near here.

Methods

Ebsco host was used to access the following databases: Academic

Search Premier, MEDLINE, Psychology and Behavioral Sciences

Collection, PsycINFO, SPORTDiscus and CINAHL Plus with Full

Text. Google Scholar was also used to further follow up on papers

retrieved. All searches included the terms 'school nurse' or 'school

nursing' and were paired with various combinations including: mental

health and adolescents, depression and adolescents, support and mental

health issues, experience and mental illness, mental health and

preparedness. Search parameters were, papers published in the English

language, which originated from Europe and North America as these

are continents that have demographics and cultures similar to the

United Kingdom and therefore the findings can be transferable. The

date ranges included publications between 2003 and 2014. Using these

parameters an initial 287 papers were retrieved (duplicates were

automatically filtered out during the search). The abstract of each

paper were reviewed and inclusion criteria applied as follows.

- The paper reported on primary research.

- The research sample included school nurses or community
  staff nurses working in secondary schools or equivalent.

- The research examined the nurses' knowledge, attitudes or
  experiences of caring for young people with mental health
  disorders.

Following review of abstracts, 78 papers were discounted as they were not primary research; 83 because they did not include a 'school nurse;' 75 were removed because they failed to include secondary school children. A further 44 papers were eliminated because they did not specifically address mental health, resulting in 7 papers. A further search on Google Scholar was undertaken and 5 additional papers were found that met the inclusion criteria. One key study (Haddad and Tylee 2013) cited 3 additional articles that also met the inclusion criteria.

To assure rigour in the review process the first reviewer searched for and located papers meeting the study inclusion criteria; if met, details were entered into the data extraction table. The second reviewer independently reviewed the papers located, following which agreement was reached and papers for inclusion in the review confirmed. In summary, a total of 15 papers drawn from 12 studies were identified that met the inclusion criteria. These papers were then critically appraised using a tool from Wooliams et al (2009), modified by Aveyard et al (2011) (see Table 2).

(Insert Table 2 near here)

Following critical appraisal all papers were judged as suitable to be included within the review. All 15 studies indicated that ethical implications for their research had been appropriately considered. Six

of the papers published research undertaken in Sweden, two in the

USA the remaining seven studies were undertaken in the UK.

A summary of the studies can be found in Table 3.

(Insert Table 3 near here)

A deductive approach was used to identify trends across the papers;

pre-assigned codes were developed following analysis of the wider

literature and applied to the papers. The codes were grouped into

themes (see figure 1), using Braun & Clarke's (2006) stages of

thematic analysis, incorporating familiarisation of the findings,

generation of codes and searching for themes, reviewing themes,

defining and renaming themes and reflecting on the data when writing

up the findings.

Insert figure 1 near here.

Themes

Three themes arose from thematic analysis, School Nurse's Role

Within Mental Health; Barriers experienced by School Nurses; Impact

of Training, and are discussed below.

School Nurse's Role Within Mental Health.

The studies reviewed all indicate that promoting young peoples' mental

health and supporting those with mental health disorders is a key

component of the school nurses' workload. For example, Stephen &
Connors (2013) reported that 31% of their referrals were related to
mental health problems in young people. Indeed Clausson *et al* (2003,
2008) found that Swedish school nurses perceived that rates of mental
health disorder were increasing, while over a third of school nurses in
Wilson et al's (2008) study reported a caseload of more than 10
children with psychological, emotional or behavioural problems at any
one time, with self-harm in young people being the most commonly
seen and most worrying problem encountered.

Seven studies conducted within the UK and Sweden explored School
nurses expectations of their role in promoting mental health and
supporting young people with a mental health disorder. Findings
suggested that practitioners perceived their input as significant in
supporting young people's mental health and wellbeing (Leighton *et al*
2003b; Lohan 2006; Clausson and Berg 2008; Haddad *et al* 2010;
Spratt *et al* 2010; Pryjmachuk *et al* 2011; Dina and Pajalic 2014).
School nurses in Lohan's (2006) study identified that they believed that
they should be more active in supporting young people with mental
health disorders, but were impeded as a result of a lack of resources
and inadequate training; barriers such as these were a recurring theme
and are discussed separately below.

School nurses' regular contact with young people was frequently
identified within the studies, this continuity central to the school

nurse's role in supporting young people with mental health problems (Clausson *et al* 2008). Similarly, Spratt et al (2010) highlighted the valuable relationship formed between young people and school nurses, the continuity they provided forming a basis for relationship building and concomitantly enhancing resilience in young people.

School nurses in Clausson *et al (*2003, 2008) and Leighton's (2003a) study observed that young people with mental health disorders attribute family issues to be the main cause of their problems; the school nurse role was considered central to working with families to support these young people. Clausson & Berg (2008) reported that where the school nurses were specifically trained and involved in family nursing interventions, thereby engaging in 'therapeutic conversations', they gained a greater understanding of the complexity surrounding young peoples lives.

Barriers experienced by School Nurses.

In eight of the papers reviewed there is evidence that school nurses encounter barriers that impede their ability to provide to provide an effective service for young people experiencing or displaying symptoms of mental health disorder. The main barrier identified in six papers was the time-consuming nature of caring for these young people (Clausson *et al* 2003; Lohan 2006; Wilson *et al* 2008; Haddad *et al* 2010; Pryjmachuk *et al* 2011 and Stephen and Connors 2013). Clausson *et al* (2003) also reported that documenting psychosocial

issues was time consuming, and Haddad *et al* (2010) identified that the entire process of supporting young peoples' mental health took a disproportionate amount of time. Likewise, Wilson *et al (*2008) found that although proportionally the numbers of young people seeking help for mental health disorder represented on average 37% of their caseload, they consumed a disproportionately large amount of the nurse's time.

Similarly, large caseloads were considered by school nurses to be a barrier to working with young people experiencing or displaying symptoms of mental health disorder (Lohan 2006; Spratt *et al* 2010 and Pryjmackhuk *et al* 2011). Lohan (2006), whose study was specific to young people suffering bereavement, observed that learning was adversely impacted as a result of their grief, but, as a consequence of the nurses' large caseload, practitioners were unable to allocate adequate time to support these young people.

Stephen and Connors (2013) highlighted how the complexities of problems young people present with impacted on the nurses' ability to effectively assess young people experiencing or displaying symptoms of mental health disorder; the need for education was a recurring theme and is discussed fully below, nevertheless, school nurses lack of training in mental health was perceived to be a barrier which impacts on the care these young people receive (Leighton 2003a , Lohan 2006, Wilson *et al* 2008, Haddad *et al* 2010, Pryjmackhuk *et al* 2011).

Garmy *et al* (2014a) reported that practitioners identified that they had inadequate tools to support their assessment and interventions. Lack of resources was also identified as a barrier by Lohan (2006) whose study specifically identified the difficulties faced in rural areas, where lack of services meant that school nurses faced particular challenges in terms of where to signpost families for support.

An association between poor professional confidence and effectiveness was evident in three papers (Pryjmachuk *et al* 2011, Spratt *et al* 2010, Stephen and Connors 2013). Lack of confidence was linked with an absence of specific training (Pryjmachuk *et al* 2011) and a sense of un-preparedness, which adversely impacted on the effectiveness of care school nurses provided (Spratt *et al* 2010, Stephen and Connors 2013)

Impact of training:

Wilson *et al* (2008) found that school nurses were more likely than their health visiting colleagues to report lack of confidence and preparedness to support young people experiencing mental health problems, with only 30% of the school nurses in the survey (n=100) having received training in aspects of mental health, and 94% expressing a desire to receive such training.

Five studies emphasised the positive impact mental health training had on school nurses' ability to support young people experiencing or

displaying symptoms of mental health disorder (Leighton 2003b; Clausson and Berg 2008; Dina and Pajalic 2014; Garmy *et al* 2014a & b). Training involved different approaches, such as equipping nurses to provide health promotion talks to support young people (Leighton 2003b), and equipping young people themselves by employing cognitive behavioural strategies, enabling young people to develop new ways of thinking (Garmy et al 2014b).

Garmy *et al (*2014a & b) focused on preventative and universal school-based programmes, which were considered to be beneficial for both professionals and young people; nurses improved in competence as a result of increased awareness of mental health issues and believed the training to be a positive experience. Nurses who were provided with specialised training experienced greater confidence when working with those with mental health disorder (Leighton 2003a and Leighton 2003b); education and training increased general knowledge around young people's mental health and provided insight into both the school nurses' and other professional roles' and responsibilities in multi-agency working.

Different approaches to training were reported, e.g., facilitating therapeutic conversations (Clausson and Berg 2008), talking therapies, counselling and motivational interviewing (Dina and Pajalic 2014) and prevention of depression programmes (Gamy et al 2014a). The use of these approaches by school nurses was reported as time saving

(Clausson and Berg 2008), and fostered an increased sense of confidence and trust in school nurses, by young people (Dina and Pajalic 2014).

Discussion and Implications for School Nursing Practice

The school nurses in the studies reviewed clearly recognised that they played a key if not central role in promoting young people's mental health, reflecting the unique position that school nurses hold both within schools and the community, and thus their contribution in ensuring positive outcomes for children and families (DH 2014b). The school nurses in the studies were also well placed to identify and support health problems in young people that affect achievement, as well as contributing to the liaison and mediation between education, health and other agencies (Baisch *et al* (2011) and to this end have the potential to play a key role in early identification and intervention with young people experiencing or displaying symptoms of mental health disorder (Allison et al 2014). However, in order to be fully effective in this goal, there are barriers that prevent the school nurse from always fulfilling their contribution fully which need to be overcome. These barriers, include time and resources, but importantly, due to lack of specialist education and training, the school nurses appear to lack readiness and the confidence to intervene.

In the UK, professional guidelines stipulate that school nurses have a duty to provide 'effective and competent' care (NMC 2004) while

ensuring their knowledge and skills remain updated (NMC 2015).

Findings from the review revealed the inconsistent and often absent

education and training received by school nurses (Jones 2004; Wilson

et al 2008, Haddad *et al* 2010 and Pryjmackhuk *et al* 2011), while also

identifying that when training is implemented there is a positive impact

on the quality of care (Dina and Pajalic 2014; Garmy *et al* 2014a and

Garmy *et al* 2014b), and in the school nurses' level of confidence

(Garmy *et al* 2014b; Leighton 2003a; Leighton 2003b). Training

allows facilitation of effective referral processes, which Lee (2011)

suggests are central to ensuring efficient utilisation of specialised

services in a joined-up and timely manner. This is significant given that

findings from the review clearly indicate that resources in relation to

time and availability of support are themselves significant barriers to

school nurses.

Conclusion

Overall there is limited research that has examined the school nurses'

role in supporting young people who are experiencing or displaying

symptoms of a mental health disorder; further research is therefore

required. The review of existing research has revealed three key

messages. Firstly, school nurses perceive an increasing prevalence of

mental health disorder among young people and consider their role

central to supporting them (Clausson *et al* 2003, Clausson *et al* 2008;

Pryjmachuk *et al* 2011; Spratt *et al* 2010 and Stephen and Connors

2013). Secondly, it is evident that planned training interventions which equip school nurses to support young people with mental health disorder, are beneficial to the young person, their family and professionals (Clausson and Berg 2008; Clausson *et al* 2008*;* Garmy *et al* 2014a and Garmy *et al* 2014b*)*. Finally, the ability of the school nurse to cope with young peoples' mental health disorder is a key and variable factor. While Haddad and Tylee (2013) indicate that practitioner's knowledge to recognise depression is 'reasonably high,' the majority of findings indicated that barriers existed which hindered the nurses coping ability, notably lack of training (Leighton *et al* 2003a; Lohan 2006, Wilson et al 2008, Pryjmachuk *et al* 2011). Large caseload and limited resources were also regarded as barriers (Lohan 2006; Pryjmachuk *et al* 2011, Spratt *et al* 2010), as was the complex nature of mental health disorder (Leighton *et al* 2003a), although where specialised training is provided, a positive response was observed (Wilson et al 2007).

Further education and training is therefore essential in order to assist school nurses in overcoming knowledge and skills deficits, enabling a more effective approach to positive mental health promotion and the early identification of mental health disorder. Education and training will also assist school nurses in overcoming the concomitant barriers relating to levels of confidence and readiness overcome. Training in early recognition of mental health disorder, the use of assessment tools and related resources, as well as the availability of specialist services

could enable school nurses to spend a more proportionate amount of
time in managing the care of those young people in their schools who
have a mental health problem. Moreover, educating nurses in
preventative approaches to support young peoples' emotional
wellbeing, thereby facilitating earlier intervention, will have economic
benefits across society (DH 2014b, Marmot 2010).

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Table 1: Six Stages of a Scoping Review. Adapted from Levan et al (2010) and Arskey & O'Malley (2005).

Framework Stage	Associated Activities.
1. Identifying the research question	- Deciding what's important i.e. study population, interventions or outcomes. - Provide a clear rationale for undertaking the study. - Combine a broad research question with a clearly articulated scope of inquiry - Decisions abut search parameters made once a sense of the volume of 'bibliographic references' is ascertained.
2. Identifying relevant studies	- Scoping reviews are meant to be as comprehensive as possible therefore a range of sources are searched including, databases, reference lists, hand searching key journals, existing networks, relevant organisations and conferences. - Decisions relating to coverage of review – time span, and language. - Decisions about feasibility (time and resources) versus need to address the research question or study purpose - If limited scoping possible, justify decisions made and acknowledge as a limitation
3. Study selection	- Identification of study inclusion and exclusion criteria based on familiarity with the literature - Criteria applied to citations retrieved through search strategy. - Reading of full article of studies meeting the inclusion criteria to confirm which are selected for inclusion in the review. - Ideally a team approach to making decisions about inclusion and exclusion criteria and ultimately, studies to be included
4. Charting the data	- Involves sifting and sorting the material as an iterative process - Decisions on information to record and how; data extraction initially undertaken independently and then meet with co-researcher(s) to ensure consistency - Applying a common analytical framework to all primary research reports - Assessment of methodological quality of studies included - Summarising process information
5. Collating, summarising and reporting the results	- Undertake a thematic/content analysis - Present a narrative account of findings, including nature and distribution of studies; distribution geographically; research methods used; measures of effectiveness; depending on study population may describe outcomes or interventions - Organise literature either thematically, through a framework or table of strengths and weaknesses.
6. Consultation Exercise (Optional).	- Consultation with stakeholders, representatives from statutory and voluntary bodies; managers and practitioners and key 'informant' carers, as appropriate. - Use preliminary findings from stage 5 to enable stakeholders to offer their perspective and expertise, build on the evidence and offer a higher level of meaning.

Table 2: Critical appraisal tool (adapted from Wooliams et al (2009) by Aveyard (2011)

Six questions to trigger critical thinking:	
1. **Where did you find the information?** • Did you just 'come across' it: Or did you access it through a systematic search?	2. **What is it and what are the key messages or results/findings?** • Is it a research study, professional opinion, discussion, website or other? • What are the key messages/results/findings?
3. **How has the author/speaker come to their conclusions?** • Is their line of reasoning logical and understandable? • If it is research or a review of research, how was it carried out, was it done well, and do the conclusions reflect the findings?	4. **Who has written/said this?** • Is the author/speaker an organisation or individual? • Are they an expert in the topic? • Could they have any bias? • How do you know?
5. **When was this written/said?** • Older key information may still be valid, but you need to check if there has been more recent work.	6. **Why has this been written/said?** • Who is the information aimed at – professionals or patient/client groups? • What is the aim of the information?

Table 3. Summary of Studies Included in Review.

Author(s)	Purpose of Study	Sample	Methodology	Findings
Clausson, E., and Berg, A. (2008)	To examine the effectiveness of therapeutic conversations with families (through family sessions) in alleviating health complaints among adolescent girls in a school setting.	Four girls with recurrent, subjective health complaints and their families. Evaluative interviews were carried out with the families and with school nurses (n=10)	Three therapeutic sessions were held with each family, using genograms, ecomaps, interventive questions, and other family nursing interventions. The Strengths and Difficulties Questionnaire was used as a pre- and posttest measure. Evaluative interviews were carried out with the families and with school nurses.	The families reported feeling relief and described positive affective, behavioral, and cognitive changes as a consequence of the interventions. The school nurses experienced the family sessions as timesaving and easy-to-use tools in their work.
Clausson, E., Kohler, L. and Berg, A. (2008)	To use school nurses' knowledge and experience for a better understanding of school children's health problems and their association to socioeconomic background and gender.	Random sample of Swedish school nurses (n = 129)	Postal questionnaires sent nationally in Sweden. Including structured and open-ended questions.	School nurses believed there to be a decline in pupil's mental health over the past two years; particularly apparent in pupils from deprived areas. Family reasons were thought to be the main cause of decline. School nurses have regular contact with the pupils throughout their schooling.

Clausson, E., Petersson, K. and Berg, A. (2003) .	To highlight school nurses' view of schoolchildren's health and their attitude to document it in the school health records.	Strategic sample of school nurses (n = 12) from southern Sweden from six different communities.	Semi structured interviews.	School nurses saw pupils as physically healthy. Psychosocial issues were considered to be increasing and this was the reason why most pupils sought help from the school nurse. Health was believed to be associated with the individual, the school and most importantly, the family. Physical health issues were documented with no problems. Time constraints, the structure of the records used and ethical issues all hindered documentation of psychosocial problems.
Dina, F. and Pajalic, Z. (2014).	To describe how Swedish school nurses experience their work with school children who have mental illness.	School nurses (n = 10). Purposive sample from two communities in southern Sweden.	Semi structured, in depth individual interviews.	School nurses use a number of different tools when caring with pupils with mental illness, including, health talks, motivational interviewing, family and individual counselling,. School nurses play a central role in supporting children mental health., developing pupils' trust and confidence

Garmy, P., Berg, A. and Clausson, E. (2014a).	To investigate the experiences of school health professionals in conducting a universal school-based programme aimed at preventing depressive symptoms in adolescents.	School health professional in Southern Sweden (n = 22).	Focus groups.	Three themes were identified: 'doing good and sowing seeds for the future,' 'working with insufficient tools,' and 'personal development.' The programme conducted was considered beneficial within school for school nurses, but support required was thought to be a necessity.
Garmy, P., Jakobsson, U., Carlsson, K., Berg, A. and Clausson, E. (2014b).	To evaluate the implementation of a universal school-based cognitive behavioural programme whose target is to prevent depressive symptoms in adolescents	School students aged 14 years in one school in Southern Sweden (n = 62) and 'Tutors' (n = 7), comprising Social workers (n=3); teachers (n=3); school nurses (n=1).	Evaluation of universal school-based cognitive behavioural programme using questionnaires- for both pre and post-test and after 1 year.	64% of the students and all of the tutors felt the experience was positive and were pleased with the results of the programme, notably the scores of the girls improved. The pupils scored lower on measures of recent depressive symptoms following the course. A theme derived from the 'student experience' was 'achieving a new way of thinking, changing negative thoughts to positive ones.

Haddad, M., Butler, G. and Tylee, A. (2010).	To identify school nurses' views concerning the mental health aspects of their role, training requirements and attitudes towards depression in young people.	Random sample, school nurses (n = 258) throughout the UK.	Postal questionnaire	Almost half (46%) of the school nurses had not carried out post registration training in mental health. However, 93% believed it was an essential part of their role. Over half (55%) reported pupils mental health issues took up more than a quarter of their workload. Practitioners recognised the significant role they play in providing support for pupils with mental health problems.
Haddad, M. and Tylee, A. (2013).	To evaluate school nurses' knowledge and skills for depression recognition and management through development of the QUEST tool.	School nurses within the UK [pilot study] (n = 26), main study (n = 146).	Multiple choice questionnaire	Legibility for the knowledge test and vignettes were suitable. Professionals' knowledge about depression can be analysed by utilisation of a brief measure, and vignettes can be used to evaluate the depression recognition process. School nurses revealed a reasonably high ability to recognise depression.

Leighton, S. (2003 a)	Part 1: To identify the mental health issues encountered by school nurses. To identify training deficits as perceived by school nurses themselves.	Convenience sample of school nurses working within three primary care groups within the UK linked to one NHS trust (n = 25).	Semi structured questionnaire.	The most common mental health issue the school nurses dealt with were 'problems at home;' including bereavement, family dysfunction, domestic violence, parental separation and divorce.. School nurses are unable to manage the number and the complex nature of the issues pupils faced. School nurses need specialist training to support them caring for these children.
Leighton, S. (2003b)	Part 2: to identify the training needs of the nurses and establish the course content and its structure. The evaluation of the subsequent course that developed.	Secondary school nurses across local primary care group in the UK (n = 12)	Survey questionnaire – open-ended questions. Focus groups.	Five aims that a course should provide were developed by the focus group.. The course evaluation was generally positive with an increase in knowledge of mental health problems observed. . Participants found the course fundamental to their practice and in outlining their roles and responsibilities. Increased understanding of the roles of other professionals within mental health services was gained resulting in increased confidence in working with children with mental health problems

Lohan, J. (2006).	To assess the need for additional support for bereaved children and the extent to which school nurses meet the needs of these students.	School nurses in a 3-county areas in Washington state, USA. (n = 6)	Web-based survey/questionnaire.	Due to size of workload many school nurses were unable to give adequate time to children following bereavement. These pupils show a range of grief symptoms that impact learning. There are limited resources available for children within the rural community that school nurses can sign post to. School nurses received poor preparation and training on supporting children with bereavement issues.
Pryjmachuk, S., Graham, T., Haddad, M, and Tylee, A. (2011).	To explore the view of school nurses regarding mental health problems in young people and their potential for engaging in mental health work with this client group.	Purposive sample of School nurses, from four teams in two English cities. (n = 33).	Focus groups.	Four themes were identified and included; school nurses appreciate their work with pupils and mental health and highlight it as significant within their role. Barriers to this work included, large caseloads, lack of training and confidence in dealing with mental health issues and professional competition. Support from specialist services was highlighted as important.

Spratt, J., Philip, K., Shucksmith, J., Kiger, A. and Gair, D. (2010).	To explore the role of school nurses in promoting and supporting the mental health of children and young people.	School nurse managers across Scotland (n = 25)	National survey – telephone interviews.	Although the school nurse involvement in schools was viewed as essential, challenges to the service impacts care, including unable to fulfil their role due to demands of caseload. Reduced resources resulting in school nurse 'holding' pupils until specialised services could see them. School nurses felt unprepared, reduced confidence and skills in supporting pupils with mental health issues.
Stephen, S. and Connors, E. (2013).	To assess prevalence and types of student mental health problems encountered by school nurses, as well as their prior training, perceived competence and levels of comfort addressing such problems.	School nurses present at a National School Nurse conference in Chicago, America (n = 78).	Questionnaire.	A third of young people seen by school nurses have mental health issues. School nurses are 'moderately' comfortable at identifying problems, but less happy with intervention in assessing those with mental health problems.

Wilson, P., Furnivall, J., Barbour, R., Connelly, G., Bryce, G., Phin, L. and Stallard, A. (2008)	To describe the workload of health visitors and school nurse in relation to children and young people with psychological, emotional or behavioural problems. To identify perceived challenges, obstacle and sources of satisfaction associated with this aspect of work.	Scottish professionals working with children and young people (HVs n = 71, SNs n = 100)	Questionnaires including quantitative and qualitative responses.	Nurses reported that while proportionally they cared for a low number of children with mental health issues each week, supporting these young people involved a significant amount of their time. Issues most common included self-harm, externalising behaviours and family problems. Most nurses reported they had not received specialised training. The majority reported they would like to have specific training.

Figure 1. Codes for Thematic Analysis.