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THE ROLE OF THE SCHOOL NURSE IN IDENTIFYING AND MITIGATING
ANXIETY AMONG SCHOOL-AGED CHILDREN

A Scholarly Project Submitted in Partial Fulfillment of

The Requirements for the Degree of

Doctor of Nursing Practice

in

The School of Nursing

Rhode Island College

May 14, 2022

By

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Abstract

Background: In the United States many children and adolescents have anxiety. Despite the high prevalence and severe consequences of childhood anxiety disorders and depression, less than half of these children receive adequate treatment.

Purpose/Specific Aims: School age children experiencing anxiety is common, and the number continues to rise. School nurses are ideally positioned to prevent mental health issues and intervene during mental health exacerbations. The project purpose was to provide better support for school nurses caring for children with anxiety. Aims included providing the nurse with education on anxiety, with a brief assessment tool to use with anxious students, and with tools for promoting interprofessional collaboration.

Method: A convenience sample of 10 school nurses participated in this quality improvement project in a Rhode Island public school district. The design was a mixed method using a multifaceted intervention approach. Nurses completed pre and post-test surveys. Social workers completed a survey.

Results: Quantitative results of the school nurse and mental health interprofessional collaboration increased from pre to post-test. Four themes of barriers school nurses face in providing mental health services in their school were identified: limited staff; lack of time; family issues; and lack of communication. Prior to COVID-19, a lack of mental health specialists and resources were reported to be available for anxious students.

Conclusions: A gap in interprofessional collaboration remains between school nurses and the mental health team. More research is needed on this topic to increase collaboration.

Key Words: child anxiety; school nurses; mental health; interprofessional collaboration

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THE ROLE OF THE SCHOOL NURSE IN IDENTIFYING AND MITIGATING ANXIETY AMONG SCHOOL-AGED CHILDREN

Background and Significance

School-age anxiety is a common mental health disorder that is on the rise (Polanczyk et al., 2015; Foy et al., 2019). Anxiety has increased during the COVID-19 pandemic and is expected to continue beyond. School nurses are ideally positioned to prevent, intervene, and treat mental health issues in school-age children.

According to the Centers for Disease Control (CDC), 5.8 million children ages three to seventeen years old have an anxiety disorder. Out of the children with anxiety, one in three will also have problems with depression (Ghandour et al., 2018). Overall, one in six children suffer from a mental health disorder (Danielson et al., 2020). Despite the high prevalence and severe consequences of childhood anxiety disorders and depression, only 30% of children are diagnosed and receive adequate treatment (Gulliver et al., 2010). Children do not receive the mental health care they need, partially due to a shortage of psychiatrists (Axelson, 2019). Mental health services can be fragmented, and communication between providers is insufficient. Therefore, access to mental health care is a concern. The child's mental health can result in tremendous psychosocial and financial burdens for young people, families, schools, and communities (National Collaborating Centre for Mental Health, 2011). If youth do not receive support for their mental health, they can grow into adults at risk for increased anxiety, depression, addiction, and suicide (Novotney, 2019). From 2000 to 2017, the death rate by suicide was the second leading cause of death for those 10-24 years of age (Curtin & Heron, 2019).

Emergency visits to pediatric hospitals for mental health conditions have increased steadily. Holder et al. (2017) showed trends over five years in an emergency room; the most prevalent diagnosis was found to be anxiety disorders at 28 percent. This study demonstrated mental health visits were higher during the school year. Most pediatric patients are hospitalized if they pose a threat to themselves or others (Holder, 2017). Hospitals lack available inpatient beds, trained mental health providers, and community resources (Holder et al., 2017). The addition of social workers and mental health assessments for children and adolescents are implemented in some adult emergency rooms (ERs). One of the most common pediatric diagnoses at inpatient psychiatric facilities in Rhode Island is an anxiety disorder (Rhode Island Kids Count, 2020).

Typically, the school nurse is the first to identify a student with anxiety in the school setting. Research from Raveena & Cleaver (2016) describes that mental health issues take approximately 33% of the school nurse's time each day. Muggeo and Ginsburg (2019) report that school nurses identify anxiety as a common health issue despite not using anxiety screening tools with students. The National Association of School Nurses (NASN) reported that 53% of school nurses specified that they are hesitant to talk about anxiety or depression with a student. They reported that these nurses will quickly refer students with mental health issues to the school guidance counselor (Skundberg-Kletthagen & Moen, 2017). School nurses' report little confidence when dealing with anxious children due to lack of training (Skundberg-Kletthagen & Moen, 2017).

School nurses are key in preventing mental health issues in children and can intervene effectively during mental health episodes. They have continuity and daily access

to students. Educating school nurses about anxiety and providing assessment tools can facilitate identification and mitigation of student anxiety. This education could result in more services within the school setting and may decrease the use of more costly services in an outpatient clinic. Some families have limited access to mental health services because of insurance or transportation issues (Reardon et al., 2018). The lack of resources and education could hinder supporting students with anxiety. Supporting and educating school nurses regarding anxiety will help their students' academic, social, and emotional success.

The financial impact of utilizing schools for mental health services for students is efficient and cost saving. School-based interventions are more affordable than hospital or community-based services (Hoffman et al., 2020). Hoffman et al. (2020) showed that the median cost per visit for pediatric mental health ER visits in 2016 was \$1317. The increase in pediatric mental health concerns is a nationwide crisis that requires prevention and integration of health care into routine outpatient health care (Doupnik et al., 2018). Research by Pella et al. (2020) explored the cost of care for children with anxiety to understand the financial burden of the disease. The annual estimate of children and adolescents with anxiety was \$6405 per child (Pella et al., 2020).

Recently the American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry (AACAP), and the Children's Hospital Association (CHA) declared a national emergency in children's mental health (American Academy of Pediatrics, 2021). The national emergency is due to increased ER visits for children with mental health emergencies. During the pandemic, from March to October 2020, ER visits of children aged five to eleven increased by 24%, and of children aged twelve to seventeen

increased by 31% (Centers for Disease Control and Prevention, 2022). The president of AACAP, Dr. Gabrielle A. Carlson, described school-age and adolescents as having higher rates of anxiety, depression, trauma, and suicidality, impacting them, their families, and communities. A child psychiatrist, Dr. Jenna Triana in Minneapolis, described that a 20-youth waiting list in the ER is occurring for a bed, and that it can take a week or more for the patient to have a follow-up by psychiatry (Frelick, 2021). The recommendation of the AAP is to improve access to mental health services by telemedicine which can decrease the burden of training pediatricians in mental health triage. It is challenging for parents to find providers accepting new patients, and some offices will not accept Medicaid insurance. Increased funding is needed for more pediatric providers and for treatment programs for children's mental health services. The increased ER visits for mental health services have become a national, state, and local emergency in the United States.

Problem Statement and Study

School-age anxiety and mental health issues are increasing. The school nurse is a clinician who is uniquely positioned as they are often the first adult to assess a child with anxiety and to intervene. Many studies have shown that school nurses are identifying the need for more education and resources on anxiety and student mental health (Ravenna & Clever, 2016). Once students with anxiety are identified, the nurse needs to be knowledgeable to support their mental health needs.

Limited studies show the effectiveness of collaboration between the school nurse and school interdisciplinary mental health teams. A study by Bohnenkamp et al. (2015) reports school mental health teams infrequently include school nurses. This gap clearly brings attention to the need for inclusion of the school nurse on an interprofessional

mental health team. An open and inclusive school environment can allow school nurses to collaborate with the mental health team (Dale et al., 2021). School nurses need to be included as an important and valued member of the interprofessional team to decrease the effects of anxiety for students.

Literature Review

The current state of the science for school age anxiety and mitigating strategies includes literature defining anxiety, identifying the symptoms, and analyzing how this affects the children's quality of life. Many barriers for students to receive mental health support in school and outpatient settings exist. The school nurse has barriers in providing mental health services or referrals for students. Search words used CINAHL, PsychArticles, PsycInfo, PubMed, SAGE, SocINDEX.

A generalized anxiety disorder (GAD) is defined as when children fear bad things will happen to them now or in the future (Novotney, 2019). Anxiety and fear can help children but are also normal transient symptoms of childhood development (Beesdo et al., 2009). Another type of GAD is separation anxiety which occurs when children are separated from their parents. Extreme fear about an object or situation, for example fear of dogs or going to the doctor, is called a phobia. Social anxiety occurs when children are afraid to participate in activities with others including school or a friend's birthday party. A common issue for some children is refusing to go to school due to feeling self-conscious or difficulty making friends due to anxiety (Emhke, Child Mind Institute). Anxiety can cause children to experience psycho-somatic symptoms such as: irritability, anger, trouble sleeping, fatigue, headaches, and stomachaches (National Institute of Mental Health, 2018). Some children have panic disorder with symptoms of intense periods of heart pounding, feeling, dizzy, shaky, or sweaty, and difficulty breathing

(National Institute of Mental Health, 2018). Children can perceive anxiety and worry about catastrophes such as earthquakes, hurricanes, and floods. The current COVID-19 pandemic is another source of worry to add for these students (CDC, 2020).

Symptoms of anxiety and depression can impact on school attendance and academic functioning, peer relationships, and self-esteem (Forbes, 2019; Hughes et al., 2008; Muggeo et al., 2017). Anxiety and depression can lead to chronic absenteeism, defined as when a student misses 10% or more school days in a year. Absenteeism can be an early sign of academic difficulty and potential for a student to drop out (Jacob & Lovett, 2017).

Students report pressure to succeed in school and/or sports which can cause anxiety. In addition, students increased use of social media can also cause anxiety (Novotney, 2019). The pressure can come from parents, teachers, and friends. Two risk factors for anxiety are genetics and parental influence. Research shows that anxious parents are more critical and controlling (Rapee et al., 2009). These parents tend to focus on negative outcomes. Additionally, children who report being bullied have higher levels of anxiety and low self-esteem. (Graham et al., 2006). This can have a destructive effect on children's social status and interpersonal relationship with their peers (D'Esposito et al., 2011).

Research by Ghandour et al. (2018) analyzed data from The National Survey of Children's Health (NSCH) in 2016. The data was used to estimate the prevalence of anxiety and depression for children, age three to seventeen, over the past year who had received mental health services in the United States as reported by parents or caregivers. This research explored the prevalence of conditions and treatment according to

sociodemographic and health-related characteristics in the NSCH study and performed secondary analysis on the data (Ghandour et al., 2018). The summary concluded that 45% of children had mild to moderate anxiety. Anxiety was most common among children ages 12- 17 and non-Hispanic Caucasian children. The number of children with anxiety and those treated with counseling or referral to a mental health professional was 59%. The low treatment rate indicates a treatment gap for children and adolescents with anxiety. The prevalence of anxiety was higher with older children who had poorer mental and emotional health. One limitation was that parents reporting diagnoses and treatment could be subject to recall bias (Ghandour et al., 2018).

The evidence supports that anxiety is a significant mental health issue for children and adolescents that can lead to depression. Treatment access rates are lower for children with anxiety than with depression or behavioral problems. School nurses need to assess for signs and symptoms of anxiety and recommend services to parents.

Barriers for Parents

Many barriers exist for parents to access mental health services for their children. It is difficult for some parents to identify that their child has anxiety and the need for professional help (Reardon et al., 2018). Long waiting lists to see a mental health provider and to get the insurance authorization for the service can be discouraging for parents. If parents have expensive out-of-pocket fees, this is a significant barrier and may prevent continued treatment for their child. Parents worry about decreased pay or job loss if their child needs multiple appointments.

The purpose of the research by Crouch et al. (2019) was to identify factors that help or hinder access to mental health specialists for children with anxiety difficulties.

The population surveyed were parents of children ages seven to twelve in England. Researchers used a qualitative method with questionnaires by mail, following up with telephone interviews. The survey had parents rate their child using two different anxiety scales. Two common themes emerged. One theme was the difficulty that parents had identifying that their child had anxiety due to dual diagnosis with another mental health diagnosis. Parents reported a long delay in recognizing their child's need for help and waited until it became a crisis. A second theme was difficulty securing necessary professionals. Parents reported the need for persistence and repeated contact with professionals to obtain services. Parents identified that clear, frequent communication during the waiting period was helpful. Parents had concerns about where to seek help and what to expect from services. The limitations include that the population researched was Caucasian and from one mental health service which can make it difficult to generalize the results.

A second research study by Larson et al. (2013) was focused on understanding parents' barriers to their child receiving a mental health evaluation from their primary care provider (PCP). The population consisted of 55 African American parents, in a low-income urban setting from a primary care practice in Baltimore, Maryland. The children were aged two to seventeen. Parents completed a 23-item questionnaire addressing intangible and tangible barriers and child functioning. The results were that 35 out of 55 (64%) of parents who required follow up with a mental health professional for their child. Parents identified the top three barriers: inconvenient appointment times; unclear appointment expectations; and concern about missing work. Most of the parents agreed with the physicians that their child had a mental health problem and needed help from a

mental health provider. The study limitations included small sample size and possible selection bias in study participants. This study occurred in one clinical setting, the primary care clinic at John Hopkins University, and the Children's Mental Health Center was affiliated with John Hopkins are on the same campus.

Barriers for School Nurses

Barriers for school nurses to intervene for students with mental health issues exist, including limited time, large student caseloads, and inconsistent resources. School nurses have reported having limited knowledge and education in counseling skills and mental health assessment and interventions (Ravenna & Cleaver, 2016). Research by Bohnenkamp et al. (2019) found that school nurses wanted to learn about the signs and symptoms of mental health diagnoses and needed access to free mental health assessment tools. The nurses identified wanting to enhance their ability to work with parents and students. Additionally, the nurses want to be able to assess, and intervene for these students (Membride et al., 2015; Stephen & Connors, 2013).

The purpose of research by Markkanen et al. (2021) was to describe the school nurse's role in recognizing students with mental health needs. The population studied was school nurses in Finland. Twenty one percent of nurses completed an emailed survey with 136 out of 648 responding. The research method was a cross-sectional study, and the instrument used to create the survey was the Mental Health Needs and Practices in Schools Survey (MHNPS). In the results, nurses identified that the barriers for students were a lack of options for mental health services (Markkanen et al., 2021). Study limitations include low response rates and difficulty generalizing data in another country.

Another research article by Jonsson et al. (2019) aimed to describe school nurses' experiences working with students who have mental health issues. The population consisted of 14 school nurses in Sweden. Methods were semi-structured interviews lasting 40-60 minutes. The qualitative data demonstrated that school nurses saw increased student mental health problems with no concurrent increase in school resources. Some nurses expressed doubt about the amount of time available and their ability to work with students' mental health issues. The three improvement areas for school nurses identified are: clinical supervision; education; and a reasonable workload. All three of these can support the school nurse in promoting student mental health. Some nurses from the study described that taking care of students with mental health issues provides personal and professional development opportunities (Jonsson et al., 2019).

Gap in School Nurse Interprofessional Collaboration

An outcome of this DNP project is to increase school nurses' collaboration with the interprofessional team. Some school nurses identify limited collaboration with a mental health provider regarding a student's mental health as a challenge. There is an increase in student mental health issues while school health resources have not increased. Due to this increase, nurses should have clinical supervision, consultation, group discussions with colleagues, and team networking with child psychiatry (Jonsson et al., 2019; Caron et al., 2020). Skundberg-Kletthagen and Moen (2017) report that school nurses have limited collaboration with school staff and request inter and multidisciplinary cooperation.

Limited information and research are available on how school nurses collaborate with school faculty, school psychologists, and social workers. All these professionals

have specialized training and see the student through the lens of their profession. These professionals can miss the holistic picture of a student that requires guidance from others in the school (McIntosh et al., 2021). There is a gap in research on how interprofessional collaboration works within a school system. McIntosh et al. (2021) states that school nurses can facilitate interprofessional collaboration with healthcare and education professionals that benefit students. Another study describes research with social workers, school psychologist, teachers, and school principals and their interprofessional collaboration (Stone & Charles, 2018). Research by Granrud et al. (2019) described school nurses as important collaborators but noted that they are not always included in interprofessional team meetings for students' mental health.

A research study by Reutersw€ard and Hylander (2017) describes how school nurses experience their work and collaboration with the interprofessional health team. This study used a convenience sample of 25 school nurses in Sweden. The method used was interviews of school nurses in five focus groups. Results showed faculty had unclear expectations of the school nurse. Collaboration that occurred was dependent on how frequently the other staff worked and the proximity of the staffs' desk or office to the school nurse. Closer and more frequent contact was found to make collaboration easier for all professionals. Collaboration was reported to depend on personal relations rather than professional specialization. Confidentiality was described as a problem if nurses were unaware of upcoming student meetings and did not have parental consent to talk with team members. If nurses were unable to discuss students, they felt isolated. The limitations of this study are generalizing this data from Sweden to another country with different health systems for school nurses.

COVID-19

Over the past two years school nurses have had an increased awareness relating to youth mental health and their responsibilities due to the pandemic (Marques-de Miranda et al., 2020). The pandemic has increased the number of children with mental health issues (Marques-de Miranda et al., 2020). All students have had many changes in their lives and routines due to the pandemic. School provides a much-needed routine and structure. Children who were unable to physically go to school were required to participate in online learning. School closures caused social isolation, loneliness, and impacted learning for children and adolescents. Research by Jiao et al. (2020) reported three- to six-year-old children were very clingy and afraid family members might become infected with COVID-19. This fear of infection in another study resulted in behavior changes of some children (Lee, 2020).

Many children rely on schools to provide breakfast and lunch. School closures prevent these children from lower socioeconomic families to access healthy meals. The lack of school playgrounds prevented regular exercise for students. These both contributed to a decrease in student mental health and well-being (Chatterjee et al., 2020). Research by Chatterjee et al. (2020) showed children experienced post-traumatic stress disorder (PTSD) because of the pandemic and school closures. The need for student mental health services increased (Thakur et al., 2020). Crawley (2020) identified the lack of available mental health services. Many children in the United States receive mental health services in school and school closures caused a disruption from students receiving these services (Thakur et al., 2020). Other children with mental health issues lost access

to their support systems, such as in-person counseling, group counseling, and other resources.

The pandemic has highlighted a need for school nurses to screen for mental health problems and refer potential students for services (Fegert et al., 2020). The school nurse can also provide resources for the parents of these children. Hopefully these measures will decrease the long-term effects of student's mental health.

The purpose of research by Racine et al. (2021) was to obtain estimates of global prevalence of anxiety and depression in children during COVID-19. The population studied was youth under or equal to the age of 18 years using a self-or parent-reported questionnaire. The methods were a meta-analysis of studies in English using quantitative data and reported increased prevalence of depression or anxiety in youth. The data was analyzed over one month in March of 2021. The results showed prevalence of clinically diagnosed child and adolescent anxiety at 20 % and depression at 25 % during COVID-19, doubling since the pandemic started. Depressive symptoms were found to be higher in older children. The implications are increased utilization of child and adolescent mental health services and the need for allocation of resources to meet the increased demand (Racine et al., 2021).

COVID-19 has universally affected students to a variety of degrees and has affected many by increasing anxiety and mental health issues. Many students who had not had previously experienced anxiety were considered temporarily anxious or depressed due to this pandemic. COVID also increased the anxiety and depressions level of parents affected by loss of income or eviction from a living situation. Schools, teachers, and all school staff involved are affected, including school nurses.

Local Context

This DNP project was implemented at the Warwick Public School District. The plan had support from the organizational mentor who is also a school nurse teacher. She is the coordinator of the district's school nurses.

Warwick public schools include fourteen elementary schools and two middle schools for sixteen potential volunteer school nurses who could participate in this project. The elementary schools average 600-1000 children per school. Middle schools average 556-1179 students per school.

Warwick is a city in Kent County, Rhode Island, the third largest city in the state. Total population in 2020 was 82,823, with children under 5 years of age comprising 5.5% of the population and persons under 18 18.5% (US Census Bureau 2020; City-Data, 2019). Language diversity is an issue with approximately 10% speaking other than English at home. Health insurance access is an issue for approximately 4% of the population under 65 years (City-Data, 2019). In November of 2020, the unemployment rate was 5.8%, and almost 13 % were living in poverty (US Census Bureau, 2020). The total enrollment of students in the Warwick Public schools is 8,800 (NICHE, 2021). The students' demographics include Caucasian 77.7%, with Hispanic at 11%, Asian 4.3%, Multiracial 3.9%, and African American 2.7% (NICHE, 2021).

In 2019, the number of low-income students totaled 2,917 in Warwick public schools (Rhode Island Kids Count, 2020). Rhode Island Kids Count (2020) identified that 14% of all low-income Warwick children participated in free school breakfast in 2019. According to Rhode Island Department of Education (RIDE), 37.1 % of Warwick students participated in free or reduced lunch. Title 1 programs are allocated to schools

with the highest concentration of low-income families to improve academic achievement of students. Five elementary schools participate in the Title 1 program, which identifies areas in need of increasing student achievement with increased supports and strategies. (Warwick Public Schools, n.d.).

The Warwick public school nurses have access to an on-call medical director who is a pediatric psychiatrist for crises and emergencies. He also reviews school nurse policies. Not every elementary or middle school has a school psychologist or social worker in school five days a week for collaboration with the school nurse. This can become a problem if the school nurse needs to discuss a student or have access to a mental health team member.

One barrier to implementing this project in September 2021 was that school nurses focused mitigating strategies for COVID-19 as students returned to a new school year. During this project, student anxiety and mental health issues may not have been a priority for school nurses.

Purpose Statement and Specific Aims

The primary purpose of this project is to support school nurses, as they identify and assist students with anxiety through interprofessional collaboration with school-based mental health professionals. The aims include providing education and resources for the school nurse about identification of anxiety, tools to decrease anxiety with school age children, and strategies for promoting increased collaboration with the school nurses and other staff within the school while using a whole school approach.

Conceptual/Theoretical Framework

The theoretical framework used to guide this DNP project is a theory by Maria O'Rourke. O'Rourke (2011) states that nurses need to have role clarity, role autonomy and accountability. The concept of role clarity means understanding your role as a nurse. The concept of role involves how does the nurse see oneself in relationship to others, and as part of a system? O'Rourke notes that when a nurse is clear about their professional role, this link is important to clinical practice and patient outcomes (O'Rourke, 2019). This foundation will support this DNP project to address school nurses and identify their professional role with clarity. The school nurse needs to be confident in their role. This role includes assessing children with anxiety, implementing an intervention, and discussing findings with the parents, teachers, and other school professionals. The role autonomy and accountability include making decisions and working with others to communicate the information obtained. The school nurse's role involves coordination of care and working with the interprofessional team. O'Rourke's model also discusses leadership, which can be applied to school nurses practicing as leaders and collaborators in their role.

This quality improvement project also used Donabedian's Theory. His theory identifies three concepts of how structure, process and outcomes can be used to identify quality in health care (Donabedian, 1966). The concepts are linked together and determine outcomes. Structure refers to the care given by the school nurses to help students with anxiety. The process is the interactions between the school nurse and student. Using Donabedian's theory the school nurse can assess student's anxiety, educate the student and parents, and refer a student for mental health services. The

process also includes the interactions between the school nurse, teachers, and mental health team. The outcomes are the effects of collaboration, to improve student's mental health, and quality of life (Donabedian, 1966).

The NASN's Framework for the 21st Century School Nursing Practice also provides guidance for this DNP quality improvement project. The NASN Framework identifies that the central concept is student-centered nursing care with the student's family and school community (NASN, 2016). The framework includes standards of practice, care coordination, leadership, quality improvement, community, and public health care. Standards of practice include using evidenced based strategies in daily work, reviewing NASN position statements, review state regulations and district policies for the school nurse (NASN, 2016). Nurses in schools are part of the interdisciplinary team and identify students physical, social, and behavioral difficulty that impacts their academic progress (NASN, 2016). This early identification can help students get the help and or resources needed to support their academic success. Student self-empowerment is one of the goals for helping students reduce anxiety. The framework includes roles and services provided by the school nurse that are quality improvement focused, which includes data collection, documentation, and evaluation. Other services provided by the school nurse are community and public health interventions that include screening, referral, follow-up, and educating students about anxiety and interventions to cope with mental illness (NASN, 2016).

Methods

Setting

Data were collected from ten elementary and middle school nurses in the Warwick public school system by email using a Qualtrics pre-and post-survey. Emails were sent to 19 school nurses in Warwick inviting them to participate. Data was also collected from four social workers in the Warwick Public Schools using a Qualtrics survey focused on interprofessional collaboration.

Participants

A convenience sample of ten school nurses participated for a 50% response rate (n=10) in this quality improvement project. The inclusion criteria were school nurses in the Warwick Public School system working with students between the ages of 6-14. The school nurses are predominately female and Caucasian. One of the school nurses has a Master of Science in Nursing (MSN). All the school nurses have a MEd and are certified as School Nurse Teachers (SNTs) by the Rhode Island Department of Education. Recruitment of the school nurses was supported by the DNP project student's organizational mentor. This DNP student met with the school nurse participants in May on Zoom at the end of the 2020-2021 school year to begin recruiting participants.

Intervention

The timeline of this project is presented in Appendix A. A second meeting with the nurses occurred in September 2021 on Zoom to discuss the three project goals: educating school nurses about anxiety and interventions, identifying and screening students for anxiety, and encouraging a partnership with the school team. Before the first educational intervention, the pre-test survey in Qualtrics was emailed to the nurses in

September 2021. The participants were asked to complete an anonymous email consent which described the study and how the results would be applied. The Consent is seen in Appendix B. Participants had the right to withdraw at any time and the results were de-identified. Following obtaining consent, the nurses' demographic data was requested to understand the profile of participants who completed the survey. The eight demographic questions were multiple-choice. Fill-in questions were asked for years as a school nurse and school level. Other data gathered included the total number of students and ages at their schools.

The second part of the survey used the instrument titled Mental Health Needs and Practices in Schools Survey (MHNPS), which was developed and validated by Reinke et al. (2011). This 40-question survey was modified to 16 questions and used for the pre and post-tests which are seen in Appendix C. The questions on the survey used a five-point Likert scale from strongly disagree (1) to strongly agree (5). Four open-ended questions were provided to capture a baseline of nurses' knowledge, skills, and training about student anxiety, barriers to mental health, roles and attitudes regarding mental health interventions, and if they engaged in interprofessional collaboration.

One week following the pre-test, a 45-minute Zoom meeting with the nurses was scheduled in September 2021 to provide education via PowerPoint about anxiety and resources to use when concerned about a student. Discussion included what types of mental health and behavioral issues the students have exhibited and what the nurse's concerns are when interacting with these students.

The education also included introducing how to utilize a screening tool, Child Anxiety Related Emotional Disorders (SCARED), when assessing students with anxiety.

The original instrument was 41 questions. Birmaher et al. (1999) developed a shortened version of the SCARED tool, consisting of five questions (Appendix D). This DNP student received permission to use this instrument when educating the nurses. The five-item SCARED screen has a sensitivity of 74% and a specificity of 73%.

The rationale for the educational intervention was to increase school nurses' knowledge, confidence, and accuracy when assessing students' anxiety. Along with introducing the screening tool, additional education included interventions of calming techniques such as deep breathing, mindfulness, and guided imagery for students who have anxiety. The education session also included a discussion about how the nurses engage in interprofessional collaboration. A playbook was given to the nurses for additional resources for both students and parents.

At the end of November 2021, the post-test on Qualtrics was emailed to the nurses which is provided in Appendix E. The post-test included the content from the pretest as well as two added questions: 1) Are there any key benefits from this educational intervention? 2) Please provide any comments or feedback about the project. The data from the post-test was collected and evaluated.

This DNP scholar used a logic model to map out a systematic approach for implementing and evaluating a sustainable program (Appendix F). This model consisted of three categories of input, outputs, and outcomes. Under the input category, the partners in this project are the social workers. The management was the Director of Special Services, the scholarly project mentor's manager. The process involved enrolling school nurses in elementary to middle school. The short-term learning outcomes included increasing school nurses' knowledge and confidence when working with students who

have anxiety. Another outcome included that school nurses will increase awareness of interprofessional collaboration. The medium or action outcomes included school nurses will have access to assessment tools for anxiety and resources to make referrals for students. The other action-outcome included collaboration with the school mental health team. School nurses' long-term outcomes are that they will create interprofessional relationships with the mental health team. The overall improved community health outcome is less student anxiety, and mental health concerns will be addressed.

The rationale for the intervention related to the long-term outcome includes building a closer collaboration between nurses and mental health professionals in the school setting. A barrier of note is that the administration might not support school nurses working with student mental health issues. Nurses perceive that some teachers and mental health team members do not collaborate on student mental health. There are not enough mental health providers for children and teens in schools. Nurses have high access to the students in their school. Past studies demonstrate that nurses would like more mental health education. This project attempted to use a multimodal approach, meeting with other mental health team members to discuss and survey inter-collaboration with nurses at their school.

The frequency of collaboration between the school nurse and the mental health team is crucial. A joint Zoom meeting in the fall of 2021 with the school psychologists and school nurses was planned but did not occur after multiple attempts. In March of 2022, a seven-question Qualtrics survey was emailed to four social workers about interprofessional collaboration with the school nurses. Appendix G provides the questions social workers were given on this survey.

Measures

The Qualtrics survey was created using the instrument titled Mental Health Needs and Practices in Schools Survey (MHNPS). This and the assessment screening tool are in the intervention section for more detail.

Analysis Plan

The school nurses' demographics were analyzed using descriptive statistics. The quantitative method included pre and post-tests in deciding if the education increased the nurse's knowledge and interventions. The quantitative data were analyzed using means, percentages, and frequency ranges. The data from the statements identified a group of themes. Credibility in the analysis was established by having the data reviewed by two other evaluators, the student's project advisor, and the second reader. The qualitative data were analyzed by grouping statements into themes and recording the frequency of each theme. The data collection occurred from September 2021 to November 2021 for the nurses and data collection in March 2022 for the social workers.

Ethical Considerations

This author received the Rhode Island College Institutional Review Board (IRB) approval. The supervisor of my organizational mentor gave consent and signed an approval form from the Warwick Public School Department. The school nurses signed a written anonymous consent (Appendix B). Participants had the right to withdraw at any time. The school nurses were not identified by name or by school. The pre- and post-survey data are stored in a locked file. The nurses who participated in the pre and post-test surveys received a \$25 Amazon gift certificate.

Results

Demographic Data

Ten nurses out of 19 participated for a 50% response rate (n= 10). The school nurses' age ranges are listed (Table 1), with 70% reporting their age as 50 years or over. The years of experience as a school nurse varied from one to twenty-four years (Table 2).

Table 1

Age of School Nurses Participants in Years

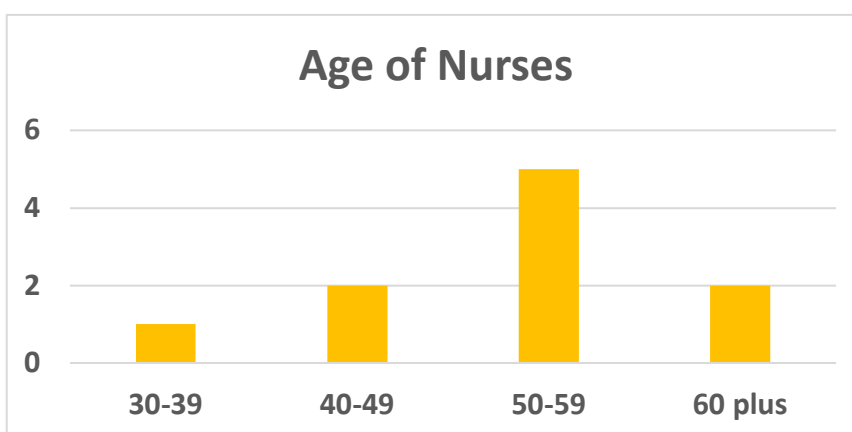
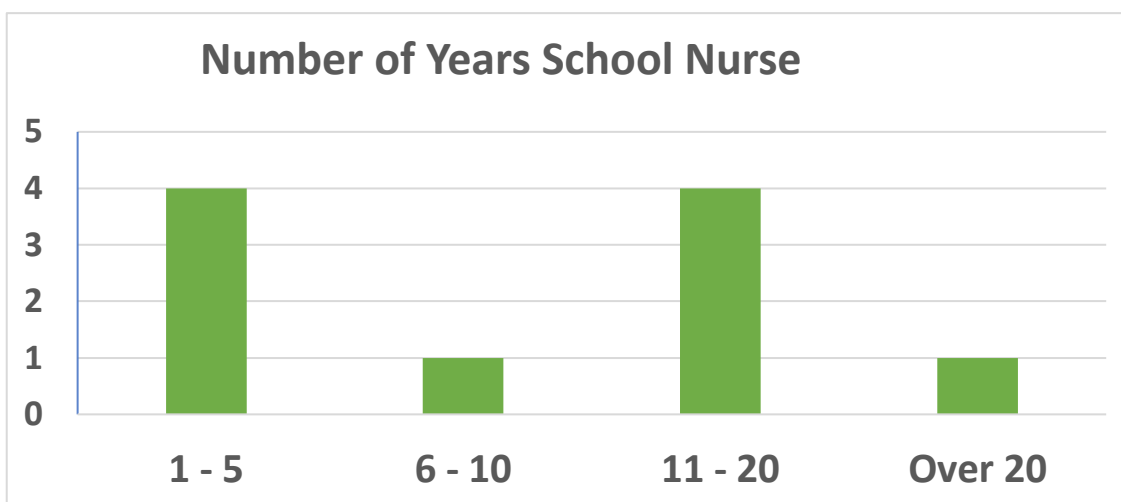


Table 2

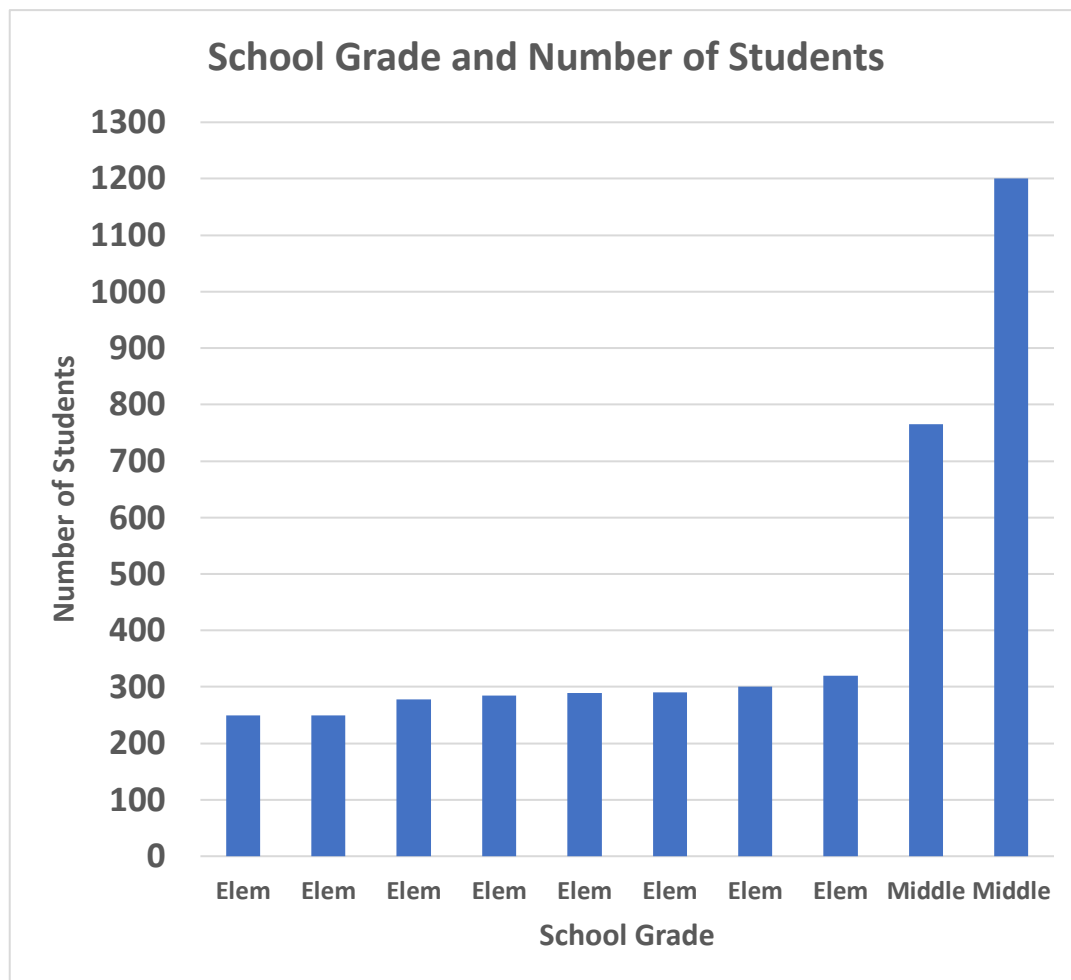
Number of Years as a School Nurse



Eight nurses reported being at elementary schools, and two were at middle schools. The total number of students per school is listed (Table 3).

Table 3

School Grade and Number of Students



Quantitative Data

The school nurses completed the pretest first, then received the educational intervention, and the post-test was given three months after the instruction. A PowerPoint lecture was used to educate the nurses about mental health diagnoses and the types of mental health interventions. A discussion of these topics followed. The nurses shared the

interventions they used for students experiencing anxiety. One school nurse discussed learning about Reiki and applying for certification in this practice to support students with their mental health. Other nurses said they used relaxation and deep breathing with some of their students. Two nurses mentioned giving students a worry stone to help with relaxation and anxiety.

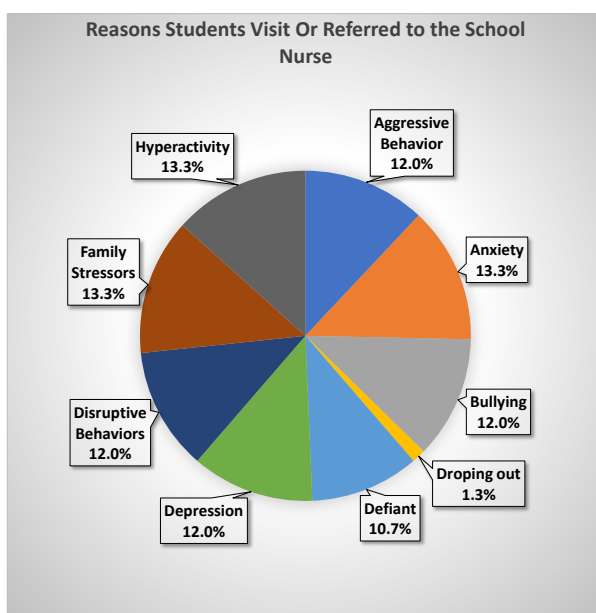
Three desired outcomes of the education intervention were identified. The first was increasing the school nurses' knowledge of mental health issues, assessing anxiety, and using interventions with anxious students. The nurses' level of knowledge of anxiety was moderate to very high in both the pre and post-test, and no significant change was demonstrated. No increase in the pre- to post-test scores regarding knowledge, assessment, or relaxation interventions, such as deep breathing and guided imagery were noted. Another question asked about the nurse's role or attitude regarding the mental health interventions and practices. The next question asked if students mental health needs were met in a timely matter. The mean decreased slightly from pre to post-test. A different question asked about nurses' confidence in the mental health interventions and practices to help the students. When asked if they adopt practices proven effective by research, scores increased slightly from pre to post-test. The results stayed the same from pre to post-test.

The nurses ranked the top three areas where they needed additional skills and training. The most needed skill was assessing and supporting students' mental health. The second most needed skill was education and training about mental health, and the third was medications and treatments for students diagnosed with mental health illnesses.

The ten school nurse participants identified the most common reasons students came to the nurse's office. They reported: anxiety, family stressors, and hyperactivity (Table 4). The number of students seen or referred for mental health services per nurse was 0 to 30 over the past school year (2020-2021). The average number of students was 14. Most of the nurses did agree or strongly agreed that schools should be involved in addressing students' mental health issues.

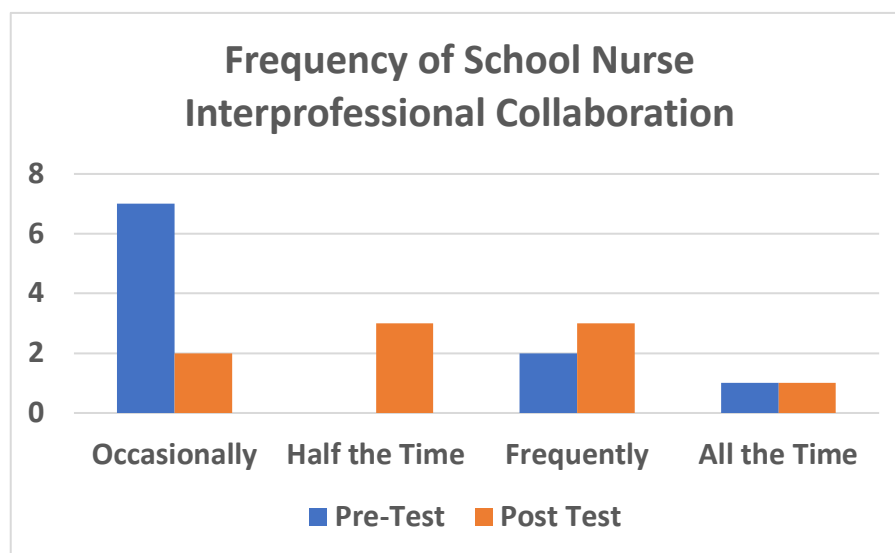
Table 4

Reasons Students Visit School Nurse

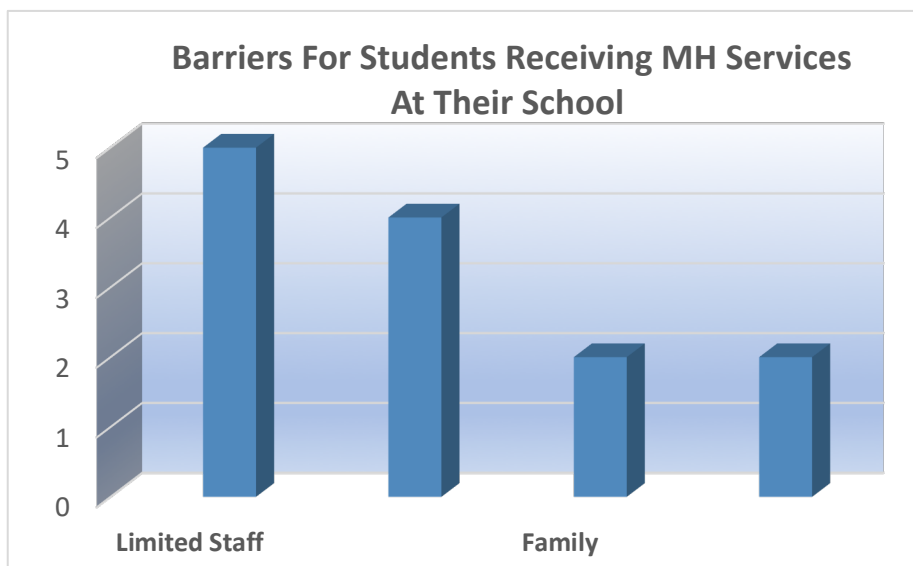


The survey asked the nurses about the barriers to providing mental health in their schools. The top three barriers were lack of funding for school-based services, competing priorities, and lack of training. The quantitative data also revealed three reasons why students “fall between the cracks” in their school: lack of ongoing monitoring of students with mental health needs, lack of staff training and coaching, and lack of prevention programs for students who have depression, anxiety, and low self-esteem.

The frequency of interprofessional collaboration used a 5-point Likert scale evaluation, with one being never and five being all the time. Pre-test results demonstrated that collaboration occurred only occasionally in most cases, with a mean score of 2.7. Collaboration with interprofessional team members in the care of students with mental health issues increased significantly in the post-test period. Most nurses indicated that they implemented IPC at least half of the time (mean 3.3, $p=0.08$). Although the difference between pre-and post-test scores did not achieve statistical significance, the sample size was small, and results may likely approach statistical significance with a larger sample. Table 5 illustrates differences in rates of collaboration between pre-and post-intervention periods.

Table 5*Frequency of School Nurse Intraprofessional Collaboration***Qualitative Data**

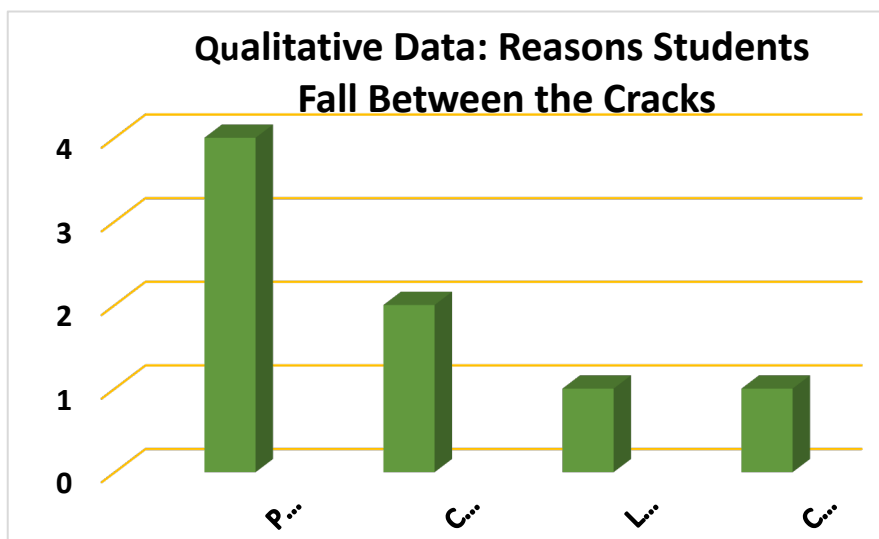
The qualitative data that school nurses revealed about students' barriers to receiving services included themes of limited mental health providers and lack of time were the most common themes. Nurses identified limited access to outpatient services and programs for many students with mental health needs. Due to lack of time, nurses indicated that they could not address student issues; they reported that other school issues frequently take priority over mental health. The third and fourth themes that emerged were related to family and to communication. Nurses described the potential for language and communication barriers with families, and a gap in the communication between the nurse and providers in the community was identified by participating school nurses. Table 6 below demonstrates themes that emerged related to barriers for students using mental health services.

Table 6*Barriers for Students Receiving Mental Health Services*

In addition, nurses provided responses to what is lacking in their school and why students with mental health needs "fall through the cracks." Responses included contributing factors across the areas of parents, communication, staffing, and COVID-19. Responses related to parents included issues such as scheduling and follow-up. Contributors included breakdowns in communication across school nurses, parents, the school, and outside providers. In addition, many respondents reported insufficient staffing and challenges associated with COVID-19 as top contributors to gaps in care. Table 7 below presents the factors contributing to students "falling between the cracks" reported by school nurse participants.

Table 7

Reported Factors Contributing to Students “Falling Between the Cracks”



The qualitative data on interprofessional collaboration (IPC) revealed that nurses valued IPC but believed that implementing this was often impossible due to time constraints. Responses indicated that IPC meetings are often scheduled but can be delayed or canceled due to more immediate issues. For example, meetings can change if a student has a medical or behavior problem in the classroom at the scheduled time.

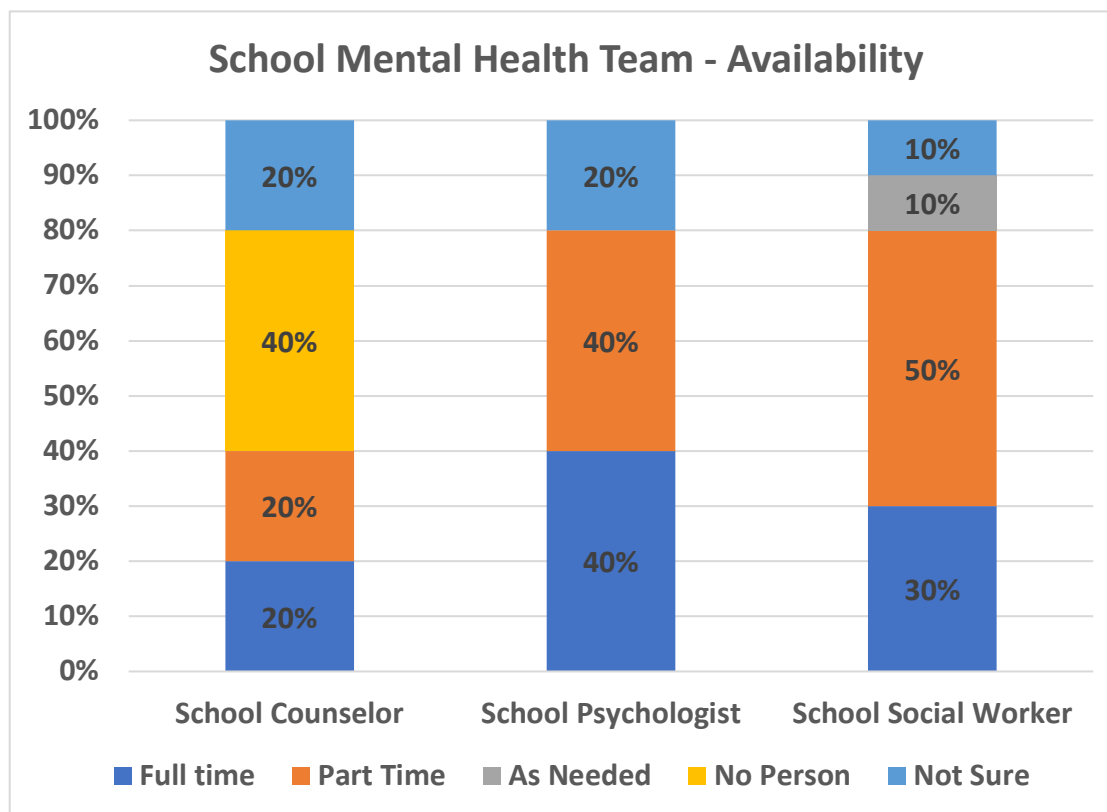
A common theme among nurses' responses included the time constraints of a mental health team member having more than one school for which to provide consultation. Therefore, the supports required are often not readily available. In addition, the nurses identified a lack of qualified professionals in outpatient settings and long waiting periods for students.

Nurses were also asked about any additional services that their school provided. Nurses identified the following services as available in their school settings: substance abuse counselors, weekly support groups for students, incorporating Social Emotional

Learning (SEL) in the classroom, and access to a school psychologist and social worker. One respondent also indicated that mental health is part of the curriculum in their school. Nurses also identified the three most influential people when selecting a mental health program at their school: the principal or school administrator, the school psychologist, and the parents. Nurses reported the availability of school psychologists and social workers working full-time and part-time in their schools. The results showed a variety of full and part-time roles and that 10-20% of the nurses were unaware of the working frequency of school social workers, psychologists, and counselors. Table 8 demonstrates the school nurse participants reported mental health team availability at their respective school sites.

Table 8

Reported Mental Health Team Availability



In addition to the school nurses' survey, an email requesting data on interprofessional collaboration was sent to all school social workers in the school system (n=17). Of these, four social workers responded (23.5%). Responding social workers reported having a higher frequency of interprofessional collaboration with their school mental health team members than nurses. Table 9 depicts social workers' perceived collaboration with other school mental health clinicians. Although some social workers sought the support of school nurses in the care of children with mental health issues (Table 10), the majority reported that they did not include school nurses in these meetings (Table 11). Social workers were unclear as to why school nurses were not present in mental health meetings. One respondent offered that the school nurse might not be available. Another indicated that the nurse played an essential role in their relationship with students and families.

Table 9

Social Worker Perceived Collaboration with Mental Health Team

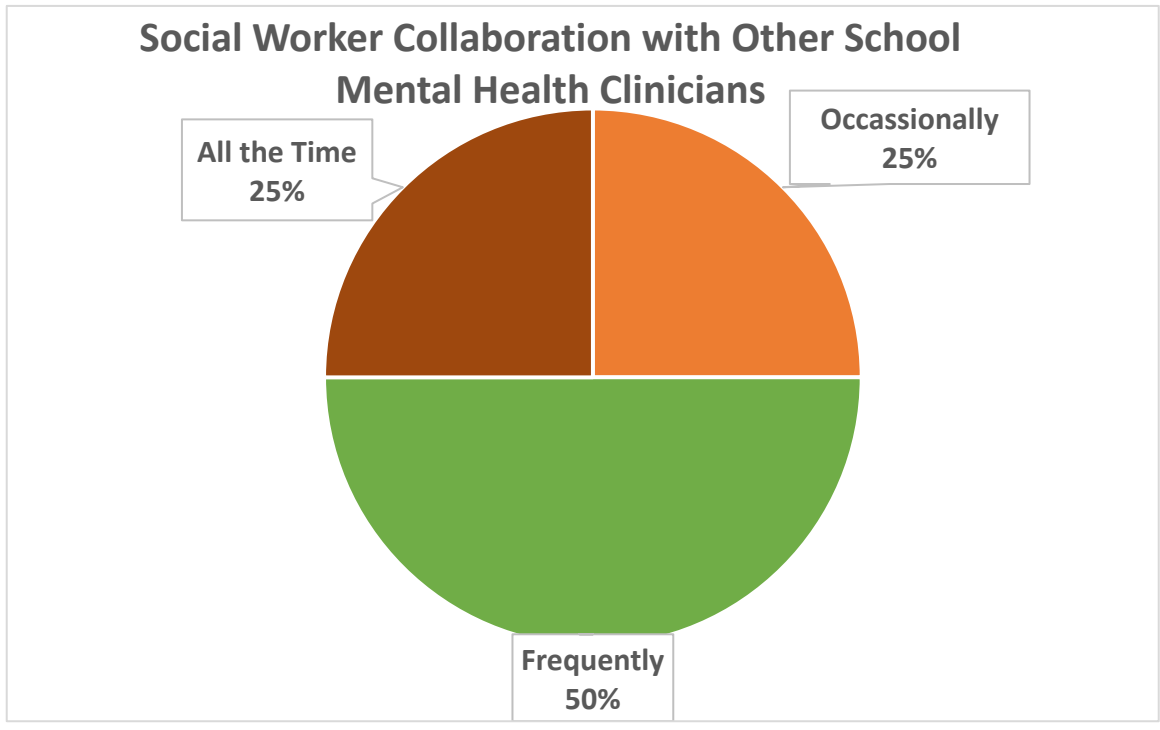
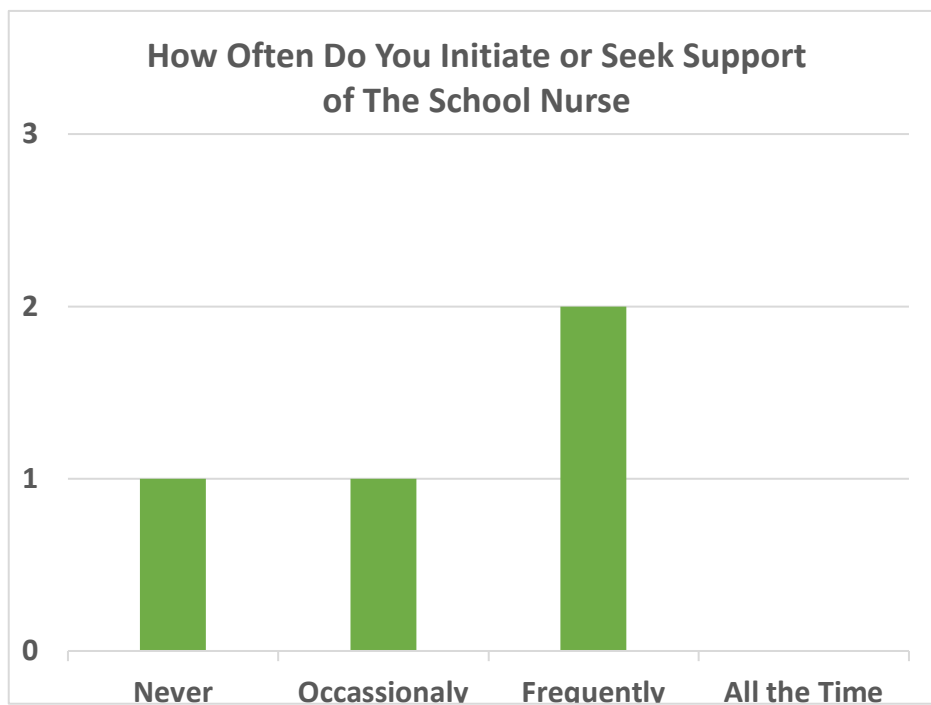
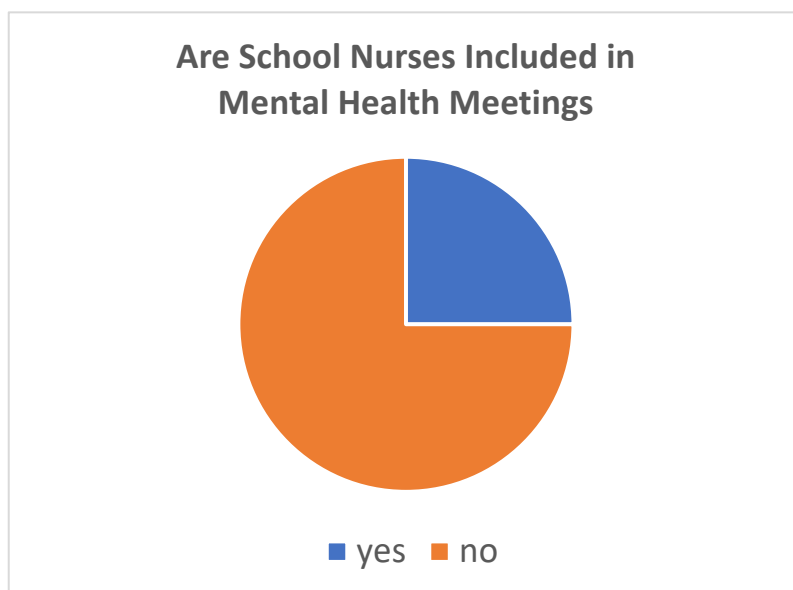


Table 10**Reported Frequency of Social Worker Collaboration with School Nurse****Table 11***Social Worker Reported School Nurse Inclusion in Mental Health Meetings*

Discussion

This quality improvement project aimed to support school nurses as they identify and assist students with anxiety through interprofessional collaboration with school-based mental health professionals. The first aim was to improve school nurses' knowledge of best practices in caring for students with anxiety. The second aim was to facilitate improved interprofessional collaboration in practice. The overarching aim is to improve anxiety outcomes at the student level.

One of the primary goals of this project was to improve the participants' knowledge, skills, and confidence in applying the best evidence-based practices in the care of children with anxiety. Prior studies have reported the need for additional knowledge and training in this area. Survey responses for this project demonstrated a similar perceived need for more advanced knowledge related to the care of children with anxiety; however, pre-test data demonstrated a moderate level of knowledge at baseline, with no improvement in post-intervention knowledge.

The educational program design addressed the essential priorities identified in the literature. A specific needs assessment about the educational priorities was not implemented prior to the development of the program. Completing this assessment would have allowed tailoring the educational program to meet the needs of the Warwick school nurses. This assessment may have driven a better improvement in nurses' knowledge. The DNP scholar did not work in the school setting and did not have ready access to the school nurses or social workers outside of this project. Future projects should include a local needs assessment to guide the tailoring of the educational design to meet the participants' needs.

A third aim was to foster increased collaboration among interprofessional team members. The importance of IPC in the care of children with mental health diagnoses is established (Bohnenkamp et al., 2015; Kaskoun & McCabe, 2022). However, the literature demonstrates that school nurses often are not included in collaborative efforts with other team members (Granrud et al., 2019). This project aimed to improve IPC in practice. Evaluation of IPC at baseline demonstrated that interprofessional team members were consulted less than half the time in most cases. Evaluation of post-test results demonstrated a significant improvement in collaboration, with most nurses reporting initiation of IPC at least 50% of the time. Although the results did not reach statistical significance, these findings are clinically significant. In addition, results may achieve statistical significance with a larger sample size.

School nurses lack an understanding of the working frequency of mental health team members, which can impede collaboration and communication among school members. More effort to improve awareness of other professionals' daily schedules is required to improve interprofessional collaboration.

Time was a primary barrier to caring for students with anxiety even before COVID. The evolution of the COVID pandemic has placed extreme demands on the school nurse and has likely exacerbated this problem. Unfortunately, while demands have increased exponentially for school nurses, the pandemic has led to unprecedented increases in student anxiety and mental health issues among students (American Academy of Pediatrics, 2021).

The challenges associated with COVID may have impacted the effectiveness of the intervention, given the need for school nurses to focus on the more immediate

priorities such as contact tracing. However, addressing the needs of school nurses in caring for students with anxiety is more important now than ever.

The quantitative data about the barriers nurses face in implementing mental health programs in their schools indicated a lack of funding for these services. The results are consistent with Markkanen et al. (2021); they asked a similar question and saw the same lack of funding results. Another barrier reported in the survey was the small number of mental health professionals in schools and the community. A shortage of child and adolescent psychiatrists has been documented by the American Academy of Child and Adolescent Psychiatry (AACAP) (2018). They provided workforce maps that illustrate the severe shortage. The ratio of psychiatrists to children ranges from one to 60 per 100,000 children depending on the location (American Academy of Child and Adolescent Psychiatry, 2018). In the United States, the median is 11 psychiatrists per 100,000 children (American Academy of Child and Adolescent Psychiatry, 2018).

During this project, nurses identified that parents choose not to follow up with pediatricians' recommendations to see a mental health provider. According to research by Prymachuk et al. (2011), nurses described that parents had difficulty seeing their role in their child's mental health problems, and that some parents did not follow through with referrals.

The survey sent to the Warwick school social workers asked seven questions. It was not surprising that social workers did not include school nurses in mental health meetings. It is unclear why this occurred. Possible reasons include communication, time, or scheduling conflicts. School nurses were not aware of or invited to the scheduled mental health meetings. Some of the professionals in the school system have had no

education about the benefits of interprofessional collaboration. The Interprofessional Collaborative Practice Competencies include developing a trusting relationship with others one works with, communicating with others on the team, and choosing effective communication methods to support discussions within the group (Interprofessional Collaborative Practice, 2016).

A lack of research on nurses' interprofessional collaboration in the school setting exists. In many qualitative studies, nurses have asked for more support with interprofessional collaboration. Findings from this project demonstrate the effectiveness of the intervention in improving IPC. Future studies are needed to explore the effectiveness of similar interventions across other school settings and to evaluate outcomes at the student level.

This current study has limitations. One is the small sample size of the school nurses and social workers. The instrument used was the modified MHNPS instrument. This modified survey had added questions but was not pre-tested by this researcher to obtain nurses' feedback on the survey questions. Another limitation is that the data was collected from one school district, making the results difficult to generalize. Another issue is that nurses needed to recall the students they saw or referred in 2020-2021. At the beginning of the school year, students attended school remotely. Potentially this could affect the nurse's total number of students seen. Also, the nurse's recall could be incorrect due to the stressful school year.

A strength of the project is that it connected to the nurses to self-reflection about interprofessional collaboration. The rate of interprofessional collaboration was found to increase with the post-test. This change could be due to the intervention used in this

project. The discussion and education about interprofessional collaboration potentially had nurses thinking that they should participate in this practice. The strength of using mixed methods research is that the quantitative and qualitative data collection methods complement each other. This method avoids the limitations of a single approach. Lastly, another strength of this DNP project is that it provides a starting point for future collaboration through inquiring about social workers collaborating with nurses. Past research studies have looked at collaboration with school social workers and school psychologists.

As a follow-up to this study, this author met on Zoom for one hour on March 14, 2022, with the school nurses and the Warwick school psychiatrist to review the findings and discuss current and future issues regarding childhood anxiety. The nurses identified that they needed more support due to COVID-19. The nurses currently have a COVID coordinator to help the students and faculty with testing and make recommendations to parents and students. The Warwick public school system has a COVID hotline phone number open on school days for the coordinator to field questions about COVID-19. This coordinator allows the school nurse to continue in their role and responsibilities.

The nurses identified many students with social anxiety and described that they did not know how to interact with other classmates, potentially due to their isolation from COVID-19. Research has shown that since COVID-19, an increase in both anxiety and depression has been observed (CDC, 2022). The school psychiatrist reported seeing many children with social anxiety and discussed the lack of clinicians and resources for students and parents at this time during COVID-19. School nurses are on the front lines with students and COVID-19. The nurses must have skills they can implement to support

students' sequelae from the pandemic. The resources like apps that the nurses can give to students or parents are helpful and can be implemented until the families get a mental health appointment.

This project has enhanced understanding of the interprofessional collaboration between school nurses and school mental health providers. This contributes to a growing body of evidence that there are many barriers to students receiving mental health support from the school nurse. The current results must be confirmed by future research to support hiring more full-time mental health providers in elementary and middle schools. The recommendation is for schools to receive state funding from the Rhode Island Department of Education (RIDE). A grant of \$9 million dollars to support students with mental health issues in Central Falls, Providence, Pawtucket, and Woonsocket was provided from the US Department of Health and Human Services. This money is to be spent over a five-year period. The Rhode Island Senate proposed a bill, No.2176, relating to education and school social worker staffing in Rhode Island. The bill requires public schools to have one full-time social worker for every 400 students from kindergarten to twelfth grade. If this bill passed, an increase in mental health providers in Rhode Island schools would be funded.

The American Academy of Pediatrics, the Association of Adolescent and Child Psychiatry, and the Children's Hospital Association are urging policymakers to act quickly and address the national emergency in children's mental health. Together, the three organizations advocate for ten different innovative strategies to address this crisis. Two school-based strategies include implementing sustainable funds for school-based mental health care and funding community-based behavioral health services to support

children in their homes, school, and community. This increased funding would help school mental health teams and school nurses support students.

Conclusion

In conclusion, school nurses play a vital role in caring for students' physical and mental health. According to NASN, the school nurse is the bridge between health care and education. The nurse's role includes primary prevention, physical and mental health education, and acting as a community/public health nurse to monitor physical and psychological health. The nurse has a leadership role in advocating for individual students and school safety while using effective communication and collaboration with others in the school. The nurse can be a coordinator for student health care between the physicians, parents, and the school (NASN, 2017). This coordination includes making appropriate referrals, health screening, and education working with an interprofessional team.

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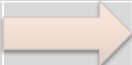
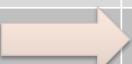
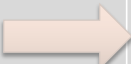
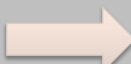
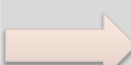
Appendices

Appendix A Timeline



RHODE ISLAND COLLEGE

Project Planning – Timeline/PERT Chart

Task	6/21	8/21	9/21	11/21	12/21	1-2/22	4-5/22
Meet nurses On Zoom							
IRB Proposal							
Pre-Test							
Post-Test							
Evaluate and Analyze Data							
Final paper							

Appendix B Consent Forms

CONSENT DOCUMENT

Rhode Island College

The Role of the School Nurse in Identifying and Mitigating Anxiety Among School-Aged Children

You are being asked to be in a quality improvement project about working as a school nurse with students who have anxiety and mental health issues and collaboration among school mental health providers. Participation in this study is voluntary and it is anticipated that you would be involved for 3 months of time. You are being asked because you are a school nurse in the Warwick Public Schools. Please read this form and ask any questions that you have before choosing whether to be in the study.

Lori Kasher, a graduate student in Nursing is conducting this quality improvement project in collaboration with her faculty advisor Linda Mendonca a Nursing professor at Rhode Island College.

Why this Study is Being Done (Purpose(s))

This project is to support school nurses to identify and assist with anxiety by collaborating with other school based mental health professionals.

What You Will Have to Do (Procedures)

If you choose to be in the study, we will ask you to:

- First, you will read and answer pre-test questions about the topic of the project and answer basic things about yourself, age, your highest level of school, how long have you been a school nurse, what level of school you work at. This will take about 10 minutes.
- Second, the same day you will participate in a power point education, role play of collaboration, talk with me and answer questions you have about the education, role play. This will take about 30 minutes.
- Third 2-3 months later you will do a post-test survey of questions about the topic of the project and collaboration with mental health providers in your school.

Risks

There are minimal risks to participation in this quality improvement project. You may find that the risks are “minimal” meaning they are about the same as participating in your daily activities of living. You can skip any questions you do not want to answer, and you can stop your involvement in the project at any time.

Benefits of Being in the Study

Being in this study will could benefit you in regard to knowledge or problem solving about students with anxiety or mental health issues at your school with other mental health team members.

You Will Be Paid (Compensation)

To thank you for your time, you will receive a \$25 gift card to Amazon.

Deciding Whether to Be in the Study

Being in the Project is your choice to make. Nobody can force you to be in the project. You can choose not to be in the project, and nobody will hold it against you. You can

change your mind and quit the project at any time, and you do not have to give a reason. If you decide to quit later, nobody will hold it against you.

How Your Information will be Protected

Because this is a quality improvement project, results will be summarized across all participants and shared in reports that we publish and presentations that we give. Your name will not be used in any reports. We will take several steps to protect the information you give us so that you cannot be identified. Instead of using your name, your information will be given a code number. The information will be kept in a locked office file and seen only by myself and other researchers who work with me. The only time I would have to share information from the study is if it is subpoenaed by a court, or if you are suspected of harming yourself or others, then I would have to report it to the appropriate authorities. Also, if there are problems with the study, the records may be viewed by the Rhode Island College review board responsible for protecting the rights and safety of people who participate in research. The information will be kept for a minimum of three years after the study is over, after which it will be destroyed.

Who to Contact

You can ask any questions you have now. If you have any questions later, you can contact Lori Kasher lkasher1@email.ric.edu. Phone number 401-243-7660. Project Advisor Linda Mendonca lmendonca@ric.edu Phone number 401-456-9683

If you think you were treated badly in this study, have complaints, or would like to talk to someone other than the researcher about your rights or safety as a research participant, please contact the IRB Chair at IRB@ric.edu.

You will be given a copy of this form to keep.

Statement of Consent

I have read and understand the information above. I am choosing to be in the study “The Role of the School Nurse in Identifying and Mitigating Anxiety Among School-Aged Children”.

I can change my mind and quit at any time, and I do not have to give a reason. I have been given answers to the questions I asked, or I will contact the researcher with any questions that come up later. I am at least 18 years of age.

Print Name of Participant: _____

Signature of Participant: _____ Date: _____

Name of Researcher Obtaining Consent: _____

Appendix C: Pre-Test School Nurses

Welcome Please click on the link below, read the consent form and select the appropriate answer.

Final nurses consent document o Agree (1) o Disagree (2) Skip To: End of Survey If you disagree.

We appreciate your time and willingness to participate by completing this survey. The survey consists of 13 questions, and additional demographic questions, this should take approximately 15-20 minutes to complete. The survey can be completed in one sitting.

You cannot go back and change your answer once you have progressed from one page to the next. Please be ensured that the survey is anonymous. You will not be asked to provide your name anywhere within the survey.

For your participation in the Pre and Post-Test Questionnaire and Quality Improvement project you will receive an Amazon \$25 gift card.

The Questionnaire defines “**Mental Health Issues/ Needs**” as **any psychological, social, emotional, or behavioral problem that interferes with the students' ability to function.**

Demographics

1. What is your age?
2. Sex
3. What is your race Caucasian, African American, Mixed, Asian, Hispanic or other?
4. Highest level of nursing education?
5. Years as a school nurse?

- 6. What grades does your school educate?
- 7. How many students are at your school?
- 8. Do you work full or part time?

Mental Health Needs Survey

9. Please indicate if you have had students who presented in the school nurses office in the past academic year (2020-2021) year who was affected by or referred to you for the following:

	Yes	No
Aggressive Behavior		
Anxiety Problems		
Bullying		
Considering Dropping out of School		
Defiant Behavior		
Depression		
Disruptive Behaviors (acting out)		
Family Stressors		
Hyperactivity		

10. Please indicate the total number of students you have seen or referred for mental health services for the (2020-2021) in the past school year: Use numbers

11. Please indicate the extent to which you agree that the following people are the most influential in the process of selecting a mental health programs/services for the school? If your school does not have the person indicated available, check “not applicable”.

	1 Strongly Agree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree	Not Applicable
School District Administrators						
School Building Administrator/ Principal/ Assistant Principal						
Teachers						
School Counselors						
School Psychologists						
Special Educator						
Social Worker						
Nurse						
Parents						

In addition to the above list, are there other influential people in the process of selecting mental health programs/services for the school?

Please list the names of any programs or services that your school has implemented in the last two to three years that would be considered supporting the mental health of the students in your school (i.e., any programs/services/curriculum targeting behavioral, psychological, social, or emotional issues such as problem-solving, anger management, drug resistance, coping, effective parenting, school-wide or classroom behavior management, anxiety, building friendships etc.)

Please **choose one response** for each statement

I feel that schools should be involved in addressing the mental health issues of students.

1=Strongly Disagree	2= Disagree	3= Neutral	4= Agree	5= Strongly Agree
---------------------	-------------	------------	----------	-------------------

I feel that I have the level of **knowledge** required to meet the mental health needs of the children with whom I work.

1=Strongly Disagree	2= Disagree	3= Neutral	4= Agree	5= Strongly Agree
---------------------	-------------	------------	----------	-------------------

I feel that I have the **skills** required to meet the mental health needs of the children with whom I work.

1=Strongly Disagree	2= Disagree	3= Neutral	4= Agree	5= Strongly Agree
---------------------	-------------	------------	----------	-------------------

I feel that I have adequate cultural knowledge and communication/ interpersonal skills to meet the mental health needs of the culturally diverse children with whom I work.

1=Strongly Disagree	2= Disagree	3= Neutral	4= Agree	5= Strongly Agree
---------------------	-------------	------------	----------	-------------------

Please Rank From 1-3 (**1 = Most** additional training and **3 = the Least** training) where you feel that you need additional knowledge and/or skills training?

Assessing and Supporting Students Mental Health (1) _____

Education and Training About Mental Health in General (2) _____

Medications and Treatments For Students with Mental Health Issues (3)_____

I believe the following are barriers for providing mental health services in my school

	1 Strongly Agree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
Difficulty identifying children with mental health needs					
Insufficient number of school mental health professionals					

Lack of adequate training for dealing with children's mental health needs					
Gaining parental cooperation and consent					
Stigma associated with receiving mental health services					
Language and cultural barriers while working with culturally diverse students/ families					
Lack of referral options in the community					
Lack of coordinated services between schools and community					
Lack of funding for school-based mental health services					
Mental health issues are not considered a role of the school					

Competing priorities taking precedence over mental health services					
--	--	--	--	--	--

In addition to the above list, are there any other barriers?

Please indicate the extent to which each of the following characterizes your **role or attitude** regarding mental health interventions and practices.

	1 Strongly Agree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
I believe that I can play a role in ensuring that the mental health needs of students are met in a timely manner.					
I tend to rely on my own judgment while adopting a practice.					

I tend to adopt practices that have been proven by research to be effective.					
I would try a new practice even if it were very different from what I am used to doing.					
I am confident that the interventions/ practices I use have the desired impact on the student.					

If I were to receive training in an intervention that was new to me, **I would be most likely to adopt it if:** (Please indicate the extent to which you agree with the following)

	1 Strongly Agree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
It "made sense" to me					
It was required by the school administrators					
It was not a complex intervention					

It was being used by colleagues who were happy with it					
I felt that I had enough training for using it correctly					
It was easy to implement					
I thought that the students would benefit					

In addition to the above list, **are there any other reasons that make it more likely you would adopt a new intervention?**

Knowledge

Pick one response for each question

Would you say your knowledge level of anxiety is?

Very Low	Low	Moderate	High	Very high
----------	-----	----------	------	-----------

What level of knowledge do you have using **relaxation** to decrease anxiety?

1= Very Low	2= Low	3= Moderate	4= High	5= Very high
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What level of knowledge do you have using **guided imagery** to decrease anxiety?

1= Very Low	2= Low	3= Moderate	4= High	5= Very high
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12. What level of knowledge do you have in using **deep breathing** to decrease anxiety?

1= Very Low	2= Low	3= Moderate	4= High	5= Very high
-------------	--------	-------------	---------	--------------

Please indicate to the best of your knowledge which of the following person(s) currently work in your school and how much time do they devote to one school. (Check all that apply. For instance, if your school has one full time counselor and a part time counselor select both)

	Full Time (at one school only)	Part Time (not at one school full time) (2)	Available on as Needed Basis (3)	No Such Person	Not Sure
School Counselor					
School Psychologist					
School Social Worker					
Special Educator					
Home Based Mental Health Clinician					
School Police Officer					
School Psychology examiner/psychometrician					
Truancy Officer					

Interprofessional Collaboration

How often do you engage in Interprofessional collaboration with school mental health clinicians about student concerns? Pick One response

Never	Occasionally	About half the time	Frequently	All the time
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I believe students with mental health needs “fall between the cracks” in our school **because of the lack of:**

	Strongly Agree	Disagree	Neutral	Agree	Strongly Agree
Adequate Parental Support					
Staff Training and Coaching					
Ongoing monitoring for students with mental health needs.					
Early screening and prereferral programs					
Prevention programs for students with externalizing behavior problems (e.g., acting out, aggression, hyperactive, disruptive)					
Prevention programs for students with internalizing behavior problems (e.g., depression, anxiety, low self-esteem)					

In addition to the above list, are there any other reasons that students with mental health needs “fall between the cracks” in your school?

End of Survey

You have reached the last page of the survey!

Thank you for answering all the questions!

Please click the arrow button at the right bottom corner to submit your answers.

You will be asked to do a post-test in November or December!

Special thanks and permission from Dr. Wendy Reinke. Permission was granted to adapt some questions for this survey.

Appendix D Screening Tool

Screening Tool: Anxiety in Children and Youth

Please ask the child/youth to fill out the following or the school nurse can ask the questions:

Below is a list of sentences that describe how people feel.

1. I get really frightened for no reason at all.
 - Not true or hardly ever true
 - Somewhat true or sometimes true
 - Very true or often true
2. I am afraid to be alone in the house.
 - Not true or hardly ever true
 - Somewhat true or sometimes true
 - Very true or often true
3. People tell me that I worry too much.
 - Not true or hardly ever true
 - Somewhat true or sometimes true
 - Very true or often true
4. I am scared to go to school.
 - Not true or hardly ever true
 - Somewhat true or sometimes true
 - Very true or often true
5. I am shy.
 - Not true or hardly ever true
 - Somewhat true or sometimes true
 - Very true or often true

Dr. Boris Birmaher for permission to use the SCARED (5-item).

Anxiety (SCARED, 5-item) in Children/Youth Scoring Key

If the score is 3 and above, this may indicate problems with anxiety.

Special thanks to Dr. Boris Birmaher for permission to use the SCARED (5-item).

Appendix E Post Test Survey

Q1 Post Test Mental Health Needs and Practices in Schools Questionnaire

We define “Mental Health Issues/ Needs” as any psychological, social, emotional, or behavioral problem that interferes with the student’s ability to function.

Please **Choose one response** for each Statement

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
I feel that schools should be involved in addressing the mental health issues of students (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I have the level of knowledge required to meet the mental health needs of the children with whom I work. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I have the skills required to meet the mental health needs of the children with whom I work. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I have adequate cultural knowledge and communication/ interpersonal skills to meet the mental health needs of the culturally diverse children with whom I work. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q7 Please Rank From 1-3 (1 = **Most** additional training and 3 = the **Least** training) where you feel that you need additional knowledge and/or skills training?

_____ Assessing and Supporting Students Mental Health (1)

_____ Education and Training About Mental Health in General (2)

_____ Medications and Treatments For Students with Mental Health Issues (3)

Q8 I believe the following are **barriers** for providing mental health services in my school

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
Difficulty identifying children with mental health needs (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insufficient number of school mental health professionals (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of adequate training for dealing with children's mental health needs (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gaining parental cooperation and consent (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stigma associated with receiving mental health services (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language and cultural barriers while working with culturally diverse students/families (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Lack of referral options in the community (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of coordinated services between schools and community (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of funding for school-based mental health services (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health issues are not considered a role of the school (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Competing priorities taking precedence over mental health services (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The belief that mental health problems do not exist and are merely an excuse (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q16 I believe the following are **barriers** for providing mental health services in my school

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
Difficulty identifying children with mental health needs (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insufficient number of school mental health professionals (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of adequate training for dealing with children's mental health needs (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gaining parental cooperation and consent (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stigma associated with receiving mental health services (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language and cultural barriers while working with culturally diverse students/families (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of referral options in the community (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Lack of coordinated services between schools and community (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of funding for school-based mental health services (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health issues are not considered a role of the school (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Competing priorities taking precedence over mental health services (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The belief that mental health problems do not exist and are merely an excuse (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q12 In addition to the above list, are there any other barriers?

Q2 Please indicate which of the following characterizes your **role or attitude** regarding mental health interventions and practices.

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)
I believe that I can play a role in ensuring that the mental health needs of students are met in a timely manner. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tend to rely on my own judgment while adopting a practice. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tend to adopt practices that have been proven by research to be effective. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would try a new practice even if it were very different from what I am used to doing. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident that the interventions/practices I use have the desired impact on the student. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q9 If I were to receive training in an intervention that was new to me, I would be most likely to **adopt** it if: (Please indicate the extent to which you agree with the following)

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
It "made sense" to me (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was required by the school administrators (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was not a complex intervention (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was being used by colleagues who were happy with it (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that I had enough training for using it correctly (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was easy to implement (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I thought that the students would benefit (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q13 In addition to the above list, are there any other reasons that make it more likely you would adopt a new intervention?

Q3 Knowledge

Pick one response for each question

	Very Low (1)	Low (2)	Moderate (3)	High (4)	Very High (5)
Would you say your knowledge level of anxiety is? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What level of knowledge do you have using relaxation to decrease anxiety? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What level of knowledge do you have using guided imagery to decrease anxiety? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What level of knowledge do you have in using deep breathing to decrease anxiety? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q4 Interprofessional Collaboration

How often do you engage in Interprofessional collaboration with the school mental health clinicians about student concerns? Pick One response

- Never (1)
- Occasionally (2)
- About Half the Time (3)
- Frequently (4)
- All the Time (5)

Q10 I believe students with mental health needs “fall between the cracks” in our school **because of the lack of:**

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
Adequate Parental Support (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff training and coaching (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ongoing monitoring for students with mental health needs. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early screening and prereferral programs (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevention programs for students with externalizing behavior problems (e.g., acting out, aggression, hyperactive, disruptive) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevention programs for students with internalizing behavior problems (e.g., depression, anxiety, low self-esteem) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q15 In addition to the above list, are there any other reasons that students with mental health needs “fall between the cracks” in your school?

Q6 Please list two key words that describe any benefits from attending the education and completing the surveys?

Benefit 1 (1) _____

Benefit 2 (2) _____

Q5 Please provide any additional comments, suggestions or feedback:

Q11 You have reached the last page of the survey! Thank you for answering all the questions! **Please click the arrow button at the right bottom corner to submit your answers.**

You will also be redirected to a web page where you can voluntarily submit your contact information. Your contact information will not be associated with the answers on the survey. If you completed the pre and post survey and would like to receive the Amazon gift card, please submit your contact information on this page.

Special thanks and permission from Dr. Wendy Reinke. Permission was granted to adapt some questions for this survey.

Appendix F Logic Model

Inputs	Outputs		Outcomes – Impact		
	Activities	Participation	Short	Medium	Long
<p>Money for Project DNP Scholars money for statistical analysis and gift cards for School Nurses.</p> <p>Partners School Psychologist School Social Worker</p> <p>Time in process School nurses School Social Worker School Psychologist</p> <p>Management Mentor’s Supervisor Director of Special Services</p> <p>Technology Qualtrics</p>	<p>IRB Authorization From RIC</p> <p>Permission from School System</p> <p>Processes Enrolling school nurses (kindergarten to middle school). Potential 19 schools</p> <p>Tools MHNPS Survey Demographics Resources for SN</p>	<p>Reach- School Nurses</p> <p>Management Mentor’s supervisor Director of Special Services agreed with the process and QI project. Nurses are informed of the plan and will give them the results of this research. Work SN, School Psych, SW</p> <p>Budget- None</p>	<p>Learning Increase SN knowledge about assessing students’ risk for MH/anxiety.</p> <p>Increase school nurse’s confidence with MH and students.</p> <p>Increase awareness about Interprofessional Collaboration (IPC)</p>	<p>Action School nurses have available assessment tools and resources for interventions with students.</p> <p>SN begin Collaboration with school team, psychologist, social worker.</p> <p>SN will have resources to make referrals for students with anxiety or mental health concerns</p>	<p>Changes in Conditions</p> <p>School Nurse Outcome SN will create interprofessional relationships with the mental health team.</p> <p>Community Outcome Improved Community Health Outcome less student anxiety and MH addressed.</p>

Assumptions
School nurses are willing and have time to participate in this QI project.
Constraints- time for interprofessional collaboration of school nurses and mental health team.

External Factors
School nurses might not want to be involved in project or have time. Other school professionals might not want to participate. COVID-19 is school nurses and schools priority.

Appendix G Social Work Survey

Q15 Dear Participant,

We appreciate your time and willingness to participate by completing this survey. The survey consists of 7 questions, which should take approximately 5-10 minutes to complete. The survey can be completed in one sitting. You cannot go back and change your answer once you have progressed from one page to the next. Please be ensured that the survey is anonymous. You will not be asked to provide your name anywhere within the survey.

For your participation in this quality improvement project you will receive a Dunkin \$5 gift card.

The Questionnaire defines “Mental Health Issues/ Needs” as any psychological, social, emotional, or behavioral problem that interferes with the students' ability to function.

Q3 Are there mental health teams in every school in Warwick's public school system?

- Yes (1)
- No (2)
- Unsure (3)

Q8 For the list of mental health professionals below, please specify if you understand their **professional role**?

	Yes (1)	No (2)	Not Applicable (3)
School Counselor (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Psychologist (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Worker (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special Educator (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Based Mental Health Clinician (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q9 In addition to the list above, please identify the other types of professionals you consider as members of the mental health team at your school?

Q4 How often do you initiate or seek the support of the school nurse?

- Never (1)
- Occasionally (2)
- About half the time (3)
- Frequently (4)
- All the time (5)

Q6 Are school nurses usually included in mental health meetings about students?

Yes (1)

No (2)

Q7 Please explain why school nurses are or are not usually included in mental health meetings about students.

Q10 Interprofessional Collaboration

How often do you engage in Interprofessional collaboration with other school mental health clinicians about student concerns? Pick One response

Never (1)

Occasionally (2)

About Half the Time (3)

Frequently (4)

All the Time (5)

Q11 You have reached the last page of the survey! Thank you for answering all the questions!

Please click the arrow button at the right bottom corner to submit your answers. You will also be redirected to a web page where you can voluntarily submit your contact information. Your contact information will not be associated with the answers on the survey. If you completed the survey and would like to receive the Dunkin gift card, please submit your contact information on this page.

Special thanks and permission from Dr. Wendy Reinke. Permission was granted to adapt some questions for this survey.

Appendix H Resources for School Nurses and Others

1. Kids Link RI is a behavioral health triage service and referral network and is available 24 hours a day, seven days a week to help triage children and youth in need of mental health services and refer them to treatment providers. This program has been critical to addressing the mental and behavioral health needs of children during the COVID-19 pandemic. In 2020, there were 4,849 calls to Kids Link RI, up 22% from 3,796 in 2019.³

The free, confidential phone line, 1-855-543-5465, <https://www.lifespan.org/centers-services/kids-link-ri>

Contact Kids' Link RI™ if your child is:

- Feeling excessive anger or sadness.
- Lashing out at siblings, friends, and adults.
- Having behavior problems at school.
- Having severe worries.
- Hurting himself/herself or others.

Evaluations for children are offered at Bradley Hospital and Gateway locations.

The Following Resources are cited see at the end

For Nurses Parents and the Mental Health Team

2. Anxiety: The Child Mind Institute: <https://childmind.org/topics/concerns/anxiety/>

Anxiety in the Classroom <https://childmind.org/article/classroom-anxiety-in-children/>

3. Autism: Children's Hospital of Philadelphia: <https://carautismroadmap.org/the-role-of-the-school-nurse>

4. Depression: www.School Nurse.com: <https://www.schoolnurse.com/public/Mental-Health-Depression-Suicide.cfm>

5. Suicide Prevention-: Youth Mental Health First Aid Training:

<https://www.mentalhealthfirstaid.org/population-focused-modules/youth/>

Youth Mental Health First Aid is primarily designed for adults who regularly interact with young people. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a five-step action plan for how to help young people in both crisis and noncrisis situations.

6. Bullying: NASN Anti-Bullying Efforts community and discussion list:

<https://schoolnursenet.nasn.org/communities/community-home?CommunityKey=081c8b08-f8f8-4404-bd6f-4ab8d276e6fc>

Stop Bulling.Gov: <https://www.stopbullying.gov/>

Books for Nurses Mental Health Team and Teachers

Student Mental Health: A Guide for Teachers, School and District Leaders, School Psychologists and Nurses, Social Workers, Counselors, and Parents (2nd ed.) (2019; Author: William Dikel) Resource for mental health conditions and how these conditions can affect children in school.

Anxiety: Managing Anxiety in School Settings: Creating a Survival Toolkit for Students (2021; Authors: Anna Duvall & Crissy Roddy) Provides strategies for all grade levels and from individual to schoolwide.

Depression: Depression in Children and Adolescents: Guidelines for School Practice (2014; Authors: John E. Desrochers & Gail Houck) Endorsed by both NASN and the National Association of School Psychologists; covers individual, group and school-level interventions, giving direct guidance as well as resources for more information.

Supporting School Nurses

Mindful Magazine article- <https://www.mindful.org/a-guide-to-practicing-self-care-with-mindfulness/>

Mindfulness video- <https://schoolnursenet.nasn.org/blogs/elizabeth-clark/2022/02/02/letting-go-harness-the-power-of-the-now>

Guided Imagery by Skeens, L. M. (2017). Guided Imagery: A Technique to Benefit Youth at Risk. *National Youth-At-Risk Journal*, 2(2). <https://doi.org/10.20429/nyarj.2017.020207>

For Parents, Nurses, Mental Health Team

National Association of School Psychologist (Resources for Parents and Educators)

<https://www.nasponline.org/about-school-psychology/families-and-educators>

Many Authors last page American Academy of Child and Adolescent Psychiatry. (2020). Anxiety Disorders Parents' Guide for Medications.

https://www.aacap.org/App_Themes/AACAP/docs/resource_centers/resources/med_guides/anxiety-parents-medication-guide.pdf

Website for Parents and Caregivers. <https://infoaboutkids.org/emotions/common-emotional-conditions/other-common-emotional-conditions/>

Anxiety: Anxiety in the Classroom: <https://anxietyintheclassroom.org/>

Child Anxiety Network: <http://www.childanxiety.net/>

Worrywise Kids: <http://www.worrywisekids.org>

Child Mind Institute Connect to Care: <https://childmind.org/topics/connect-to-care/>

Symptom checker, Popular mental health topics, downloadable guides, Popular Topics and Ask the Expert

Child Mind Institute Resources <https://childmind.org/resources/>

American Academy of Child Psychiatrists

https://www.aacap.org/AACAP/Families_Youth/Resource_Centers/Anxiety_Resource_Center/AACAP/Families_and_Youth/Resource_Centers/Anxiety_Disorder_Resource_Center/Home.aspx?hkey=53871273-c69d-48ef-aca9-53134b4df981

Books For Parents

Mental Illness: On the Edge: Help & Hope for Parenting Children With Mental Illness (2019; Author: Andrea Berryman Childreth) Provides a practical guide for parents of children with mental illness. Includes real-life stories, overviews of common diagnoses, and advice on navigating your health insurance or school.

Anxiety: Anxiety Relief for Kids: On-the-Spot Strategies to Help Your Child Overcome Worry, Panic, and Avoidance (2017; Author: Bridget Flynn Walker) Practical guide for parents of children with anxiety.

For Children and Teens

Mental Health Disorders: Heard Alliance: <https://www.heardalliance.org>

Anxiety: Hope-Wellness: <https://www.hope-wellness.com/blog/24-resources-for-children-and-teens-with-anxiety-and-their-families>

Depression: Jed Foundation: <https://www.jedfoundation.org/depression>

Books for Children

Anxiety: Worry Free Me: Coping With Anxiety Book for Kids Age 6-10: A Guided Stress Journaling/Coloring/ Activity Workbook for Boys and Girls (2020; Author: Lina Galanis) Illustrates healthy ways to overcome anxiety, covers topics including anxiety, fear, bullying, and phobias. Emphasizes that feelings are not harmful and that you have the ability to make good choices and improve your mind-set

I Feel . . . (2020; Author: D. J. Corchin) Helps kids recognize, express, and manage their everyday emotions. Recommended by therapists, psychologists, teachers, and parents

Videos for Elementary, Middle and High School Students

Videos about understanding feelings, relaxation skills understanding thoughts, managing intense emotions and mindfulness.

https://childmind.org/healthyminds/students/?utm_medium=email&utm_source=email&utm_campaign=chmtk_topic2_2022-02-17&utm_content=cta4_ca-healthy-minds-students

Videos for Parents

<https://childmind.org/healthyminds/parents/>

Videos for Teachers, Nurses, Mental Health Team (Evidenced Based Videos and Skill Sheets)

<https://childmind.org/healthyminds/educators/>

Skill Sheets for Students from Nurses, Teachers, Mental Health Team

<https://childmind.org/wp-content/uploads/2022/01/Healthy-Minds-Teachers-Elementary-Skill-Sheets.pdf>

(Most resources from Peron et al., 2022)

Appendix I SWOT Analysis

SWOT Analysis

Strengths

- Support from the chief district nurse of the Warwick school dept.
- School nurses SN deal with anxious students daily, are optimistic problem solvers and provide practical interventions.
- Project will give school nurses tools, resources, and education about student anxiety and mental health.
- SN will collaborate with other staff (teachers, social workers, school psychologists) and school nurses in the same district.

Weaknesses

- School nurses will not have time to participate in this project.
- SN will participate in the pre-test and not the post-test.
- SN feel mental health is not part of their job.
- School staff (teacher, psychologist, social worker) are not aware of the school nurse's mental health role.
- Potential for tension and conflict with the SN and other above staff.

Opportunities

- Parents, teachers and staff will collaborate with nurse.
- SN will increase their knowledge of mental health, interventions and assessment.
- SN has a trusting relationship with parents about their child with a new or chronic mental health issue.
- Since COVID-19 started, school nurses are seeing increased mental health issues with students.
- Increase in student academic outcomes.

Threats

- Parents are reluctant to talk about their child's mental health issues.
- SN can have difficulty forming collaborative relationships with school staff and pediatricians or specialists caring for students in an outpatient setting.
- SN do not receive discharge information from hospitals or parents about their child's mental health services.
- Pediatricians and mental health specialists refuse to collaborate with the SN about student.

Appendix J Sustainability Assessment

Reviewing the sustainability of this DNP project first is the benefit beyond helping has a potential grade of B equals 4.7 points, due to this part of the project will take more time for the nurses, assessing students, talking to parents, frequent collaborating with mental health team and teachers. The credibility of benefits has the potential for an increased grade of B equals 6.3 points. Most school nurses can identify the benefits to the students as well as to their role with mental health. They are aware the process will take more time initially but will decrease over time. They will see the benefits of increased collaboration of teachers, parents, and mental health professionals at their school. The adaptability of improvement will include asking for feedback from school nurses and school team members with a grade of B equals 3.4 points. It is important to identify standards for mental health assessment and referral of students. This process has a potential grade of B. The effectiveness of monitoring progress includes communicating any changes to the school nurses, as well as the school professionals. This has a potential grade of A equals 6.5 points.

The staff training and involvement in pre and posttest assessing of how effective the education, resources, and discussion about collaboration with the school nurses and other professionals was. It is important to continue to ask the nurses for their input and questions. Potential grade for this is a B equals 6.3 points. The staff behaviors towards sustaining change have the potential to be met in the short term 3-month limited time frame of this quality improvement project. Therefore, staff towards sustaining change is a potential grade of B equals 5.1 points. The school leaders are the principal and superintendent they are both needed for engagement. The position of superintendent of

Warwick Public Schools is new to this school system. As a new employee, this DNP student questions their engagement for this project that began in September. This DNP scholar could have a chance to meet a principal on the education day for the school nurses. This engagement was needed to sustain change for continuity and support. Otherwise, communication will be via email. Grade B equals 6.2 points. The school nurses and the organizational mentor will be instrumental in carrying out the changes. Potential score of A equals 15 points. The clinical leadership engagement could include the organizational mentor's supervisor.

The organizational fit with strategic aims has the potential for a grade of B equals 3.5 points. Most schools culture is to educate students and make sure they are lifelong learners and are successful academically. Also, an additional aim is to provide the safety every day for all students and faculty and to create an environment that is based on mutual respect. This is noted on the mission statements from various schools in Warwick. These statements do not include mental health or resources for parents about student mental health. The infrastructure for sustainability includes the establishment of a potential policy of inter-professional mental health teams including school nurses in Warwick Public schools. This concludes with a total score of 66.5 regarding sustainability.

Appendix K Force-Field Analysis

FORCE-FIELD ANALYSIS

FORCE-FIELD ANALYSIS

GOALS: EDUCATE SCHOOL NURSES ABOUT ANXIETY AND INTERVENTIONS
ENCOURAGE PARTNERSHIP WITH THE ENTIRE TEAM AT SCHOOL

To increase school nurses' knowledge, confidence, assessment tools and interventions related to student anxiety and encourage collaboration with other SW and School psychologist.

POSITIVE FORCES (+)	NEGATIVE FORCES (-)
<ul style="list-style-type: none"> ▪ Positive Support from the Organizational Mentor. ▪ Give nurses education about anxiety, interventions to use, discuss collaboration. ▪ Give nurses an easy assessment tool to use with anxious students. ▪ Build a stronger collaboration with nurses, social workers, and school psychologist. ▪ The nurses will have additional resources on mental health for themselves, parents, children, and other school members to share. 	<ul style="list-style-type: none"> ▪ School Nurses Increased Workload and Increased time ▪ School nurses lack engagement and do not want to be involved with student's mental health. ▪ The school does not support school nurses being involved with mental health issues. ▪ Other school team members do not want to include or collaborate with school nurses about student mental health. ▪ Difficulty dealing with parents not wanting to share or include information about child's mental health.

POSITIVE FORCES (+)	NEGATIVE FORCES (-)
<ul style="list-style-type: none"><li data-bbox="326 407 821 478">▪ Increase school nurses' confidence about anxiety and interventions. <li data-bbox="350 701 841 877">• The nurses will be supported by principal and administration for effectively intervening in students' mental health and collaboration with the mental health team.	<ul style="list-style-type: none"><li data-bbox="898 407 1398 548">▪ Confidentiality issues about mental health decrease the chance of nurse to participate in interprofessional collaboration. <li data-bbox="922 665 1365 772">• Covid-19 has decreased nurses time and availability to assess anxiety and intervene. <li data-bbox="922 814 1279 886">• Change is Difficult for Participants in a system.