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# School nurses' experiences working with students with mental health problems – a qualitative study

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## Contributions

Study design: JJ, MM, ATB, PG; data collection: JJ, MM; data analysis: JJ, MM, ATB, PG; manuscript preparation: JJ, MM, ATB, PG; final approval: JJ, MM, ATB, PG.

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## Conflict of interests

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## ABSTRACT

The aim was to describe school nurses' experiences working with students with mental health problems. In this inductive qualitative study, interviews were conducted with 14 school nurses in Sweden. The content analysis revealed three themes: 1) sense of worriedness about working with students with mental health problems; 2) taking care of students with mental health issues was an opportunity for personal and professional development; and 3) the experience of making a difference for young people with mental health problems. The school nurses working with students who have mental health problems had to cope with their own emotions, worries, and feelings of insufficiency. However, the school nurses also found the work to be meaningful and rewarding because they appreciated the opportunity for personal and professional development while taking care of students with mental health problems. They felt grateful for having a profession that had a huge impact on children's/adolescents' lives.

**Key words:** School nurse, experience, school-aged children, students, mental health problems

## Background

According to the World Health Organization ([WHO]; 2017), 10–20% of children and adolescents worldwide experience mental health problems, and about half of those problems begin before the age of 14. In Sweden, a country with approximately ten million inhabitants, an average of 28 children and adolescents committed suicide annually from 2010–2013. Two-thirds of these students were boys (The National Board of Health and Welfare, 2015). However, studies have revealed that girls report worse mental health than boys (Hutton, Nyholm, Nygren, & Svedberg, 2014) because girls report psychosomatic symptoms and complaints more frequently than boys (Clausson, 2008; Ellertsson, Garmy, & Clausson, 2017).

Mental health problems in school-aged children involve a broad spectrum of suffering such as anxiety, self-injury, depression, substance abuse, and/or eating disorders (Ellertsson, Garmy, & Clausson, 2017; Paulus, Ohmann, & Popow, 2016). These are some of the problem areas in child/adolescent mental health that school nurses encounter (Allison, Nativio, Mitchell, Ren, & Yuhasz, 2014; Bains & Diallo, 2016). However, the presence of mental health problems during childhood or adolescence does not always imply that a student has a psychiatric diagnosis and in need of medical treatment (Desrochers & Houck, 2013). A student's level of suffering from mental health problems may be along a spectrum and involve his or her ability to cope with the demands of everyday life (e.g., stress from school, family, or peer relationships) (Clausson et al., 2015). In order to support school-aged children with mental health problems, it is critically important to quickly identify mental health problems and to implement early interventions (Allison et al., 2014). School nurses play pivotal roles in such identification and also in supporting students with mental health problems (Bains & Diallo, 2016; Clausson, Berg, & Janlov, 2015; Cooper, Clements, & Holt, 2012; Cowell, 2011, 2013; Garmy et al., 2015; Wilson et al., 2008; Garmy, Berg, & Clausson, 2014). Good relationships with other students, teachers, and school nurses have been found to contribute to better student recovery (Desrochers & Houck, 2013; Rew, 2005).

The prevalence of mental health problems is increasing among school-aged children and adolescents (WHO, 2017), and these problems have become an essential part of school nurses' workloads (Ellertsson et al., 2016; Garmy, Jakobsson, Carlsson, Berg, & Clausson, 2015; Golsäter, 2012). Up until now, few studies have described how school nurses work with

school-aged children and adolescents with mental health problems (Dina & Pajalic, 2014; Prymachuk et al., 2012; Ravenna & Cleaver, 2016; Spratt, Philip, Shucksmith, Kiger, & Gair, 2010), indicating a lack of awareness from the nurse's perspective of how he or she is affected by working with these students. An investigation from the perspective of school nurses could improve the manner in which mental health problems in school-aged children are understood and, most importantly, could highlight the work situation and gaps in allocated resources and in organization and priorities for this professional working group. Therefore, in this study, we aimed to describe school nurses' experiences working with school-aged children and adolescents with mental health problems.

## **Methods**

### *Design*

Due to the aim of the study, an inductive qualitative design was adopted (Polit & Beck, 2016). Fourteen school nurses were interviewed face-to-face using a semi-structured interview guide with open-ended questions (Kvale & Brinkmann, 2009). Conventional content analysis (Hsieh & Shannon, 2005) was then employed. This study was conducted in accordance with Swedish legislation and the World Medical Association (WMA) Declaration of Helsinki (2013). Ethical approval was obtained from school administration and from Kristianstad University in Sweden (2017-232-197).

### *Settings*

This study was performed in five municipalities in southern Sweden involving both public and private compulsory schools in rural and urban areas. In Sweden, the municipality is responsible for schools, and schools are obliged to offer access to a school nurse according to Education Act (2010). On average, each school nurse in Sweden is responsible for 480 students (Ellertsson et al., 2016). However, the nurses included in this study were often responsible for more than 600 students. School nurses have the responsibility to individually meet with each student at least once every third year to conduct a health discussion. They have the additional responsibility for conducting health visits with students with additional needs. A school nurse in Sweden is a registered nurse with master's-level training in public health and/or child and adolescent health (Garmy, 2013).

### *Study population*

School nurses satisfied the inclusion criteria if they were working in compulsory schools in the included municipalities and had experience working with children and adolescents with mental health problems. In the five municipalities under study, there were in total 25 compulsory schools for children and adolescents with ages ranging from 7–15 years; eight of the 17 school nurses were responsible for more than one school. A letter containing information about the study's purpose, design, and methods was sent via e-mail to the 17 school nurses. Three declined to participate because of time constraints or limited experience working with students with mental health problems. Fourteen school nurses gave written informed consent to participate. The median age of the participants was 51 years (range: 31–60 years), and the median work experience of the nurses was seven years (range: 1–20 years). All of the school nurses were registered nurses with specialized training in public health (n=9) or child and adolescent health (n=5). All of the nurses were women.

### *Data collection*

The data were collected using a semi-structured interview guide that included open-ended questions about how the school nurses felt about working with students with mental health problems. The questions were: "What are your experiences working with children and adolescents with mental health problems?" and "How are you affected by working with children and adolescents with mental health problems?" The follow-up questions were: What

do you mean? Can you please elaborate on your answer? How did you feel then? What happened to you when you felt that way?

Two interviews were used as pilot interviews. Given the richness of the content, these two interviews were included in the analysis. Each interview was conducted between April and August 2016 in the school nurse's office. The interviews lasted 40–60 minutes and were digitally audio recorded and transcribed verbatim shortly thereafter. After the 14 interviews were conducted, data saturation was obtained.

#### *Data analysis*

The data were analyzed using conventional content analysis focusing on variations in the meanings of the content in participants' narrations (Hsieh & Shannon, 2005; Krippendorff, 2013). The transcribed interviews were read several times by JJ, MM and PG to get a sense of what was said in the interviews. The text was then divided into meaning units capturing the aim of the study, which were condensed and coded by JJ and MM. The codes were compared, and consensus was reached about the most appropriate code for each meaning unit. The codes were compared on the basis of differences and similarities and sorted into themes by JJ, MM, ATB and PG.

### **Results**

Three themes emerged from the analysis of the data: 1) sense of worriedness about working with students with mental health problems; 2) taking care of students with mental health issues was an opportunity for personal and professional development; and 3) experience of making a difference for young people with mental health problems.

#### *1. Sense of worriedness about working with students with mental health problems*

School nurses had experiences of being worried when working with school-aged children and adolescents with mental health problems. Their worries involved feelings of concern in relation to causes that generated mental health problems (e.g., bullying from other students and overwhelming family problems such as abuse and substance use). At times, such problems were far beyond the responsibility of the school nurse.

The sense of worriedness also involved feelings of frustration. The school nurses were aware of not being well enough prepared to support children and adolescents with mental health problems, even if they had a will to do so:

“I knew that mental health problems are increasing among children and adolescents, but I was not prepared for how I would react when standing there. I wasn't prepared that it could be real damn hard. There's a frustration that comes, and you are not prepared for it.” (Informant 2)

A sense of frustration also emerged when the nurses reflected on the resources available to them, which were often insufficient to address their populations' needs.

“It is really frustrating when you know that there are tools to prevent mental health problems but we cannot use them because we are stuck here with the drop-in visits and the scheduled health visits... So I do still feel that many times spend we most of our time on things that we should not have to do.” (Informant 4)

A sense of worriedness also involved feelings of troublesome collaboration within the school but also with health care settings beyond the school nurse's responsibility. It was difficult to

get specialized external help before a child became really ill. Signs of mental health problems could have been detected early in schools by nurses:

“I feel stressed out, angry and irritated. Why should it be like this? We identified the mental health issue so early, and I feel that this health promotion work is so important, but I have the feeling that it is only here in school that we are working on prevention.” (Informant 11)

A sense of worriedness also implied distress related to a wish for more knowledge. The nurses also expressed doubts about their own abilities to deal with mental health issues:

“Well, in the beginning, I was a bit choked up over the massive mental health problems among the students. I felt kind of scared. Can I deal with this? Do I have enough knowledge about mental health?” (Informant 6)

“When we have kids who are getting psychotic and such then I think if you would have had some more knowledge about it, you would probably have felt a little better about yourself as a professional.” (Informant 7)

The school nurses also expressed worries about the lack of time and resources for dealing with mental health issues. They wanted to work on health promotion and disease prevention; often, however, they described their work as running more for fire alarms instead of preventing the fires in the first place. They felt that the increase in mental health problems among children and adolescents had not been matched by school health resources.

Collaboration problems with other health care settings were also breeding ground for worries in relation to children with mental health problems. The school nurses were affected by their workloads and availability of other professionals such as school social workers and school psychologists who were also on the school health team.

“It has to do about when you feel that you are not sufficient for the kids [with mental health problems]. When it does not work then of course you cannot help thinking that our interventions are not sufficient, nor is the collaboration with other health care settings and the child psychiatric clinic or the habilitation clinic.” (Informant 3)

“I would have wished for more contact with the child and adolescent psychiatric clinic. Because there is so much new information in this area, and I feel that the school is not good at providing further medical education to us.” (Informant 13)

## *2. Taking care of students with mental health issues was an opportunity for personal and professional development*

The school nurses described that taking care of students with mental health problems provided them with possibilities for personal and professional development and was a great learning opportunity. They were required to use all of their medical, social, and psychological skills to most benefit students with mental health problems. Learning strategies how to cope with students' mental health problems provided the school nurses with a sense of fulfillment and work satisfaction.

“For me, it has been a learning opportunity to work with students with mental health issues. And I think that I feel more humble towards people's different situations now.” (Informant 10)

The school nurses described the methods by which they had learned different personal and professional strategies that helped them cope with students' mental health problems. These strategies included time for reflection in addition to taking time to focus on how to solve issues without focusing too much on the actual mental health problem. Other successful strategies included collaborating with other health care settings and the students' families. A discussion with a mentor was also seen as a beneficial strategy.

“Then it is better that you take those micro moments. It could be perhaps two minutes, five minutes. Reflect and discuss a little about the mental health issues the students face. Sometimes I can talk with the principal; it is small things that is needed. And suddenly you might find some new energy.” (Informant 5)

“It is like, take a deep breath, don't push forwards, try not to focus on the mental health problem. Think how do you can do the best so this kid will feel well.” (Informant 14)

“I have learned a lot from collaboration. We meet together, the school, the parents, the social workers, child and adolescent psychiatric clinic, we are all there, and then we say: what can you do, what can I do so that the student will benefit the most. And therefore you feel that you have a better contact, better collaboration, and therefore we are all doing better. And when you are doing a good job, then you feel better, I feel better.” (Informant 9)

“I had an experienced school nurse as a mentor. She is the one who taught me about this work at this school, for example how to deal with mental health issues. I took over her work. So I feel that I can go to her when I need to reflect and discuss anything about students with mental health problems.” (Informant 6)

Another beneficial learning outcome from taking care of students with mental health problems was having confidence in knowing their professional responsibilities and how to use these responsibilities appropriately.

“Knowing that this is my responsibility, now I have done what I can do, and then I can put it forward, it is actually their responsibility. I think that helps me to cope with working with children with mental health problems.” (Informant 5)

### *3. Experience of making a difference for young people with mental health problems*

Taking care of students with mental health problems was also viewed as rewarding. The school nurses expressed the sentiment that their work had meaning and that they had the possibility of making a difference in the life of children and young people with mental health problems. The school nurses expressed gratitude that they had learned a lot from working with students with mental health issues. Even if the work was occasionally very stressful, they still found that because the work was meaningful and rewarding, and they had the energy to cope with the tough moments.

“During periods when there is a high workload, when there are many kids with a tough time, with mental health issues, of course you want to do extra and support them even more and then it is of course an even heavier workload. I then experience stress, but then I feel that I am rewarded so much in my job. So I think it kind of compensates for that.” (Informant 8)

The school nurses sensed that they had a major impact in the life of some students with mental health problems, especially those with problems at home. In such cases, a school nurse

could assume the role of the safe adult. The school nurses also felt that their work was meaningful and rewarding since they could make a difference in the lives of children and adolescents with mental health problems by offering time and space for confidential conversations.

“For some children with mental health problems a school nurse can be life changing. Life changing because you have a safe person that you know likes you. The school nurse’s office and the anteroom is kind of a small oasis where the students can go. It is silent and someone is there who is interested in how the students with mental health issues are doing. So I think I do serve a tremendous benefit to students.” (Informant 9)

## Discussion

Our findings revealed that school nurses working with school-age children and adolescents who have mental health problems had to cope with their own emotions, worries and feelings of insufficiency. However, the school nurses also found their work to be meaningful and rewarding because they appreciated the opportunity for personal and professional development while taking care of students with mental health problems. They felt grateful for having a profession that had a huge impact on children’s/adolescents’ lives. Previous studies have indicated that school nurses have found the experience of working with children and adolescents with mental health problems has been found to be complex (Ravenna & Cleaver, 2016). School nurses found it both meaningful to work with these students but also frustrating when their impact was limited (Spratt et al., 2010). Distress was caused by moral dilemmas combined with a high workload (Powell, Engelke, & Swanson, 2017). School nurses were anxious to say the right thing to students with mental health problems in some situations but felt confident in their social competence and their communication skills in other settings (Prymachuk et al., 2012). Some school nurses found it difficult to be professional while caring for children and adolescents with mental health problems (Dina & Pajalic, 2014). These previous studies confirmed the multifaceted picture of school nurses’ roles and responsibilities related to mental health problems in children and adolescents.

The school nurses stated that a large portion of their work consisted of meeting with students with mental health problems. This situation is in agreement with the findings of previous studies (Ellertsson et al., 2016; Prymachuk et al., 2012; Ravenna & Cleaver, 2016). Ravenna and Cleaver (2016) stated that school nurses were not prepared for their own emotional reaction and the large workload of mental health problems. These findings are consistent with our findings in which the school nurses felt unprepared for the wide range of students’ mental health problems. They also felt unprepared for their own reactions to the work, which created a need for a support network. They wanted support from more senior and experienced academic nursing colleagues or from reliable inter-professional working groups (administration, teachers, social workers and school psychologists).

Dina and Pajalic (2014) described the experience of school nurses feeling lonely when there were no school social workers at the school with whom to collaborate. Spratt et al. (2010) found that collaboration with other school personnel was important but that the school nurses also found their own unique role at a school to be crucial. The school nurses found themselves to be a part of the team but also felt excluded (Spratt et al., 2010). School nurses and other personnel at the school adhere to different regulations concerning privacy. School nurses must fulfill the healthcare law, which includes regulations concerning privacy. A school nurse cannot discuss student mental health problems with teachers without obtaining consent from the student and his/her guardians. Several school nurses in our study asked for a tutorial with other school nurses. This situation has also been described by Prymachuk et al. (2012).



The school nurses also expressed a desire for further education. Wilson et al. (2008) found that school nurses felt frustrated and powerless if there was a lack of education regarding mental health problems in children and adolescents. This lack of education was also described as a barrier in a study by Prymachuk et al. (2012). These authors stated that school nurses with adequate training regarding children and adolescent mental health could offer better help. Higson, Emery, and Jenkins (2017) showed in a recent pilot project that one day of training improved children's nurses' confidence when caring for children and adolescents with mental health problems.

### **Strengths and limitations**

The semi-structured interview guide enabled the interviewer to ask the same questions to all of the respondents, which increased the dependability of the study (Polit & Beck, 2016). The number of required interviews depended on the content and the complexity of the collected data (Hsieh & Shannon, 2005; Krippendorff, 2013). We found that the data were sufficient to answer the aim of the study after 14 interviews. The fact that the authors discussed the analysis contributes to its credibility. All of the 14 school nurses in our study were women; no male nurses worked at the included schools. School nurses in Sweden are predominantly female, but this all-female cohort is a limitation of this study in that no male experiences were included. However, the age and work experience of the nurses varied, which is a strength of the study. Three school nurses declined to participate due to lack of time and/or lack of experience, and we do not have their experiences. However, the interviews provided a variety of views with both positive and negative experiences of working with children and adolescents with mental health problems. While the transferability of this qualitative study could be questioned, several findings were recurrent, suggesting that they may be transferred to other school nurses in other settings.

### **School nursing implications**

Our findings yield an improved understanding of the important work that school nurses perform for students with mental health problems. This knowledge can explain the importance of creating beneficial work conditions for school nurses so that they can effectively promote the mental health of school-aged children and adolescents. The following concrete improvement areas were identified: 1) clinical supervision; 2) education; and 3) a reasonable workload. The possibility of regular tutoring, including group discussions with colleagues and training with a moderator, should be available for all school nurses. Because the prevalence of mental health problems is increasing among children and adolescents (WHO, 2017), school nurses should be offered further education and training in these issues, including motivational interviewing in addition to child and adolescent mental health promotion. Team networking with child and adolescent psychiatry would promote knowledge development as well as beneficial collaboration. The workload of school nurses must be reasonable in order for them to work effectively and sustainably in mental health promotion for children and adolescents. Stressed school nurses are not a sustainable solution. However, under optimal conditions, school nurses can provide excellent support for children and adolescents with mental health problems.

### **Conclusion**

A school nurse can use his or her unique position to provide security for students with mental health problems. Under optimal conditions, school nurses can pursue their work with these students in the best way and support positive mental health development among school-aged children and adolescents.

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