Re-Entry to School Following Inpatient Psychiatric Treatment

Best Practices and Implications for School Nurses

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Background

- The re-entry to school following psychiatric hospitalization can be challenging for children, families, and school personnel.
- Returning to school can be overwhelming for a student and result in psychological distress and negative effects on academic achievement.
- This re-entry process can be critical to the success or failure of the student returning to the academic environment but there is limited literature defining the role of the school in this transitional process.

Research Results

- 67% of public schools in districts across Massachusetts do not have a formal re-entry process in place.
- 70% of school nurses do not receive discharge summaries from the treating facilities prior to or at the time of the students’ return to the school.
- Over 49% of nurse respondents are only sometimes part of a re-entry team and over 28% are never included as part of a re-entry team.
- The majority of study respondents reported they were not consistently notified when a student was hospitalized for psychiatric treatment, nor when the student returned to school.
WHY

The NASN defines school nursing as: A specialized practice of professional nursing that advances the well-being, academic success, and lifelong achievement of students.

One of the 7 core roles of the school nurse is to act as a liaison between school personnel, health care professionals, and the community.

School nurses are members of both the educational and the medical communities. As such, we are in an ideal position to communicate and collaborate with practitioners from both communities.

School Nurse Role cont.

After the child’s home, school represents the second most influential environment in a child’s life. School nurses are well positioned to take the lead for the school system in partnering with school physicians, community physicians, and community organizations.

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The Scope of the Problem

- Mental health is regularly ranked as one of the top issues all school nurses deal with.
- According to the American Association of Pediatrics, schools function as the mental health system for up to 80% of children who need help. In a class of 25 students, 5 may be struggling with issues such as depression, anxiety, and/or substance abuse (Mental Health in Schools, NPR ED, 2016).
- Suicide is now the second-leading cause of death for teens aged 15-19 years, having surpassed homicide, since 2007, when the last report on adolescent suicide was published by the American Academy of Pediatrics. Pediatrics. 2016 June 27 doi: 10.1542/peds.2016-1420

Where Are We?

- We KNOW how prevalent mental health illness is in children and adolescents – we see it every day.
- We notice the pattern of visits, the same symptoms and complaints, the signs of stress and anxiety and depression.
- How can we, the school nurses, not be ‘in the loop’ of information?
- How can we safely manage these children and adolescents in school without knowing when they have received psychiatric treatment and what that treatment involved?

Where Should We Be

- As the school nurse, you are the medical expert in your school building.
- You are specifically qualified to assess and monitor students for responses to treatment, including new or changing medications and doses.
- You are aware of your students and trained to look for patterns in students’ behavior, such as frequent visits with the same somatic complaints.
- You play a critical role in identifying students with both physical and mental health disorders.
- As such, you must be a part of the re-entry process team.
How do we get there?

- Best Practices — using evidence-based recommendations to support clinical guidelines and guide nursing decisions regarding provision of appropriate health care.
- Best Practices are based on evidence-based practice standards which use research to support clinical guidelines. School nurses provide health services that rely on evidence-based practice and performance data to guide care.
- Evidence-based practice is based on valid research and requires clinical expertise to use research and knowledge to tailor clinical action.

Utilizing Best Practices

- There is significant data regarding re-entry to school following a physical illness or significant injury. Procedures are developed and followed, paperwork provided, and accommodations put into place. It’s clear, it’s straightforward, and it works well. And there is much evidence to show this.
- Why is this not done for mental health illness?
- It should be and it can be — and we can be at the forefront of this.

The Re-Entry Plan

- Set up a procedure — in writing
- Establish a re-entry team within your school
- List the essential members of this team and their roles
- Utilize specific documentation
- Specify who will be responsible for communicating with the treating facility and how the information will be disseminated to all team members
- Have a meeting between the team and the student and parents BEFORE the student returns to school
The Plan cont.

◇ Define and inform the parents of what is required prior to re-entry e.g. discharge summary, names and contact info for the outside treating team, list of medications, etc.

◇ Do this consistently – consistent team members, meetings, documentation

◇ Treat the re-entry following inpatient psychiatric treatment like any other hospitalization for any other illness – identify this procedure in your school manuals as you identify procedures for return to school following any absence for medical reasons (surgery, concussion, etc.)

◇ Remove the stigma of mental illness - treat it like any other illness

How do we get buy in

COMMUNICATION

YOU NEED TO GET THE WORD OUT TO PARENTS, STAFF, FACULTY, and ADMINISTRATION

◇ Talk about the problem, the staggering statistics, the need for a plan for re-integration.

◇ Use the concussion policy as an example of how such a plan can work and how successful it can be.

◇ Showcase your expertise, your training, and your knowledge.

Buy in cont.

◇ Educate them about your role - your whole role – not just the part that checks immunizations and physicals, or treats the injuries and the minor illnesses.

◇ Educate them about your responsibility for assessing the physical AND MENTAL health of the students you care for. Part of your role in safeguarding your students is to monitor for adverse effects to medications, be they asthma meds, antibiotics, or psychiatric medications.
Buy in cont.

- This is a safety issue, as much as it would be for a new diabetic or a student who is immunocompromised.
- You cannot monitor these students if you are not aware of their medications and their treatment plan.
- Reassure parents - assure them that the information you receive is kept confidential. Educate them about HIPPA and FERPA. Concern over confidentiality can present a significant barrier to open communication for all parties.

The Future

- We can do this. We can establish a state-wide initiative for re-entry to school following inpatient psychiatric treatment.
- This IS the nursing process in action. This IS quality improvement in action: assessment, identification of the problem, development of a plan of action, implementation of the plan, and evaluation of the outcome. We’ve done much of the groundwork already.
- This IS best practices in action and We CAN do this.