Education to Improve the Quality of Mental Health Care Provided by Middle School Nurses: A Review of the Literature

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ABSTRACT

Purpose

To examine continuing education (CE) and its associated outcomes in the quality of mental health care provided by middle school nurses.

Significance

- Mental health problems affect up to 20% of US children and adolescents, are costly, decrease quality of life and academic achievement.
- School nurses spend ~ 1/3 of their time dealing with mental health issues, but report needing more education.
- Unclear if CE is effective in improving quality of mental health care.

Methods: Literature Review

- Inclusion criteria: CE intervention, middle school nurses, written in English, dated 1994 or later, set in the United States school system, and addressed outcomes.
- Databases included PubMed, CINAHL, PsycINFO, and ERIC.
- Google searching and snowball sampling
- 764 articles with 8 articles retained for full examination. Five eligible for inclusion.

Evaluation

- Few studies focused on CE intervention for middle school nurses.
- CE interventions varied.
- All five reported an improvement in the nurses' confidence.
- No evidence to support CE for improving student outcomes.

Implications for Practice

- Need to rigorously examine the type, duration and amount of CE for best results.
- Need to examine alone or with other types of interventions.

PURPOSE

The purpose of this literature review was to examine the use of continuing education and its associated outcomes in the quality of mental health care provided by middle school nurses

BACKGROUND

- Mental health problems affect up to 20% of children and adolescents in the United States.
- Mental health disorders in early adolescents are costly and can decrease quality of life and academic achievement.
- School nurses spend approximately 1/3 of their time dealing with mental health issues, but report needing more education about mental health.
- Although a common intervention, it is unclear if continuing education as a sole intervention is effective in improving the quality of mental health care provided by middle school nurses.

RESULTS

Gray:

75% of participants expressed increased perceived competence after book study intervention.

Hootman J, Houck GM, King MC.:

10% increase in use of mental health interventions when compared to previous year.

O'Donnell DA, Joshi PT, Lewin SM.:

Increases confidence in recognizing warning signs of trauma and assisting children to cope with trauma (no statistics included).

Reutzel TJ, Desa A, Workman G, et al.:

Statistically significant (p <= .05) increases in cognitive knowledge and perceived competence.

Wyman PA, Brown CH, Inman J, et al.:

Statistically significant positive effects for health/ social service staff in knowledge, perceived preparedness, self evaluated knowledge, efficacy, and on lower gatekeeper reluctance to ask students about suicide.

CONCLUSIONS

- Currently no evidence exists to support the use of middle school nurse educational interventions to improve student mental health or academic outcomes.
- Mental health focused educational interventions do appear to improve nurses' perceived ability to address student mental health concerns, and possibly nurse behaviors when relating to students at risk for suicide.

METHODS

Design:

Integrative literature review

Inclusion Criteria:

- Continuing education as an intervention
- Middle school nurses included in the target population
- Articles written in English
- Dated 1994 or later
- Set in the United States school system
- Addressed outcomes

Databases:

- PubMed
- Google searching
- CINAHL
- Snowball sampling
- PsycINFO
- ERIC

Indexing Terms:

- School nursing
- Mental health
- Education

Sample (See Figure):

- 764 article abstracts screened
- 8 articles full examination
- 5 articles met criteria

Figure 1. Search Strategy Results 770 records identified through identified through database searching other sources 789 records identified (764 after duplicates removed) 756 records excluded 764 records screened 3 articles excluded 8 full-text assessed for eligibility 2 wrong setting 1 wrong intervention 5 studies included in sythesis

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