



# School Nurse Notes

[www.dshs.state.tx.us/schoolhealth/schnurs.shtm](http://www.dshs.state.tx.us/schoolhealth/schnurs.shtm)  
A nursing practice publication for  
Texas school nurses from the  
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*In light of recent school violence and the upcoming testing dates, School Nurse Notes is featuring information on anxiety, stress and mental health. Nurses are an integral part of Texas schools' mental health network and can be part of the first line of defense when students start exhibiting signs of stress, anxiety and depression. Additional resource sites are listed at the end of this month's newsletter that can help create crisis/safety plans. There is also a link to regional crisis centers throughout the state of Texas. Now would be a good time to review your school's safety and crisis plans to make certain they are up to date.*

## Hot Topic

### Anxiety and Stress in Children

#### What are anxiety disorders?

Children and adolescents with anxiety disorders typically experience intense fear, worry or uneasiness that can last for long periods of time and significantly affect their lives. If not treated early, anxiety disorders can lead to:

- Repeated school absences or an inability to finish school;
- Impaired relations with peers;
- Low self-esteem;
- Alcohol or other drug use;
- Problems adjusting to work situations; and,
- Anxiety disorder in adulthood.

#### What are the types and signs of anxiety disorders?

Many different anxiety disorders affect children and adolescents. Several disorders and their signs are described below:

- **Generalized Anxiety Disorder:** Children and adolescents with generalized anxiety disorder engage in extreme, unrealistic worry about everyday life activities. They worry unduly about their academic performance, sporting activities or even about being on time. Typically, these young people are very self-conscious, feel tense and have a strong need for reassurance. They may complain about stomachaches or other discomforts that do not appear to have any physical cause.
- **Separation Anxiety Disorder:** Children with separation anxiety disorder often have difficulty leaving their parents to attend school or camp, stay at a friend's house or be alone. Often, they "cling" to parents and have trouble falling asleep. Separation anxiety disorder may be accompanied by depression, sadness, withdrawal or fear that a family member might die. About one in every 25 children experiences separation anxiety disorder.

- **Phobias:** Children and adolescents with phobias have unrealistic and excessive fears of certain situations or objects. Many phobias have specific names, and the disorder usually centers on animals, storms, water, heights or situations, such as being in an enclosed space. Children and adolescents with social phobias are terrified of being criticized or judged harshly by others. Young people with phobias will try to avoid the objects and situations they fear, so the disorder can greatly restrict their lives.
- **Panic Disorder:** Repeated "panic attacks" in children and adolescents without an apparent cause are signs of a panic disorder. Panic attacks are periods of intense fear accompanied by a pounding heartbeat, sweating, dizziness, nausea or a feeling of imminent death. The experience is so scary that young people live in dread of another attack. Children and adolescents with the disorder may go to great lengths to avoid situations that may bring on a panic attack. They also may not want to go to school or to be separated from their parents.
- **Obsessive-Compulsive Disorder:** Children and adolescents with obsessive-compulsive disorder, sometimes called OCD, become trapped in a pattern of repetitive thoughts and behaviors. Even though they may recognize that the thoughts or behaviors appear senseless and distressing, the pattern is very hard to stop. Compulsive behaviors may include repeated hand washing, counting, or arranging and rearranging objects. About two in every 100 adolescents experience obsessive-compulsive disorder (U.S. Department of Health and Human Services, 1999).
- **Post-traumatic Stress Disorder:** Children and adolescents can develop post-traumatic stress disorder after they experience a very stressful event. Such events may include experiencing physical or sexual abuse; being a victim of or witnessing violence; or living through a disaster, such as a bombing or hurricane. Young people with post-traumatic stress disorder experience the event over and over through strong memories, flashbacks or other kinds of troublesome thoughts. As a result, they may try to avoid anything associated with the trauma. They also may overreact when startled or have difficulty sleeping.

### **How common are anxiety disorders?**

Anxiety disorders are among the most common mental, emotional and behavioral problems to occur during childhood and adolescence. About 13 of every 100 children and adolescents ages 9 to 17 experience some kind of anxiety disorder; girls are affected more than boys. About half of children and adolescents with anxiety disorders have a second anxiety disorder or other mental or behavioral disorder, such as depression. In addition, anxiety disorders may coexist with physical health conditions requiring treatment.

### **Who is at risk?**

Researchers have found that the basic temperament of young people may play a role in some childhood and adolescent anxiety disorders. For example, some children tend to be very shy and restrained in unfamiliar situations; a possible sign that they are at risk for developing an anxiety disorder. Research in this area is very complex, because children's fears often change as they age. Researchers also suggest watching for signs of anxiety disorders when children are between the ages of 6 and 8. During this time, children generally grow less afraid of the dark and imaginary creatures and become more anxious about school performance and social relationships. An

excessive amount of anxiety in children this age may be a warning sign for the development of anxiety disorders later in life.

Studies suggest that children or adolescents are more likely to have an anxiety disorder if they have a parent with anxiety disorders. However, the studies do not prove whether the disorders are caused by biology, environment or both. More data are needed to clarify whether anxiety disorders can be inherited.

### **What help is available for young people with anxiety disorders?**

Children and adolescents with anxiety disorders can benefit from a variety of treatments and services. Following an accurate diagnosis, possible treatments include:

- Cognitive-behavioral treatment, in which young people learn to deal with fears by modifying the ways they think and behave;
- Relaxation techniques;
- Biofeedback (to control stress and muscle tension);
- Family therapy;
- Parent training; and,
- Medication.

While cognitive-behavioral approaches are effective in treating some anxiety disorders, medications work well with others. Some people with anxiety disorders benefit from a combination of these treatments. More research is needed to determine what treatments work best for the various types of anxiety disorders.

This is one of many fact sheets in a series on children's mental health disorders. All the fact sheets listed are written in an easy-to-read style. Families, caretakers and media professionals may find them helpful when researching particular mental health disorders. To obtain free copies, call 1-800-789-2647 or visit <http://mentalhealth.samhsa.gov/child>.

## **Research**

### **Teaching Children about Mental Health and Illness: A School Nurse Health Education Program.**

**Authors:** DeSocio J; Stember L; Schrinisky J

**Journal:** Journal of School Nursing (J SCH NURS), Apr2006; 22(2): 81-6 (9 ref)

**Abstract:** A mental health education program designed by school nurses for children ages 10- 12 was developed in 2000-2001 and expanded with broader distribution in 2004-2005. Six classroom sessions, each 45 minutes in length, provided information and activities to increase children's awareness of mental health and illness. Education program content included facts about the brain's connection to mental health, information about healthy ways to manage stress, resources and activities to promote mental health, common mental health problems experienced by children and how to seek help for mental health problems. Classes included a combination of didactic presentation and open discussion, encouraging students to ask questions and allowing the school nurse to correct misinformation. Analysis of pre- and post-tests from 370 elementary and middle school students revealed statistically significant improvements in their knowledge of mental health and mental illness.

## **Mental Health and Academic Achievement: Role of School Nurses**

**Journal:** Journal for Specialists in Pediatric Nursing (J SPEC PEDIATR NURS), 2007 Oct; 12(4): 215-23 (30 ref)

**Abstract:** This article discusses how school nurses promote mental health and subsequent academic achievement by screening and referral for children demonstrating mental health problems. Nursing interventions are discussed at the individual, systems and community levels. The article concludes that mental health problems can affect school performance and academic achievement. When mental health problems are not recognized, students may be unable to reach their academic potential. School nurses are in a key position to provide interventions to address mental health and academic achievement. Practice implications emerge as the role of school nurses and examples of mental health collaborative activities are discussed.

## **Stress and Coping Responses to Proficiency Testing in School-age Children**

**Authors:** Skybo T; Buck J

**Journal:** Pediatric Nursing (PEDIATR NURS), Sep2007; 33(5): 410, 413-8 (21 ref)

**Abstract:** Nurses encounter school-age children experiencing multiple stressors and stress symptoms. Performance on proficiency tests is viewed as stressor. The purpose of this repeated measures study was to assess 53 fourth grade children's appraisal of proficiency tests, concurrent stressors, stress symptoms and coping strategies. During October, February, March and April, children completed a ranking of their stress associated with proficiency testing and also reported their stressors, stress symptoms and coping strategies. Results indicated that children appraised proficiency tests as most stressful at the beginning of the school year but less stressful at the time of the test. Stressors and stress symptoms increased from baseline to 1 month before testing then declined. The number of coping strategies used by the children decreased throughout the year. Nurses can work with parents and teachers to identify children with test anxiety and target these children for interventions to improve their coping strategies.

## **Suicide and Suicide Attempts in Adolescents**

**Author:** Benjamin N. Shain, MD, PhD and the Committee on Adolescence

Published online August 31, 2007

**Journal:** Pediatrics Vol. 120 No. 3 September 2007, pp. 669-676

**Abstract:** Suicide is the third-leading cause of death for adolescents 15 to 19 years old. Pediatricians can take steps to help reduce the incidence of adolescent suicide by screening for depression and suicidal ideation and behavior. This report updates the previous statement of the American Academy of Pediatrics and is intended to assist the pediatrician in the identification and management of the adolescent at risk of suicide. The extent to which pediatricians provide appropriate care for suicidal adolescents depends on their knowledge, skill, comfort with the topic and ready access to appropriate community resources. All teenagers with suicidal thoughts or behaviors should know that their pleas for assistance are heard and that pediatricians are willing to serve as advocates to help resolve the crisis. The full article can be accessed online at:

[www.aap.org/healthtopics/depression.cfm](http://www.aap.org/healthtopics/depression.cfm).

## Nursing Practice

### Mental Health Fact Sheets:

The American Association of Child and Adolescent Psychiatry (AACAP) has PDF printable fact sheets for parents in English, Spanish, and additional languages. They are available for educational reprint at:

- Anxiety: [www.aacap.org/cs/root/facts\\_for\\_families/the\\_anxious\\_child](http://www.aacap.org/cs/root/facts_for_families/the_anxious_child)
- Depression: [www.aacap.org/cs/root/facts\\_for\\_families/the\\_depressed\\_child](http://www.aacap.org/cs/root/facts_for_families/the_depressed_child)
- School Refusal and Anxiety:  
[www.aacap.org/cs/root/facts\\_for\\_families/children\\_who\\_wont\\_go\\_to\\_school\\_separation\\_anxiety](http://www.aacap.org/cs/root/facts_for_families/children_who_wont_go_to_school_separation_anxiety)
- Suicide: [www.aacap.org/cs/root/facts\\_for\\_families/teen\\_suicide](http://www.aacap.org/cs/root/facts_for_families/teen_suicide)
- Stress: [www.aacap.org/cs/root/facts\\_for\\_families/helping\\_teenagers\\_with\\_stress](http://www.aacap.org/cs/root/facts_for_families/helping_teenagers_with_stress)

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### The Law Related to Psychotropic Drugs in Schools:

Texas Education Code states:

#### § 38.016. PSYCHOTROPIC DRUGS AND PSYCHIATRIC EVALUATIONS OR EXAMINATIONS.

(a) In this section:

- (1) "Parent" includes a guardian or other person standing in parental relation.
- (2) "Psychotropic drug" means a substance that is:

(A) used in the diagnosis, treatment, or prevention of a disease or as a component of a medication; and  
(B) intended to have an altering effect on perception, emotion, or behavior.

(b) A school district employee may not:

- (1) recommend that a student use a psychotropic drug; or
- (2) suggest any particular diagnosis; or
- (3) use the refusal by a parent to consent to administration of a psychotropic drug to a student or to a psychiatric evaluation or examination of a student as grounds, by itself, for prohibiting the child from attending a class or participating in a school-related activity.

(c) Subsection (b) does not:

- (1) prevent an appropriate referral under the child find system required under 20 U.S.C. Section 1412, as amended; or
- (2) prohibit a school district employee who is a registered nurse, advanced nurse practitioner, physician, or certified or appropriately credentialed mental health professional from recommending that a child be evaluated by an appropriate medical practitioner; or
- (3) prohibit a school employee from discussing any aspect of a child's behavior or academic progress with the child's parent or another school district employee.

(d) The board of trustees of each school district shall adopt a policy to ensure implementation and enforcement of this section.

(e) An act in violation of Subsection (b) does not override the immunity from personal liability granted in Section 22.0511 or other law or the district's sovereign and governmental immunity.

Added by Acts 2003, 78th Leg., ch. 1058, § 1, eff. June 20, 2003.

Retrieved from: <http://tlo2.tlc.state.tx.us/statutes/ed.toc.htm>.

## **Children's Medication Chart for Mental Health**

<b>Trade Name</b>	<b>Generic Name</b>	<b>Approved Age</b>
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### **Stimulant Medications**

Adderall	amphetamine	3 and older
Adderall XR	amphetamine (extended release)	6 and older
Concerta	methylphenidate (long acting)	6 and older
Cylert*	pemoline	6 and older
Dexedrine	dextroamphetamine	3 and older
Dextrostat	dextroamphetamine	3 and older
Focalin	dexmethylphenidate	6 and older
Metadate ER	methylphenidate (extended release)	6 and older
Ritalin	methylphenidate	6 and older

\*Because of its potential for serious side effects affecting the liver, Cylert should not ordinarily be considered as first-line drug therapy for ADHD.

### **Non-stimulant for ADHD**

Strattera	atomoxetine	6 and older
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### **Antidepressant and Antianxiety Medications**

Anafranil	clomipramine	10 and older (for OCD)
BuSpar	bupirone	18 and older
Effexor	venlafaxine	18 and older
Luvox (SSRI)	fluvoxamine	8 and older (for OCD)
Paxil (SSRI)	paroxetine	18 and older
Prozac (SSRI)	fluoxetine	18 and older
Serzone (SSRI)	nefazodone	18 and older
Sinequan	doxepin	12 and older
Tofranil	imipramine	6 and older (for bedwetting)
Wellbutrin	bupropion	18 and older
Zoloft (SSRI)	sertraline	6 and older (for OCD)

### **Antipsychotic Medications**

Clozaril (atypical)	clozapine	18 and older
Haldol	haloperidol	3 and older
Risperdal	risperidone	18 and older

Trade Name	Generic Name	Approved Age
(atypical)		
Seroquel (atypical)	quetiapine	18 and older
Mellaril	thioridazine	2 and older
Zyprexa (atypical)	olanzapine	18 and older
Orap	pimozide	12 and older (for Tourette's syndrome—Data for age 2 and older indicate similar safety profile)

### Mood Stabilizing Medications

Cibalith-S	lithium citrate	12 and older
Depakote	valproic acid	2 and older (for seizures)
Eskalith	lithium carbonate	12 and older
Lithobid	lithium carbonate	12 and older
Tegretol	carbamazepine	any age (for seizures)

### Additional Medication Chart Information:

- In October 2006, the FDA approved risperidone (Risperdal®) for the symptomatic treatment of irritability in autistic children and adolescents ages 5 to 16. The approval is the first for the use of a drug to treat behaviors associated with autism in children. These behaviors are included under the general heading of irritability, and include aggression, deliberate self-injury and temper tantrums.
- Fluoxetine (Prozac®) and sertraline (Zoloft®) are approved by the FDA for children age 7 and older with obsessive-compulsive disorder. Fluoxetine is also approved for children age 8 and older for the treatment of depression. Fluoxetine and sertraline are selective serotonin reuptake inhibitors (SSRIs). See above for the (FDA) warning concerning SSRIs and other antidepressants.
- The information contained in this chart was accessed at:  
[www.nimh.nih.gov/health/publications/medications/complete-publication.shtml#ptdep16](http://www.nimh.nih.gov/health/publications/medications/complete-publication.shtml#ptdep16).
- The Food and Drug Administration has a printable fact sheet regarding the use of antidepressants in children and adolescents at:  
[www.fda.gov/CDER/DRUG/antidepressants/MG\\_template.pdf](http://www.fda.gov/CDER/DRUG/antidepressants/MG_template.pdf).

### Depression and Suicide Quick Facts:

- ✓ In 2004, suicide was the third leading cause of death in each of the following age groups. Of every 100,000 young people in each age group, the following number died by suicide:
  - Children ages 10 to 14 — 1.3 per 100,000
  - Adolescents ages 15 to 19 — 8.2 per 100,000
  - Young adults ages 20 to 24 — 12.5 per 100,000
- ✓ As in the general population, young people were much more likely to use firearms, suffocation and poisoning than other methods of suicide, overall. However, while adolescents and young adults were more likely to use firearms than suffocation, children were dramatically more likely to use suffocation.
- ✓ There were also gender differences in suicide among young people, as follows:
  - Almost four times as many males as females ages 15 to 19 died by suicide.
  - More than six times as many males as females ages 20 to 24 died by suicide.

- ✓ Risk factors for attempted suicide by youth include depression, alcohol or other drug-use disorder, physical or sexual abuse, and disruptive behavior.
- ✓ Most suicide attempts are expressions of extreme distress, not harmless bids for attention. A person who appears suicidal should not be left alone and needs immediate mental health treatment.
- ✓ If you think someone is suicidal, do not leave him or her alone. Try to get the person to seek immediate help from his or her doctor or the nearest hospital emergency room, or call 911. Eliminate access to firearms or other potential tools for suicide, including unsupervised access to medications.
- ✓ Suicide Prevention Hotline: call 1-800-273-TALK (1-800-273-8255).
- ✓ *Assessment Checklist for Suicide Risk* from the UCLA Center for Mental Health in Schools [http://smhp.psych.ucla.edu/qf/suicide\\_qt/assessmentchecklist.pdf](http://smhp.psych.ucla.edu/qf/suicide_qt/assessmentchecklist.pdf).

## From the Field

This month, *School Nurse Notes* is putting the spotlight on Fort Bend Independent School District's award winning program, *Creating Healthy Relationships* or CHR. *Creating Healthy Relationships* is a collaborative effort with the Fort Bend County Women's Center to raise student self respect and build skills regarding relationship violence. Safe and Drug Free educators train high school students through peer assistance leadership, or PAL, so they may teach 7<sup>th</sup> graders about relationship violence and prevention through role play, refusal skills and question and answer sessions. The impact of the classes is measured by using a pre-test and post-test. A 15% increase in knowledge was seen after participating in the class. CHR has been successful as a pilot program and Fort Bend is planning to roll it out to all thirteen middle schools in the upcoming school years. *Creating Healthy Relationships* is a great example of a collaborative program to increase mental health involving the community, students, teachers and their parents. Additional information about the *Awards for Excellence in Texas School Health* program and *Creating Healthy Relationships* can be found at [www.dshs.state.tx.us/schoolhealth/awards.shtm](http://www.dshs.state.tx.us/schoolhealth/awards.shtm).

## Resources

The Texas Council of Community Mental Health and Mental Retardation Clinics has compiled a list of crisis centers and hotlines by city and region that can be located via their Web site at: [www.txcouncil.com/crisis\\_numbers.aspx](http://www.txcouncil.com/crisis_numbers.aspx).

Examples of many policy and procedure guides for mental health in schools are available at: <http://smhp.psych.ucla.edu>.

A crisis planning brochure and checklist for schools as well as the full 143-page guide can be accessed at: [www.ed.gov/admins/lead/safety/crisisplanning.pdf](http://www.ed.gov/admins/lead/safety/crisisplanning.pdf).



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