

# Mental Health and Addiction Nursing - School Program

*Collaboration between mental health  
nurses and school systems  
to improve mental health outcomes in  
children and adolescents*

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# Presenters Disclosure

## Canadian Collaborative Mental Health Care Conference

- Presenters: **Megan Seto and Lori Nichols**
- There are no relationships with commercial interest
- This program has received financial support and in-kind support from
- **Toronto Central Community Care Access Centre** in the form of
  - Conference fees paid for Meigan Seto
  - Communications department support
- No potential conflicts of interest identified.

# Mental Health and Addiction Nursing School Program

## Provincial Program:

- System navigation
- Early identification
- Building capacity
- Supports to students and families
- Transition from hospitalization

In partnership with individual school boards

The Mental Health and Addiction Nursing Team at Toronto Central Community Care Access Centre works with the school system. Our job is to help students, families and the school so that students can continue to learn at school while maintaining or regaining mental health.

# Partners: School Boards

- **Toronto District School Board**
  - 260,000 students, almost 600 schools, 6 RNs
- **Toronto Catholic District School Board**
  - 93,000 students, over 200 schools, 3 RNs
- **Southern Ontario French boards**
  - 15,000 students, 54 schools, covering area of more than 40 000 km<sup>2</sup> (CSDCCS)
  - 10,000 students, 48 schools, covering area of more than 68,000 km<sup>2</sup>
  - 3 RNs

# October 2013-February 2014 Students Served

<b>Board</b>	<b>Number Students Served</b>	<b>Average Age</b>	<b>Male: Female Ratio</b>	<b>Average Length of Service</b>
TDSB	63	15	37:26	90 days overall program
TDCSB	40	15	15:25	
CV Viamonde	16	12	8:8	
CSDCCS	26	8	3:3	

# Reasons for Referrals

## Referrals:

- School Avoidance/behaviour
- Anxiety
- Depression
- Aggressive Behaviour
- ADHD
- Autism
- Psychosis
- Medication/ mental health education for students and families
- Hospitalization

## Factors:

- “Connected” with services
- Long-standing problems in school and at home
- Hospitals have transition workers already
- Few referrals for addictions

# Where RN Helped: Acceptability

- Families more open to talking to nurse
- Staff open to new discipline
- Not school staff
- Role model comfort with mental health issues

# Where RN Helped: Perspective

- Synthesized approaches
  - behavioural, group dynamic, learning theory, cognitive, self-regulation, relationship
- Medication/Diagnosis
- Neurological/physical explanations
- Practical intervention suggestions
  - individual and/or class interventions  
Presentations



# Where RN Helped: Communication- Translation

- Show teachers where they are already doing well and why
- Communication with health professionals
- Ensuring consistency and simplifying, in terms of language (jargon)

# Where RN Helped: Policy

- Policy development to encourage follow-up
- Policy review to diminish risk to clients
- Facilitating communication between ministries and stakeholders

# Challenges

- Established Hierarchy for introductions; referrals
- Communication structures
- Access to direct staff
- Many demands and priorities (meetings booked 6 months in advance)
- Connecting with family for intake history
- Organizing meetings with students, staff
- Lack of agencies servicing francophone population
- Confusion and misinterpretation of roles

# Strengths and Improvements

- Build and nurture relationships/partnerships
- Build capacity amongst stakeholders and gatekeepers
- Foster collaborative relationships
- Reduce duplication of services to decrease waitlists
- Focus interventions to derive greater benefit

## Contact us:

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