



# TRANSFORMING CHILDREN'S MENTAL HEALTH IN NEPAL

Findings from the School Nurse  
Pilot Project





**Jaya Mental Health is a Charitable Incorporated Organisation, registered in England and Wales with the UK Charity Commission, Charity registration number: 1159008, since 2014**

**Jaya Mental Health's (JMH) mission is to promote the training and empowerment of the healthcare workforce practicing in the field of mental health in low and middle-income countries and support the creation of skilful workforces that have a central role in the reduction of health inequalities worldwide.**

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Without the generosity of our supporters, Jaya Mental Health would be unable to train health care staff and bring specialist care to people affected by mental health problems in South Asia.

Thank you to everyone who believes in and supports our cause and who embraces the challenge of creating resilient mental health services in some of the world's most deprived nations.

A special thank you to the Burdett Trust for Nursing, whose support has been instrumental in the delivery of this project and the overall sustainability of several of our activities in South Asia.

Jaya Mental Health, 2023

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## I. Background

Mental health is largely shaped by economic, social, and environmental factors and “is fundamental to good health and wellbeing and influences social and economic outcomes across the lifespan” (Barry et al, 2013). Children in Nepal are at high risk of being affected by factors which adversely affect mental health. These include poverty, child labour, trafficking and exploitation, domestic violence, sexual abuse, and natural disasters such as earthquakes and flooding.

It is estimated that 15–20% of under 18s in Nepal may suffer from some form of mental disorder. Child and adolescent mental disorders are linked to premature death (Yu et al,

2022) and serious dysfunction in adult life. Barry et al (2013) conclude that “*Poor mental health in childhood is associated with health and social problems such as school failure, delinquency and substance misuse, and increases the risk of poverty and other adverse outcomes in adulthood*”.

The government of Nepal allocates less than 1% of its total health budget to mental health and child and adolescent mental health services receive a negligible portion of this (IASC, 2015) For these reasons the mental health of Nepal’s next generation needs urgent attention.





## THE IMPORTANCE OF NURSES

The role of nurses in responding to the health and social needs of Nepal's population has been central to recent improvements in maternal healthcare and in child and adolescent well-being. However, like many other low and middle-income countries, Nepal has severe shortages of trained healthcare staff, including nurses. According to the Nepalese Department of Health Services an additional 45,000 nurses are desperately needed. Overall, Nepalese nurses are poorly paid, work in rigid hierarchical healthcare services dominated by doctors, and burnout is common.

## A NURSE IN EVERY SCHOOL

The Nepalese government is beginning to recognise that investing in the health of children and adolescents is important in shaping the mental and physical health and well-being of the nation. In 2019 the Ministry of Health allocated approximately 430 qualified nurses to schools across the seven provinces of Nepal. A further 400 nursing staff were added to the school workforce in the following two years, and more are expected to join this workforce in the coming years.

The role of a school health nurse (SHN) is of great significance to children, especially those living in rural areas where they are the only qualified health professionals available to children, their parents,

teachers, and in some cases, whole communities. Their presence in some of Nepal's most remote areas has been central to infection prevention and control of COVID-19. Many of these nurses were also the only trained staff available to many Nepalese dealing with bereavement and the emotional aftermath of the pandemic.

The recently created school nurse role offers the opportunity to bring real change. School nurses are expected to deal with and respond to the day-to-day physical healthcare needs of children, as well as to their complex mental health and emotional problems. However, with no professional network to support them, Nepalese school nurses are working in isolation and with limited access to adequately equipped clinical infrastructures.

As a strategy to improve school nursing care and ensure that staff are supported in their role, in 2019 the Nursing and Social Service Division of Nepal launched a new school nursing-led professional development programme. Jaya Mental Health (JMH) was requested to support the planning and delivery of this programme focusing primarily on mental health nursing and basic counselling skills (the skills that school nurses are considered to be lacking, and for which demand is greatest).





## II. Pilot Project: Surkhet District, Karnali Province

The aim of the programme launched by the Nursing and Social Service Division of Nepal was to offer a structured professional development pathway to all nurses working in schools across the country (see Annex I, Needs-based Assessment, Nursing Division and Annex II, School Health & Nursing Service Guide, 2076)

A large number of nurses were allocated to this role and placed in scattered locations across the seven provinces of Nepal. Therefore, it was recognised that a pilot project was essential as a first step to develop a capacity building framework responsive to the physical and mental health training needs of this new school nursing workforce.

For this purpose, JMH's primary contribution was to launch a pilot mental health capacity building intervention for school nurses working in a limited geographical area, preferably away from the capital Kathmandu (where most of the very few existing mental health services are traditionally located) and made up of both urban and rural communities.

### KARNALI PROVINCE

**Karnali** is Nepal's largest province, getting its name from the river that crosses the region – Nepal's longest water course. This large territory includes extensive areas of high altitude and two major national parks, as well as lower hills and farming landscapes across its central and most southern borders.

According to the 2011 census, the total population of the province exceeds 1.5 million people. The province is divided into 10 districts, of which Surkhet is the most populous with 350,000 inhabitants, a third of which live in the capital Birendranagar. Surkhet was one of the first districts to which school nurses were allocated to, therefore a logical region to launch the project (focusing on the municipalities of Bheriganga and Birendranagar).

### PILOT PROJECT: AIMS AND OBJECTIVES.

The main aims and objectives of JMH's pilot project included:

- To train school nurses working in the district of Surkhet in basic mental health competencies including communication skills; psychological first aid; depression, anxiety and conduct disorders; self-harm; and learning disabilities.
- To offer guidance to nurses on their duties and responsibilities and identify existing support services in their geographical areas of work.
- To create an ongoing system of clinical supervision for all Surkhet-based school nurses and build their confidence as positive agents of change in schools across the district.

### PILOT PROJECT: BENEFICIARIES

- 35 nurses from two municipalities (26 nurses from Birendranagar Municipality and 9 from Bheriganga Municipality).
- 103 teachers
- 22,435 school-age children (47% boys, 53% girls)



### METHODOLOGY AND DURATION

#### Duration

- March 2021 to December 2022

The planning and delivery of the pilot project was significantly delayed by the effects and travel restrictions of the COVID-19 pandemic (initial starting date: October 2020). Therefore, the project ended 6 months later than initially expected.

#### Methodology

The School Nursing Pilot Project, Surkhet, in keeping with all JMH's projects in South Asia, followed a programme cycle methodology made of four key steps:

- 1. Scouting Phase:** The initial survey of the terrain; an exploratory phase involving observation and conversations with stakeholders. Questions explored included: What is the need? What needs improving? Is there a role for JMH? Where are the meaningful partnerships to build?
- 2. Scoping Phase:** Clarifying the focus and nature of the programme with all stakeholders and the role of JMH. This involved data collection and analysis to build a needs analysis and provide baselines by which improvements could be measured. It involved agreeing objectives and actions to fulfil objectives.
- 3. Improvement Phase:** The phase in which the bulk of the programme activities took place and involved ongoing monitoring so that the programme remained responsive to participants and their needs.
- 4. Evaluation Phase:** After the conclusion of the programme activities, evaluation of the measures identified in the scoping phase.

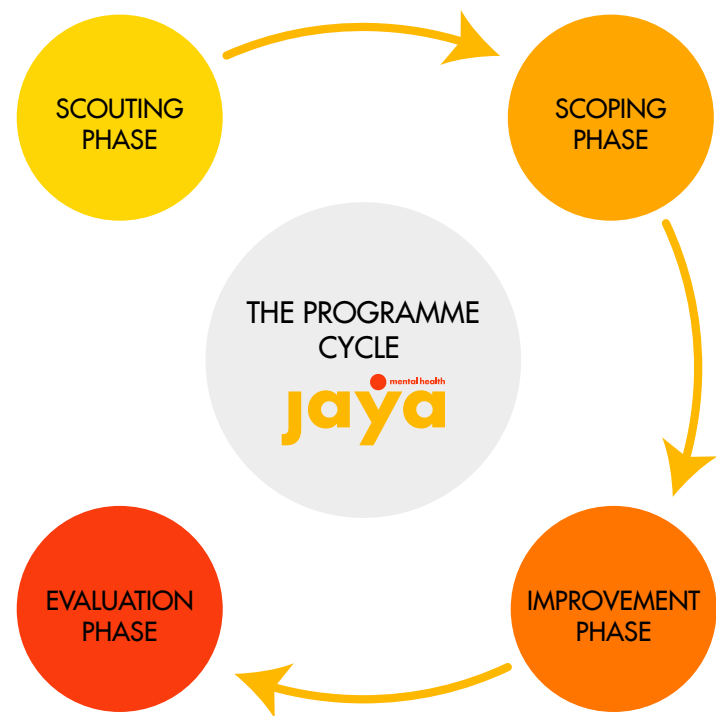


Image 1: The Programme Cycle. Credit: JMH

## PILOT PROJECT: OUTCOMES

The main intended outcomes of the project included:

- To improve mental health and emotional support to school-age children in the region, in particular to those most vulnerable and with no access to any other forms of health professionals or clinical care.
- To create a confident, skilful, and motivated school nursing workforce; able to shape and positively influence the local school environment; and be responsive to the mental health and emotional needs of not only children, but also parents and teachers.
- To bring greater visibility to the role of nurses in providing care and bringing change to health and social services in Nepal; to promote continuous professional development opportunities for nurses, and encourage their inclusion and participation in national, regional, and local healthcare reforms.
- To give nurses a central role in the fight against the stigma and misconceptions surrounding mental health and emotional problems; with nurses leading the way in bringing mental health to the forefront of new healthcare initiatives across the country – supporting Nepal in achieving the Sustainable Development Goals (United Nations, 2015).
- To develop a model of mental health capacity building of school nurses replicable to other districts and provinces of Nepal. A model that brings consistency to the career progression of Nepalese school nurses regardless of their place of work in the country.

## PROJECT LEAD

The pilot project was led and implemented by Unity in Health’s team of mental health professionals (JHM’s sister organisation in Nepal, including trained psychologists, mental health nurses and art therapist) with the support of Jaya Mental Health’s staff in the UK.

In broad terms the project focused on three main activities:





Image II: School Nursing Project, main activities. Credit: JMH

All capacity building activities took place in Surkhet, whilst most supervision sessions were conducted online (via Zoom and Skype).

## III. Needs-based Assessment

### SCOUTING AND SCOPING PHASES, MARCH 2021

Assessing the needs and views of the project beneficiaries is central to JMH's capacity building approach in South Asia.

In the context of capacity building interventions, a needs-based assessment can help identify barriers to learning and to putting acquired knowledge into practice. If no needs assessment is conducted prior to delivering a training programme, the chances of the programme achieving its objectives are significantly reduced.

Prior to engaging in any form of training activities, it was important to determine whether all participants – in this case the school nurses – were working in an environment that allowed them to put new knowledge into practice. This included exploring questions such as:

- What preparation have nurses been given prior to being allocated to their role?
- Were the nurses able to choose the school and community they are working in?
- Have the headmasters and teachers been informed of what the role of the school nurses is?
- What are the views and experiences of the nurses, teachers and headmasters on mental health and well-being?

- Have the students been informed of the nurses' arrival to schools?
- Is there a room within schools where nurses can work and see children in privacy?
- Will nurses receive any support after completing their training?
- What other health services are there in the region and that nurses can access?

From March to August 2021, and as part of the initial survey of the terrain, the team met with some of the project's main stakeholders on several occasions. These included:

- Heads of the Municipalities (Bheriganga and Birendranagar, Surkhet District)
- Surkhet's Heads of Health and Education
- Headmasters of participating schools
- Teachers
- School health nurses
- School-age children

### HEADS OF MUNICIPALITIES (BHERIGANGA AND BIRENDRANAGAR)

Both heads of the municipalities of Bheriganga and Birendranagar were very welcoming towards the team and the implementation of the pilot project. Both confirmed having received previous requests from local school health nurses for support with training in managing emotional and behavioural changes in children. They expressed their full support for a smooth implementation of the project and all its activities.

### HEADS OF HEALTH AND EDUCATION

This was a particularly relevant meeting, in which the team was informed that the current school health nursing programme falls under two different ministries – the Ministry of Health and the Ministry of Education – this creating some potential conflict between stakeholders. The school health nurses are employed by the Ministry of Health; schools and teaching staff are under the Ministry of Education. Miscommunication between the municipal representatives of each ministry has created significant obstacles to nurses and



their capacity to practice in schools across the district. Differences were noticed between Birendranagar and Bheriganga, with the former presenting a stronger working partnership between delegates from each ministry than the latter.

Despite such differences, all heads of both ministries assured the team of their support for the pilot project.

### SCHOOL HEADMASTERS

Meeting the headmasters of schools to which nurses were allocated was vital to assess their receptiveness and understanding of the role of these health professionals within the local educational system.

In Birendranagar, the headmasters reported being satisfied with the presence of nurses and their support to school aged children, adding that girls' absenteeism in schools across the municipality has decreased since the arrival of school nurses. Overall, according to the headmasters there has been an improvement in the provision of physical health care in schools, but the psychological needs of students remain unaddressed.

Contrary to the above, in the Bheriganga Municipality, the headmasters spoke of a general dissatisfaction towards the local government as well as the health department, complaining that they were not informed of the arrival of school nurses to their municipality.

Nevertheless, they reported being supportive of school nurses and their role in delivering healthcare to children and are thankful to the government for launching the programme.

Additionally, both municipalities' headmasters requested that teachers are also given orientation regarding the psychosocial needs of school aged children and adolescents.



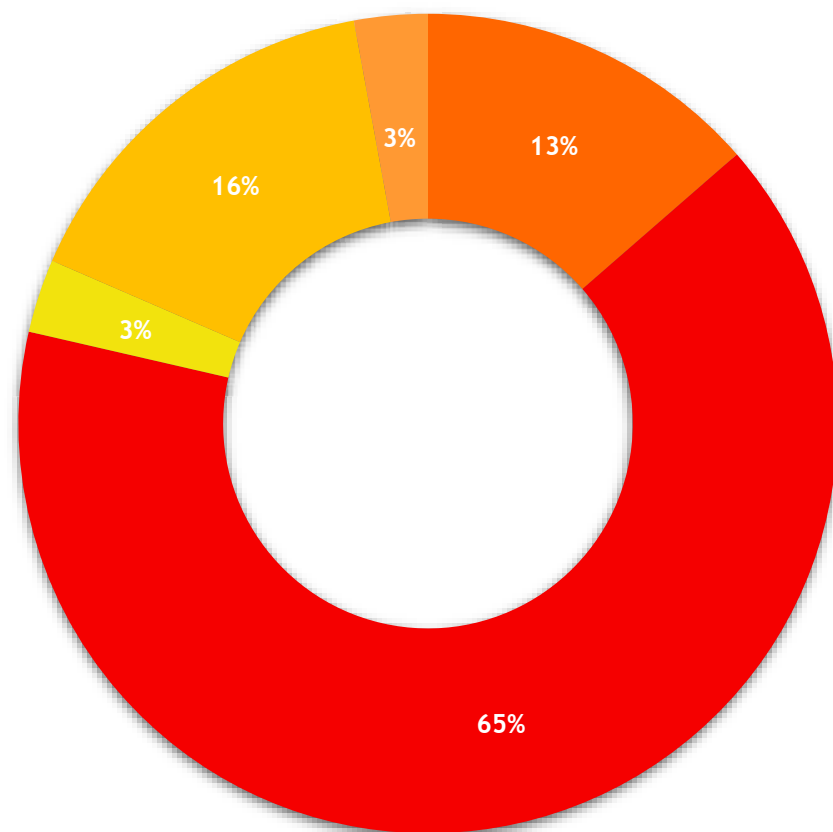


## TEACHERS

Teachers have important roles in the lives of the children they teach. In Nepal, they are likely to be the ones who spend most time with school-aged children, and therefore who are most aware of changes in their behaviour and well-being.

In the project's scouting and scoping phases, the team engaged with a total of 103 teachers from 40 schools of the district of Surkhet. This included conducting a survey on the knowledge, attitude, and behaviour of teachers towards mental health and mental illness. Results of this survey revealed significant misinformation around mental illness, but also a willingness amongst most to be more involved in looking after the mental well-being of school aged children.

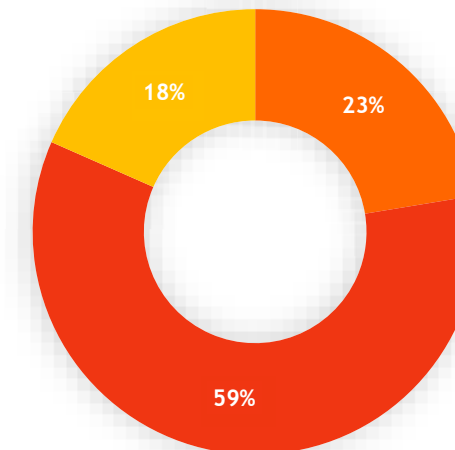
### PEOPLE WITH MENTAL ILLNESS ARE FAR LESS OF A DANGER THAN MOST PEOPLE SUPPOSE.



Strongly Agree Slightly agree Neither agree nor disagree Slightly disagree Strongly disagree

Image III: 79% of teachers think that the people with mental illness are not dangerous. However, close to 19% of teachers think they are.

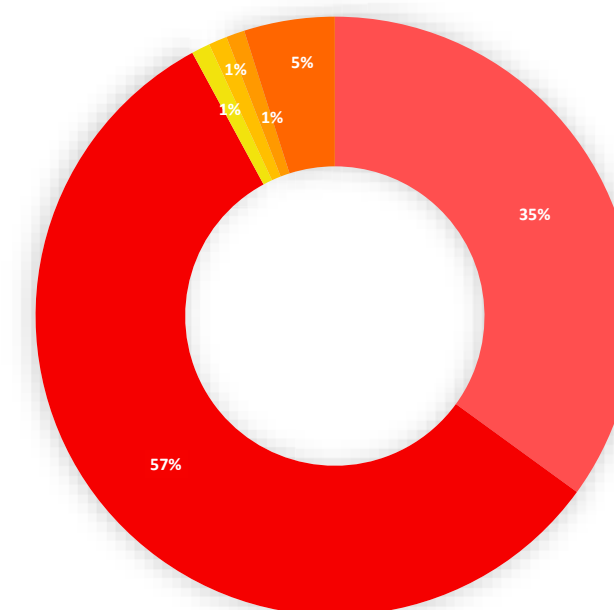
### DO YOU THINK THAT PEOPLE WITH MENTAL ILLNESS EXPERIENCE STIGMA AND DISCRIMINATION BECAUSE OF THEIR MENTAL HEALTH PROBLEMS?



Yes - a lot of stigma and discrimination Yes - a little stigma and discrimination No - no stigma and discrimination

Image IV: 82% of teachers agree that people with mental illness experience stigma and discrimination because of their mental health problems. Close to 20% agree that they don't.

### SCHOOLS SHOULD OFFER SUPPORT TO CHILDREN WITH THEIR MENTAL HEALTH PROBLEMS.



Strongly Agree Slightly agree Neither agree nor disagree Slightly disagree Strongly disagree No Response

Image V: 92% of teachers agree that schools should offer support to children with their mental health problems.



## SCHOOL HEALTH NURSES

Visiting the schools where nurses have been allocated, allowed the team to assess the physical environment in which these health professionals are practicing.

To start with, the team visited 4 schools in the Birendranagar municipality; of these, 3 provided nurses with a separate room named "Nurses Room" and "Therapy Room". However, from further conversations with other school headmasters and nurses, the team gathered that a significant proportion of schools do not have space to accommodate their newly appointed nursing staff (many schools don't have sufficient space to run classes). Providing rooms for school nurses to see students in private is a major challenge for schools in Surkhet.

## FOCUS GROUP DISCUSSIONS (FGD)

Focus group discussions (FGDs) are debates facilitated by a moderator, usually based on a short list of guiding questions, which are then used to probe for in-depth information.

The FGDs with school health nurses and moderated by JMH's team at the scouting phase of the pilot project focused primarily on two questions: 1) *what was the participants' motivation for choosing nursing as a profession?* 2) *what are the participants' own perceptions of the role of a school health nurse?*

## FEEDBACK FROM THE DISCUSSIONS INCLUDED:

- All participants spoke of being excited to be some of the first nurses to be allocated to schools in Nepal. Every participant gave their input on a poster later produced by JMH on the role of the school nurse (distributed among participating schools, Image III).
- Many reported enjoying working outside of hospitals and under school hours (rather than changeable hospital shifts).
- Some spoke how, despite being new to the post, they have started building trustful relationships with students and how they see the potential in establishing similar working partnerships with teaching staff, as well as parents and the community in general.

- According to all participants, the main duties and responsibilities of a school nurse include: a) to provide first aid care to students and teachers when necessary; b) to monitor the eating habits of students and educate family members about nutritional needs of their children; c) to encourage students to maintain their personal hygiene; d) to be particularly mindful of the problems and challenges experienced by female students and distribute iron supplements to adolescent girls; and e) to teach children how to manage general health problems in their home environment.



Image VI: Poster – the role of the School Health Nurse. Credit: JMH



In addition to the above, all participants spoke of not feeling confident in providing psychosocial support to children. Overall, most of the participating school nurses demonstrated having little knowledge on the main emotional and behavioural problems and related symptoms in school-aged children in Nepal. Some mentioned referring children with complex presentations to the local health post.

**PERCENTAGE OF NURSES WHO AGREED WITH THE STATEMENT: IF A CHILD HAS A COMPLEX MENTAL HEALTH PROBLEM, I KNOW HOW TO REFER THEM TO SPECIALIST CARE AND SUPPORT**

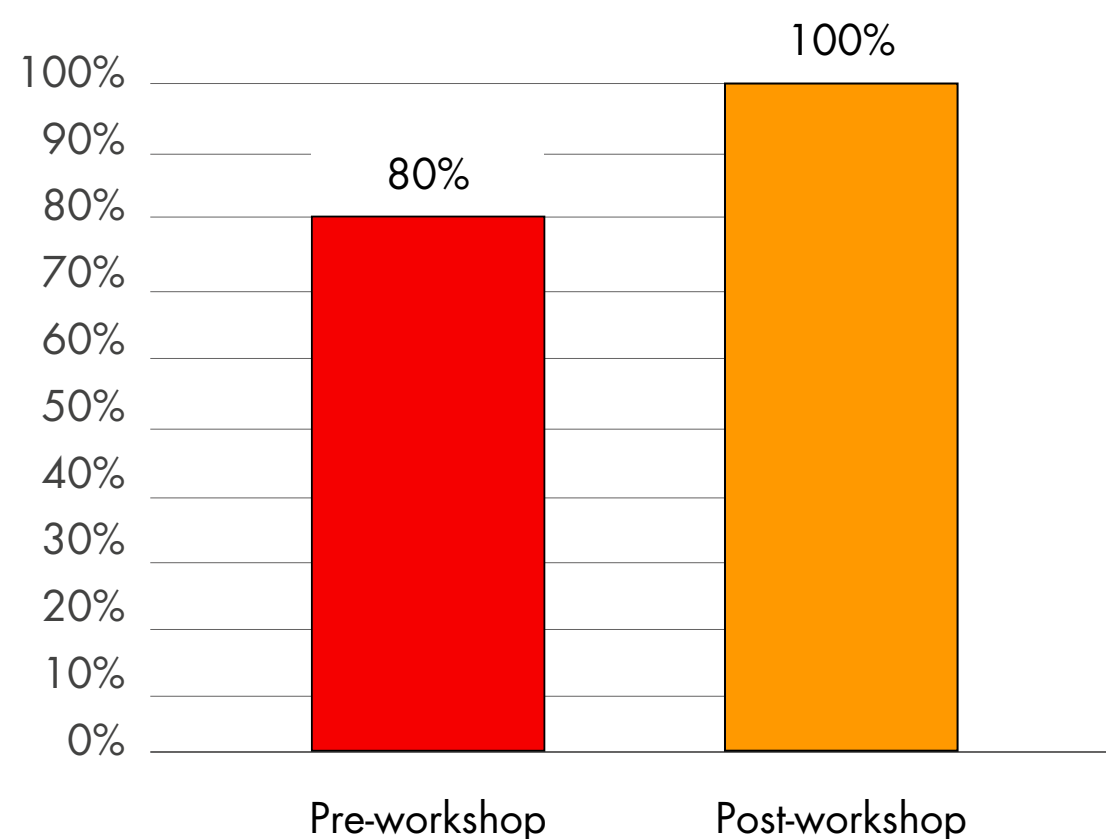


Image VII: Percentage of nurses who agreed with the statement: If a child has a complex mental health problem, I know how to refer them to specialist care and support (pre and post workshop).

**PERCENTAGE OF NURSES WHO AGREED WITH THE STATEMENT: PEOPLE WITH MENTAL ILLNESS EXPERIENCE STIGMA AND DISCRIMINATION BECAUSE OF THEIR MENTAL HEALTH PROBLEMS.**

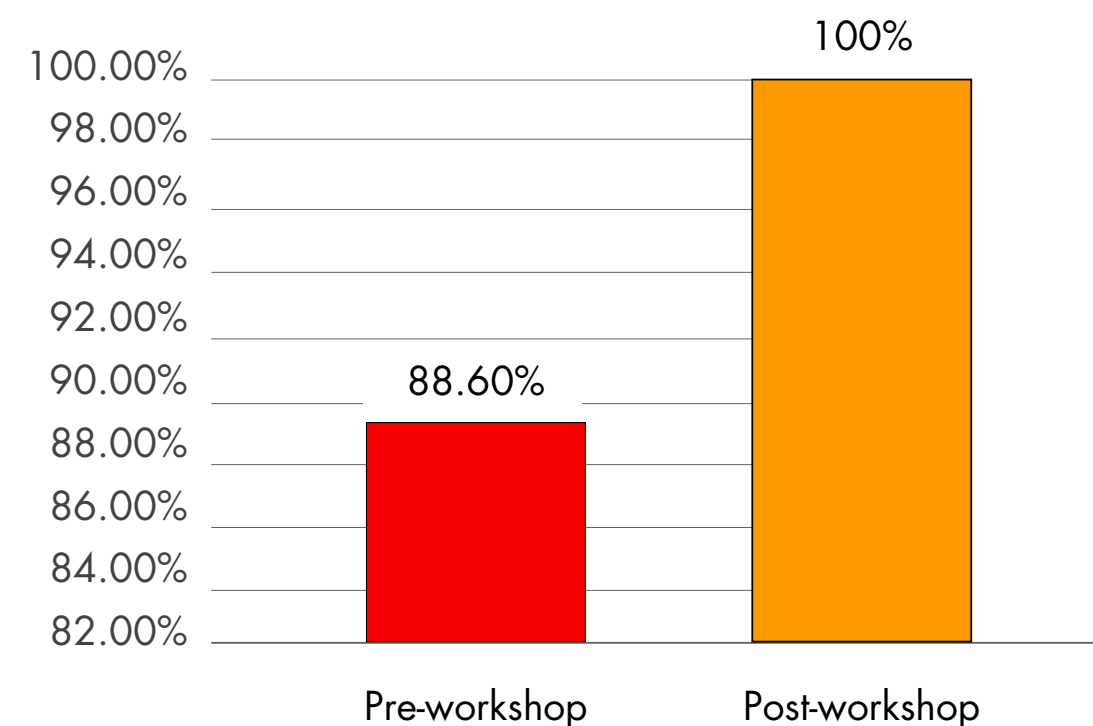


Image VIII: Percentage of nurses who agreed with the statement: People with mental illness experience stigma and discrimination because of their mental health problems. For further details on the School Health Nurses' knowledge, attitude and behaviour on mental health and mental illness please see Annex IV

The great majority of nurses taking part in the project are newly qualified or have limited work experience. Despite their enthusiasm, many expressed some anxiety over their ability to respond to the challenges ahead of them. All welcomed the opportunity to receive training in mental health care and supervision whilst finding their feet in this new role.



## KEY FINDINGS FROM THE NEEDS-ASSESSMENT

1. Despite some miscommunication, the local government and health and educational authorities in both municipalities were welcoming and assured their support to the smooth implementation of the project.
2. School headmasters and teachers were equally pleased with the allocation of nurses to schools across both municipalities. Nevertheless, there are misconceptions of what mental health and mental illness is, as well as of the role of nurses in school settings.
3. The logistical requirements that ensure nurses can fulfil their role as carers for children and adolescents in school were not in place. Several schools did not have the facilities (e.g. rooms) to accommodate nurses and ensure they can practice in safety and privacy.
4. Newly appointed nurses looked forward to developing professionally within the school nurse role but recognised needing support with nursing skills development and confidence building.
5. Both teaching and nursing staff acknowledged having a role in addressing the emotional and behavioural needs of children in school. School nurses lacked basic knowledge in mental health care skills and welcomed any form of training and supervision they can get.

The main recommendations and requests made by the stakeholders regarding the activities to be provided under the pilot project included:

- Provide training to school health nurses on how to address the emotional and behavioural problems of children and adolescents.
- Provide orientation to school management committees, teachers and parents on the mental health and psychosocial wellbeing of school aged children and adolescents.
- Provide logistical support to nurses, especially to those working in more deprived areas and schools of the district.
- In addition to mental health and emotional well-being, provide nurses with training on the physical health needs of school-aged children and adolescents, including on sexual and reproductive health.
- Include activities that enhance the confidence of school health nurses and their ability to fulfil their roles and inspire students and other colleagues.



## IV. Capacity building activities: workshops, group discussions and self-reflection exercises

### IMPLEMENTATION/IMPROVEMENT PHASE, AUGUST 2021 TO AUGUST 2022

The Implementation Phase of the pilot project was structured according to the findings from the needs-based assessment, as well as the claims, concerns and requests raised by all stakeholders.

All activities were grouped under two main categories:

#### A) MENTAL HEALTH AWARENESS RAISING & PREVENTION

- Signing of MoU with both municipalities' representatives.
- Induction meeting with government stakeholders on the role of the school health nurse and the support governmental authorities can offer to these health professionals and participating schools.
- Teachers & School Management Orientation activities: the role of teachers and school health nurses in promoting psychosocial well-being among school-aged children and adolescents.

#### B) CAPACITY BUILDING

##### Teachers

- Mental health and psychosocial wellbeing of school-aged children and adolescents.

##### School health nurses

- Self-reflection, confidence building and communication skills (workshops).
- Psychological first Aid (PFA) and preparedness and management for disaster training.

- Counselling skills training.
- Care for Caregivers (workshops)
- Field supervision support visit (in-school group and individual supervision sessions)
- Virtual supervision (online group and individual supervision)

#### A) MENTAL HEALTH AWARENESS RAISING & PREVENTION (2021)

##### Orientation sessions and workshops

###### a) Government representatives (x2 municipalities)

JMH conducted an introductory programme on the role of school health nurses aimed at government representatives from both Bheriganga and Birendranagar municipalities. In addition to exploring the duties and responsibilities of the newly created role, both local authorities' representatives were informed of the purpose and outcomes of JMH's pilot project, as well as encouraged to support schools in their role of assisting children in need across the district.

###### b) Teachers

The baseline survey conducted with teachers of both municipalities (see Annex III) highlighted significant gaps in the knowledge of the workforce around mental health, and the role that schools nurses can have in maintaining the well-being of children.

The content of the workshops done with teachers focused on three main topics: 1) deconstructing myths and misconceptions around mental illness; 2) the role of teachers in supporting and promoting mental health and well-being among school-aged children, and 3) the role of the nurse in schools and how teachers and nurses can work together to support mental well-being in schools.

A total of 103 teachers from 40 different schools participated in these interactive workshops. Their thoughts and input were also gathered to produce the poster later distributed among participating schools on the role and responsibilities of school nurses.



## B) CAPACITY BUILDING (2021-2022)

Workshops and training sessions

### Teachers

a) Mental health and psychosocial wellbeing of school-aged children and adolescents

A total of 397 teachers (177 female teachers/220 male teachers) from 22 schools participated in this 4-hours orientation workshop dedicated to exploring the mental health and psychosocial needs of school-aged children and the role teachers have in promoting well-being in schools. All workshops were facilitated by JMH’s two psychologists, who covered 11 schools each.

This activity focused on introducing the concept of mental health promotion in schools, exploring the causes of emotional and behavioural problems in children through the use of the psychosocial circle (Image IV), and in discussing practical steps that teachers and school nurses can take to address the mental health and psychosocial needs of children.

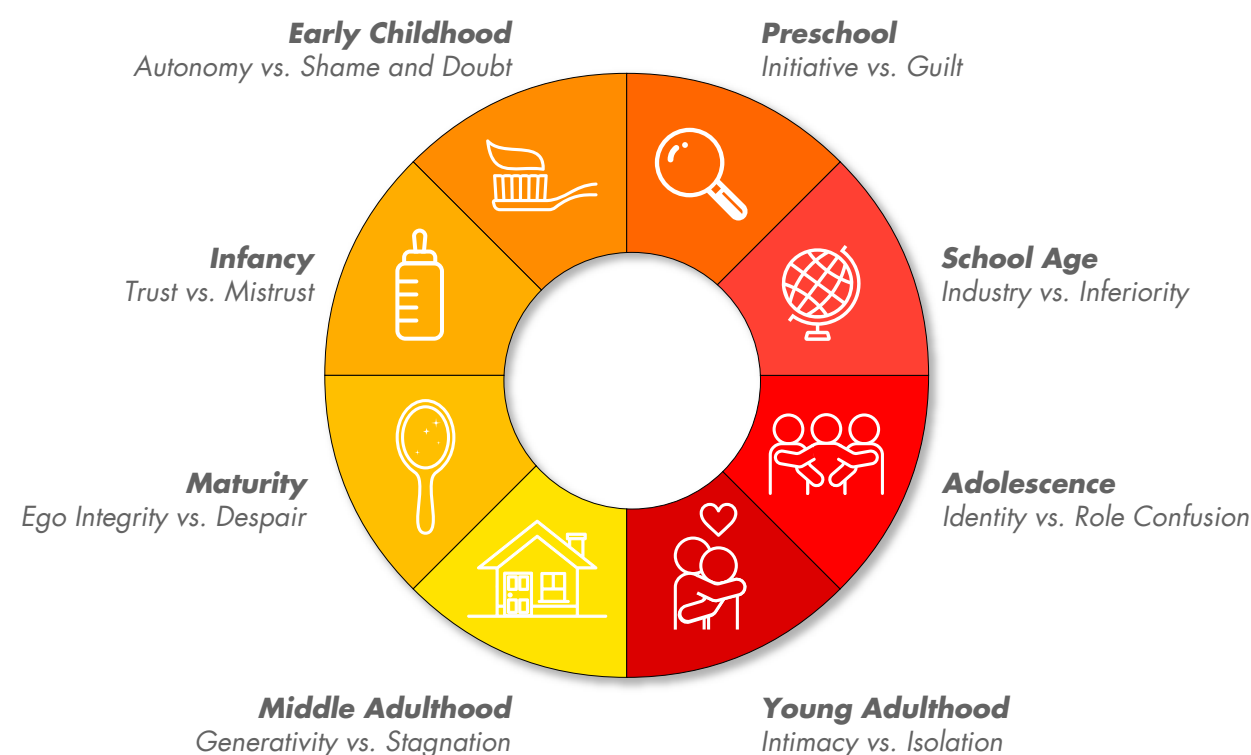


Image IX: The Psychosocial Circle: Erik Erikson’s 8 stages of psychosocial development. Image based on Verywell/Joshua Seong “The Psychosocial Circle”

Although most teachers engaged and participated in all discussions and reflective exercises, some, including head teachers, were clearly reluctant to take part in the workshop. Comments were made by the latter on the absence of refreshments and a financial incentive to take part in the workshop, failing to appreciate the benefits that the free training offered them, their schools and their students. Some male teachers also spoke inappropriately to JMH’s facilitators (both female) when discussing the role of school health nurses. This raised concerns over the way female nurses are perceived by some members of the teaching workforce, and concerns over their vulnerability as lone health workers in the school setting.

### School health nurses (SHNs)

a) Self-reflection, confidence building and communication skills.

Four-day workshop focusing on self-reflection, confidence building and communication skills for nurses working in schools (35 participants – 26 from Birendranagar municipality and 9 from Bheriganga municipality).

Each workshop was designed to encourage nurses to vent out their concerns and anxieties about their role as nurses in a new, non-clinical environment, and share their thoughts in a safe, confidential manner. Themes covered included rapport building and communication skills to be an empathetic listener, ways of dealing with their own stress and how to care for oneself, colleagues and others.

All participants completed a pre- and post-workshop questionnaire on their Knowledge, Attitude and Behaviour on mental health and mental illness (Please refer to Annex IV for main findings) as well as the Rosenberg Self-Esteem scale to measure their self-esteem, pre- and post-workshop. 50 % of the nurses reported experiencing an increased self-esteem after taking part in this 4-day reflective exercise. They also reported higher levels of self-confidence and requested for similar workshops to be facilitated in the future.

b) Training of the SHNs on mental health and psychosocial wellbeing of children and adolescents

Five days training on the psychosocial well-being of children and adolescents in Nepal. Topics covered included: reflection on the mental health needs of children; causes underpinning mental health and emotional problems in children and adolescents; how to support and care for children suffering from mental illness and how to refer those with complex needs to other services and specialists (when and if these are available); etc. In addition, participants were introduced to psychosocial assessment tools for children and adolescents that are easy to use and accessible to school

health nurses, including the YP CORE Scale (Young Person’s Clinical Outcomes in Routine Evaluation), the Mood and Feelings Questionnaire (MFQ) and the Strengths and Difficulties questionnaire (SDQ).

A total of 22 nurses (15 from Birendranagar and 7 from Bheriganga) took part in the training.

In addition to the capacity building activities described above, JMH’s team visited the working environment of nurses practicing in 22 different schools in Surkhet. In 13 of these, nurses were allocated a room to work from and offer nursing consultations to students; the remaining 9 had no such facilities, having to offer healthcare to pupils (both physical and emotional/mental) in staff rooms or other shared spaces, this leaving limited to no privacy for nursing care to be given in a safe, confidential manner. In most schools, access to a Wi-Fi network is a problem for most nurses, this being a significant barrier for staff to communicate with one another, engage in professional development opportunities, or refer students to other health and social care services available in the district.

## Students

Whilst visiting each individual school (22 in total), the team facilitated different Focus Group Discussions with a total of 428 school-aged children (45% boys, 55% girls) to determine whether they felt that adults and peers in school care about their learning as well as about them as individuals (School Connectedness).

Participant students were requested to consider the following 11 questions:

1. Can you talk to your teacher about problems you are having?
2. Can you talk to your school health nurse about problems you are having?
3. How much do you feel...
  - Your teachers care about you?
  - Your school health nurse cares about you?
  - Your teachers understand you?
  - Your friends have lots of fun together?
  - Your teachers respect your privacy?
4. Do you like coming to school and if yes (or if not) why?
5. Are there moments you feel sad, and if yes, when?
6. What do you think is the duty of your SHN?

A significant proportion of children spoke of having difficulties in opening up to most teachers. Children who took part in the discussion described the teaching workforce as *“interested in our academic performance, but not in our personal problems and struggles. Most, but not all teachers, don’t understand us”*. In addition, children depicted teachers as adults who do not respect their privacy and who will report to parents any problems children confide in them. Equally, they spoke of fearing being punished by teachers, including physically punished, this making it very difficult for them to build a trustful relationship with this workforce.

Contrastingly, most students spoke of having a different perception of nurses and their ability to interact constructively with students. Several participants and female students in particular, spoke of being able to talk freely with school nurses, describing them as *“kind in nature, someone who does not scold us, who treats us when we are injured and not feeling well”*. Girls mentioned feeling comfortable to ask school nurses for sanitary pads and to talk to them about other personal issues rather than teachers or even their own parents.

According to all participating children, the following are the main duties and responsibilities of a school health nurse:

- To provide first aid when students sustain an injury.
- To provide sanitary pads and iron tablets to female students.
- To monitor all children’s nutritional habits and keep an eye on what they bring from home to eat (Tiffin – light meal) as well any other food provided by the school.
- To provide health education to students.

JMH’s staff took this opportunity to explain in more detail what the role of school nurses is and how students can seek their support and advice. The session ended with a general health promotional discussion covering sexual health and menstruation, bullying and mental health, positive body image and nutritional habits.





## V. Supervision (September 2022 – Ongoing)

Supervision in nursing is a formal process of reflection, learning and development that is of benefit to both newly registered and experienced nurses by supporting their individual development. Supervision can take place on a one-to-one level (between an experienced supervisor and a nurse) or on a group basis (between an experienced supervisor and a closed group of more junior nurses).

Traditionally, there are two types of supervision in nursing: Clinical Supervision and Professional/Managerial Supervision. In broad terms, clinical supervision aims to develop competencies related to a specific clinical task. In contrast, professional/managerial supervision largely focuses on identifying ongoing professional learning and development needs of nurses.

Both types of supervision are explored in many of JMH's projects where nurses are the main beneficiaries. In most of these and whenever applicable, our aim is to introduce supervision as a way to positively transform current and future nursing practice in Nepal.

### SUPERVISION FOR SCHOOL HEALTH NURSES

Most of the school nurses taking part in the pilot project were newly qualified and/or had limited mental health nursing skills. Therefore, supervision was identified as a low-cost, effective process to guide these nurses into their new role and ensure children, especially those with more complex needs, receive the best evidence-based mental health care available.

School nurses were introduced to the concept of supervision (clinical and managerial) on the last day of their training programme. JMH's facilitators offered them the opportunity to engage in free, periodical online group supervision during and after the completion of the training. For this purpose, all participants agreed to be divided into small groups of 5 (x 3 groups in Birendranagar municipality and x 2 groups in Bheriganga) and to meet with JMH's Nepal-based nursing supervisors twice per month. In addition to standard group work rules, the same also agreed to use group supervision to:

- Discuss clinical cases, especially those most complex where a child might be at risk

to self or others or where there are no available services to complement the care offered by the school nurse.

- Become more confident in engaging with other professional groups (e.g. teachers) and encourage these to be advocates for children's mental well-being.
- Engage in reflective practice and an ongoing process of continuous adaptation and learning.

JMH's supervisors conducted all supervision sessions online from UiH's office in Kathmandu and at times convenient to the school nurses.







## VI. Learnings and Recommendations

10 months have passed since the training was completed and school nurses started engaging in virtual supervision. Not all participants have been able to join supervision as often as they would wish, due to personal matters arising or work commitments impeding these from gathering as a group.

Nevertheless, a number of key outcomes have been achieved (so far):

- After completing their training all participants reported feeling more confident and skilful to respond to the mental health needs of children.
- Despite the irregular attendance of school nurses, supervision has been described by all as a “great support system” considering the absence of any other form of clinical guidance and help available to them.
- School nurses have become increasingly competent in using assessment tools shared by JMH’s Nepal-based facilitators such as the YP CORE Scale, MFQ and SDQ. As part of their supervision process, school nurses have been sharing some of these forms and related assessments with their supervisors, who provide feedback on their assessment, reporting and clinical skills.

However, despite this positive feedback, 13 out of the 40 nurses allocated by the government to work in schools across Karnali have already left their job – more than one-quarter of the total workforce. A similar trend has been reported in other provinces where school nurses have been allocated.

To understand the reasons behind this decision and gather some insight that could help improve the work environment and retain future nurses, JMH ran an exit-interview questionnaire with these same 13 (response rate: 50%. Please refer to Annex V for more details).

Overall, those who did complete the exit interview stated:

1. Having enjoyed working in schools and above all with children and adolescents.
2. Feeling anxious about working for the first time outside a traditional clinical setting. Schools are alien working environments to which nurses are not used to.
3. Finding schools not prepared to welcome them – no warning given to school



headmasters and teachers about their arrival; no room for them to work in and see children in privacy; very limited resources; and overall no clarity about the role of nurses in the school setting; variable attitude from both teachers and school headmasters towards their presence in the educational setting.

4. No clarity about their role, duties and responsibilities within the school environment. Many reported never being given a job description.
5. Leaving the job primarily because school nursing positions are temporary. This creates anxiety in job holders and forces them to look for (permanent) alternatives that offer greater job security.

## RECOMMENDATIONS

The school nursing programme launched by the government of Nepal in 2019 has been an important step in improving children's access to quality healthcare as well as in recognising the role nurses play in leading care delivery in the community.

The innovative nature of this programme in the context of healthcare delivery in Nepal is of great significance to the government, schools, nurses and children, as it proves the viability of this bold and important step in national community care.

Based on the feedback of all project participants, the following are some of the recommendations gathered from the pilot project ran in Karnali, and that we hope will contribute to the continuous improvement of the school nursing programme in Nepal:

### 1. Improve intra and inter agency communication

Most of the feedback received from all stakeholders mentioned the absence of communication between the various agencies responsible for the delivery and coordination of the programme. This includes communication between the educational and health authorities, local governments and schools, and the Nursing Division and school nurses.

Good communication is central to effective multi-agency working. This is true in all types of partnerships, but particularly so where resources are scarce and scattered. All stakeholders taking part in this programme should work with each other rather than against each other. For that, clear communication from decision making agencies is vital to ensure everyone feels they are part of, and can benefit from, the programme.

### 2. Wider allocation of resources

Many of the schools to which nurses have been allocated to do not have adequate facilities for these to provide care to children and adolescents. Resources are limited and both healthcare and educational systems in Nepal suffer from chronic financial constraints that inevitably affect the government's ability to invest in school facilities.

To avoid allocating nurses to schools where there are no rooms for them to practice, no access to the internet, photocopying or other basic resources, a comprehensive assessment of the school environment must be made prior to this allocation taking place. In instances where the presence of a school nurse is considered essential, but the facilities are inadequate, alternative working spaces close to the school should be considered, at least until the school environment is adapted and adequate to welcome the school nurse.

### 3. Clearer job description and greater job security

For many school nurses, their role, duties and responsibilities are not clear. Job descriptions are critical to, among others:

- provide the school nurse with the expectations that are required of them in the role.
- provide enough detail to help the potential school nurse applicants assess if they are suitable for the position.
- support the recruitment team during the selection process.
- help set goals and targets for the school nurse upon joining.
- aid in the evaluation of the school nurse's job performance.
- help formulate training and development plans.

In addition to adding clarity to their role, a job description will also help school nurses to explain to others why their presence in school is important. This includes school-aged children, teachers, and others who might view nurses in school with scepticism and suspicion.

### 4. More training and joint work between school nurses and teachers

According to UNICEF (2018), 8 out of 10 Nepalese children suffer from violent discipline, including psychological and physical punishment. Most striking, the vast



majority of children experience violence at the hands of those entrusted to take care of them – their parents, and often, their teachers.

Article 39 on child rights in the Constitution of Nepal 2015 has strict provisions banning all forms of abuse and violence against children, from family to community levels. It states that *“no child shall be subjected to physical, mental or any other form of torture at home, school or other place and situation whatsoever”*. The sixth amendment to the Education Rules 2002 (according to the Roman Calendar) in 2011 added a code of conduct for the teachers specifying that the teachers should not commit physical or mental torture on students. Most recently, in August 2018, the Bill to Amend and Codify Laws Relating to Children, which will supersede the Children’s Act of 1992, was registered in the parliament specifying that *“physical or mental punishment or undignified behaviour at home, school or any other place in the name of protection, education or discipline shall be regarded as “violence against children”*, Nepal Law Commission (2018).

However, and despite changes to the law and efforts to address these alarming statistics, violence against school-aged children in Nepal is ongoing and far from over. Without a structured programme aimed at increasing teachers’ awareness on the effects of violence in children, school nurses are likely to continue to be perceived by teachers as an obstacle to their work and traditional ways of dealing with discipline.

This also raises concerns over the well-being and safety of school nurses themselves, particularly female school nurses, who are lone workers practicing in an environment very different to the clinical settings they are accustomed to.

## **5. A consistent mental health training programme for all school nurses practicing in Nepal**

Since the termination of JMH’s school nursing training project in Karnali, other similar training initiatives targeting school nurses have been taking place in other provinces of Nepal, led by agencies such as Kanti Children’s Hospital, with the support of WHO Nepal.

The involvement of different agencies in the capacity building of school nurses is exciting and promising, especially when such training activities are led by organisations with a long history of providing mental health care to children, such as Kanti Children’s Hospital.

Ideally, and to ensure school nurses allocated to all provinces of Nepal receive the same level of training and support, a single mental health capacity building training programme/module should be developed and be made available to all. Parallel to this, a “train the trainers” course could provide a well-equipped capacity-building workforce deployed to deliver the programme.

## **6. School nurses need supervision**

School nurses, like all other nurses and health professionals need ongoing clinical and managerial supervision. Offering training to nurses and leaving them with no ongoing support is of limited help to them.

In many rural areas of Nepal, school nurses are the only qualified health professionals that entire communities have direct access to. This leaves school nurses in a difficult position, of huge responsibility. Therefore, a system must be in place that ensures school nurses receive ongoing support from more senior staff. This is imperative if the aim of the government’s programme is to ensure school-aged children have access to the best evidence-based quality mental health care available to them.

JMH is eager to continue working with school health nurses and to help national and local government authorities in improving mental health care on offer to school aged children in Nepal.

As an organisation dedicated to supporting the training and professional development of nurses and other mental health workers in South Asia, we are particularly interested in contributing to the assessment of the different needs of school nurses as well as to provide medium to long term supervision to this vibrant school-based workforce.

## VII. References

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## VIII. ANNEXES

### **ANNEX I NEED BASED ASSESSMENT CONDUCTED WITH THE NURSING DIVISION OF NEPAL, MOHP. AVAILABLE AT:**

[Click to see](#)

### **ANNEX II SCHOOL HEALTH & NURSING SERVICE GUIDE, 2076. AVAILABLE AT:**

[Click to see](#)

### **ANNEX III JAYA MENTAL HEALTH**

TEACHERS BASELINE SURVEY

[Click to see](#)

### **ANNEX IV JAYA MENTAL HEALTH**

School Health Nurses: Knowledge, Attitude and Behaviour on mental health and mental illness

[Click to see](#)

### **ANNEX V SHNS EXIT INTERVIEW. AVAILABLE AT:**

[Click to see](#)



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