

# Social Concerns at School

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# Stages of Independence

- Elementary
- Middle School
- High School



# Elementary (6-12 years)

Developing Skills (athletic, artistic, social)

Self esteem begins relating to peer group

## Diabetes Management

### Priorities

- Making diabetes routine flexible for school/peer activities
- Child begins learning long- and short-term benefits of good diabetes control

## Family issues with type 1 diabetes management

- Parent to maintain involvement with diabetes cares, while allowing for self-care skill building
- Continue to educate school and other caregivers
- Normalize child's feelings



# Diabetes Responsibility in Elementary School

- Annual meeting with school RN and family to establish plan of care
- Utilize school nurse for all diabetes care
- Most capable of testing blood sugars independently
- Some can draw and administer shots or deliver insulin via a pump
- Start to recognize and treat hypoglycemia
- Most can make own food choices and some can count carbohydrates
- Adult may need to remind child to go to nurses' office at lunch or other meal/snack times



# Middle School (12-15 years)

Managing body changes and self identity

## Diabetes Management Priorities

- Managing increased insulin needs due to puberty
- Diabetes management/blood sugar control becomes more difficult
- Weight and body image concerns

## Family issues with type 1 diabetes management

- Renegotiating parents and teen roles
- Learning coping skills
- Preventing diabetes related family conflict
- Monitoring for signs of eating disorders, depression and risky behaviors



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# Diabetes Responsibility in Middle School

- Annual meeting with school RN and family to establish plan of care
- Recommend that student checks in with school nurse prior to lunch or as needed
- Most capable of doing injections/blood sugar checks
- Most capable of carb counting (some may still need assistance)
- Consider allowing child to check blood sugar in classroom to minimize missed class time

# High School

## Establishing sense of identity

### Diabetes Management Priorities

- Begin discussing transition issues
- Integrating diabetes into new lifestyle



### Family issues in type 1 diabetes management

- Support transition into independence
- Learning skills to self-manage
- Preventing diabetes related family conflict
- Monitoring for signs of depression, eating disorders and risky behaviors



# Diabetes Responsibility in High School

- Annual meeting with school RN and family to establish plan of care
- Some teens may still need RN oversight to ensure adherence
- Teen does all/most care in classroom
- Trust is essential! Trust is earned!



# Special Education Accommodations at School



# Goals for School Diabetes Care

- Identify students with a disability and provide a medically safe environment for them
- Provide students with diabetes the same access to educational opportunities and school-related activities as their peers
- Work with parent/caregiver and student to support transition to independence
- Availability of at least 2-3 trained personnel and/or a school nurse
- Access to immediate routine and emergency treatment
- Self-management and self-possession anywhere, anytime for mature and capable students
- Full participation in all school-sponsored activities



# Qualifications for a 504 Plan

- All public school and private schools (including religious school) that receive federal financial assistance
- Students qualify due to a potential deficit in learning during episodes of hypoglycemia or hyperglycemia
  - Diabetes can potentially limit one or more major life activity: caring for oneself, walking, seeing, hearing, learning or working



# Missouri State Laws

- Allows trained volunteers to provide diabetes care including blood glucose monitoring and insulin and glucagon administration
- Permits students to self-manage in the school setting and to carry needed diabetes supplies and equipment



# Kansas State Laws

- Department of Health Guidelines state that students are allowed to self-manage their diabetes
- Department of Health Guidelines state that insulin may be delegated as long as the delegatee is not calculating dosage (calculating carbs to determine insulin dose is NOT considered dose calculation).
- Nurse Practice Act permits trained non-medical personnel to provide emergency care as long as it is documented in the student's nursing care plan.

# Navigating the 504 Process

- School or parent/guardian may initiate
- CMH can provide a referral letter from the child's practitioner if requested by a parent or caregiver
- An evaluation for eligibility under 504 should be conducted by school staff knowledgeable about the child
- Sample 504 Plans specific to diabetes care available here:
  - [Children With Diabetes](#)
  - [American Diabetes Association](#)



# CMH Recommended Accommodations

- Snacks are parents/caregivers' responsibility to provide
- Patients can participate in physical activity and sports BUT there must be a diabetes-trained personnel present at all times!
- Eating should be allowed whenever and wherever necessary, including in the classroom, eating lunch with peers, and allotting adequate time to finish eating
- Allowing for extra trips to the bathroom or water fountain when needed
- Absences should be counted as “excused” for medical appointments and sick days when necessary
  - We do provide letters to verify if requested by a parent/guardian
- Alternative time for exams if student is experiencing low/high BG's
  - Recommend using the Stop Clock Testing method
  - Exams should not be taken if blood sugar is above 240mg/dl (with moderate to large ketones) or below 70mg/dl



# Additional Considerations

- Students should not have any penalties if time is needed for diabetes management.
- The student should be allowed to ride bus with diabetes supplies, administer insulin or check blood sugar on the bus, and eat a snack if needed
- Students with Continuous Glucose Monitors (CGMs) may require access to a personal cell phone or school WIFI to monitor blood glucose levels
- Please allow adequate time for
  - Make up work/tests
  - To check blood sugars and give insulin
  - To finish lunch
  - To participate in physical education based on blood sugar
  - A buddy to accompany student to nurse during hypoglycemia episodes







# What's Been Implemented So Far?

- October 2013 – Implemented suicide screening at one diabetes clinic location
  - All patients 12 and over received screening at every visit
- Fall of 2016 – Depression, Anxiety, and Eating Concerns screening was implemented in one diabetes clinic location at CMH
  - All patients 12 and over received screening at every visit
- January 2018 – Extended Depression, Anxiety, and Eating Concerns screening to all diabetes clinic locations
  - All patients 12 and older receive once per year



# The Future of Mental Health Screening at CMH

- Diabetes team looking to extend Depression, Anxiety, and Eating Concerns screening to our outreach clinic locations
- By the end of 2018 – Suicide screening will be implemented hospital wide at CMH
  - All patients 12 and older
  - Patients will receive screenings at different intervals depending on visits to ambulatory clinics, ED/UCC, or inpatient admissions
  - Diabetes clinic patients will continue to receive at every visit



# Challenges Faced

- Identifying more patients with diabetes who need mental health assistance
- Limited number of mental health providers who are familiar with diabetes care at CMH and in the community
- More mental health problems = more problems with diabetes care

