7. If you feel stressed with your parents, get out of the house and beat up something else - football/basketball/basketball/tennis/ball, softball, etc.

8. Most protective, against parents stressing you out, is to have someone outside the family with whom you can share your intimate feelings of frustration, anger, happiness - friend, neighbor, grandparent, teacher, etc.

9. Say "worry" when you are wrong, loud and clear — with practice you'll be amazed how easy it is and how a wonderful effect it has on your parents and their happiness. Therefore, in the long run, on your happiness.

A generally consistent picture is reported across the two gender groups with respect to the influence of other people, what the young people themselves are involved in, and the situations they find themselves in. The importance of self-esteem to a young person is viewed as a key aspect for protection against mental ill-health, and the insight provided by How We Feel offers a unique foundation on which to build strategies for the support of young people's well-being.

The young people were also asked to discuss how they cope with their feelings. Their accounts reflect that a significant proportion are experiencing difficulties, with in turn is significant when considering, for example, that depression is closely linked to individual's perception of their problems and their perceived ability to cope.

A fundamental difference between those who function well and manage to resolve the tasks of adolescence and those who have more problems seems to lie in their sense of themselves and their view of the way the world operates.

Family life in general is portrayed as good, with minor difficulties giving rise to feelings of distress. However, friends and peer groups have a powerful impact on their emotional lives, along with boygirlfriend relationships. This is especially true for girls.

In Section 2, a wide range of professional comments reflect on the results of the How We Feel project. It commences with the statement that any work by professionals must start by acknowledging what young people actually feel.

The insights gained from the young people's comments are considered as valid and important in their view of their efforts to be appropriate to the young people with whom they work. To understand and support teenagers we must understand and accept the way they feel.

Questions raised include, for example:

1. How well do teachers listen to pupils?
2. How happy are pupils in their learning?
3. What roles, if any, should schools play in enabling young people to feel good about themselves in an upward way?

Such questions are unanswered in full, but do challenge readers to consider their own professional practices.

An observation from the project that should not be ignored is that children of the same gender differ from each other, as do boys and girls, who inhabit different worlds. Girls' lives are happier and less lonely with people, with a sense of belonging; they are influenced by how they think others feel towards them. Boys, by contrast, are more solitary despite their "masculinity", and when feeling bad they are more prone to a sense of loneliness and anxiety.

How We Feel should encourage new openings for working with young people. I recommend it as an ideal resource for getting in touch with the reality of young people's lives, and for facing the challenge of how, through their suggestions, young people can be enabled to influence the services provided to care for them.

—Anne Wise

**Review**


For anyone wanting to know what it is really like to be a young person, this is the book to read. The text is based on the description and findings of the How We Feel project, funded by the Greater Glasgow Health Board. The study involved secondary schools within the City of Glasgow on one day in 1995, and included 1034 teenagers aged 13-14-16. Those young people were given the opportunity to express in their own words how they really felt that day, and to say what influences around them, whether positive or negative, swayed how they felt. Their responses form Section 1 of the book.

The Foreword, by Peter Wilson, Director of Young Minds, provides a backdrop of the attitudes towards the mental health of young people, which has been consistently overlooked, poorly understood and seriously undermined.

These young people's honest and at times heart-wrenching self-reports make compelling reading, confirming that personal feelings and media representation do not truly represent the stark nature of a teenager's real world, especially since the sample was not restricted to problem children but includes a wide spectrum of experiences and emotions. This book may challenge us, it may shatter what we want to imagine being a child is like, but it cannot be ignored if we truly want to understand and assist young people as they progress.

**How We Feel** includes aspects of a teenager's life that may not surprise us, as seen in the Field of Wishes in which the young people were encouraged to think and report reflectively about their feelings in a reflective and considered manner. Perhaps predictably, we discover that more boys than girls report that they feel good about themselves. When reporting about the things that make them feel happy and those that make them feel unhappy,

Pippa Bagnall is Director of the Queen's Nursing Institute.

**School nurses are a soft touch for cuts**

Striking results go unrecorded in the data

S eeking a soft target for making savings, NHS Trusts have been hitting school nursing services. The good work they do is so easy to challenge because there is little useful information on the outcomes of health interventions. Here are a few examples of the victims of purchasers making dramatic cutbacks:

- **South Devon:** 50% of school nursing jobs to go.
- **South Buckinghamshire:** The Trust is planning to axe six school nurse posts to save £80,000.
- **South Bedfordshire Community Healthcare Trust** plans to cut school nursing services by £100,000.
- **Bedfordshire's** Healthcare is under threat to lose £56,000 from the school nursing budget.
- **Enfield Community Care NHS Trust** is seeking to cut £50,000 from school nursing services.
- **Central Nottinghamshire Healthcare Trust** considered downgrading 11 school nursing staff from IT to E grades to meet purchaser demands.
- **City & Hackney Community Services NHS Trust** has had £216,000 cut from its contract with East London & City Health Authority, and has been told to make all the savings from school health and community nursing.

Hiding the good work

Here are two examples of the difficulty of evaluating health outcomes, based on the sort of work we are required to carry out.

1. **Years of data — no analysis**

For years, school nurses have been asked to provide data on the number of contacts and on vision and hearing tests, all based on the Kerner requirements. But these data have limited value in informing service requirements. For example, the data on vision testing record the number of tests completed and the number of referrals, but how does this information help a purchaser to decide whether the service should be decreased or increased? For decades we have been collecting and collating vision-testing data, but they have never been analysed in a way that has been helpful to purchasers and service providers.

2. **No unwanted pregnancies — but no marks either**

School nurses have played a vital role in ensuring the health of young people in a multi-professional responsibility. A school nurse working for the Combined Health Care NHS Trust became extremely concerned when she identified 15 unwanted pregnancies amongst her 14-16 year old girls at a secondary school. Determined to tackle this problem, the school nurse set up a comprehensive sexual health programme in partnership with the teachers. The following year there were no unwanted pregnancies in this age group.

However, these striking results could not be officially recorded because the current data requirements do not include outcome measures. Therefore, only those "in the know", who prob-
ably do not include the administrators responsible for implementing budgetary decisions, were aware of the value of this particular intervention.

How school nurses respond

1. Meeting national targets

Let us start with the Government’s strategy for health in England, The Health of the Nation (DOH, 1992). Challenging targets have been set for the reduction of coronary heart disease and strokes, cancers, mental illness and accidents. Some of these targets are specifically aimed at young people, namely the reduction in teenage pregnancy rates and death rates from accidents. But there are also risky behaviours in young people which need to be addressed in order to reach the other targets such as smoking, alcohol consumption, substance abuse and physical inactivity.

School nurses have responded to these challenges with enthusiasm and a generous commitment. Two of this year’s Queen’s Nursing Institute awards for innovation have been given to school nurses. Sue Watherton (Salford Community NHS Trust) is leading an exciting project on Fitness for Life, and Linda Burgess ( tus Health Care NHS Trust) is running a dynamic sun-awareness programme for schoolchildren and teachers.

2. Combining health and education

In 1994, Pat Duk (Health Promotion Adviser for the South West Thames Regional Health Authority) produced a superb document for health and education professionals to encourage links between The Health of the Nation and Curriculum Guidance 5 (Health Education) (SWTRHA, 1994).

3. Rising to the occasion

Also in 1994, epidemiologists predicted a massive outbreak of measles within the following year. While this prediction is now being questioned by scientists, school nurses rose to the public health challenge and vaccinated 14 million children in just over three months. Despite their concern about the backlog of all their other work, they reported tremendous satisfaction with their achievements, made possible by highly effective teamwork (DOH, 1995).

More recently, school nurses have been tackling other problems in schools, such as the confusion around ecstasy and violence (in particular, the fatal stabbing of a headmaster and the tragedy of Dunblane, which affected every school in the country). Other health concerns include obesity, anorexia nervosa, bullying, maladaptive behaviour, stress, HIV and AIDS, and an increase in tuberculosis and asthma.

More work for fewer hands

A survey undertaken in 1994 by The Queen’s Nursing Institute, In Search of a Blueprint (Baggall et al., 1996), identified that the school nurses working within NHS Trusts have, on average, workloads greater than the Court Report recommendation of 2,500 school-age children (DOH, 1976). Recent cutbacks in school nursing services will have increased this figure.

The report also demonstrated that although the majority of NHS Trusts were reviewing their school health services, the lack of national guidance on minimum standards meant that the levels of service differed greatly. For example, one Trust was forging links between the school health service and primary care teams in order to target resources effectively, while another Trust had only just introduced routine medical examinations and head louse inspections.

Profiling schools

The cause of such diversity must be linked to the lack of information on the school population’s health needs. This is a critical starting-point. Yvonne Moore, Chief Nursing Officer, launched a report entitled A Different Light: School nurses and their role in meeting the needs of school-age children (DOH, 1997). Included with this report is a computer disc containing a pro-forma School Health Profile. Widely circulated to NHS Trusts throughout England, many have already started collecting meaningful data on the school population’s health needs. Once school profiles have been completed, they can then be analysed and resources can be more efficiently targeted at need.

The Queen’s Nursing Institute has hosted a DOH-funded workshop entitled Managing Quality in Nursing Services for School Age Children. Sixteen NHS Trusts were invited to attend as a result of their local quality initiatives. The major focus of this workshop was on outcome measures, the audit cycle, and methods of service improvement.

Additionally, the Community Practitioners and Health Visitors’ Association (CPHVA, 1997) has recently established a project to help establish a database of information on examples of school nurse clinical auditing for validating and improving school nursing practice and services.

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