Mental Health Toolkit for School Nurses Caring for STUDENTS WITH EPILEPSY

NASN National Association of School Nurses

Coordinated Support System for Students with Epilepsy

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SECTION A. INTRODUCTION

School nurses are aware of the increasing incidence of mental health conditions in school-age children (Agency for Healthcare Research and Quality, 2022). It is estimated that one in five school-age children experience a mental health disorder, such as anxiety, depression, attention deficit/hyperactivity disorder (ADHD), and behavioral problems (Bitsko et al., 2022). Mental health disorders occur in children across sociodemographic characteristics; however, certain disorders are more prevalent in boys (ADHD, behavioral problems, and autism spectrum disorder [ASD]) and others are more prevalent in girls (depression, suicidal ideation, attempted suicide). Prevalence rates also differ by race and ethnicity, with ADHD being more common in Black and White children, and higher rates of behavioral disorders in Black children. It is important to note that racial bias may lead to incorrectly diagnosing Black children with disruptive behaviors that may mask other forms of mental health distress (Bitsko et al., 2022).

Youth with epilepsy (YWE) report significantly higher rates of anxiety and depression than youth without epilepsy (Scott et al., 2020). Inequities in epilepsy care and social determinants of health are linked to poorer health and mental health outcomes in YWE (Ghebrehiwet et al., 2023; Wagner et al., 2023). In one study, sociodemographic disadvantage (as measured by below the mean for caregiver's education level and income, non-White race, and nonmarried status) was strongly associated with increased rates of depression, anxiety, and hostility in YWE (Oyegbile-Chidi et al., 2022). Considering that only 30% of YWE receive mental health care, management of behavioral and mental health concerns in youth with epilepsy is an important component of optimal epilepsy care and tied to decreased healthcare cost (Wagner et al., 2022; 2023). *The National Association of School Nurses (NASN): Mental Health Toolkit for School Nurses Caring for Students with Epilepsy* provides practical resources to inform school nursing practice in caring for mental health conditions in YWE in the school setting.

YWE are also three to six times more likely to have a neurodevelopmental disorder (e.g., ASD or intellectual disorder) than youth without a neurologic condition (Wagner et al., 2023). Determining the impact of epilepsy on the cognitive and learning needs of the YWE is complicated by the variability in seizure types, semiology, etiology, frequency and control. In addition, epilepsy treatment, particularly anti-seizure medication (ASM), may also affect the cognition, mood, and behavior of YWE (Dagar & Falcone, 2020). Other factors associated with living with epilepsy, such as stigma and discrimination, bullying, social exclusion, inability to control seizures, sleep deprivation, and stress contribute to mental health outcomes for YWE (Epilepsy Alliance America, 2023; Guilfoyle et al., 2017).

Epilepsy and Behavioral/Mental Health Facts

- 80% of YWE experience cognitive impairment and/or at least one mental/behavioral health comorbidity (e.g., depression, mood disorders – including anxiety)
- 20-50% prevalence of attention deficit hyperactivity disorder (ADHD) in YWE as compared to 7-9% in general population
- 6.3% risk of ASD in YWE
- 20-30% of children with ASD will develop epilepsy by adulthood
- 32% of YWE have learning challenges (severity of epilepsy is correlated with degree of learning impairment)
- YWE experience an increased risk and thoughts of suicidality (American Academy of Pediatrics, 2022).

School Nurses' Role

The school nurse plays an important role in identifying, assessing, and monitoring cognitive and behavioral/mental health sequela in YWE with the potential to greatly impact their overall quality of life and academic/school success. However, the school nurse must be aware of the factors that both support and prevent the development and implementation of policies, protocols, and procedures to support mental health in their school and district. These factors include understanding national and state laws and regulations that guide school nurse practice and recognizing the importance of their role in addressing these issues. Currently, many school nurses report the need for additional training and resources to support their mental health related practice (Bohnenkamp et al., 2019; Ravenna & Cleaver, 2016). This toolkit provides access to training and resources for school nurses to implement evidence-based practice to YWE who have behavioral and mental health concerns. This toolkit was supported by an educational grant from the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS). The contents are those of the authors and do not necessarily represent the official view of, nor an endorsement by, CDC/HHS, or the U.S. Government.

For more information and resources about epilepsy specific care see NASN's:

School Nursing Evidenced-Based Clinical Practice Guideline: Students with Seizure and Epilepsy

School Nursing Evidence-Based Clinical Practice Guideline: Students with Seizures and Epilepsy CPG Implementation Toolkit.

NASN has additional resources for the school nurse in the management of students with chronic health conditions. This includes providing direct care for emergent, episodic, and chronic mental and physical health needs, supporting student self-management of their condition and transition to adult care, and addressing chronic absenteeism among students with chronic conditions (NASN, 2019; 2024a; National Center for Chronic Disease Prevention and Health Promotion, 2017). The NASN white paper, *Translating strategies into actions to improve care coordination for students with chronic health conditions*, endorses care coordination as a key practice principle in school nursing practice as illustrated in the *School Nursing Practice Framework™* (NASN, 2024a). Additional resources to assist school nurses in caring for students with chronic health conditions, including mental health can be found on the NASN website under: Chronic Health Condition Management.

The importance of the school nurse in the identification and assessment of students with mental health concerns is well documented (Hoskote et al., 2023; NASN, 2022, 2024b; Perron et al., 2021a,2021b; Streeter & Clark, 2024; Thomas et al., 2025). The NASN consensus document Elevating the Role of School Nurses in School-Based Mental and Behavioral Health outlines key areas for schools to prioritize when supporting students' mental health and stresses the importance of the school nurse as a member of the school-based mental and behavioral health (SBMH) team. NASN's (2022) *School nursing: Scope and standards of practice* (4th ed.) outlines the professional standards for school nurses in providing direct care, medication management, participating in emergency preparedness and crises response, managing referrals and care coordination, and conducting screening to identify the needs of students. For more information about NASN resources to assist the school nurse as a member of the SBMH team see: Mental Health Resources.

SECTION B. MENTAL HEALTH HISTORY/ASSESSMENT FOR YWE

B1. General Mental Health Initial Assessment

The initial assessment of any student with mental health concerns includes observation of psychomotor behavior and physical assessment (e.g., vital signs, changes in weight, signs of self-harm) [see Table 1] (Perron et al., 2021b). Reprinted with permission. There are also behavioral warning signs that may alert the school nurse to potential behavioral and mental health concerns (see Table 2).

Table 1. Mental Health Assessment Observations

Assessment	Observations/Questions
Appearance/normal childhood behavior	▪ Age-appropriate behaviors ▪ Hygiene ▪ Well nourished ▪ Appears rested
Affect/mood	▪ Appropriate interaction ▪ Smiling/crying ▪ Angry, frustrated, happy, or sad
Speech	▪ Clear, concise ▪ Rapid, slow, mumbling
Pattern of thinking	▪ Scattered thoughts ▪ Flow to pattern of thought ▪ Delusions, hallucinations, compulsions, or obsessions ▪ Suicidal ideation, plan, past attempts
Unusual thoughts, perceptions, hallucinations	▪ Auditory, visual, or tactile hallucinations ▪ Misinterpretation of reality ▪ Detached interactions
Cognitive status	▪ Alert, oriented ▪ Able to focus/concentrate ▪ Age-appropriate memory/calculations
Judgment	▪ Age-appropriate insight/judgement ▪ Understanding of current illness

Source: Adapted from Tolley (2019).

Table 2. Behavioral Symptoms of Potential Mental Health Concerns by Age

	Symptoms
Younger Child	Frequent tantrums or unexplained crying episodes
	Often fearful or worried (e.g., appear more clingy than usual, expressing negative thoughts)
	Frequent complaints about stomachaches or headaches (without known cause)
	Restless or constant motion (e.g., fidgety, cannot sit still – outside of screen-time)
	Sleep issues (e.g., nightmares, sleep too much or too little, seem sleepy during the day)
	Changes in eating habits
	Difficulty making friends or not interested in playing with other children
	Obsessive-compulsive tendencies (e.g., repetitive actions out of fear or anxiety and not intended for self-harm; examples: checking to be sure the door is locked and picking at skin)
Older Child	**Symptoms**
	Get upset or angry more quickly/frequently
	Lost of interest in things they enjoyed
	Low energy
	Change in eating or sleep habits (too much, too little, seem sleepy throughout the day)
	Periods of high energy/activity requiring less sleep than usual
	Spend most time alone and avoid social activities with friends/family
	Self-harm behaviors (e.g., cutting or burning skin)
	Smoking or alcohol/drug use
	Risk-taking or destructive behaviors
	Suicidal thoughts
	Hearing voices other cannot hear or having thoughts that others are trying to control their mind

Source: National Institute of Mental Health: Child and Adolescent Mental Health (2024a) and Epilepsy Alliance America (2024)

For more information about general mental health assessments for the school nurse see:

Regis College Guide to Mental Health Screening in Schools

Mental Health America Mental Health Screening in Schools

American Academy of Pediatrics Screening Tools: Pediatric Mental Health Minute Series

B2. Epilepsy and Mental Health Assessment and History

When obtaining an epilepsy related health history, the school nurse includes important information about the history of seizures, seizure type, and seizure triggers. Part of this information may be available in the student's Seizure Action Plan. Some seizure types are associated with known cognitive and mental health conditions. West Syndrome and Lennox-Gastaut Syndrome are two examples of epilepsy syndromes that are associated with significant cognitive delays. Other types of epilepsy, such as Frontal and Temporal Lobe epilepsy, have complex psychiatric symptoms occurring during seizures including hallucinations and psychosis (Guilfoyle et al., 2017). Table 3 illustrates information about common pediatric epilepsy syndromes and behavioral/mental health comorbidities. The *Behavioral and Mental Health Assessment for Students with Epilepsy (fillable form)* can be used as a guide to the types of questions to ask in the mental health assessment for YWE (see Appendix).

The NASN (2024d) *School nursing evidence-based clinical practice guideline: Students with seizures and epilepsy CPG implementation toolkit*: Individual Health Plan for Seizures/Epilepsy has additional information about obtaining an epilepsy specific health history.

Table 3. Common Epilepsy Syndromes and Mental Health Comorbidities

Epilepsy Syndrome	Typical age at onset/prevalence	Epilepsy Features	Mental health (MH) comorbidities
Benign rolandic epilepsy	▪ Age 3-10 years ▪ 15% of YWE	▪ Seizures most often occur at night and begin with tingling in mouth followed by grunting noises ▪ Awareness is often maintained	▪ ADHD common ▪ Up to ⅓ have behavioral problems ▪ EEG findings show spikes and more frequent spikes are associated with increased symptoms of depression, anxiety, aggression, and conduct problems
Childhood absence epilepsy	▪ Ages 4-10 years ▪ 10-12 % of YWE	▪ Blank stare for brief period (seconds) with loss of awareness ▪ May have eye fluttering during seizure ▪ May occur frequently	▪ More than 50% have MH comorbidities – most common ADHD and anxiety ▪ MH comorbidities associated with epilepsy duration and seizure frequency ▪ Issues related to inattention persist despite seizure control with ASM
Juvenile myoclonic epilepsy	▪ Ages 12-18 years ▪ 5-10 % of YWE	▪ Involves 3 types of seizures: o myoclonic (brief muscle jerks) o Generalized tonic-clonic (GTC) o Absence ▪ Seizures occur more frequently in morning and can be provoked by light	▪ MH comorbidities may precede seizures ▪ Up to ⅓ with depression and anxiety ▪ ¼ with ADHD ▪ Immature and impulsive personality with risk taking behaviors related to frontal lobe dysfunction on f-MRI ▪ Higher seizure frequency and >20 GTC seizures/lifetime associated with severity of anxiety

(Modified from Dagar & Falcone, 2020)

B3. Screening Tools

Screening tools are used as part of an interdisciplinary approach to assessment of mental health disorders in children with epilepsy (Dunn, 2019). The school nurse functions as part of the SBMH team to identify students who may benefit from further evaluation and treatment (NASN, 2024b). It is important for the school nurse to be familiar with common screening tools used in the early identification of potential behavioral and mental health problems. Prompt referral to a trained professional who can make a formal diagnosis and treatment plan is necessary and aligns with the standards of practice as outlined in the *School Nursing Practice Framework* ™. Table 4 gives examples of evidence-based screening tools used for diagnostic purposes (Dagar & Falcone, 2020).

The American Academy of Pediatrics (AAP) promotes more frequent screening for anxiety and depression in youth with risk factors such as (Valente et al., 2024):

- greater than 12 years of age
- a previous history or family history of behavioral/mental health disorder
- exposed to significant psychosocial stressors (e.g., abuse, neglect, family trauma, foster care)
- frequent somatic complaints
- and for YWE who have worsening seizures or changes in ASM treatment.

Table 4. Examples of Screening Tools for Behavioral and Mental Health Disorders in YWE

Behavioral or Mental Health Condition	Screening Tool	User/Ages

ADHD, disruptive behaviors, anxiety, and depression	▪ The Strengths and Difficulties Questionnaire (SDQ)
	  ○ multiple languages
	▪ The Pediatric Symptoms Checklist (PSC)
	  ○ multiple languages
	  ○ note specific scoring instructions for age group
		▪ Parent or teacher completed version for ages 4-17 years
		▪ Modified version for ages 2-4 years
		▪ Self-report version for ages 11-17 years
		▪ Parent-completed ver-sion (PSC) ages 4-16 years
		▪ Self-report version (Y-PSC) = 11 years and older

	▪ Vanderbilt ADHD Diagnostic Rating Scale (VADRS)	▪ Parent and or teacher completed version for ages 6-12 years ▪ Self-report items 139-176 = 11 years and older
Depression	▪ Modified Patient Health Questionnaire for adolescents (PHQ-A) ▪ Neurological Disorders Depression Inven-tory in Epilepsy for Youth (NDDI-E_Y)	▪ Self-report version for ages 11 to 17 years ▪ Self-report, 12 item for ages 12-17 years
Anxiety	▪ The Generalized Anxiety Disorder7-item scale (GAD-7) ▪ Severity Measure for Generalized Anxiety Disorder	▪ Self-report version for ages 14-17 years ▪ Self-report version for ages 11-17 years
Autism	▪ The Modified Checklist for Autism in Toddlers (mCHAT) May result in false positives in YWE who have developmental delay	▪ Health care professional version for ages 16 months to 3–4 years
Suicide risk	▪ SAD PERSONS Screening Scale	▪ Health care professional version for ages 12 years and older

(Modified from Dunn, 2019)

SECTION C: NURSING DIAGNOSIS

Nursing diagnosis is important in guiding student-specific school nursing care. Nursing diagnosis helps to organize and direct the nursing interventions, outcomes, and evaluation of the care given. Nursing diagnosis supports student-centered goals in collaboration with family, health care providers, and other school staff (Bochenek & Schaumleffel, 2025).

Sample Epilepsy and Mental Health Nursing Diagnosis

- Risk for social isolation
- Ineffective therapeutic regimen management
- Risk for injury
- Risk for anxiety
- Effective self-management of epilepsy
- Deficient knowledge
- Fear of having a seizure at school
- Health awareness
- Risk for environmental hazards
- Risk for fatigue related to:
  - Type of seizure activity
  - Frequency of seizure activity
  - Severity of seizure activity

See the School Nursing Evidenced-Based Clinical Practice Guideline: Students with Seizure and Epilepsy for examples of other epilepsy related nursing diagnoses.

SECTION D: PLANNING AND IMPLEMENTING CARE

D1. Evidence-Based Interventions in the School Setting

There are few evidence-based treatments to address behavioral health concerns in YWE (Guilfoyle et al., 2017). This is partially due to the complexity of factors that impact outcomes for YWE - including comorbidity, family stress/anxiety, the school environment, caregiver/teacher relationship, and healthcare provider/caregiver relationship (Bailey & Im-Bolter, 2018). The school nurse plays an important role in mitigating the negative effects of many of these factors by supporting caregivers, fostering understanding and knowledge (including other students and staff), and fostering communication with the health care provider. Cognitive behavioral treatments (CBT) are some of the best options and the school nurse may be able to assist in accessing this type of therapy in the school setting for some children with mild symptoms (Valente et al., 2024a). In addition, school nurses provide many other effective strategies including active listening, therapeutic communication, skill-building in conflict and anger-management, coping and problem-solving skills, social skills training, and relaxation techniques (Bohnenkamp et al., 2015).

Virginia School Nurse's Mental Health Toolkit: Practical Strategies for Helping Students has other CBT techniques for use in the school setting.

Professional school nurses, in collaboration with families/caregivers and the student, should develop and implement a comprehensive, student-specific Individualized Healthcare Plan (IHP) that includes epilepsy and mental health considerations in the school setting. Care coordination with school and community mental health providers and assistance with special education services or health-related accommodations in a 504 plan are also within the scope of the school nurse's role for the YWE and mental health concerns.

For more information about Section 504 of the Rehabilitation Act and the Individuals with Disability Education Act (IDEA) see:

Supporting Students with Epilepsy: A Transition Toolkit for School Nurses

Department of Education: Section 504 Protections for Students with Epilepsy

Individuals with Disabilities Education Act

D2. Multitiered Systems of Support

The Multitiered Systems of Support (MTSS) is a school-based collaborative approach to addressing the student's mental health concerns in which school nurses play an integral part, see Figure 1. The school nurse functions as part of an interdisciplinary team, including the school counselor, school psychologist, teachers, and parents, to address the social, emotional, and behavioral concerns for all students (Lytle et al., 2024). The school nurse may provide direct interventions to the student, such as emotional regulation and calming strategies, and to increase access to these interventions, the school nurse should focus on those that are low cost or free and widely accessible (see Figure 2, Lytle et al., 2024).

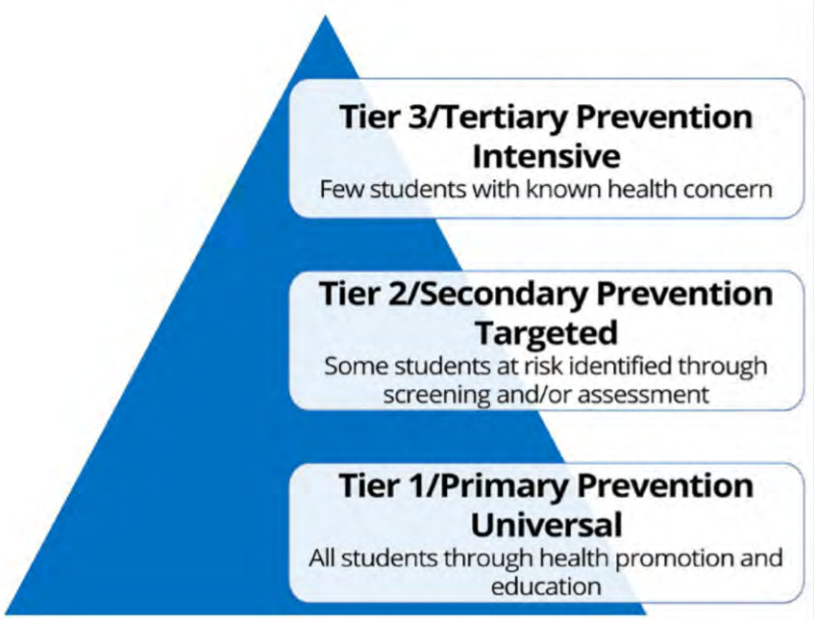


Figure 1. Multitiered Systems of Support (MTSS) (Bobo et al.,2023). Reprinted with permission.

The following examples outline the types of interventions that may be provided by the school nurse according to the MTSS Tier level.

Example 1: Herrmann & Smith (2024) outline epilepsy specific MTSS tiered interventions to be implemented by school nurses. This includes:

Tier 1 interventions including providing school-wide mental health promotion and classroom education on mental health literacy, as well as participation in school-based mental health teams.

Tier 2 involved application of nursing interventions including self-guided journaling, deep breathing and distractions to assist the student with restoring self-regulation and helping the student to self-identify coping skills.

Tier 3 included developing and implementing student care plans, coordinating student's care, education to student and school community specific to the student's needs.

For more information see the NASN Nursing Continuing Professional Development accessed at Mental Health Challenges for Students with Epilepsy: Practice Considerations for School Nurses.

Example 2: Lytle et al., (2024) implemented a school-nurse lead MTSS tiered interventions to support social-emotional health in school-age children that can be applied to meet the needs of YWE.

Tier 1 interventions involved screening students who enter the health office for behavioral/mental health concerns and teaching them about awareness of their emotions, recognizing their bodily responses, and ways to self-regulate (see Figure 2).

Tier 2 used data and multi-disciplinary collaboration to identify and intervene for a subset of students who would benefit from a more targeted intervention, this includes students with epilepsy.

Tier 3 involved referral for a more individualized and intensive plan for students who might need additional resources to manage their mental health concerns and to succeed in school. The school nurse identification and referral for students with epilepsy who meet these criteria is essential.

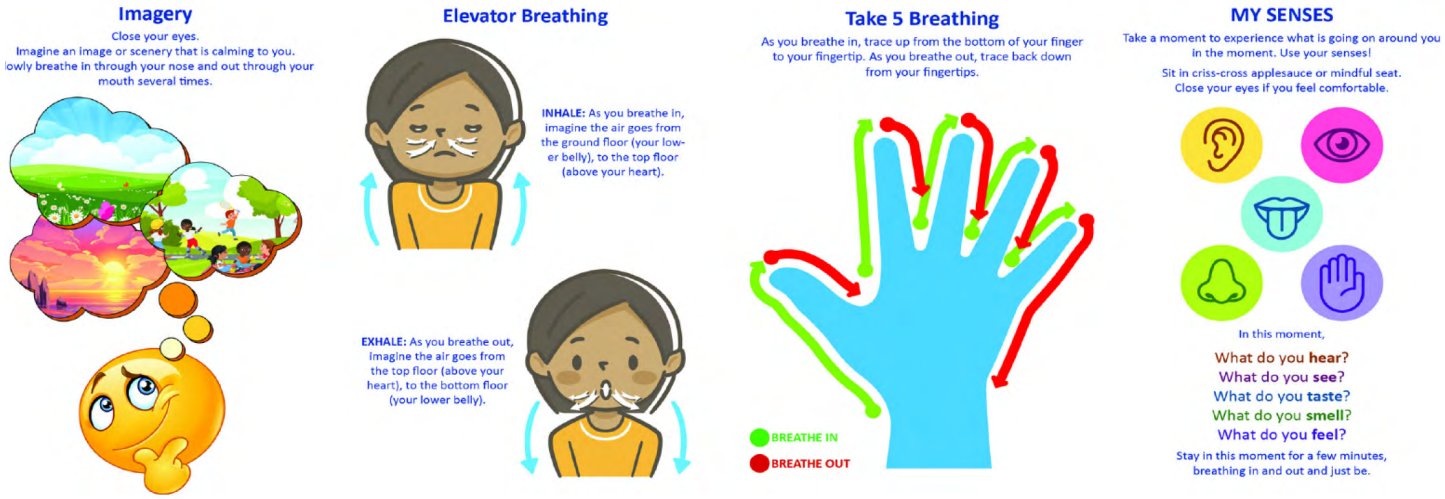


Figure 2. Calming Strategies that are Nondistracting (Lytle, et al., 2024). Reprinted with permission.

More information regarding School Mental Health from the National Center for School Mental Health (NCSMH):

Tier 1 Mental Health Promotion Services and Support

Tiers 2 and 3 Early Intervention & Treatment Services Supports

D3. Epilepsy Self-Management

School nurses can also promote the mental health of older YWE by supporting effective self-management. Self-management is the process where a person manages their chronic condition daily to optimize their health (Lee et al., 2021). "School nurse self-management support is a comprehensive approach to improving health, academic, and [quality of life] QOL outcomes for students with conditions requiring day-today-management" (Tanner et al., 2022, p. 12). Epilepsy self-management in YWE (e.g., ages 12-17 years) is associated with improved outcomes (e.g., seizure frequency/severity, knowledge, health and quality of life, and work or school absences), however, no single strategy demonstrates a high-level of effectiveness (Fleeman et al., 2022). Self-management involves collaboration between the student, family, healthcare providers (including epilepsy nurses and specialist), and school-based healthcare team (Tanner et al., 2022). The school nurse plays an important role in facilitating communication and coordination between these entities to promote YWE self-management (McCabe, 2020). This includes identification of health disparities, such as health care needs, housing, food, and other social factors that contribute to the social determinants of health (NASN, 2024c). Refer to this document for Additional Social Determinants of Health Screening.

Recommendations for the school nurse to support YWE's self-management are outlined in Handout 1 and more information is available through the NASN webinar: *Mental health challenges for students with epilepsy: Practice consideration for school nurses. A NASN nursing continuing professional development*. The CDC also has a website with resources to support self-management in students with epilepsy: Managing Epilepsy Well Network.

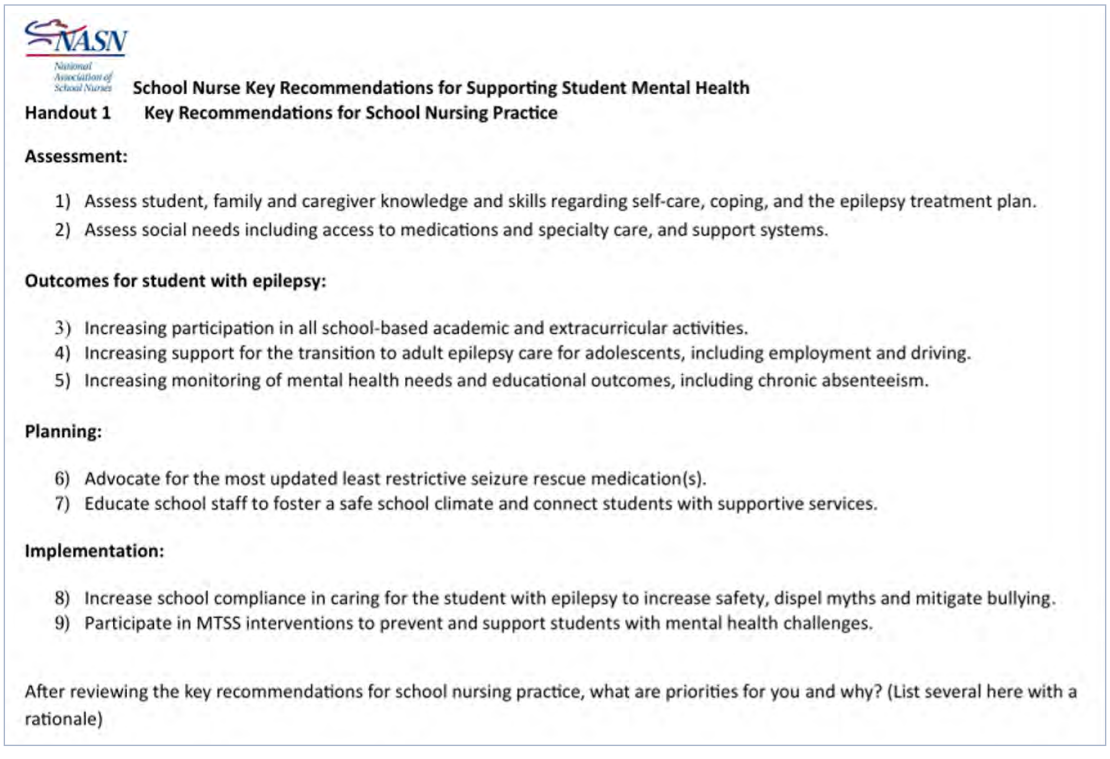
The following are NASN evidenced-based resources for school nurses to assist with the self-management in YWE:

School Nursing Evidenced-Based Clinical Practice Guidelines: Students with Seizures and Epilepsy

Epilepsy CPG Implementation Toolkit

Supporting Students with Epilepsy: A Transition Toolkit for School Nurses, and the Coordinated Support System for Students with Epilepsy.

Handout 1: School Nurse Key Recommendations for Supporting Mental Health (NASN, 2024). Reprinted with permission.



NASN National Association of School Nurses

School Nurse Key Recommendations for Supporting Student Mental Health

Handout 1 Key Recommendations for School Nursing Practice

Assessment:

1) Assess student, family and caregiver knowledge and skills regarding self-care, coping, and the epilepsy treatment plan.
2) Assess social needs including access to medications and specialty care, and support systems.

Outcomes for student with epilepsy:

3) Increasing participation in all school-based academic and extracurricular activities.
4) Increasing support for the transition to adult epilepsy care for adolescents, including employment and driving.
5) Increasing monitoring of mental health needs and educational outcomes, including chronic absenteeism.

Planning:

6) Advocate for the most updated least restrictive seizure rescue medication(s).
7) Educate school staff to foster a safe school climate and connect students with supportive services.

Implementation:

8) Increase school compliance in caring for the student with epilepsy to increase safety, dispel myths and mitigate bullying.
9) Participate in MTSS interventions to prevent and support students with mental health challenges.

After reviewing the key recommendations for school nursing practice, what are priorities for you and why? (List several here with a rationale)

D4. Epilepsy Medication Management

The school nurse has an essential role in encouraging YWE's medication management. This involves an understanding of the potential side-effects and interactions in the medications used to treat epilepsy as well as mental health issues. Common medications to treat depression and anxiety (e.g., select serotonin reuptake inhibitors [also known as SSRIs] and serotonin norepinephrine inhibitors [also known as SNRIs]) have not been shown to reduce seizure threshold and may even reduce the chance of seizures (Guilfoyle et al., 2017). However, there are limited data from random controlled trials to inform about treatment of psychiatric disorders in children and most is borrowed from adult studies. With the school nurse's extended knowledge about the YWE, careful observation, and consideration of potential medication interactions (see Tables 5), the school nurse is in a unique position for early identification of potential adverse medication events.

Table 5. Potential Anit-seizure Medication Cognitive, Emotional, and Behavioral Side Effects

Generic (Brand) Name	Negative Side Effects	Positive Side Effects and Notes
Carbamazepine (Tegretol)	**Drowsiness** Other: dizziness, ataxia, blurred vision, diplopia	Enzyme inducer – may lead to drug interactions
Ethosuximide (Zarontin)	**Drowsiness, psychosis** Other: Nausea, abdominal discomfort, vomiting, diarrhea	Use in absence seizures but not effective for generalized tonic clinic seizures Enzyme induction and inhibition may lead to drug interactions
Lamotrigine (Lamictal)	**Agitation, insomnia** Other: Dizziness, ataxia, blurred vision, diplopia	Mood stabilization
Levetiracetam (Keppra)	**Drowsiness, fatigue, irritability, emotional liability, aggression, depression, psychosis**	No significant drug interactions
Oxcarbazepine (Trileptal)	**Drowsiness** Other: dizziness, unsteadiness, ataxia, blurred vision, diplopia, nausea, hyponatremia	Mood stabilization Improved alertness Antimanic
Phenytoin (Dilantin)	**Impaired concentration and memory, depression/anxiety, aggression, fatigue** Other: Nystagmus, dizziness, unsteadiness, ataxia, blurred vision, diplopia, hirsutism, gingival hyperplasia	Enzyme inducer – may lead to drug interactions
Topiramate (Topamax)	**Cognitive impairment, concentration/ attention and word finding difficulties, drowsiness, fatigue, depression, psychosis** Other: paresthesia, glaucoma, oligohydrosis, hyperthermia, anorexia, weight loss, nephrolithiasis	Low potential for drug interactions

Valproate/valproic acid (Depakote)	**Impaired concentration/complex decision making** Other: Tremor, nausea, abdominal discomfort, hyperammonemia, hepatotoxicity, pancreatitis, thrombocytopenia, weight gain, alopecia, polycystic ovary syndrome, teratogenic risks	Enzyme inhibitor – may lead to drug interactions
Newer FDA approved ASM	**Negative Side Effects**	**Notes:**
Cannabidiol	**Somnolence**, diarrhea, decreased appetite	2018 FDA approved for treatment of Dravet Syndrome and Lennox-Gastaut Syndrome Nearly pure form of phytocannabinoid cannabidiol (CBD) *Suspended in sesame oil

(Guilfoyle et al., 2017; Perry, 2020; Perucca et al., 2018)

Other ASM resources:

American Epilepsy Society: Summary of Antiseizure Medications Available in the United States

Epilepsy Foundation: Seizure Medication List

D5. Suicide Prevention and Other Resources

The risk of death from suicide is higher in persons with epilepsy, with up to 20% of YWE experiencing suicidality (Hague et al., 2023), especially those with depression as a comorbidity. The risk for completed suicide is significantly higher in people who developed epilepsy between the ages of 0-9 as compared to over 30 years of age (Kanner, 2022). School nurses are well positioned to assess and intervene with students at risk of suicide. These activities align with the School Nursing Practice Framework, for example: screening for suicide risk and initiating referral (Community/Public health), collaborative communication between school staff, family, and various disciplines (Care Coordination), advocacy for suicide prevention programs (Leadership), and evaluation of screening tools (Quality improvement) (Pestaner et al., 2019). The American Epilepsy Society Psychosocial Comorbidities Committee (2024) *Suicide & Epilepsy Information* fact sheet provides information about suicide risk and interventions for YWE including links to useful resources including information about developing a suicide screening policy (see Box 1). In addition, identify resources and policies regarding suicide in your school/district as well as in your community. Have a list of community mental health resources available.

Box 1. Tips for Developing a Suicide Screening Policy for your School

Include:

1. **What screening tool will be used?**
2. **Who will be screened?**
3. **Plan of action for a positive screen.**
4. **Plan of action for a student who is at active risk for harm (unable to keep themselves safe).**

Complete a Safety Plan along with the student and family, include:

- ☐ Student-identified strengths and protective factors (e.g., trusted peers and adult in school/community)
- ☐ Student- identified risk factors and warning signs
- ☐ Support people (including professionals)
- ☐ Identified safe place

Kanawha County Schools, West Virginia, developed a comprehensive suicide protocol including the following checklist (permission to use per Jon Duffy, Lead Counselor for Kanawha County Schools, personal communication March 10, 2025).

- Notification of parent/guardian
- Support checklist (if applicable to your school/district, check all that apply):
  - ☐ Give the student and parent/guardian a crisis resource list (add to student's phone).
  - ☐ Encourage the student to talk to a trusted adult.
  - ☐ Identify a designated safe place for potential break times at school.
  - ☐ Alert the school staff on a need-to-know basis regarding the student's safety and supervision.
  - ☐ Provide the student with a pass to see the school mental health provider and/or their designated safe space as needed.
  - ☐ Provide the student and family with a hard copy and email of community resources.
  - ☐ Review the crisis and community resources with the student and family.
  - ☐ Encourage the student to work with a trusted adult to develop a sleep, nutrition, and/or exercise routine.
  - ☐ Assist the student and family in identifying and further developing activities, relationships or experiences of value that increase protective factors.
  - ☐ Discuss safety proofing the home and all environments that the student frequents to remove all lethal means of suicide.
  - ☐ Contact emergency services as needed.

Handout 2: Tips to Manage a Child Who Is Struggling with Mental Health

- Provide a safe and supportive environment by promoting a culture of acceptance.
- Encourage open communication without fear of judgement.
- Identify those at risk by learning to recognize symptoms.
- Provide referrals to school mental health services or mental health professionals.
- Offer accommodations and flexibility as needed.
- Educate parents and guardians on the signs and symptoms of depression.
- Normalize seeking help for mental health concerns.
- Foster a positive school culture that promotes inclusion, kindness, and empathy.
- Establish peer support programs through the school or in partners with local organizations.
- Promote self-care such as exercise, meditation, or other coping strategies.

(Epilepsy Alliance America, 2023)

See the following links to learn more about epilepsy and behavioral health problems and how school nurses can intervene:

Epilepsy Basics-An Overview for Behavioral Health Providers v2.0

Information about Complementary and Alternative Therapies in YWE

Epilepsy Foundation: Complementary Therapies

4 Support Resources for Epilepsy and Mental Health

D6. Care for Students with Epilepsy and Mental Health Concerns in the School Setting Checklist:

- ☐ Refer to checklist and resources for students with epilepsy in the school setting in the *Epilepsy CPG Implementation Toolkit*
- ☐ Collaborate with the student and parent/caregiver to create the healthcare plan(s).
- ☐ Discuss balance between student safety and privacy/confidentiality at school.
- ☐ Obtain written authorization for exchange of information with healthcare provider(s).
- ☐ Check updated seizure action plan is updated.
- ☐ Plan for increasing student self-care/self-management capability.
- ☐ Identify the school personnel needed to provide student support (e.g., school mental health services, classroom teachers, social services).
- ☐ Refer for mental health specialist support as indicated.
- ☐ Collaborate with the child's health care provider (HCP) and other health care specialists regarding:
  - up-to-date information and orders to be used in the school setting
  - feedback about the student's symptoms
  - advocate for the most effective/appropriate medications.
- ☐ Plan for periodic evaluation (e.g., monthly, at the semester).

D7. Case Study

Katie is a 16-year-old white female who was diagnosed with temporal lobe epilepsy (TLE) 18 months ago. She is well known to you as she has frequently visited the school nurse's office for multiple somatic complaints and anxiety episodes. She is accompanied by her mother today on return to school after a 10-day absence. They report that Katie was hospitalized for a week in the epilepsy monitoring unit because of new seizure symptoms she has been having. According to discharge notes that mother has provided, these symptoms were diagnosed as functional non-epileptic attacks (FNEA) previously known as psychogenic non-epileptic seizures (PNES). The discharge instructions explain that FNEA events appear as seizures but do not meet the criteria for an epileptic seizure diagnosis (e.g., lack of electroencephalography findings). Katie was referred to a psychologist for further evaluation and psychological treatment. You also note that Katie's epilepsy medication dose was increased to improve the control of her TLE symptoms.

Action Steps:

I. To learn more about FNEA, review the slides from the NASN's resource: From Problem to Practice: Looking at Psychogenic Nonepileptic Seizures (PNES) Management through the School Nursing Framework. You note that students with FNEA/PNES experience stressors associated with school, such as bullying, misunderstanding of their symptoms, feeling left out, and supporting student's efforts in effective self-management of their symptoms is essential.

II. Realizing that FNEA is a mental health condition, use the resources available in this toolkit:

1st Complete an Assessment:

a. Review Katie's IHP, Seizure Action Plan, and/or visit notes regarding the management of Katie's TLE (including the seizure symptoms, frequency, triggers, and medications/treatments). Obtain updated care management regarding FNEA through communication with her health provider.

b. Assess Katie's current mental health status using information from Table 1, Table 2, and the *Behavioral and Mental Health Assessment for Students with Epilepsy (fillable form)* for assistance, as appropriate considering resources and the school/district health policies guiding nursing practice (see Appendix).

c. Contact the school psychologist to discuss the use of screening tools for anxiety and depression, such as the PHQ-A and GAD.

d. Have legal guardian sign a release of information form that will allow sharing information and collaboration with Katie's healthcare providers (including primary care, neurology and psychiatric/psychology specialist).

2nd Nursing Diagnosis:

Examples of Nursing Diagnosis for Katie may be Risk for Social Isolation, Effective Self-Management, and Anxiety and Depression

3rd Planning and Implementation:

a. Plan a MTSS approach to Katie's care:

Tier 1 – Access school-wide resources for mental health promotion in collaboration with other school professionals, including dissemination of accurate information about epilepsy, PNES, and mental health conditions. Insure school-wide awareness of suicide risk and intervention.

Tier 2 - Support Katie and other students with epilepsy at risk for mental health conditions using evidence-based management for anxiety and depression, such as self-guided journaling, deep breathing techniques to self-regulate her emotions.

Tier 3 - Update Katie's IHP with information gathered and coordinate her care with epilepsy and psychology specialist. See Table 6 for an example of a mental health related IHP for Katie.

b. Medication and care management:

i. Educate Katie and her family about her FNEA diagnosis and care.

ii. Support Katie's self-management of her epilepsy and FNEA conditions using resources available in this toolkit.

iii. Specific strategies include goal setting and planning, coaching, communication, assessing knowledge and educating, training in emotion/identify management, facilitating peer support, involving parent, and integrating medical/mental health treatment.

iv. Monitor Katie's response to the increased dose of anti-seizure medication, using resources available in this toolkit.

v. Monitor Katie for risk for suicide, for example using the SAD PERSONS Screening Scale or other school district recommended tool.

Table 6. IHP

STUDENT NAME: Katie*	DOB:
Student Address: **Home Phone:** **Parent/Guardian:** **Day/Work Phone:** **Healthcare Provider:** **Provider Phone:** **IHP Written By:**	**School:** **Teacher/Counselor:** **Grade:** **IHP Date:** **IEP Date:** **Review Date(s):** **ICD-10 Codes:**
Parental/Guardian statement: ***I/We have read this plan and agree to its implementation.*** Signature(s): _____ Date: _____	

Assessment Data	Nursing Diagnosis	Goals	Nursing Interventions	Expected Outcomes
Assess physical signs of anxiety (elevated heart rate, sweating, increased blood pressure, poor eye contact, muscle tension, restlessness). Assess Katie's appear-ance for hygiene, signs of fatigue, evidence of self-harm (e.g., scars often in patterns on hands, arms, thighs, or stomach). Assess Katie's mental/affect/ mood and pattern of speech, thoughts. Consider doing a SAD PERSON Screening Scale (to screen for suicide risk) and/or Generalized Anxiety Disorder 7-item scale (GAD-7) to screen for anxiety diagnosis.	**Anxiety related to fear of having a seizure at school.** **Support evidence:** Katie has made frequent trips to the nurse's office with various physical complaints, such as headaches, racing heart, and restlessness. Katie reports worrying and having difficulty concentrating in class. Katie reports having trouble sleeping.	Katie will verbalize an increase in psychological and physiological comfort. Katie will report a decrease in perceived anxiety levels as measured by self-assessment tools and/or verbal reports. Katie will access campus support when anxious. Katie's Safety Plan will be shared with staff. Katie will have a 504 Plan in place and adhered to by staff.	▪ The school nurse will assess the student's anxiety level, identifying specific triggers and the duration, frequency, and intensity of symptoms. ▪ The school nurse will teach two cognitive behavioral techniques (CBT) to Katie such as deep breathing exercises, progressive muscle relaxation, and/or guided imagery. Examples include: Box Breathing or Belly Breathing, Progressive muscle relaxation, Distraction techniques (e.g., listening to music, taking a walk outside, drawing or reading) ▪ The school nurse will connect the student with counseling or mental health resources on campus for additional support. ▪ The school nurse will develop a Safety Plan with Katie. ▪ The school nurse will assist with the implementation of 504 plan accommodation (e.g., modified schedule, allowing breaks for calming, testing and schoolwork)	Katie will identify and verbalize her triggers of anxiety. Katie will demonstrate the use of at least one cognitive behavioral technique (CBT) to manage her anxiety. Katie will identify one on campus support resource to access when anxious. Katie will complete the Safety Plan with the nurse's assistance. Katie will participate in the 504 plan and provide input to accommodations.

SECTION E: EVALUATION

E1. Evaluating Care for Students with Epilepsy and Mental Health Conditions

The 3S Model (Student-School Nurse-School Community) provides a method for identifying and categorizing important data for the evaluation of students with epilepsy and mental health conditions (Wolfe et al., 2019). This includes three components of school health data: the Student, the School Nurse, and the School Community. School Nursing Evidenced-Based Clinical Practice Guideline: Students with Seizure and Epilepsy provides information regarding important data points for students with seizures and epilepsy using a logic model framework to visualize the characteristics of each of the components. See *Appendix E. Implementation of Seizure and Epilepsy CPG/Toolkit: 3SModel* for more information about the structure, process, and outcomes associated with implementation of the 3S Model and sample data points for outcome measurement (NASN, 2023b). Additional data points are needed to inform school nurses about the capacity of the school system to deliver quality mental health care to students with epilepsy. This includes school nurse related data about the number of nursing hours and ratio of nurses to students needed. The number of students with epilepsy who have co-morbid mental health conditions also may impact the quality of care that can be offered and are important data to be collected.

In addition, the following feedback and evaluation topic areas are important to assess related to student mental healthcare:

- Student/caregiver satisfaction with care coordination efforts of the school
- Evaluation of effectiveness of school nurse intervention
- Policy changes noted
- Practice changes noted

E2. Students with Epilepsy and Mental Health Conditions – Additional Data Collection Tool

Epilepsy and HCP verified diagnosis	Anxiety	Depression	ADHD	Behavioral Problems	Suicide Risk	PNES/FNEA	ASD	Learning Disorders/ Executive Function Disorder	Developmental Delay
# of students									
# IHP									
# IEP									
# 504									
# chronically absent									
# increased seizure frequency									
# AED changes									
# report AED side-effects									
# report being bullied									
# report feelings of stigma									
# report social isolation									
# suicide risk									

APPENDIX

Behavioral and Mental Health Assessment for Students with Epilepsy (fillable form)

Use this detailed assessment as a guide to be completed by the school nurse with the collaboration of the student and their family. Not all sections may be completed and the school nurse should use their clinical judgement as to what are the most appropriate sections/assessment needed.

Family Information

Parent/guardian: _____ Age: _____

☐ Biologic ☐ Adoptive ☐ Step ☐ Foster ☐ Currently living in Home

Current Occupation: _____ Phone: _____

Parent/guardian: _____ Age: _____

☐ Biologic ☐ Adoptive ☐ Step ☐ Foster ☐ Currently living in Home

Current Occupation: _____ Phone: _____

History of other family stressors (e.g., food, housing, work, divorce, death or incarceration)?

_____

_____

Siblings or other children in the home:

Name: _____ Age: _____ School/Grade: _____

Name: _____ Age: _____ School/Grade: _____

Name: _____ Age: _____ School/Grade: _____

Others living in the home:

Name: _____ Age: _____ Relationship : _____

Name: _____ Age: _____ Relationship : _____

Name: _____ Age: _____ Relationship : _____

Are there family members who have struggled with mental health conditions (e.g., depression, anxiety, bipolar disorder, ADHD, anorexia, post-partum depression, suicide, substance abuse)?

Type: _____

Student Information

The following information may be obtained from both caregiver, student or both as appropriate.

Serious illness, injury, or medical diagnosis:

Current: _____

_____

Previous: _____ Resolved (date): _____

Previous: _____ Resolved (date): _____

Behavioral or mental health diagnosis:

Current: _____

_____

Previous: _____ Resolved (date): _____

Previous: _____ Resolved (date): _____

Previous/current medications:

Name	Reason for use	Side effects

Does the student currently have counseling/therapy or have they in the past? If yes, indicate therapist and dates of participation.

_____

Does the student have a history of substance use?

☐ Alcohol ☐ Tobacco ☐ Marijuana

☐ Illegal substances ☐ Over-the-counter medications ☐ Prescription meds

Has the student had problems with the law or behavioral issues at home or school?

Explanation: _____

Student's social/school history:

Student's interest, hobbies, sports: _____

School activities: _____

Who is student closest to/confide in:

Home: _____

School: _____

Does the student get picked on or teased? _____

If yes, reason and student's reaction: _____

Student behavior noted in school:

- e.g., ADHD-inattentive, ADHD-Combined Inattentive/Hyperactive-Impulsive subtype, or oppositional behaviors:

_____

- e.g., ADHD-inattentive, ADHD-Combined Inattentive/Hyperactive-Impulsive subtype, or oppositional behaviors:

_____

Has the student had chronic school absences? _____

How frequent: _____

Reasons for: _____

Barriers to attending school: _____

Student's grades/progress in school: _____

Student's favorite subjects/sports: _____

Does the student have an IEP or ever been tested for learning disabilities? _____

Has the student had injuries related to seizures? _____

Epilepsy Specific Information

Describe any recent changes to the frequency, timing, or type of seizures:

Recent changes to medications, AED and others:

Epilepsy Medication history: (specifically regarding behavioral or mental health)

Medication	Student's reaction/response

Epilepsy treatment challenges:

How often does the student miss medications and reason?

Does the student struggle with managing seizure triggers?

- Sleep:
- Diet/hydration:
- Stress (e.g., changes in living situation/home environment, social determinants of health related):

Student's adjustment to epilepsy diagnosis and knowledge/beliefs about epilepsy (e.g., history of stigma, socialization difficulties, isolation, family stress, decreased autonomy):

Current social problems (e.g., peer bullying, shame, victimization, activity restrictions):

GLOSSARY

504 Plan: Plan developed under Section 504 of the Rehabilitation Act of 1973. This federal legislation guarantees certain rights to people with disabilities. This was one of the first federal rights laws offering protection for individuals with disabilities. It set a precedent for the Americans with Disabilities Act (ADA) of 1990. A 504 Plan is a plan developed to ensure that a child who has a disability identified under the law receives reasonable accommodations to ensure their academic success and access to the learning environment. A 504 Plan specifies the actions the school will take to keep the student with seizures and epilepsy medically safe, and to ensure that the student has the same access to education as other children and is treated fairly (Americans with Disabilities Act of 1990).

Anti-seizure medications (ASM): The main form of treatment to control seizures for people living with epilepsy. There are over 20 ASM medications that are available as a tablet, syrup, or liquid. The medication prescribed is based on the person's seizure type, age, gender, and potential side effects (Epilepsy Foundation, 2025).

Anxiety: People with generalized anxiety disorder have persistent feelings of dread that interfere with their normal daily activities. They worry excessively about everyday things and have difficulty controlling their worries or feelings of unease. They often feel restless and have trouble relaxing and may have difficulty sleeping. Some people with anxiety also often have headaches, muscle aches, stomachaches, or unexplained pains (National Institute of Mental Health (NIMH), 2022).

Autism Spectrum Disorder (ASD): "Autism spectrum disorder is a neurological and developmental disorder that affects how people interact with others, communicate, learn, and behave. Although ASD can be diagnosed at any age, it is described as a 'developmental disorder' because symptoms generally appear in the first two years of life." (NIMH, 2025, p.2).

Behavioral health: Behavioral health is a key component of overall health that involves the mental, emotional, and social well-being of the person and their behaviors that support or impact their well-being (CDC, 2024).

Behavioral problems: A behavioral or conduct problem may be diagnosed when disruptive behaviors persist over time or are severe, such as arguing, aggression, or acting defiantly around adults or peers (CDC, 2025).

Cognitive behavioral therapy (CBT): CBT is treatment that attempts to change a person's thinking patterns in order to change their behavior. This includes facing fears, role playing, and learning calming and relaxation techniques (American Psychological Association, 2017).

Depression: A person suffering from clinical depression has feelings of sadness or depressed mood that causes a lost of interest in their normal daily activities (e.g., school or work), it affects how they think, eat, and sleep (NIMH, 2024b).

Epilepsy: Epilepsy is a chronic condition in which the person experiences recurrent and unpredictable seizures (Fisher et al., 2005).

Functional non-epileptic attacks (FNEA): Functional seizures are non-epileptic seizures that may look similar to epileptic seizures but they are not caused by abnormal electrical activity in the brain. Some non-epileptic seizures may be caused by low-blood sugar. The most common type of non-epileptic seizures have a psychological cause due to mental or emotional processes and are sometimes called dissociative seizures (Epilepsy Society, 2023).

Healthcare provider (HCP): Examples include epileptologist, neurologist, or primary care provider (physician, physician assistant, or nurse practitioner) responsible for medical diagnosis, treatment, and orders.

Individualized Education Program (IEP): Developed under the Individuals with Disabilities Education Act, an IEP is created for students with a disability that impacts learning and requires special education services (IDEA, 2004). Students who are eligible have a plan developed in collaboration with the student, family, and educational team that is a road map of services and supports to ensure academic success in the least restrictive environment.

Individualized Healthcare Plan (IHP): Called a nursing care plan in other settings, it reflects application of the nursing process. School nurses develop IHPs to meet the needs of students. The plan is developed in partnership with the student and family and incorporates synthesis of the nursing assessment and the HCP medical orders. The plan focuses on meeting a student's health and academic goals (NASN, 2021). It is from the IHP that an ECP and other documents are created.

LPN or LVN: licensed practical nurse or licensed vocational nurse

Neurodivergent/neurodiversity: A term to honor a person's unique perspective and experience that accepts the cognitive differences between how people think, learn and behave. A "neurotypical" person processes information in the way that is considered standard or typical. A neurodivergent person process information that is not typical because their brain works differently (Northwestern Medicine, 2024).

Mental health disorder: A clinically significant disturbance in the cognitive, emotional regulation, or behavior of an individual that reflects a dysfunction of the processes underlying mental functioning (psychological, biological or developmental) (American Psychiatric Association, 2013).

School-based mental and behavioral health (SBMH): SBHH comprise a wide range of services from school-wide prevention efforts to individualized interventions that students receive to enhance social/emotional or behavioral adjustment and well-being (American Academy of Pediatrics, 2025).

Seizure semiology: the signs and symptoms that occur during an epileptic seizure.

Self-management: is the process where a person daily manages their chronic condition to optimize their health (Lee et al., 2021).

School Healthcare Team: The school nurse (SN), school psychologist, school dietician, teacher, other school health services staff (LPN/LVN and UAP), and school personnel who provide support for youth with seizures and epilepsy.

School Nurse (SN): A registered nurse (RN) who works in a school setting. School Nurse (SN) may be a protected title in some states that requires an additional license, certification, or educational requirements.

Social determinants of health (SDOH): "The conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks" (Office of Disease Prevention and Health Promotion, 2025, para.1).

Suicide risk (suicidality): "the risk of suicide, usually indicated by suicidal ideation or intent, especially as evident in the presence of a well-elaborated suicidal plan" (American Psychological Association, 2018, sec. S).

Psychogenic non-epileptic seizures (PNES): Previous name for functional seizures, see FNEA definition.

Unlicensed/Assistive Personnel (UAP/AP): "Any assistive personnel trained to function in a supportive role, regardless of title, to whom a nursing responsibility may be delegated. This includes but is not limited to certified nursing assistants or aides (CNAs), patient care technicians, CMAs, certified medication aids, and home health aides (formerly referred to as ''unlicensed" assistive personnel [UAP])." (American Nurses Association [ANA] & National Council of State Boards of Nursing [NCSBN], 2019, p.2).

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