Schooled in Gun Violence

Of the many responses to Marie-Eileen Onieal's editorial on gun violence (2018;28[5]:7-8), two focused on perceived societal causes.

EDUCATION: THE MEDIATING FACTOR IN GUN VIOLENCE?

I read "Up In Arms About Gun Violence" in the May/June issue of *Clinician Reviews* with great interest. My response is drawn from research, professional experience, and three particularly formative experiences:

- The birth of a child with learning and behavioral differences requiring an individualized education program and temporary placement in an alternative school.
- Co-leading a parent workshop for my clinical Capstone project.
- A nonclinical position at a public alternative school for children with emotional and behavioral disorders.

In nursing, as in all human services, we strive to be holistic, drawing from science, research, ethics, human development, sociology, anthropology, etc, to function in our roles. Many in nursing have come to value and function well in multidisciplinary teams for the management of individuals with complex needs.

What I have learned in my life—a fact supported by my professional preparation—is that the cycle of poverty, poor health, and quality of life are greatly influenced by education. During my pediatrics rotation and clinical, I learned you must consider family to be the vehicle by which the child may benefit from your clinical services. Therefore, you must reach beyond your setting in an effective and consistent way to engage, connect the home, and then follow up for response. My colleagues are aware of the need to document and the processes currently available for health, social service, and school professionals to report concerns. Too often, obstacles and other influences stand in the way of our ethical duty as professionals; we must find a way to overcome them, both individually and as a group.

We have processes for adolescents aging out of foster care and the developmentally delayed transitioning to sheltered work; can these be expanded?

My experience in a public school district's alternative school for children in grades 6-12 opened my eyes to the need for the public to understand how these schools function. I likened these schools to the intensive care unit in the acute care setting. Smaller population, high needs, high cost, and dedicated staff but high burnout and turnover. Children in my school came from foster care or struggling homes and often had experienced trauma. Underfunded school districts cut nurses and social workers, cannot attract professional support staff, and choose to distribute money and efforts on the general population in neighborhood schools.

My "professional health care" mindset was embedded in an environment of wounded children, amazing educators, and support staff; powerless to do our best, we held on. But it is not enough to just hold on, sequestering at-risk children out of sight. We can do better.

Some ideas to turn this belief into reality:

1. Create position statements and recommendations for our licensing and professional certifying bodies to share with their membership.
2. Include mandates for communicating those recommendations during certification and relicensing.
3. Employ district staff or contracted consulting medical and psychologic evaluators for review of public school students with health and behavioral diagnoses.
4. Partner better with schools from the community health, pediatrician, behavioral health, and primary care settings. Kennedy Krieger Institute has partnered with schools in Baltimore—can this be replicated elsewhere?
5. Every child enters school with a need for health clearance and a "Guardian

Permission Contact Card." Perhaps we can expand this to develop a process for results of routine assessments to be shared, for the safety and welfare of the child.

6. Teach individuals to cope effectively with the anxiety and distress fed by constant exposure to the Internet and social media. This can—and should—be done through multiple venues: religious and social groups and theworkplace.

7. Inform the public with PowerPoint presentations and seminars, advertising what to look for and where to get help for concerning behaviors; again, this can be done through multiple

portals. This, I believe, may also help defuse tensions between parents and schools surrounding children with health and educational differences.

8. Have professional health associations deliver a cohesive message to our legislators for gun control, funding for research, and mental and public health.

Dr. Onieal, you are correct in saying that this epidemic of mass shootings is a public health issue. It is a threat as serious as HIV, cancer, lead poisoning, hypertension, and diabetes. We must find a way to stop this epidemic.

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➤ Prevention [of mass shootings] requires a willingness to see and react to troubled people—*before* the police need to be called.