

Diabetes Type 1 Mellitus: the importance of training School Health Nurses to support children and young people

Mafalda Santos¹

¹ MSc and Specialist in Community and Public Health Nursing, Local Health Unit in the Leiria Region, Leiria, Portugal | mafaldacs@ulsrl.min-saude.pt

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Abstract

The importance of nurses, as pillars of health promotion and health literacy in the school community, is particularly pressing in the management of chronic diseases, such as type 1 diabetes mellitus. This condition, with a high incidence in pediatrics, imposes specific demands on the school community, requiring technical, relational, and educational skills. Nurses, as public health agents and promoters of health literacy, are involved in the training of educational professionals, clinical surveillance, and the development of individualized plans, ensuring inclusion, safety, and biopsychosocial development of students with special health needs.

Keywords

School health nurse; Diabetes Mellitus type 1; Health literacy; School inclusion; Special health needs.

1. Introduction

Diabetes Type 1 diabetes mellitus (DM1) is a chronic metabolic disease that can affect people of any age. Its incidence is higher in children and young people, making it one of the most prevalent diseases in schools. Children and young people spend a large part of their school day in school, so international recommendations urge appropriate management of the disease in this context.

School health nurses, as health connection within the school community, must take the necessary measures and decisions to maintain adequate communication channels between students, teaching and non-teaching staff, and caregivers of children and young people. Combined with their professional training, they should be able to provide appropriate training to teachers and operational assistants, demystifying and raising awareness of the importance of blood glucose monitoring in the classroom whenever necessary and tailored to the needs of the child/young person. This training should be ongoing, reinforcing and updating knowledge whenever possible.

Assuming that school health has a remarkable track record in health promotion and disease prevention, schools are socially recognized settings whose competencies go far beyond technical qualifications, with the development of interpersonal relationships increasingly valued. Thus, they are the ideal context, second only to the family, for health promotion through the implementation of health education processes, in which nurses are key and indispensable elements throughout the process and involvement.

2. Conceptual development

DM is one of the main health problems listed in the National Health Plan (PNS), belonging to the group of high-magnitude health problems, both in terms of mortality burden and disease and disability burden (Directorate-General for Health, DGS, 2021). "Magnitude refers to the scope of the health problem—that is, the number of people affected by a given problem. It is measured through morbidity and mortality indicators." (Fonseca, Santos, Santos Coelho & Gabriel, 2018, p. 18).

In line with current needs, in the Public Health Department of the Local Health Unit of the Leiria Region, in the context of school health, the Community Intervention Project, DARE+ Project, is in force: support by school leaders, with the aim of creating favorable conditions for the well-being and healthy and safe integration of children with DM1 in the school context (Menino, 2013).

The Community Intervention Project, Project DARE+, according to the Health Planning methodology, aims to improve the knowledge of school health nurses through advanced training.

Along these lines, the aim is to train school health nurses to implement the Project. Its implementation aims to fill existing gaps in the knowledge of educational professionals regarding children and young people with DM1, as they identify as students with special educational needs.

Illness, whatever it may be, should not impede students' successful integration into the school community or their learning. Teachers and non-teaching staff must be able to identify warning signs and behaviors so they can intervene promptly and appropriately. The right to successful integration of these students is reflected in the National School Health Program (PNSE).

Based on the analysis described above, it is important to note that, according to the DGS (2015), the PNSE aims to ensure that all children and young people benefit from the right and access to healthcare and, therefore, should attend a school community that promotes their well-being and inclusion. In these cases, it is important to correctly and timely identify students with special health needs in order to complete the Individual Health Plan (PSI), included in the technical guidance for Children and Young People with DM1. This plan assesses the impact of health conditions on the child's functioning at school and identifies the health measures to be implemented (therapeutic measures, health needs, among others) (DGS 2016).

If conditions exist that may compromise the well-being of children/young people, these should be detected and monitored early by health services, in partnership with the school community. The same applies to children/young people with DM1, as they result in special needs, often resulting in health problems that impact functionality and the need for intervention in the school environment, which can have a negative impact on learning or individual development (DGS, 2015).

It should be remembered that the essential thing is to ensure the physical and mental health conditions that allow all children, with or without special needs, to acquire skills and empowerment, in the sense of well-being and academic and personal success (PNSE, 2015). This enlightening and comprehensive vision, according to the competencies of the Specialist Nurse in Community Health and Public Health (EESCSP), considers that these are the health professionals most gifted to promote this connection between schools, parents/caregivers, and health systems.

According to the National Association of School According to the American Association of Nurses (NASN), school health nurses are uniquely positioned to meet the health needs of students. They have a multifaceted role, providing care in different areas, including physical, mental, social, and emotional health. Their areas of expertise in the school context are aimed at promoting the development of children and youth, leading the promotion, health, and safety processes, thus including a healthy school environment, providing quality care, and intervening in real and potential health problems (NASN, 2016). Faced with a real health problem in the school community, such as DM, this association also states that the education of teachers and non-teaching staff by the school health nurse is imperative for the successful management of a child or youth with a special health care need. Therefore, the school health nurse provides ongoing training for the school community on diabetes and reinforces knowledge of this disease, as well as updating the PSI or conducting them on an initial basis.

Therefore, it is clear that nurses, being responsible for school health in a given region, have a wide range of resources and knowledge to help school professionals intervene in children/young people with type 1 DM.

In keeping with the care that the EESCSP dedicates, it acts in a way that uses a systemic approach to the different levels of prevention and in interdependence with other professionals, which meets the assumptions present in Betty Neuman's Systemic Model (1995). Health intervention in communities should increasingly be oriented towards enabling groups to deal with sources of stress, so that they can reestablish a new balance, with minimal damage caused by exposure to risk (Neuman & Fawcett, 2011).

Therefore, it is essential to empower the community to promote its readaptation processes, training and enhancing the management of the community's external resources. Nurses can develop a set of reinforcements for these

defenses through education and social mobilization for better living and working conditions. Thus, the higher the community's standard of living, the better equipped it will be to face stressors.

3. Final considerations

Nurses' intervention in community care, with the consequent transfer of knowledge, therapeutic relationships, and teamwork, focuses on communication. This process involves sharing information that can influence individuals and communities in promoting health and preventing disease (Machado et al., 2022).

Continuing advanced training for school health nurses provides teachers and assistants with confidence in managing diabetes in children and young people in schools, which in turn gives students confidence in knowing how to respond in emergency situations. Regular communication between school health nurses and teachers and non-teaching staff about diabetes management is seen as mutually beneficial. Improving health and quality of life, more than empowering individuals and communities to take action, involves recognizing their skills and potential and facilitating their choices. Technological innovation has given rise to a new knowledge society. Increased longevity has led to the need to foster closer relationships between generations. Strengthening overall collaboration between school staff and health professionals has immediate benefits in the way children and young people view school and their integration, feeling safe and with professionals who possess in-depth knowledge appropriate to their clinical situation.

For all that has been described, the nurse should be seen as an architect of choice, capable of helping the individual/community to choose the best option for themselves, taking into account their individual interests, using nudges (stimuli) with the aim of changing the behavior of individuals/communities in a calculable way, without prohibiting any choice or altering their incentives (Thaler & Sustein, 2018).

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