

Migration, School Nursing, and School Health Services

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Migration is happening globally. In fact, it is a global crisis. Rising nationalism and increased migration are forcing schools to face the complicated needs of migrant children. Families are escaping violence, terrorism, and economic deprivation despite host countries' steps to limit arrival. Migrants are people who leave their country to settle elsewhere. Migrants may be welcomed for particular skills to enter the workforce. Some migrants are refugees. Refugees are those forced out of their countries and cannot return because their safety is at risk. These refugees are referred to as asylum seekers. The United Nations High Commissioner for Refugees is designated to coordinate services for refugees. Countries have designated governmental entities as official agencies to monitor and control migration of immigrants, refugees, and asylum seekers.

News around the world highlights the dangers encountered in migration that have ultimately resulted in death of countless children from accidents in migration or death by undetermined illness. Most countries, including the United States, conduct medical examinations of newly arrived migrants to protect citizens from communicable disease (Lee, Weinberg, & Benoit, 2017). Research with Mexican immigrant children over a decade ago showed that migrant families discouraged socialization with native peers because they feared their children would lose their focus on their native culture (Cowell, McNaughton, Ailey, Gross, & Fogg, 2009). Typical efforts to integrate migrant children into school culture are thwarted with such fears and can be addressed with culturally sensitive programs that address parental fears.

The migration crisis has school nurses and school health services around the world facing the dilemma of growing child migrant populations. Migrant child populations might face hostility or welcoming from their peers and school staff. A particularly vulnerable group is unaccompanied children and adolescents. Experiences of traumatic events such as torture and/or loss of family members are common. These experiences can in turn contribute to a range of mental illnesses. It is common for school nurses to be first in line to handle this. A recent study in Sweden showed that school nurses require the development of skills focusing on crisis, trauma, and cultural awareness in order to meet the complex needs associated with working with unaccompanied refugee children and adolescents (Musliu, Vasic, Clausson, & Garmy, 2019).

Practitioners and researchers can and must collaborate to design interventions addressing the needs of migrant schoolchildren. With the expertise of school nurses who are on the frontlines, interventions that protect migrant students from bullying are necessary. Migrant families may be reluctant to use necessary health services if they are not documented. Native students are at risk of exposure to communicable diseases if migrant families do not have adequate health care. The scientific rigor that researchers bring to school health services has the potential to design interventions with practitioners that address such burgeoning problems.

Past president of the National Association of School Nurses, Nina Fekaris (2019) charged school nurses to “look beyond what is the present and imagine beyond the boundaries of what exists now” (p. 79). Unless we accept the challenge, migrant children will continue to have interrupted education and health care. These gaps in supported education and health care can foment a generation of uneducated, at risk students who can become the gang members or terrorists of the future. Let's not let that happen.

Eva K. Clausson, PhD, RNT

*Associate Professor in Nursing, Kristianstad University,
Kristianstad, Sweden*

Julia Muennich Cowell, PhD, RN, PHNA-BC, FASN,
FAAN

Executive Editor

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