

EXECUTIVE SUMMMARY

Education & Health working together

Report by Leasa Ashton | 2019 Churchill Fellow



INCREASING THE QUALITY OF LIFE AND EDUCATIONAL OUTCOMES FOR YOUNG PEOPLE WITH CHRONIC PAIN

EXECUTIVE SUMMARY

Chronic pain is pain that lasts beyond three months, or the time expected for healing following surgery or trauma or other condition. It is often associated with an increased pain experience, not just in the area of injury, but also in surrounding tissue or nerves. It can also exist without a clear reason at all. (2)

Worldwide, governments are becoming aware of the enormous impact chronic pain is having on their communities. With one in five Australians living with pain it is likely that someone you know is directly affected. Painaustralia is the national peak body working to improve the quality of life of people living with pain, their families and carers, and to minimise the social and economic burden of pain.

The Painaustralia National Pain Strategy 2019 recognises the identification and treatment of people living with chronic pain as a national health priority, and its Mission is to improve the quality of life for people with pain and their families, and to minimise the burden of pain on individuals and the community.

As the only chronic pain liaison teacher embedded in a pain program in Australia, I developed the following Churchill Fellowship goals to help increase the outcomes for all young Australians:

- 1. To meet, observe and learn more about the people and processes in paediatric pain programs around the world.
- 2. To learn more about specific strategies and resources that improve school reintegration after long chronic pain absences.
- 3. To explore how education and health teams work together to improve outcomes.

There is no magic cure for chronic pain – sadly, there is no pill or medicine. It takes hard work from the young person, their family, their multidisciplinary pain team and also their school to enhance recovery and educational outcomes. It is for this reason that it is so important pain programs prioritise school liaison opportunities, incorporate school exposure activities and that schools receive the information and guidance they need regarding how best to support a young person with chronic pain in the school setting.



KEY OBSERVATIONS

1. Importance of the school liaison role – health and education working together

During my visits, the importance of chronic pain school liaison was reinforced by clinicians as a crucial component of all paediatric pain programs. I also discovered that having a specialist school liaison teacher, rather than a clinician performing this role, embedded in a multidisciplinary pain team is both unique to our Complex Pain Service at PCH plus best practice, particularly given their ability to link and collaborate with all parties in the best interest of the child. Being able to present on my unique role was greatly received and appreciated by the health and education teams I visited.

2. Importance of resources for families and schools

The availability of chronic pain information for schools in Australia, including pain neuroscience and school support strategies to facilitate a successful return to school plan, varies greatly, but is often lacking. I found there are many helpful resources around the world to help navigate how to support young people with chronic pain as they return to school after long absences. These resources are generally supplied by individual pain programs or hospital schools to families and schools as needed. In Australia, there are also resources developed by individual pain programs however I believe there is a need for more readily available information and education for schools and communities. The resources should be stored in a central and accessible database so that guidelines and best practice standards of care are followed.

3. Importance of including school exposure activities in pain programs to prepare young people for school reintegration

Including opportunities for school exposure activities in the multidisciplinary paediatric pain programs I visited was common and something I believe would enhance the group pain program run by our PCH Complex Pain Service in Perth. Clinicians reflected on the advantage for students being exposed to conversations and situations that mimicked school while in a safe therapeutic setting, in that the ability to better prepare young people before they returned to school often resulted in greater success.



CONCLUSION AND RECOMMENDATIONS:

In conclusion, my Fellowship travels gave rise to six key recommendations to improve the educational outcomes and quality of life of all Australian adolescents with chronic pain. They are:

- 1. Increase the number of paediatric multidisciplinary pain services in Australia.
- Ensure multidisciplinary pain services incorporate a specialist chronic pain liaison teacher.
- 3. Improve the awareness of chronic pain in the community.
- 4. Develop an Australian resource database for paediatric chronic pain including return to school strategies and resources for teachers, students and parents.
- 5. Develop guidelines to impact Policy and educate Australian teachers, support staff and students in chronic pain neuroscience and self-management strategies (eg pacing).
- Develop guidelines to encourage greater collaboration between Australian schools, families, and health teams to improve reintegration and schooling outcomes for young people with chronic pain.

Who is this Report for?

My Churchill Fellowship journey began five years ago with the aim to expand and share the unique school liaison role I have within our SSEN: MMH school & PCH Complex Pain Service in Perth. This Report is for anyone who:

- Has a passion to increase the QOL of all Australians
- Works with young people in schools or in paediatric pain programs
- Can act on these recommendations (every little bit will help)
- Has an interest in helping reduce the stigma of chronic pain in Australia.

Dissemination Plans:

I am excited to share my Fellowship findings via opportunities in both health and education circles.

Current plans include presentations to my SSEN: MMH teacher network and PCH Complex Pain Service colleagues, plus connections with key community and international stakeholders including Stanford University, Qld Interdisciplinary Pain Program, Statewide Services WA, WA Department of Education, WA School Health Nurses, Pain Revolution, Chronic Pain Australia and Painaustralia.

I have also been invited to share, publish and reflect on my Report findings via several international platforms including the "Well At School" website, "Paediatric Pain Letter" and the CiE: Continuity in Education resource for teachers.

I am also looking into my first two Conference collaborations in 2023 at the APS Conference (Australian Pain Society) in Canberra, April 2023 and the ISPP Conference (International Symposium on Paediatric Pain) in Halifax Canada in Oct 2023 where the theme is Better Together, Innovation Through Partnerships.

Further research:

Despite the success of my travels and the wealth of knowledge I gained it is clear there is still research and research translation to be done to support young people living with chronic pain.

Research into a model for improved chronic pain education in the Australian community is needed as is research into a model for improved chronic pain education, reintegration planning and ongoing support in schools. Avenues for improved communication between families, schools and health teams to enhance these processes is vital and also needs to be addressed.

I have found that appropriate and accessible pain education for patients, families and schools is crucial in increasing their awareness and empathy and in decreasing the stigma, as is the relationship and communication between schools, health teams and families. After this wonderful experience I plan to share my findings and hope to implement some new initiatives to improve the life and educational outcomes of young people with chronic pain in Australia by increasing chronic pain education in the community and in schools, and thus decreasing chronic pain stigma.