

CONCLUSIVE REMARKS

to the XIXth EUSUHM congress



EUROPEAN UNION FOR SCHOOL AND UNIVERSITY HEALTH
AND MEDICINE (EUSUHM)

Leuven – 6-8th September 2017

Some figures

Participants

- 430 participants
- 16 countries represented
- Big delegations (> 10 participants) from The Netherlands, Finland and Russia, apart from Belgium
- But also participants from
 - Austria, Azerbaijan, Belarus, Croatia, Estonia, Germany, Hungary, Macedonia, Portugal, Slovenia, Switzerland and United Kingdom

Youth Health Care Flanders



School Health Service



Inclusive day care



Student Health Centre

Some figures

Plenary sessions with keynote speakers

- Opening session
- Four plenary sessions
- Nine keynote speakers

Parallel sessions (18)

- 99 oral presentations

Workshops (9)

Poster session (45 posters)

General theme of the congress

Mind the gap! Building bridges to better health for all young people



Focus on

- Population-based care
- Relevant settings related to stage of life
- Comprehensive care, with prevention as a priority
- Multidisciplinary and inter-sectoral collaboration

Messages from keynotes

- Health as the ability to adapt and to self manage in the face of social, physical and emotional challenges (M. Huber)
- Children's rights is a matter of respecting children's and adolescents' participation and integrity (B. Vanobbergen)
- A successful health promotion should be integral and consistent (K. De Hertog)

Messages from keynotes

- There are reasons to be concerned about some adolescents growing up in a sexualized media culture (S. Eggermont)
- Protection of the child through vaccination of the mother is safe and effective. Implementation needs dedicated action (E. Leuridan)
- School health care has an important role in the WHO Accelerated Action for the Health of Adolescents (AA-HA!) (K. Kohl)

Messages from keynotes

- Sex is a healthy, rewarding and pleasurable practice including non-procreative behavior (P. Enzlin)
- Maintain a primary epidemiological view on mental health, and focus on proximal and modifiable factors that could be targeted within college (R. Bruffaerts)
- Vision and hearing screening programs are designed and implemented with great variety in the European region. Collation of existing evidence of effectivity is needed (H. Simonsz and A. Bussé)

The good news of this congress

Well-designed research is ongoing in the European Youth Health Care

- Longitudinal follow-up and observational studies
- Studies of effectiveness (of new strategies)
- Studies of feasibility (introduction of new methods)
- Epidemiology of health related topics
- Guidelines (vision, hearing, heart defects, ...)

Three age groups – three settings

Infants and preschool age group

- Day care centres and kindergarten as setting
- Well-baby clinics as population-based health care approach

Schoolchildren

- Schools as setting
- School health services as population-based health approach

Adolescents and young adults

- High school and university as setting
- Student health services as population-based health approach

The importance of the early years

Need for a well-organised population-based health care system
focusing on the pregnant women, the foetus, the neonatal,
the infant and the preschool age period

The importance of the early years

- Support of “at risk” families
 - VoorZorg related programs (E. Struijf, The Netherlands)
 - Family supporters (K. Jacobs, Belgium)
 - Screening for post-partum depression (A. van der Zee, The Netherlands)
 - Implementation of a policy for prevention of child abuse (V. Van Assche, Belgium)
 - In-house consultation to support professionals’ responses to child maltreatment (A. Konijnendijk, The Netherlands)

Health of schoolchildren

Non-communicable disease

- Atopic disease (M. Karovska, Macedonia)
- Posture, spine and malocclusion (P. Khramtsov, Russia)
- Men's health (phimosis, adhesions, varicocele (V. Juresa, Croatia)
- Metabolic and vascular health (M. Majer, Croatia and B. Vogrin, Slovenia)

Health of schoolchildren

Children with special needs – access to education and care

- M-Decree (M. Dobbels, Belgium)
- The Capacity Profile (CAP) (A. Ligtenstein-Teuns, The Netherlands)
- Children treated for a brain tumour (S. Vanclooster, Belgium)
- Dyskinetic cerebral palsy (F. De Boeck, Belgium)
- Neurobiological developmental delay (E. Cloet, Belgium)

Health of schoolchildren

Detection of unmet needs – Health Check - YMR

- Preventive Health Check responds to unmet needs (L. Meuwissen)
- Feasibility of the Health Check in Flemish School Health (C. Vandamme, N. Vandewalle, Belgium)
- Risk of suicidality in adolescents – adapted YMR (K. Kluppels, Belgium)
- What do adolescents want from us (L. Meuwissen, The Netherlands)

Health of schoolchildren

Program School Health Care

- Overview of pediatric health examinations among school beginners (G. Trost-Brinkhues, Germany)
- School doctors in Austria (M. Sasshofer, Austria and A. Huber-Stuhlpfarrer, Austria)
- Who benefits from school doctor's health checks (K. Nikander, Finland)

Adolescent/student health

Mental health: new approach of risk assessment

- The public health approach (R. Bruffaerts, Belgium)
- Risk screening algorithm for suicidal thoughts and behaviours (P. Mortier, Belgium)

Adolescent/student health

Mental Health interventions

- Depression (L. Deckers, Belgium and U. Wikström, Finland)
- Stress and burnout (K. Plessers, Belgium and E. Martinen, Finland)
- Personality disorders (M. Martin, Finland)

Adolescent/student health

Sexual and reproductive health

- The experience of sexuality, somatic and mental health (S. Koiso-Kanttila, Finland)
- The impact of early attachment relationships (M. Tossavainen, Finland)
- Reproductive health and Generation Z (V. Musil, Croatia)
- Wellbeing of students aroused by the same sex (M. Floréen, Finland)
- Sexually transmitted diseases (I. Talboom, Belgium and H. Kari, Finland)

Achieving high vaccination coverage

- Childhood vaccination uptake (H. Theeten, Belgium and K. Lepp, Estonia)
- Factors affecting vaccination coverage in immunocompromised children (L. Boey, Belgium)
- The parents view:
 - Role of herd immunity in decision making process of parents (F. Verhelst, Belgium)
 - Vaccine hesitancy vs vaccine confidence (C. Vandermeulen, Belgium)
- HPV vaccination coverage (workshop 5)

Organisation of Youth Health Care

Organisation of Youth Health Care in Europe

- Implementation of good practices in context of varying models of primary care (P. Kocken, The Netherlands)
- Application of European SHS standards in Russian School Health (V. Kuchma, Russia)
- Shared decision-making in Youth Health Care (M. Kamphuis, The Netherlands)
- Youth Health Care on the move (F. Van Leerdam, The Netherlands)

Posters – a miscellany of themes

Growth, development and health (8)

IT environment (5)

Education and Health (3)

Health related behaviour (7)

Gender and reproductive health (2)

Preventive programmes and tools (8)

Vaccination and infectious diseases (2)

Mental health (8)

Special needs (2)

Conclusion

- Again you made this Congress a successful one. We offered the framework, you filled it in.
- In your presentations and discussions you have combined science with professional experience and strategic views
- Take these messages at home with you, continue to invest in research, and make your policy makers aware that continuous support and investment in Youth Health Care is highly necessary
- Last but not least: participate actively in EUSUHM as a platform for collaboration and support. **Together we are strong!**

Thanks



EUSUHM

European Union for School and University Health and Medicine



Flemish Scientific Association for Youth Health Care

KU LEUVEN

**Student Health Centre
Youth Health Care Centre**

Thanks



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University Leuven



We meet you again in 2019 in The Netherlands

