Early detection of adolescent mental health problems through school health care in Flanders

A feasibility study with an adapted version of the Youth Monitor Rotterdam

K.Kluppels, G. Portzky, K.Hoppenbrouwers

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Backgrounds and aims

- **Prevention of mental health problems** in adolescence and adulthood: need for detection of early signs, diagnosis and treatment in childhood and adolescence;
- **SHS in Flanders**: no systematic assessment of psychosocial health;
- **Youth Monitor Rotterdam** (YMR): used in Rotterdam SHS since 1997 (De Wilde et al., 2011);
- **Aim: evaluating feasibility** using an adapted version of YMR in routine school health examinations **in Flanders**.

Adolescent mental health, universal screening and early identification: research and recommendations

Authors	Findings or recommendations
Bor et al., 2014	1 in 4-5 children mental problems; increase in internalising symptoms in girls
Patton et al., 2014	mental health disorders > 6 months duration in adolescents was strongest predictor of young adult mental disorder
Postma, 2008	The Dutch guideline about early detection of psychosocial problems: systematic deployment of a screening instrument
Trimbos, 2009	No early detection without intervention
Shaffer &Gould, 2000	School = excellent setting for early detection
Robinson et al., 2013	Screening with two-stage process
Gould et al., 2005	Suicide screening in high school has no adverse effect
Chisolm et al., 2009	Behavioral health screening enhances use of behavioral health services & possibly decrease of long term negative outcomes and associated costs.

Methods
Participants

- **184 pupils** (5 schools)
  - 81.8% participation rate
  - 43% boys
  - 55% < 15 years; 33% 15 years; 12% > 15 years
  - 37% general (ASO), 27% technical (TSO), 16% vocational (BSO), 20% arts(KSO) education
- **Three multidisciplinary SHS-teams**
  - doctor, nurse, psychologist and social worker

Methods

Instruments and procedures

- **Questionnaire (YMR)**: general health, well-being, and behaviour + additional questions on (non)suicidal deliberate self harm (DSH), self-esteem, coping, eating problems and sexual orientation
  - 95 questions (3 or 5 point Likert scale);
  - completed in classroom, in presence of SHS-nurse.
- **Health examination by school doctor:**
  - interview based on content of questionnaire
  - 'attention subjects' form (items to be addressed)
  - registration of general assessment and actions
- **Semi-structured interview with SHS-teams** about **feasibility**

Methods
Registration of actions

Actions	1th interview	2nd interview	…
No further action			
No further action: already in care:			
No further action: refusal			
No further action: didn't show at follow-up			
Provide information			
Contact parents			
Discuss in SHS-team			
Discuss with care coordinator (school)			
Refer to general practitioner			
Refer to mental health care			
Refer to other:			

Methods

Registration of overall assessment and follow up

Psycho-social development is:	❑ Ok ❑ At risk* ❑ Alarming** ❑ I don't know
Evaluation of referral:	
• Referral initiated (after 1 month)	❑ Yes ❑ No, because…
• Relevant psychosocial information in former SHS dossier	❑ Yes ❑ No, because…

* Risk factors are present, but psycho-social development is still acceptable

** Presence of problems which endanger the psychosocial development, behaviour or wellbeing

Results

Origin, belief & family

characteristic		n	%
Origin of parents	Belgium	70	38,0
	Western Europe	13	7,1
	Marokko	49	26,6
	Other	52	26,3
Belief	no	41	22,3
	Christianity	52	28,3
	Islam	71	38,6
	Other	19	10,3
Living situation	With both parents	137	74,5
	Other	45	24,5

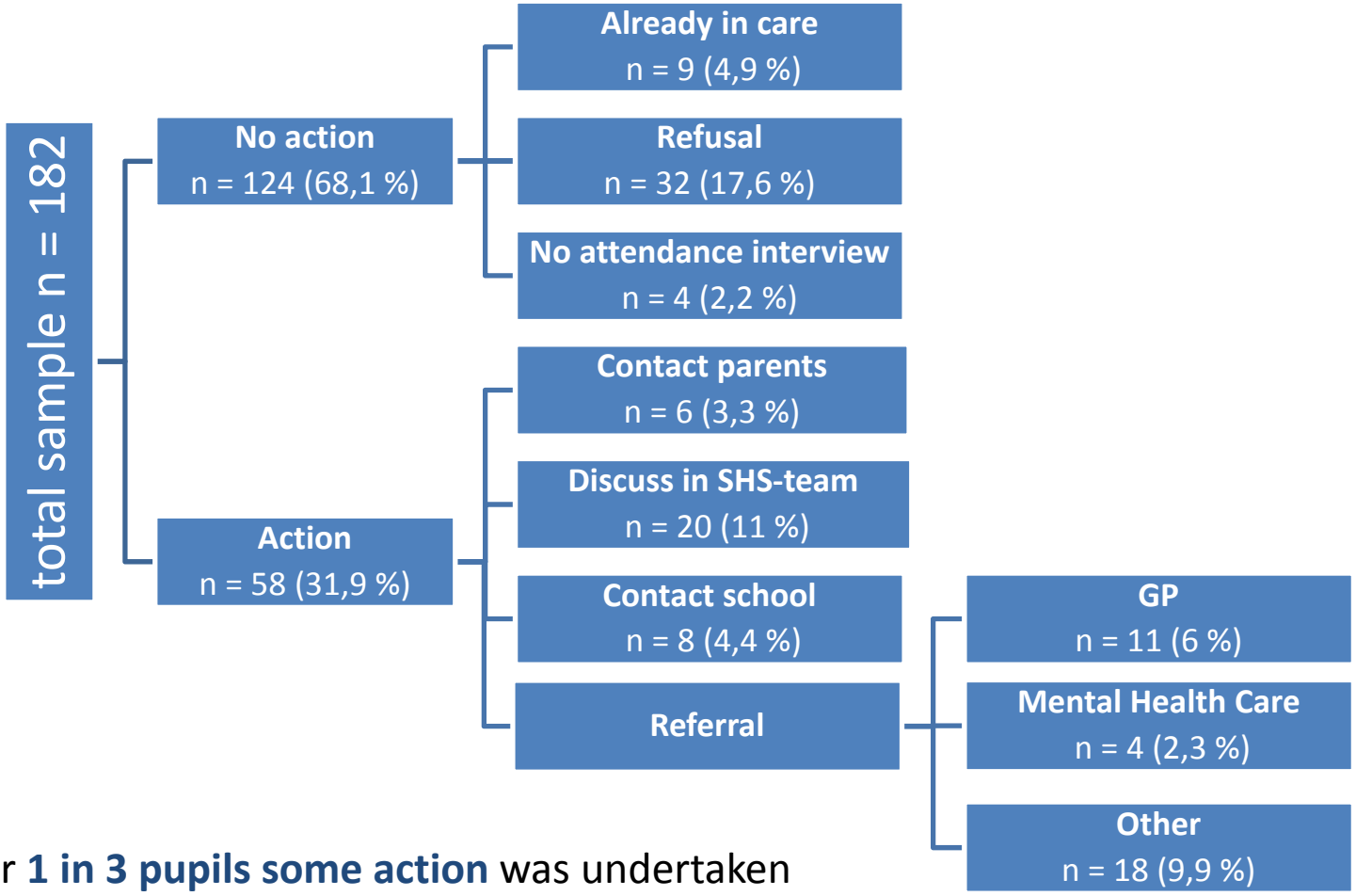
Results

Prevalence of 'attention subjects'

Attention subject	n	%
Home situation	64	34,7
Eating problems	61	33,1
Psychosomatic problems	60	32,6
Emotional problems	49	26,6
Chronical illness parent(s)	35	19,0
Chronical illness siblings	31	16,8
Social support	29	15,7
Low self-esteem	24	13,0
Behavioural problems	22	11,9
School	18	9,8
Substance abuse	11	5,9
Sexual orientation	7	3,8

Results

Actions after health examination (interview)



For **1 in 3 pupils some action** was undertaken

Results

Overall risk assessment and follow up

General assessment	N	%
Ok	102	56
At risk	51	28
Alarming	26	14,3
undecided	3	1,6

- 3 out of 4 referred pupils reported post-screening service use within 1 month.
- 4 out of 5 pupils with serious psychosocial problems (based on YMR and interview) not yet known as such by the SHS.

Results

Feasibility according to SHS-teams

- Assessed with structured interview
- YMR responds to a need from SHS and schools
- Confidentiality of self report is sufficient
- Attention subjects and registration forms are user friendly
- Mean time investment during routine SHS health examination feasible for moderately large class groups
- 11% of pupils follow-up by SHS-team
- Risk assessment of mental health is more systematic, more transparent, and less dependent on experience and communication skills of SHS staff
- Useful for all age groups, but particularly 15-year-olds

Conclusions

- **School Health Care** =

  open access

  + multidisciplinary

  + regular health examinations

  + crosslinks with pupils, parents and schools

  = **convenient setting** for systematic signalling of mental health in adolescents.

- This study confirms **the need for, and feasibility** of systematic assessment of psychosocial health in adolescents.