WORSKSHOP 2: REPORTED SICK FROM SCHOOL; A CHALLENGE FOR YOUTH HEALTH CARE

EUSUHM 2017

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Aims of the workshop

1) To get acquainted with the Dutch intervention Medical Advice for Sick-reported Students (abbreviated as MASS).
2) To discuss the need for and possibilities of translating MASS across European countries.
3) To explore options of implementing MASS in other European countries.

Program of the workshop

15:30 – 15:50 Frans Feron reflects on the rationale and background of youth health care and MASS
15:50 – 16:10 Yvonne Vanneste presents MASS
16:10 – 17:00 Discussion
17:00 – 17:15 Conclusions and take home messages
The rationale and background of youth health care and MASS
THE DUTCH INTERVENTION
MEDICAL ADVICE FOR SICK-REPORTED STUDENTS
(ABBREVIATED AS MASS)
1. Reasons to develop the MASS intervention
2. Underlying problems of sickness absence
3. Factors influencing the sickness reporting
4. Description of MASS
5. Success factors of MASS
6. Challenges when implementing MASS
7. The future of MASS in the Netherlands
Sickness absence (school absence after sickness reporting) among students is caused
  - not only by illness, but
  - by a wide variety of problems and factors, the most of which can be influenced

MASS is a basic task of Youth health Care because it
  - optimises students’ health and education and
  - prevents them from school dropout
1. REASONS TO DEVELOP MASS

✓ School absenteeism is a main risk factor for school dropout
✓ When tackling school absenteeism, there is a focus on unexcused school absenteeism, also called truancy
✓ However, school absenteeism after reporting sick – sickness absence - received little attention:
  o It is excused absence – no agency
  o The assumption that it requires only standard medical treatment
1. REASONS TO DEVELOP MASS

✓ The growing recognition, acknowledgment and problem of students’ absences from school, especially those absences resulting from sick reports.

✓ Schools encountered problems in approaching these students and in managing their absences.
2. UNDERLYING PROBLEMS

Extensive Medical Absenteeism among Secondary School Students: An Observational Study on Their Health Condition from a Biopsychosocial Perspective

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2. UNDERLYING PROBLEMS

Visual presentation of the target group

- Students having a disease and no problem: 13.4%
- Students having a disease and a problem: 30.3%
- Students having a problem and no disease: 51.5%
- Students having neither a disease nor a problem: 5.1%
3. FACTORS INFLUENCING SICKNESS REPORTING

Research Article
Towards a Better Understanding of Sickness Absence in Adolescence: A Qualitative Study among Dutch Intermediate Vocational Education Students

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Schematic representation of the relationship between the way students perceive their sickness absence and the background experiences involved.
4. DESCRIPTION OF MASS

- Early identification of students with high absence level, followed by
- a methodological approach and cooperation, involving a strong focus of school actors on the student and cooperation with parents, followed by
- medical advice from a YHCP
- making and monitoring a management plan
- tailored responses to individual needs
Step 1 School’s policy, registration and management of sick reports

- School decides who, how and when

Step 2 Contacting the student after sickness reporting

Step 3 Having a dialogue with student and parents

Step 4 Referral to the YHCP

Step 5 Consultation of student and parents

Step 6 Monitoring the management plan

- MASS-criteria: i.e. reported sick four times in 12 school weeks or more than six consecutive school days
- Advice form a broad and biopsychosocial perspective is needed
- The management plan is sent to all those involved
- From concern rather than control; showing interest and paying attention
- We are worried about you being absent so frequently; What is going on? How can we support you? School, student and parents make agreements on how to handle the absence
- The YHCP is informed about school-related issues and needs, and the requests for help
- The underlying problems and/or diseases are identified and a management plan is made
Monitoring the management plan by evaluating regularly

✓ School:
  • The absence rate
  • The school and education related agreements

✓ YHCP:
  • The cure and care related agreements
4. DESCRIPTION OF MASS

Core elements of MASS:

1. Personalizing the sickness reporting procedures
2. Demonstrating interest rather than control while discussing the sickness absence
3. Using (objective) MASS-criteria for intervening with the absence
4. School first discussing the context of the sickness absence with students and their parents before referring to the YHCP
5. The involvement of a YHCP
5. EFFECTIVENESS

Addressing medical absenteeism in pre-vocational secondary students: effectiveness of a public health intervention, using a quasi-experimental design

Yvonne T. M. Vanneste¹ ² ³ *, Jolanda J. P. Mathijsen², Lenn A. M. van de Goor², Carin M. C. Rots – de Vries¹ ² and Frans J. M. Feron³
5. EFFECTIVENESS

Fig. 1 The progress of the absenteeism in number of periods
5. SUCCESFACTORS

- The mind-set of the teachers toward sickness absence
- A clear division of tasks and roles between all involved and a shared responsibility
- Autonomy in implementing MASS
- Simplicity of the approach
6. CHALLENGES

✓ MASS requires a partnership between the healthcare system and the education system

✓ Discussing the sickness absence with students and their parents by school personnel
Implement MASS at national level

- Financial needs - the inclusion of MASS in the basic tasks of the YHC and schools
- A national institute to disseminate and to ensure quality (working according to the core elements) by education and monitoring
- Cooperation with the health and safety organisation (ARBO UNIE) of the Netherlands?
8. TRANSFERABILITY OF MASS ACROSS COUNTRIES
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