

The School Health Care and the Recommendations for School Health Care Services in Finland

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History

The following historical part of the present article is mostly based on the article in the book of School Health Care Service in Finland.(1)written by dr. Pirjo Terho, the honorary chairman of the board of FASAM

School health care services have been active for over 100 years in Finland. The system and the recommendations have been changed many times during these years. The very first school doctor in Finland began his work in school already in 1885. More school doctors came in to schools in big cities at the beginning of the 20th century. School nurses came into schools as early as in 1920. Individual physical examinations came in the 1930's. Tuberculosis was common at the time. Tuberculin tests and radioscopies were done to children in schools.

During wartime (1939-1945) the most important thing was treating infectious diseases. School lunches began during wartime. Children and families were given advice on how to get underweight children to gain more weight. In many towns poor children got food for themselves as well as for their families from school.

In the 1950's the Act of School Doctors was passed. A position for a medical superintendent was established at the National Board of Health. The vaccinations began: e.g. polio vaccination, PDT vaccination (=whooping cough vaccination, diphtheria vaccination and tetanus vaccination).

In the 1960's school health services stabilised. Both school doctors and school nurses worked in elementary schools, middle schools and in the schools of further education. Work against tuberculosis continued.

In 1972 the National Health Act was passed. School health services came a part of the health care centres. School health care services were divided into three parts: individual school health care service, health education and the control of the health environment in the school building itself. The emphasis was more on preventive health care than on treating illnesses. Care of the individuals became more important. The National Board of Health published a service manual concerning the school health services are required in the Act of National Health.

In 1980's prevention of mental problems became more important. Treatment of pupils with chronic diseases was emphasised. A personal school health plan was made for every pupil in school.

In 1990's holistic school health work developed. Health education was important, especially life style education. Mental disturbances and drug addictions increased also in Finland. Emphasis of school health care services moved from physical problems to preventive psychosocial care.

School health questionnaires were performed in the most cities to sort out school children's welfare. The aim was to develop school health services. <http://www.stakes.fi> (6)

In many communities (school) doctors didn't give physical examination to all pupils any more. Earlier and still in the beginning of 1990's school doctors examined pupils three times during basic school: on first, fifth and eighth grade in the most communities. The school nurses had appointments with pupils almost every year. They measured the pupils' length and weight, checked the possible position anomalies and took care of the vaccinations. They discussed with pupils, gave advices about nutrition, physical exercise, sleep, and other healthy life style habits. If a pupil had medical or psychological problems or learning difficulties, the nurse could send him/her to the school doctor in any grade.

Finland experienced a recession in the early 90's. Organisation changed from a state-controlled system to a regional one. The city was responsible for organising health care independently.

Communities preferred to treat sick patients rather than give resources to preventive health care. Therefore the school health care service's resources were markedly reduced. At the end of the 1990's school doctors' physical examinations were reduced in some cities. In most cities one or two physical examinations were still given by a (school) doctor during primary and secondary school. The resources of school nurses were reduced too.

In 2001 a consensus meeting about school children's health was held by the Finnish medical society called Duodecim and the Academy of Finland. After this meeting school health care services have again had better recourses in many cities and municipalities. (2)

National recommendations in Finland

In 2002 STAKES (National Research and Development Centre for Welfare and Health) published a guidebook named "Kouluterveydenhuolto 2002" (= School Health Services 2002). According to this guidebook one school nurse should be responsible for no more than 600 pupils and one full-time school doctor for no more than 2100 pupils. One part-time school doctor should be responsible for no more than 500 pupils if working only one day a week in the school. According to these recommendations a nurse should meet each pupil once a year.

Each pupil should have three comprehensive medical appointments during the nine years in school. These medical appointments consist of a physical examination made by a physician and a nurse, parents meetings (especially in primary school), and a discussion with the pupil's teacher. Practically all of these recommendations aren't met in every municipality, but they are a good goal for improving school health care services.

The first comprehensive medical appointment in the school is given on the first or second grade of primary school. The school nurse and/or school doctor are inquiring pupil and his family the following issues:

1. Pupil's experience of his (her) overall health, symptoms, school performance, relationship to peers;
2. Child's general health, long-term diseases, history of different diseases and medications, assessment of child's development according to staff of well-baby clinics, and family history of diseases;
3. Routines of every day life, eating and sleeping habits, parent's smoking, child's hobbies, TV-watching- or playing time, time of being at home alone, parent's working, day care
4. Learning difficulties
5. Parents divorces, possible changes in family composition, addiction problems and mental illnesses of parents, possible family violence.
6. Physical activity of the child: physical exercise, sports
7. Eating habits: participating school lunch, snacks, sufficiency of food

The physical examination includes estimation of physical growth, habitus, position, hearing screen, visus and somatic status.

Observation of the neurological development and social skills includes for instance: behaviour, motor coordination and skills, possible hyperactivity symptoms or clumsiness and concentration difficulties, learning capability and difficulties and speech.

After the anamnesis and somatic examination doctor and nurse make an individual health care plan at the end of clinical examination. Doctor gives referral to further studies if needed.

The comprehensive examination on fifth or sixth grade is about similar. At this stage the doctor must pay more attention to puberty stage, possible anxiety of the pupil, and depression as well as attitude to drugs, alcohol and smoking.

The examination on eighth grade is performed mainly without parents. The nurse estimates pupil's growth, visus, and other screenings. It is possible to use questionnaires inquiring life habits and psychological well-being. Doctor discusses face to face with pupil about peer relations, social life, bullying behaviour, use of drugs, tiredness and sleep hygiene, psychic or somatic symptoms, possible illnesses, allergies, possible eating disorders, school achievement, and plans for the future.

Physical examination is focused more on growth, weight, possible eating disorders and puberty stage. Because of the fast growth, the postural skeleton anomalies, especially scoliosis must be checked. Blood pressure is important to take as well. (3)

In 2004 The Ministry of Social Affairs and Health (STM) and the Association of Finnish Local and Regional Authorities have published the Quality Guidelines on School Health Care for local government decision makers and school healthcare authorities (4)

<http://www.stm.fi> .

The Quality Recommendation is based on the guide for school health care (National Research and Development Centre for Welfare and Health, Guides 51) published in 2002. These guidelines aim to strengthen school healthcare and to improve service standards. The guidelines seek the differences between the standards of services from one locality to another. In some areas health care centres do not have enough nurses or doctors to handle school healthcare. The guidelines aim to redress this and emphasise according to guidelines the need for more staff to ensure that school healthcare services are readily available for school pupils and their families. The guidelines also recommend close co-operation between parents and school healthcare personnel to ensure pupils' welfare and health.

The Quality Recommendation for School Health Care contains eight recommendations. The recommendations concern the availability and systematic provision of services; school health care as an integral part of pupil welfare; regular information; adequate, competent and permanent staff; appropriate facilities and equipment; healthy and safe school community and environment; monitoring of the wellbeing and health of pupils and strengthening pupils' knowledge of health and health promotion.

The Quality Recommendation has been prepared taking account of four perspectives: that of pupils and their families, the school community, school health care staff, and the administration. Since the main responsibility is vested in decision-makers, the school community and professionals, the Recommendation is mainly targeted to them. The aim of the national Quality Recommendation is to ensure the prerequisites for a high-quality school health care and thus guarantee an equal provision of school health service throughout the country. The Recommendation is meant to be used as an instrument in drafting action plans for school health care at the municipal level, in which individual needs of municipalities can be taken into account. The publication on the Quality Recommendation contains examples of ways of monitoring by which its implementation at the municipal level can be followed and evaluated. (4)

After these quality guidelines the financial resources for school health care have become better in some municipalities.

Research on school health care in Finland

School Health Promotion Study has been organised by STAKES already for over 10 years in Finland: The questionnaire covers living conditions, school as working environment, health-related behaviour (e.g. nutrition, smoking, use of alcohol and drugs, sexual behaviour) and health (e.g. diseases and symptoms, depressive mood). The data is gathered by an anonymous classroom questionnaire in all 8th and 9th grades of secondary schools and 1st and 2nd grades of high schools. The data is gathered biannually in April. The age range of the respondents is 14 to 18 years. About 90% of the municipalities join in the School Health Promotion Study. The first national data are published annually in the end of August, at the School Health Conference in Finland, and reported to the participating municipalities by the end of the year. Besides the local interests, the School Health Promotion Study also serves national interests. The data are used as material for more detailed studies and, combined with other statistics, for studying the changes in the regional differences in adolescent health and well-being. The main emphasis is on rapid processing and reporting of the data and further encouraging the municipalities and schools to actively use the knowledge based on the collected data for the purposes of planning and evaluating health promotion. (6)

Another important research has been focused on the implementation of the guidebook for School Health Services and has been studied by Kirsi Wiss et al 2007(5). They found that human resources of school health care in Finnish comprehensive schools are still varying much. Data on human resources in SHC were obtained from 80% health centres for nurses and 42% health centres for school doctors. According to results the mean number of pupils per full-time nurse was 678 (range 300-1217) and per doctor 6551 (1250-20 000). The recommendations were met by 39% and 7 % of health centres, respectively. Both criteria were met only by 6 %. According this survey the recommendations of Quality Guidelines for SHC human resources were met by only a minority of health centres.

Challenges and problems in school healthcare today

The psychosocial and mental problems of the pupils need more and more attention. Depression and thoughts of self-destruction have become more common among adolescents. There are many reasons behind these problems. One of the reasons is that parent' divorces are more common today than before and the living environment is more unstable for children. Parents' occupational demands have increased and families spend together time less than before. The children can live with their

mother or father or alternately. Drinking is more common among parents and adolescents. Smoking among adolescents is common but has decreased slightly during recent years. (6)

Health and wellbeing of pupils on fifth grade have studied by Salonen Päivi et al in the City of Turku in 2002 (7). According to results 17% had long-term disease and 10 % had regular medication. Every fifth pupil had overweight and almost 40% of pupils had headache sometimes, 8 % of those daily. Parents were smoking in 40 % of families in this study, mostly outdoors. According to this study 40 % of pupils were in need of some action. (7)

Adolescents begin sexual intercourse younger than before. The nurses and school doctors have to give more contraceptive advice in schools. In Finland teenage pregnancies are rare but for an individual it can be lifelong trauma. Cases of Chlamydia and sexual transmitted diseases are increasing.

One of the health problems in western countries and also in Finland is obesity of adults as well as children. As we know this is a great risk for diabetes, heart disease etc. in the future. At same time anorexia and other eating disorders are increasing.

In conclusion:

The situation and resources in the school health services in Finland have become better in early 2000's. The recommendations have helped to focus resources into school healthcare but at the same time the challenges in society have increased. The most important challenges are obesity, mental problems, the use of alcohol and other substances. Challenges in work life don't help parents care for their children in the best possible way. School health personnel have their own part in helping children, families and the whole society. School health care is occupational health care of pupils' and it is covering the whole pupil population. It gives good possibilities for prevention and screening of developmental, social or growth problems and all kind of diseases. The school nurses and school doctors have possibilities to be supporting adults for adolescents, even provide sometimes missing parenthood.

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