Collaborative interventions between Primary Health Care and Social Services of Breidholt for the children and teenagers of Breidholt Reykjavik
Iceland and Norway

**Iceland:**
- 103,000 km²
- 335,000 inhabitants
- ≈ 44,000 students (6-16 years)
- ≈ 170 primary schools
- ≈ 120 school nurses.

**Norway:**
- 385,000 km²
- 5,200,000 inhabitants
- ≈ 600,000 students (6-16 years)
- ≈ ?? primary schools
- ≈ ?? School nurses
Statistical information about Breidholt

- 125,630 residents live in Reykjavík. 21,340 residents live in Breidholt or approx. 17%
- 1,600 children 0-5 yrs. 2,340 school age 6-16
- 12 preschools and 5 (elementary/middleschools).
- 16 % of Breidholts population are foreign born immigrants with Icelandic as second language.
- 2 elementary schools with up to 50-70% of children with Icelandic as second language.
Student support and welfare counsel

• In each elementary school are weekly student welfare counsel meetings.
• Icelandic law mandates that counsels be active in all schools and follow set regulations and policies.
• art.5. states „Student support and welfare counsels review resources concerning individual students once they receive a written application. The council assesses what additional information is needed and communicates with supervisors and guardians as well as other persons related to the student’s case if necessary."
Student support and Welfare counsel

- School Psychologist
- Educational consultant
- Educational counselor
- Social worker (Since 2015)
- School Principles
- Student support and Welfare counsel
- School Nurse
- Department heads/coordinator
Breidholts Community Service Center

- Social Counseling
  - Social workers
  - Social educators
  - Developmental educators
  - Associate certified coach (ACC)

School support
- Psychologists
- Educational counselor
- Social workers (from 2015)
Social work within the school team—since 2015

• Response to the need for further collaboration between teams
• Easier access to social services within the school team
• Better link between staff of elementary school/ preschool and social worker in the neighborhood.
• Division of work within social welfare. More than one consultant with each family.
• More expertise on issues concerning children and adolescents.
The role of the social worker in the school team

Seat on the Student support and welfare counsel
Crisis management team meetings - reserved times weekly
  - Attendance trouble
  - Violence
  - Substance abuse
Team meetings
Individual counseling
Central meetings
  - The police
  - Community centers
  - Child protective Services
Education to parents
Advice to other employees within the school team
Other incidental tasks
Means of access

Appointment request
Referrals
Crisis management
Success

- Social worker at weekly SSWC meeting in elementary school and regular meetings in preschools.
- Bridge between social counselors and school teams
- More conversations between professionals within and outside agencies in the community.
- Generally everyone is pleased with the changes.
Primary Health Care of the Capital Area-school health care innovations

Nordic 0-24 project Seminar
9. and 10. november 2017
Hrafnhildur R. Halldórsdóttir
Regional Manager Mjodd Health Care Clinic
Primary Health Care Clinics in Iceland

60% of the population

17

6

10

5

8
Primary health care clinic in Iceland

Organized by nurses or midwives
- Maternal care
- Young child care
- School health care
- Elderly care

Organized by Physician or psychologist
- Health care clinic
- Diagnosis and treatment
School health care
Why school health care?

We emphasise the strong existence:

To be able to be in contact with:
all children at school age (and their parents)
in their own environment and take care of,
for instance: consultation, health promotion and healthcare
The role of school health care

To strengthen the schoolchild's health and contribute to their wellbeing.

The structure of school health care in Iceland:
- Mainly nurses
- Nurses from the next Primary health care centre
- 650 students/per 100% nurse, 40h/week in schools
- School nurses have a seat on the student support and welfare counsel.
Structure of guidelines

Ministry of Health

Division of development
(Primary health care at the capital area, 17 health care clinics)

Directorate of health

Guidelines and material for every health care clinic in Iceland

Feedback from Ískrá, electronic database
Ískrá – Our electronic database

Class overview

<table>
<thead>
<tr>
<th>#</th>
<th>Naðr</th>
<th>Athugasemdir</th>
<th>Likamsmat</th>
<th>Ætla</th>
<th>Lifstilsmat</th>
<th>Heðaþyngd</th>
<th>LPS</th>
<th>Sjón</th>
<th>Heyrn</th>
<th>Lits...</th>
<th>Lyf</th>
<th>Ökl</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>35 29.08.2006 X 26.08.2010 ... 29.11.2010 18.8</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>31 10.02.2011 X 09.02.2011 ... 26.07.2011 29.1</td>
<td>ASK</td>
<td>E</td>
<td>E</td>
<td>X</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>1 28.09.2010 X 28.09.2010 ... 02.11.2008 0.0</td>
<td>E</td>
<td>A</td>
<td>A</td>
<td>X</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>30 08.11.2006 X 18.09.2006 28.09.2010 24.02.2011 35.3</td>
<td>A+SK</td>
<td>E</td>
<td>E</td>
<td>X</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>1 26.08.2009 X 12.09.2011 ... 24.02.2011 19.3</td>
<td>ESK</td>
<td>E</td>
<td>A</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>1 ... X 04.02.2011 ... 24.02.2011 30.8</td>
<td>A</td>
<td>E</td>
<td>E</td>
<td>X</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>1 ... X 12.03.2011 ... 14.10.2010 26.4</td>
<td>A</td>
<td>E</td>
<td>E</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>0 ... X ... ... 24.02.2011 33.3</td>
<td>ASK</td>
<td>E</td>
<td>X</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>br fiskur</td>
<td>0 ... X ... ... 14.10.2010 24.5</td>
<td>ASK</td>
<td>ASK</td>
<td>E</td>
<td>X</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Data collection from Ískrá

First degree prevention
- Vaccination
- Health education
- Health interviews

Second degree prevention
- Screenings
- Visits – accidents

Third degree prevention
- Chronic health problems

<table>
<thead>
<tr>
<th>Hæð og þyngd</th>
<th>Samtals allir skólar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fjöldi barna mæld</td>
<td>Hlutfall %</td>
</tr>
<tr>
<td>Vöxtur 1. bekkur</td>
<td>2.692</td>
</tr>
<tr>
<td>Vöxtur 4. bekkur</td>
<td>2.449</td>
</tr>
<tr>
<td>Vöxtur 7. bekkur</td>
<td>2.513</td>
</tr>
<tr>
<td>Vöxtur 9. bekkur</td>
<td>2.512</td>
</tr>
<tr>
<td>Vöxtur í öðrum bekkjum</td>
<td>1.015</td>
</tr>
<tr>
<td>Samtals</td>
<td><strong>11.181</strong></td>
</tr>
</tbody>
</table>

Process information

Outcom information

<table>
<thead>
<tr>
<th>Þróun ofþyngdar og offitu skólabarna frá 2003-2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>25.0</td>
</tr>
</tbody>
</table>
How we see the division of the school nurses job:

- Health promotion: 40%
- Individual service: 40%
- Vaccination and screenings: 20%
There is a shift in School health services (SHS) from a medical paradigm, based on clinical screenings and infection control, to a social paradigm, with the health promotion at the heart of the service.
Objects/goals in school health care

First degree prevention:
- Strengthen the children’s lifestyle skills by organized health education and individualized health interviews. 6H
- Minimize communicable diseases by vaccination.
- Promote children’s welfare by collaborate with the principals and teachers,

Second degree prevention:
- Find children having impaired vision, hearing or weight problems and refer them to further health care services.
- Offer health care service, where the child has open access to the nurse.

Third degree prevention:
- Make sure that chronically ill and disabled children receive the appropriate environment and care at the school. By effective teamwork with parents, teachers other school staff and professional members of the community.
Health interviews

• Semistructured motivational interviews
• Individual interviews
• Performed in 1., 4., 7. and 9. grade
• Anxiety screening interviews when needed from 2016

• Goals:
  – To motivate the child to improve its lifestyle behavior.
  – To analyse similar health problems and react with health education or other activities.
  – To empower nurses to screen for anxiety
Semistructured questions:

- Did you eat breakfast this morning?
- Did you take codfish oil this morning?
- How many fruits and vegetables did you eat yesterday?
- How did you arrive to school this morning?
- Do you practise any sports?
- How often do you brush your teeth?
- Are you often tired in the day?
- When did you go to sleep last night?
- How do you feel in the school?
- Do you have a good friend that you can trust?
- How self satisfied are you?
- How would you describe your health?
- Do you worry about something?
- Can any of your actions harm your health?
- Do you often get headache or stomach pain?
- Would you like to ask me about something?
Examples from the lifestyle- and wellbeing interview

Did you eat breakfast this morning?

How would you describe your health?

- Mjög góð
- Góð
- Sæmileg
- Léleg

- 1. bekkur
- 4. bekkur
- 7. bekku
- 9. bekkur

- Já
- Nei

- Mjög góð
- Góð
- Sæmileg
- Léleg

- 1. bekkur
- 4. bekkur
- 7. bekku
- 9. bekkur

- 1. bekkur
- 4. bekkur
- 7. bekku
- 9. bekkur
Examples from the lifestyle- and wellbeing interview

**How self satisfied are you?**

- Mjög sáttur: 62%
- Sáttur: 38%
- Nokkuð sáttur: 10%
- Ósáttur: 2%
- Mjög ósáttur: 0%

**How did you come to school this morning?**

- Gangandi eða hjólandi: 54%
- Í bíl: 46%

Note: The percentages are approximate due to the nature of the chart.
We believe the main ingredient to better children's health lies with…

Collaborative teamwork between Primary health Care, Community service centers, schools and parents…everyone rowing in the same direction.
Smoking in 10. grade - ESPAD

Ratio of daily (blue) and weekly (red) smoking

Ratio of how they think one pack/day (red) or occasionally (blue) smoking is harmful
Alcohol in 10. grade - ESPAD

Ratio of alcohol use among 15-16 years old children

Ever drunk in your life?
Drunk last 30 days?
Drunk x5 or more last 30 days?
EPSAD 8 variables under average 2015

- Cigarette use past 30 days: 6% (Iceland), 21% (Average)
- Alcohol use past 30 days: 9% (Iceland), 35% (Average)
- Heavy episodic drinking past 30 days: 48% (Iceland), 16% (Average)
- Lifetime use of cannabis: 7% (Iceland), 5% (Average)
- Lifetime use of illicit drugs other than cannabis: 3% (Iceland), 5% (Average)
- Lifetime use of tranquillisers without prescription: 5% (Iceland), 6% (Average)
- Lifetime use of inhalants: 3% (Iceland), 7% (Average)
- Lifetime use of NPS: 3% (Iceland), 4% (Average)
SUBSTANCE USE IN ICELAND AMONGST 15-16 YEAR OLD

Drunk last 30 days
- 42
- 32
- 26
- 26
- 25

Daily smoking
- 23
- 16
- 14
- 12
- 12

Cannabis once or more
- 17
- 12
- 9
- 9
- 7

Graph shows the decrease in substance use among 15-16 year olds in Iceland from 1998 to 2015.
Takk fyrir okkur