

Prepared for integrating of Adolescent Health and Development Domains into pre-service nursing curriculum at The Hong Kong Polytechnic University, World Health Organization Collaborative Centre for Community Health Services. Supported by WHO, Western Pacific Regional Office

Module 10 School Health

I. Introduction

Health promotion and the enhancement of health for many people are closely tied to the types of care that they need and the quality of life that they want to experience. The work of nurses and other health care professionals will have to become increasingly responsive to these needs. The community or much smaller units such as schools and work places are the appropriate places for the care of adolescents and young adults.

II. Learning Objectives

Upon completion of this module, learners will be able to:

1. Define health promotion and health education.
2. Discuss how preventive activities should and can be developed, considering national or regional adolescent health policy in the local context.
3. Recognize the theoretical frameworks of preventive activities and various settings in which health promotion and health education for adolescents and young adults can efficiently and effectively be conducted.
4. Recognize and provide initial management of common mental illnesses.
5. Develop a plan to deliver a health promotion/education programme to young people or their parents.

Sources:

1. World Health Organization. (2009). World Health Organization: Adolescent Job Aid. World Health Organization.
2. World Health Organization. Orientation Program on Adolescent Health for Health-care Providers. Facilitator Guide - New Modules. World Health Organization.
3. World Health Organization. Orientation Program on Adolescent Health for Health-care Providers. Handout - New Modules. World Health Organization.

III. Content

Upon completion of this module, learners will be able to:

- [Define health promotion and health education.](#)
- [Discuss how preventive activities should and can be developed, considering national or regional adolescent health policy in the local context.](#)
- [Recognize the theoretical frameworks of preventive activities and various settings in which health promotion and health education for adolescents and young adults can efficiently and effectively be conducted.](#)
- [Recognize and provide initial management of common mental illnesses.](#)
- [Develop a plan to deliver a health promotion/education programme to young people or their parents.](#)

Objective 1: Define health promotion and health education

Health

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 1946).

Health

The World Health Organization (WHO) (1984) defines health promotion as “the process of enabling people to increase control over and to improve their health”.

To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and realize aspirations, to satisfy needs, and to change or cope with the environment. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to well-being.

Health promotion means to:

1. give people appropriate information to make choices
2. enable people to examine the choices they make
3. help people develop skills to analyse and recognize alternative choices which are open to them

Health Education

Health education is a very important, but not the only, part of health promotion. Effective education about health is important. Adolescents and young adults need to know how their bodies work, and how best to look after them. [More](#)

Implications for health promotion for adolescents and young adults:

Biological	Concerns about physical development – instruction about health-related topics, sex safety
Cognitive	Younger adults? Require a more concrete approach, while older adults benefit from a more abstract, symbolic approach. Training in decision making, and learning to consider alternatives helps young people to reflect on risk behaviours
Self and identity	Young people need help to feel competent, to have a sense of self-esteem and self-worth. They learn to express their personal views and keep their minds open to alternatives. Adult mentors should promote identity development through guidance and support, serving as role models
Autonomy	Young people need to learn to exercise autonomy while minimizing the risks of negative consequences
Family	Parents act as key players by setting standards for behaviour, instilling values and providing emotional support. When good relationships with parents are not possible, links with other adults for support and monitoring are important
Peers	Peer relationships are important – loneliness and peer rejection should be targeted for intervention. Social skills training are needed. Peer influences on risk behaviours should be confronted, and good influences encouraged

Objective 2: Discuss how preventive activities should and can be developed, considering national or regional adolescent health policy in the local context

Activities

Activity 10.1: Group discussions

You are a health service finance officer, a senior social worker, a nurse working in an adolescent health centre, a local adolescent service user or a parent of an adolescent.

- a) Choose any one of these roles and describe what contribution you would make to a policy group planning to set up an adolescent health centre.
- b) Discuss together as a multi-disciplinary team how you will initially set up the centre and get it working.

Strategies and policy development

A strategy can be visualized as a plan or map that gives an overarching rationale and direction. All sorts of approaches may be possible within the overarching strategy, so long as they are compatible with the overall aims of the plan. Carefully thought-out policies are then needed to make the strategy happen, or to make it operational. The sort of policies required to develop the strategy and put it into operation will need to be at a number of different levels. These levels will include central government, regional areas, local government and health agencies, and organizations and groups. There is a need to identify relevant information by collecting data both about the individual lifestyles and about groups and populations, and there will be a need to give out information to all concerned. Policy development and the implementation of strategies can be very complex processes.

Stages of policy development:

1. Initiation
2. Adoption
3. Implementation
4. Evaluation
5. Reformulation

Essential elements in crafting policies for adolescents

1. A comprehensive approach that recognizes that specific adolescent health problems are interrelated and that mental health is very possibly an important contributor to overall adolescent health status.

2. An integrated approach that recognizes that merely providing information and teaching skills is not sufficient for healthy development. Adolescents, like all of us, must have the motivation to use information, skills, and services on their own behalf. But even with all of these components, the networks of support from families, peers, and caring adults are essential. These networks are facilitated and enhanced by social policies that increase economic opportunities for youth and their families and by policies that provide them with safe neighbourhoods and decent housing, education, food, and health care.
3. The essential partnership of pivotal socializing institutions in the lives of adolescents and the powerful influences of these combined institutions—families, schools, media, and peers—on the course of optimal development.
4. The preparation of all those who are in contact with adolescents—educators, health professionals, and youth workers—to be knowledgeable about and responsive to the developmental needs of adolescents.
5. Community-generated and community-based programmes that take into account the diversity of local conditions and of adolescent populations. (Takanishi, 1993)

International programmes and policy

The goals of health care research are primarily those of preventive programmes and are based on reducing risk factors such as smoking and obesity by a combination of approaches including health education and often use of the mass media. Issues such as whether risk factors themselves should be the major focus or whether more general factors affecting both lifestyle and environment should provide the concentration for health-promoting policies are often strongly debated.

The Ottawa 'Charter for Action' was issued as a clear attempt to make health promotion operational and to give it a much firmer and more realistic base. It was firmly based on principles of equity and social justice and on achieving 'Health for All' by the year 2000. The five major elements were highlighted as the guidance for the development of strategies for action:

- building healthy public policy
- creating supportive environments
- enhancing community health action
- developing personal health skills
- re-orienting health services to new health promoting functions

Adopt from the WHO (2009). WHO Adolescent Job Aid. WHO. (pp. 9-10)

7. Dealing with laws and policies that affect your work with your adolescent clients/patients

What you should be aware of and do:

1. Ensure that you are fully aware of the national and local laws and policies.
2. Where appropriate, help your adolescent patients and their parents become aware of them.
3. As a health worker, just like all other citizens of your country, you have the responsibility to respect these laws and policies. As a health

worker, you have an ethical obligation to act in the best interests of your adolescent patients. In your work with adolescents, you may find that in some situations, prevailing laws and policies may not permit you to do what is in the best interests of your adolescent patient (e.g. in some places, the provision of contraceptives to unmarried adolescents is illegal). In such situations, you may need to draw upon your experience and the support of caring and knowledgeable people to find the best way to balance your legal obligations with your ethical obligations.



Health Education Programmes

Modern school health education should include training in health promotion skills. This means acquiring the knowledge and skills for working with people to promote health in many different situations with a variety of different aims. It should be emphasized that the classroom teacher is the key to creating learning opportunities within and beyond the classroom, and to building children's future capacities to grow, be productive, and accept lifelong responsibility for their health and social behaviour. Therefore, schools should be considered as a health promoting setting.

The comprehensive school health education programme can only be successful in promoting school health if partners beyond the health sector, such as education and social services, are actively involved. It is a multi-disciplinary approach. Health education is taught as part of general knowledge in primary schools. In secondary schools, health education is taught cross-curriculum. The extent of health education and health promotion activities as an informal curriculum varies considerably among schools, depending on the priority of the individual school.

School health promotion is a dynamic process requiring continuous monitoring and assessment, and therefore a more comprehensive Healthy Schools Programme is urgently needed to tackle the abovementioned problems.

Objective 3: Recognize the theoretical frameworks of preventive activities and various settings in which health promotion and health education for adolescents and young adults can efficiently and effectively be conducted.

Activities

Activity 10.2: Group Project

Develop a plan for a school health programme or a parenting class. Please identify your target group and the topic area of the plan.

Preventive model

Preventive health may be described as improving public health not only by increasing life expectancy, but also through improving quality of life by minimizing the effects of illness and disability, promoting healthy lifestyles and improving social and physical environments. It operates at three levels:

1. Primary
2. Secondary
3. Tertiary

Primary prevention

Primary prevention means averting the onset of a disease or condition. For instance, immunization is used to prevent children from developing many diseases, including measles, mumps, rubella, tetanus and TB. Primary health education also involves genetic counselling, perhaps for a couple whose future baby might be at risk of developing a genetic disorder such as sickle cell anemia or Down's syndrome. In the realm of mental health, support may be suggested from appropriate local self-help groups or voluntary groups, advice centres or social services for people considered vulnerable to becoming depressed.

Examples of educative efforts directed towards primary prevention also include:

- weight control to prevent the onset of diabetes
- nutrition education to help maintain normal blood pressure
- smoking cessation programmes to help prevent lung cancer and cardiovascular disease
- education concerning the danger of overexposure to sunlight as a risk factor for malignant melanoma

Secondary prevention

In secondary prevention the emphasis is upon halting or reversing the development of a disease or disorder through early diagnosis and effective treatment. It involves the identification of conditions in susceptible people before they themselves are aware of the problem. Screening programmes such as regular assessments of child development and screening for testicular cancer and breast cancer are the examples

Tertiary prevention

The function of tertiary prevention is to prevent complications where disease already exists, promotion rehabilitation and prevention relapse so that the best possible level of health might be achieved. Health education and counselling in the tertiary stage can help patients and their carers, relatives and friends to adjust to terminal illness, with the goal of keeping the patient as comfortable as possible.

Education for Health

Health education is concerned with health as a quality of life. It is associated with five main components (Pike & Forster, 1995)

1. Social health - the ability to interact well with people and the environment; having satisfying interpersonal relationships.
2. Mental health - the ability to learn; one's intellectual capabilities.
3. Emotional health - the ability to control emotions so that one feels comfortable expressing them when appropriate and does express emotions when it is inappropriate to do so.
4. Spiritual health – a belief in some unifying force; for some that will be nature, for others it will be scientific laws, and for others it will be a godlike force.
5. Physical health - the ability to perform daily tasks without undue fatigue; biological integrity of the individual (Greenberg, 1992).

Objective 4: Develop a plan to deliver a health promotion / education programme to young people or their parents

School Health Project Plan on Promoting Healthy Adolescence

Project topic:

Target group:

Geographic boundary:

Community contact person:

Project venue:

Project date & time:

Aim(s):

Objectives:

Project Content:

Participation / Involvement:

Strategies / Activities:

Ethic considerations:

Project evaluation:

The process of planning a health education programme

The steps involved in developing a plan for health education activities: assess, plan, implement and evaluate, are similar to those of the nursing process. Both are circular, with ongoing assessment and evaluation constantly redirecting the planning and teaching (Pike & Forster, 1995).

Assessing needs

The decision to carry out some form of health education is based on identification of a need to do so. A need may be identified for people. Planning to meet an educational need would require the health professional to be an educator, motivator and supporter, helping clients to undertake good self-care (Pike & Forster, 1995).

Planning

Having identified needs, the key to the success of any health teaching activity is effective planning and preparation. To begin with, overall aims should be established. Aims are general statements which indicate the overall purpose of an individual session, course or programme. They are usually expressed in general terms, for example:

Educative efforts directed towards primary prevention include the following aims:

- To improve understanding, general skills or physical coordination
- To modify attitudes, beliefs or standards
- To impart information, knowledge or ideas
- To stimulate action
- To encourage changes in behaviour (Daines et al., 1992)

Clients, patients or groups should be involved as much as possible in deciding upon aims. Participants can then identify their own health and well-being needs.

Aims can be further broken down into specific objectives. An objective describes an intended result of health teaching rather than the processes of teaching and learning. Objectives should be realistic, achievable and able to be measured and evaluated.

When deciding how to facilitate learning, the health educator should choose methods and materials appropriate for achieving the selected aims and objectives. A session plan is needed, which contains:

- The date and time of the session
- Venue and room
- Type of group and what they already know
- Number in group; seating plan
- Topic
- Aims and objectives
- Learning resources (e.g. overhead projector)
- Arrangement of environment
- Session timing, content and methods
- Evaluation (Pike & Forster, 1995)

Implementation

Talks, lectures and presentations

Talks and lectures are an efficient way of presenting health-related information and ideas within a specific period of time, to a number of people. The audience should be challenged to choose, judge and manipulate ideas rather than just listen passively, so that they may be actively involved in the learning process. Careful preparation is required so that clarity and interest are maintained in both the material and its presentation.

A straightforward, logical approach may be based on:

- An opening
- A set of key points
- A summary

Participative activities should be built into the presentation using well-prepared learning resources and visual aids. A common mistake is to attempt too much. Teaching more does not mean that people learn more, rather that they forget more (Pike & Forster, 1995).

Demonstration

People learn best from a combination of seeing, hearing and doing. When teaching someone to perform a skill, the activity should be broken down into basic steps or movements, and as each step is carried out the demonstration should clearly explain the actions.

The stages include:

1. State the activity involved and its purpose or outcomes
2. Arouse and maintain the learners' interest
3. Reveal the main steps of the activity and identify likely problem areas
4. Inspire confidence in learners so that they themselves will be willing to try
5. Enable learners to undertake individual practice afterwards and receive feedback about their performance (Daines et al., 1992).

It is necessary to check that people understand each stage of the activity and how it fits into the whole demonstration. Finally, a discussion, which encourages people to try for themselves, leads into individual practice, support and supervision (Pike & Forster, 1995).

Learning in groups

Being part of a group satisfies people's need for feeling safe and favourably regarded, and for giving and receiving attention. Attitudes may be reconsidered and modified in a supportive atmosphere and new skills can be developed and practised. More varied and stimulating ideas can be produced in a group than by individuals working alone. Teaching plans should provide opportunities for group members to learn and develop through their interaction with each other.

To facilitate a free flow of ideas, chairs should be arranged in an informal way, like a close U-shape or circle with gaps. Everyone should be able to see everyone else in the group easily and be able to converse with them without having to change position. Materials on aspects of health such as videos, leaflets and slides may be used to stimulate group discussion. The group size should be limited to six to eight people for effective interaction to take place in learning activities, like buzz groups, role play and brainstorming (Pike & Forster, 1995).

Evaluation

Any health education intervention needs to be evaluated so that its effect on participants may be determined. Evaluation is part of the ongoing learning and teaching process, not just the final point, and it should involve learners and facilitator alike. It also makes it possible to modify aims and objectives to meet participants' needs more effectively, while providing justification for the programme to be continued or repeated. Outcome evaluation is a measure of whether objectives have been met at the end of the learning process, by the use of questionnaires for example, or by observing changes in knowledge, skills and attitudes or behavioural changes.

Evaluation of health education interventions helps to determine how well the objectives have been achieved, and the goal of health education research is to identify the most efficient, cost-effective and feasible way of achieving these objectives (Pike & Forster, 1995).

IV. Summary

Adolescence is a time of major cognitive development and mastery of cognitive and physical skills, and it is also an important time for the continuing development of self-esteem. Self-esteem is a key feature of a fulfilling life and has an enormous influence on mental health. A mood disorder can devastate an adolescent's self-esteem, emotional, social and cognitive development. Primary care health professionals are increasingly the primary source of care for adolescents with mild to moderate depressive symptoms. Even after referring an adolescent with mood symptoms for mental health assessment and treatment, primary care health professionals need to collaborate with mental health professionals in supporting the adolescent and family. Interventions should be focused on the key areas of self, family, school and friends.

V. References

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