

GENERAL INFORMATION	
Title	Student health service
Key words	General health, Mental health, Oral health, Health promotion
Objectives	(1) Provide general, mental and oral health care services for students, (2) Promote student health to get students to assume responsibility for their own health (e.g., healthy lifestyles and physical exercise, relationships with other people).
Phase of studies <i>(Choose all phases it applies)</i>	Access - Retain <input checked="" type="checkbox"/> Graduation <input checked="" type="checkbox"/> Transition to work-life -
Type of degree <i>(Choose all degrees it applies)</i>	Bachelor's <input checked="" type="checkbox"/> Graduate <input checked="" type="checkbox"/> Master's <input checked="" type="checkbox"/>
Level <i>(Choose all levels it applies)</i>	International National <input checked="" type="checkbox"/> Institutional <input checked="" type="checkbox"/> Faculty <input checked="" type="checkbox"/> Group Individual <input checked="" type="checkbox"/>
Name of the institution	Finnish Student Health Service, Unit of Jyväskylä
Location <i>(City and country)</i>	Jyväskylä, Finland
Target group/s	University students (excluding doctoral students)
Stakeholders involved	<p>Finnish Student Health Service in Jyväskylä (units also in different Finnish university cities)</p> <ul style="list-style-type: none"> • Mental health professionals (psychiatrists, psychologists) • General health professionals (doctors, nurses, counsellors, physiotherapist) • Oral health professionals (doctors, nurses) <p>University Sport Goodie wellbeing advisors (University faculties)</p>

	<p>Health working group (Student Health Service, University sport, Pastoral care, student members...) Student association University students (around 12 000)</p>
<p>Description of the organisational process <i>Actors, triggering evidence, campaigns, graph... (max. 300 words)</i></p>	<p>During the first year of university studies, students (incl. also exchange students) fill out an online health survey. It consists of a wide range of questions (e.g., life management, sleep, mood, oral healthcare, exercise, use of alcohol or narcotics, relationships). Based on survey results, respondents with possible health problems are offered an appointment with Student Health Service. Also other students are given an opportunity to get an appointment, if they wish so. Survey results are also used to support decision making. As an emerging practice, results are also being analysed faculty by faculty so as to provide guidance to faculties based on somewhat differing needs of their student groups. During their years of studies, students use services both for every day matters (contraception, allergies) and for more several problems. Also specific group activities (peer support) are organized. Students are growingly directed towards nurses, who direct students to doctors, if needed. There is two-directional collaboration between Student Health Service and faculties' Goodie wellbeing advisors who meet students direct them to health professionals or health professionals meeting students direct them to wellbeing advisors. Meetings are also held between health professionals and these advisors. There is also a health working group (Student Health Service, University sport, Pastoral care, student members...) meeting around different health themes. It designs, for example, theme days or weeks such as wellbeing weeks. Student Health Service collaborates with city's other student health service providers (e.g., services for polytechnics, vocational schools). Also health inspections are made at the university facilities together with health inspectors but also student members participate in the analysis. Approximately half of the student fees (around 54 euros per academic year) are directed to Student Health Service. Based on this fee, most of the services are free of charge. Only a visit to a specialist costs around 24 euros per visit.</p>

A. FORMAL EVALUATION CRITERIA

<p>A1. ACCESS TO INFORMATION <i>Provide sources of information (URL, websites, literature, materials)</i></p>	<p>http://www.yths.fi/en</p>
<p>A2. TIMEFRAME <i>Since when has it been in use? What is its maturity level (initial, intermediate, advanced)? Describe if there is evidence of its duration in the long run. (max. 70 words)</i></p>	<p>Finnish Student Health Service has been functioning for 60 years. In recent decades, its services have become diverse. Also more attention is given to prevention and health instead of focusing on illnesses. More responsibility is given to nurses. Students are encouraged to take responsibility of their own health and wellbeing. Digital tools are growingly used: students can manage their own appointments digitally, there is remote testing for sexually transmitting diseases and some appointments can also be done on distance.</p>

<p>A3. NUMBER OF STUDENTS <i>How many students are involved? Is the number representative considering the target group?</i></p>	<p>All around 12 00 university students (not including doctoral students) are under these services. Some students may choose to use other services, for example, in the case they have private insurances but generally services are used by all students needing them. General health services are used for various purposes: flu, contraception, vaccination, counselling for travelling, etc. Oral health services are particularly used – after university years this is know to be much more expensive. Mental health services are used by the small percentage of students but this number appears to have increased in recent years.</p>
<p>A4. SCALABILITY (“volume”) <i>Describe how it has been or can potentially be scaled up and practiced in a wider scale. Or, has it been or can it potentially be scaled down (e.g., from larger to smaller institutions)? (max. 70 words)</i></p>	<p>There has been discussion of extending Student Health Service to cover Polytechnics. Scaling up services could be possible but would require changes in the administration, employee structure, working spaces, and naturally, more human and economic resources.</p>
<p>A5. TRANSFERABILITY (from one context to another) <i>Describe how it has been or can potentially be transferred and applied to different (a) target groups, (b) institutions, and (c) societies. If possible, name also some practices that this initiative was developed from or has inspired to. (max. 70 words)</i></p>	<p>Transfer to similar high education institutions such as polytechnics is seen as relatively easy (see A4). When considering transfer to other societies, some issues should be considered. For example, it is important to assure that the nurses are highly educated, as they are given lots of responsibility. Divisions in work and hierarchies between doctors and nurses may also obstruct this working model. The work is based on collaboration and trust between different professionals. There is a need to view health holistically from various perspectives. In some societies, doctors are very specialized in one area, general health care perspective may be more difficult to obtain. In some cultures focus on prevention instead of curing may also be challenging. And finally, society’s economical structure may differ from Finland (KELA, the Finnish Centre for Pensions is a mayor funder of these services).</p>
<p>A6. ASSESSMENT <i>Describe how it has been evaluated. How has it proved its relevance as the most effective way to achieve the objective? How it was successfully adopted? How it has had a positive impact on people? How the impact has been measured? Shortly describe how various forms of evaluations have been used in the assessment (A6.1 User evaluation, A6.2 Self-evaluation, A6.3 Peer evaluation, A6.4 External expert evaluation). Provide references, if possible. (max. 200 words)</i></p>	<p>Student Health Service is evaluated by many ways: There is a satisfaction survey for service users, feedback can be provided online, there is an electronic emoji-quick response tool to express satisfaction. Feedback is collected and analysed systematically with the aid of a program gathering the data. Feedback is analysed and discussed once a month. It is assured that the professionals receive feedback concerning their own work. In addition to this, students in the Student Health Service board have organized surveys for students such as The Finnish Student Health Survey (http://www.yths.fi/en/health_information_and_research/research_and_publications/the_finnish_student_health_survey)</p>
<p>A7. CONTACT</p>	<p>Mirka Rönkkö Doctor in charge mirka.ronkko@yths.fi</p>

<p>Who can be contacted so as to seek support and networks for implementing the practice (name, position, e-mail)?</p>					
B. CONTENT EVALUATION CRITERIA					
B1. SOCIAL JUSTICE PRINCIPLES (see Nelson & Creagh, 2013)					
<p>B1.1 Self-determination Rate and Justify (max. 70 words)</p> <p>(how students have participated to its (a) design, (b) enactment and (c) evaluation and how they can (d) make informed decisions about the participation)</p>	<p>Very weakly</p> <input type="checkbox"/>	<p>Weakly</p> <input type="checkbox"/>	<p>Well</p> <input type="checkbox"/>	<p>Very well</p> <input checked="" type="checkbox"/>	
	<p>Students have a very active role in the design, enactment and evaluation of services. For example, student board members actively bring students concerns on the table. Their role in dissemination information to other students is vital. There is also a health information bank providing trustworthy informational and self-help tips.</p>				
<p>B1.2 Rights Rate and Justify (max. 70 words)</p> <p>(how it is assured that all participants are treated with dignity and respect. How have their individual cultural, social and knowledge systems been recognised and valued?)</p>	<p>Very weakly</p> <input type="checkbox"/>	<p>Weakly</p> <input type="checkbox"/>	<p>Well</p> <input type="checkbox"/>	<p>Very well</p> <input checked="" type="checkbox"/>	
	<p>As one example, information is provided also in English and services are extended to foreign students as well. Training is also provided to professionals so as to be able to respect individual's fundamental rights. There seems not to be stigma, for example, in relation to mental health problems. Students appear to approach these services relatively easily to search for help.</p>				
<p>B1.3 Access Rate and Justify (max. 70 words)</p> <p>(how it is assured that there is an active and impartial access to the resources (e.g., curriculum, learning, academic, social, cultural, support, and financial resources)</p>	<p>Very weakly</p> <input type="checkbox"/>	<p>Weakly</p> <input type="checkbox"/>	<p>Well</p> <input type="checkbox"/>	<p>Very well</p> <input checked="" type="checkbox"/>	
	<p>Information on services are provided particularly for new students (info sessions in Finnish and in English). Information is also available on the webpage and Facebook. Information is also spread in collaboration with the Student association and tutors. There is a service system, which assures that all phone calls will be attended during the same day. Facilities are accessible for student with physical challenges. Technological tools (e.g., text phone) are used to communicate with students with hearing or visual challenges. This communication is also sometimes facilitated by interpreters. Services are also economically accessible.</p>				
<p>B1.4 Equity</p>	<p>Very weakly</p> <input type="checkbox"/>	<p>Weakly</p> <input type="checkbox"/>	<p>Well</p> <input type="checkbox"/>	<p>Very well</p> <input checked="" type="checkbox"/>	

<p><i>Rate and Justify (max. 70 words)</i></p> <p><i>(how if it openly demystifies and decodes dominant university cultures, processes, expectations and language for differently prepared cohorts)</i></p>	<p>Questions regarding rights and equity are dealt in training for professionals. For example, there was a training considering people with transgender. Personnel and services are open to the diversity of clients.</p>			
<p>B1.5 Participation</p> <p><i>Rate and Justify (max. 70 words)</i></p> <p><i>(how it has led to socially inclusive practices. How does it increase students' sense of belonging and connectedness?)</i></p>	<p><i>Very weakly</i></p> <input type="checkbox"/>	<p><i>Weakly</i></p> <input type="checkbox"/>	<p><i>Well</i></p> <input type="checkbox"/>	<p><i>Very well</i></p> <input checked="" type="checkbox"/>
<p>B2. COLLABORATION</p> <p><i>Describe what kind of collaboration there is between various stakeholders. (max. 70 words)</i></p>	<p>One part of services are group activities providing peer support. There are message groups, conversational groups, online groups, weight control support groups, group for mental and physical health, relaxation group activities, a group for students having eating disorders. Together with other possibilities to participate, these groups can increase students' sense of belonging and connectedness.</p> <p>Collaboration between various stakeholders is in the core of the service. In addition to collaboration on a local level, Student Health Service units in each city collaborate. There are shared trainings and meetings. Work is coordinated by the central administration, the objective is to have the same quality and similar ways of working in each Student Health Service unit. Students can also use services from other city, if there is no such a service available in hometown. There are also plans to make Student Health Service Units more unified – for example, by means of centralized phone services. Student Health Service also collaborate with different associations (e.g., for students and disabled, see Inclusive Higher Education (ESOK) project 2006-2011)In addition to national level, there are also some international collaborations, for example, in forms of conferences (mainly between Nordic countries or in Northern Europe).</p>			
<p>B3. STUDENT SATISFACTION</p> <p><i>Describe the student perception of this initiative. Is there evidence of their satisfaction? (see also A6.1) (max. 200 words)</i></p>	<p>Based on the feedback received, student perceive that the health care professionals are friendly, empathetic and highly professional. Approximately 70 % of respondents would recommend these services to others. Services and care is generally perceived positively. Also group activities have received positive feedback. Negative feedback is most commonly related to long waiting time. Positive and negative aspects seem to be similar in all units through the country.</p>			
<p>B4. STUDENT WELLBEING</p> <p><i>How does it influence on students' (a) psychological, (b) social, (c) academic, and (d) physical wellbeing? What kind of evidence there is? (max. 200 words)</i></p>	<p>Finnish Student Health Service can be viewed as an important contributor to students' psychological, social, academic and physical wellbeing. For example, students can get help with their anxieties, stress, economical problems, pressure, life skills (sleeping and eating habits), hectic life rhythm and good social life, all fostering overall wellbeing. Efforts are also made to offer alternatives of social life highly connected with heavy drinking (e.g., activities related to sport or speed-dating with the cup of tee during wellbeing weeks). Students are also provided certificates justifying their absence or slower progress in studies due to health problems,</p>			

thus supporting their academic work. (See The Finnish Student Health Survey http://www.yths.fi/en/health_information_and_research/research_and_publications/the_finnish_student_health_survey)

C. FINAL REFLECTIONS

(based on the previous description of your good practice)

<p>Success factors <i>What are the factors required for the successful implementation? (max. 200 words)</i></p>	<p>In addition to factors already discussed such as collaboration between various stakeholders and student involvement and participation, successful implementation requires highly professional staff members. There needs to be readiness to change and constantly develop oneself and the organization, based on changes in the society. One example of changes is the rapid digitalization of societies. To support the lifelong learning and readiness to change, Student Health Service offers as many as 10 days leaves from work per year for educational purposes. Staff is highly encouraged to constantly update their knowhow. (see The Finnish Student Health Survey http://www.yths.fi/en/health_information_and_research/research_and_publications/the_finnish_student_health_survey)</p>
<p>Sustainability <i>What is needed for the practice to sustain? What resources are required? How it contributes to environmental, economic or social sustainability? (max. 200 words)</i></p>	<p>Finnish society is going through structural changes which may affect the autonomy and economical support provided to Student Health Service. Savings may put the quality and quantity of services in danger. Student Health Service model as it is now, requires state support to be sustainable and accessible for all.</p>
<p>Challenges <i>What are the constraints identified? How easy it is to learn and implement? (max. 200 words)</i></p>	<p>Structural changes in Finnish social security and health services may put Student Health Service model into danger. There seems also to be a growing need for services such as mental health services and even support for basic life skills. Student Health Service model as it is known now is a result of 60 years of development supported by the welfare state model. Many things can be learned from it but its implementation in other contexts may require hard long term work. As a one limitation, experts such as neuropsychology for learning difficulties are available only in Helsinki metropolitan area.</p>

Sources

Kunttu, K. 2005. The study ability model. The Finnish Student Health Service (FSHS). (http://www.yths.fi/filebank/692-ENG_OPISKELUKYKYMALLI_pdf.pdf)

Nelson, K & Creagh T. 2013. A Good Practice Guide: Safeguarding Student Learning Engagement. Queensland University of Technology. Brisbane, Australia. (http://safeguardingstudentlearning.net/wp-content/uploads/2012/04/LTU_Good-practice-guide_eBook_20130320.pdf)