

# Exploring the potential of a school-based online health and wellbeing screening tool: An Overview

**Overview Document Creator:** Amy Robinson

**Study Team:** Patricia N Albers, Katie Breheny, Rona Campbell, Katrina d'Apice, Frank de Vocht, Hannah Fairbrother, Clare Mills, Alice Porter, Sarah Tebbett, Nicholas Woodrow.



# Background

## The issue

Looking after our mental and physical health should be a priority for everyone. Despite this, many young people don't ask for help or get the support they need. Health problems can have a big impact on many different areas of young people's lives including school attendance, future health, and even job opportunities.

## A potential solution

To help young people get the right support, the 'Digital Health Contact' (DHC) programme was created to be used in secondary schools across Leicester, Leicestershire and Rutland. Prior to introducing the DHC, students would access the Public Health School Nurse (PHSN) either by self referral, referral from teachers, or by using the ChatHealth text service. The DHC was developed to provide a form of universal contact for secondary school children, whose last universal contact was at the age of two.

The DHC is a new intervention that links health promotion, health screening and understanding the health of the population (known as population health intelligence). Students in Year 7, Year 9, and Year 11 completed an online survey asking them a range of questions about their health and lives. The survey responses are processed automatically. If a child 'red flags' with their answer to a question, a referral alert is sent to a PHSN. The PHSN will contact the student to take steps to help if needed, including offering evidence based advice and support and making referrals to other services. All students completing the survey are provided with general public health advice.

## Our goal

We wanted to evaluate how useful and acceptable the use of the DHC in identifying and providing for unmet health needs from the perspective of a number of different people involved in the DHC. This information could then be used to inform future delivery of the DHC and give useful information for other commissioners and providers of the 0-19 Healthy Child Programme, as it is a tool that could be used in other areas of the country.

## What We Did

We carried out interviews with young people who had participated in the DHC, PHSN, school leaders, providers, and commissioners involved in its delivery to explore their thoughts and experiences of the DHC.

Young people from two schools took part in the research, with one school (29 students) completing the survey at home during the COVID-19 pandemic, and the other school (22 students) completing it in the school setting. We compared the number of PHSN referrals between schools that did and did not take part in the DHC using data from 36 schools, across 3 years.

Using data for 164 pupils from one school, we looked at whether attending a PHSN appointment in Year 9 affected the number of 'red flags' after completing the DHC again in Year 11. We looked at whether pupils who red flag on certain questions are more likely to be offered an appointment.

## Findings

- The DHC was seen as a useful way to identify health need and provide support for young people.
- Young people were overwhelmingly positive about the DHC.
- It was of importance young people had a clear understanding of the way the DHC worked this helped to ensure students were honest in their answers.
- Students said that doing the survey online (rather than answering questions face to face with a PHSN) helps reduce perceived embarrassment when answering questions, resulting in more detailed and honest responses.
- Doing the survey at home (rather than at school) helped young people to complete the survey honestly as they felt they had more privacy. It also felt less time restricted, meaning students could take time with their answers, and provide more detail.
- Young people describe how after completing the DHC they had a better understanding of potential support options for any health and wellbeing needs, but there was still some uncertainty about how to directly access that support.
- PHSN's found that the DHC helped them to identify and support students that might not have sought support from the service otherwise.
- PHSN's felt the DHC helped improve awareness of their role in the school with students, allowing them to assess lots of young people in a time and cost saving way.
- Both school leaders and PHSN's felt the DHC helped them better design and deliver relevant support to students, providing a better understanding of their students needs and issues.

- Some school leaders initially were reluctant to take part in the DHC due to issues around logistics. However, once they had participated in the DHC they noted these potential issues had been planned and accounted for.
- The DHC is flexible and able to adapt and be used in multiple different settings if needed.
- Students selecting items which appeared to describe negative feelings were more likely to be offered a PHSN appointment.
- The number of referrals to PHSN was slightly lower in schools taking part in the DHC than those not taking part.
- For half of pupils, the number of 'red flags' had reduced in Year 11 after attending a PHSN appointment in Year 9, however an overall reduction across all pupils who attended an appointment was not seen.
- Overall, the DHC involves a similar PHSN workload but offers a more acceptable approach to referral for pupils, PHSN's and school leaders.

## Recommendations

### Practice implications

- The DHC's screening and linked follow-up support approach appears to be an efficient way to target limited service resources.
- It's important for students to have a clear understanding of how the DHC works (why they are doing it, who sees their answers, what can happen after) to encourage open and honest responses.
- Continued advertising, promoting, and reinforcing of how students can directly contact PHSN for support is important.
- Increasing privacy and the time students have to complete the survey can encourage honest and detailed answers.
- Schools and PHSN need to work together effectively, to overcome perceived and actual challenges of implementing DHC in schools.

## Further Information

If you would like your school to participate in the DHC, or would like further information about the programme and how it can be implemented please contact Sarah Tebbett at [sarah.tebbett@nhs.net](mailto:sarah.tebbett@nhs.net).

## Young People's Views

"The survey made me aware that there are people that can help you in school if you're feeling down."  
Male Student

"I do think it's a good way to do it and I definitely appreciated it because then from that I started meeting the school nurses, so I think it's a good way for students to get that first step to get help if they need it...this survey gives an opportunity to ask for help without really having to ask for help."  
Female Student

"[The DHC] opened up about quite a few places within the school that I could get help from that I didn't know about before."  
Female Student

"I think you could be more honest online. Sometimes if you speak to someone you might not say everything you want to say...I think some people find it like, awkward and things to speak to people about it."  
Female Student

"[It's] better at home because then you don't feel like anyone's judging you around the class...I probably wouldn't have answered so honestly if I were to do it inside of school."  
Male Student

"[At home] you can have a think about it and you don't have to rush through it thinking that you don't have enough time...you can just sit there at your desk or on your bed or something and you can think about questions and you can answer them truthfully and you're not limited to a time."  
Male Student

## Professionals' Views

"One of the things we found is about students being anxious, but they didn't know how to get information or trusted websites...since then we've also got a mental health first aider in place as well."

School Lead

"I've noticed doing the questionnaires, the teenagers were much more aware of who I was within the school. When you're walking around they know who you are, 'you're the school nurse' and things like that. So in a way it's very good to promote our service."

PHSN

"I've picked children up that have had no support in the past, not even told their parents, schools, anybody. So we are picking up young people that otherwise would have sort of maybe continued to self-harm and, you know, just escalated further."

PHSN

"Now that we've had it, I wouldn't want to lose it"

School Lead

"We needed a contact for those children in those age groups, we don't have enough nurses to do that face-to-face, so it was a way of having a universal contact that was offered to all the kids that fit with our staffing models really."

Provider

"It's what I would call proper Public Health work – the stuff that we're supposed to do – you know, we get to go and see the kids and give them advice and signposting and, albeit it brief, ten minutes isn't very long, but it feels like it's what we should be doing."

Provider

## References

If you wish to read the full published papers for this research, they can be found using the below links:

Woodrow, N., Fairbrother, H., Breheny, K. et al. Exploring the potential of a school-based online health and wellbeing screening tool: professional stakeholders' perspectives and experiences. *BMC Public Health* 22, 324 (2022).

<https://doi.org/10.1186/s12889-022-12748-2>

<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-022-12748-2>

Woodrow, N., Fairbrother, H., D'Apice, K., Breheny, K., Albers, P., Mills, C., Tebbett, S., Campbell, R. and De Vocht, F., 2022. Exploring the Potential of a School-Based Online Health and Wellbeing Screening Tool: Young People's Perspectives.

*International Journal of Environmental Research and Public Health*, 19(7), p.4062.

<https://www.mdpi.com/1660-4601/19/7/4062>

[https://sphr.nihr.ac.uk/wp-content/uploads/2022/03/Research-briefing\\_school-based-online-health-wellbing-screening-tool-young-peoples-perspective.pdf](https://sphr.nihr.ac.uk/wp-content/uploads/2022/03/Research-briefing_school-based-online-health-wellbing-screening-tool-young-peoples-perspective.pdf)



**Overview Document Creator:** Amy  
Robinson

**Study Team:** Patricia N Albers, Katie  
Breheny, Rona Campbell, Katrina d'Apice,  
Frank de Vocht, Hannah Fairbrother, Clare  
Mills, Alice Porter, Sarah Tebbett, Nicholas  
Woodrow.

University of Sheffield,  
University of Bristol,  
Leicester City Council,  
Leicestershire Partnership NHS Trust

**For more information, please contact Nick Woodrow - [n.woodrow@sheffield.ac.uk](mailto:n.woodrow@sheffield.ac.uk)  
Produced by The SPHR PHPES DHC Evaluation Team - April 2022  
The information in this report/brochure is correct at the time of publishing**

**This project is funded by the National Institute for Health and Care Research (NIHR)  
School for Public Health Research (Grant Reference Number PD-SPH-2015). The  
views expressed are those of the author(s) and not necessarily those of the NIHR or  
the Department of Health and Social Care.**