



## Exploring the potential of a school-based online health and wellbeing screening tool: professional stakeholders' perspectives and experiences

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### About the research

Supporting young people's mental and physical health is a global policy priority. Worryingly, there is evidence that the prevalence of mental health disorders and health risk behaviours has increased in recent years. COVID-19 has had further adverse impacts on young people's health and wellbeing. It is well established that many young people who experience health and wellbeing issues do not access support. This is important since early intervention and support are consistently associated with better outcomes for people who experience health issues. Therefore, having effective identification and support avenues for young people is crucial.

This research reports on an evaluation of a novel, multi-stage health and wellbeing screening and intervention programme, the Digital Health Contact (DHC). The DHC involves an online health and wellbeing screening questionnaire which is delivered to an entire secondary school year group. Responses are screened, with indicated face-to-face intervention and follow-up from Public Health School Nurses provided for those where unmet needs are identified.

The research involved in-depth interviews with key stakeholders involved in the delivery of the DHC programme (programme providers and commissioners, Public Health School Nurses and healthcare practitioners delivering the programme, and school leaders).

*"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."*

Public Health School Nurse

### Conclusions

- The DHC, as a universal school-based screening programme which has linked follow-up intervention, has great potential to identify and support unmet health needs and may result in better health outcomes for young people.
- The DHC was perceived as an efficient use of resources which permitted improved targeting of service provision - both on an individual level by providing tailored support packages, and on a population level through organisation of school/service resources.

### Practice implications

Schools must perceive an intervention as acceptable, feasible and useful to implement. Therefore:

- Ensuring those presenting the DHC to schools have confidence, persistence and robust knowledge of the programme, may support securing school participation.
- The consolidation and formalisation of 'selling' strategies (e.g.: using school leaders testimony to encourage other schools to participate; presenting case studies of successful outcomes; displaying benefits and example uses of programme data; and, noting how previous implementation barriers have been overcome) into a single resource could enable a more consistent presentation of the DHC and be a useful way to encourage uptake of the programme.
- Establishing a dedicated and influential school lead for support, maintaining implementation, and managing logistics, may facilitate effective implementation.





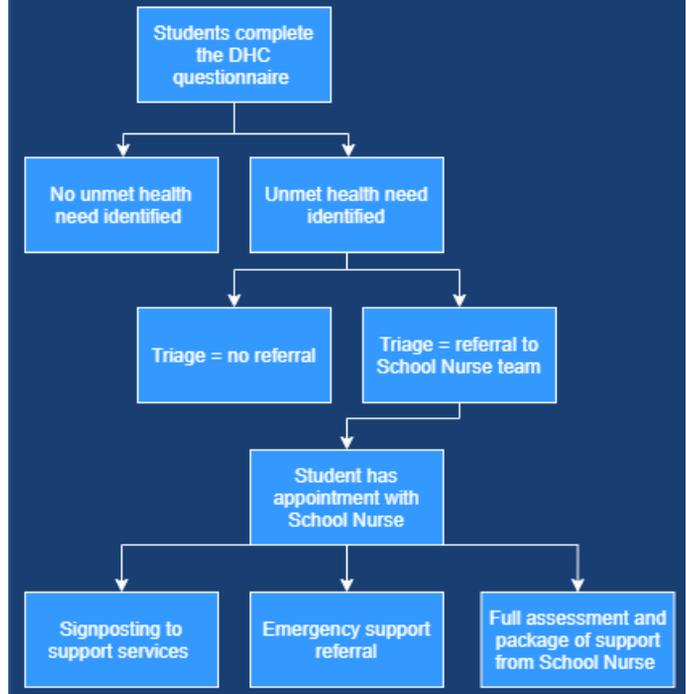
### Key findings

- The participants valued the DHCs **universal application, and linking of responses to individuals** for follow up support. This was seen as moving beyond generically responding to prevalence measures, to **effectively identifying and providing support** for young people who have not previously been identified as needing support.
- The DHC was seen to both **promote and encourage the use of available health and wellbeing support options**, particularly school nursing services.
- The DHC was seen as enabling **effective use and targeting of the limited resources** available at both school and local authority level.
- The ‘selling’ of the DHC programme to schools was noted to have challenges around delivery, typically in terms of logistical issues (e.g., classroom space, IT infrastructure) or perceptions regarding ‘fit’ of the DHC for schools (deliverable value, appropriateness of questions). These challenges were reduced through presenting **case studies of successful work**, through **persistence, knowledge and enthusiasm** from Public Health School Nurses, and through utilisation of **effective working relationships** between schools and Public Health School Nurses.
- As the school nursing teams manage the DHC data and deliver the follow-up work, the burden on school staff is low. This **low burden on schools** was perceived as a major incentive for school engagement.

*“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.”*

Public Health School Nurse

### Simplified DHC flowchart



### Further information

This work has been published at: [Exploring the potential of a school-based online health and wellbeing screening tool: professional stakeholders’ perspectives and experiences](#)

Further information can be found on the SPHR website here: <https://sphr.nihr.ac.uk/research/digital-health-contact-dhc/>

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### About the School

The NIHR School for Public Health Research is a partnership between the Universities of Sheffield; Bristol; Cambridge; Imperial; and University College London; The London School for Hygiene and Tropical Medicine (LSHTM); LiLaC – a collaboration between the Universities of Liverpool and Lancaster; and Fuse – The Centre for Translational Research in Public Health a collaboration between Newcastle, Durham, Northumbria, Sunderland and Teesside Universities.

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