

M@ZL op het MBO

No registrations found.

Ethical review	Positive opinion
Status	Recruiting
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON21533

Source

NTR

Brief title

MASS Protocol / Preventieprogramma 5

Health condition

Youth health care, Youth health care physician, medical absenteeism in Intermediate Vocational Education, drop out, school absenteeism, MASS protocol. M@ZL, ziekteverzuim, Jeugdgezondheidszorg

Sponsors and support

Primary sponsor: Erasmus Medisch Centrum Rotterdam.

Source(s) of monetary or material Support: ZonMw Projecten, Onderzoek en Resultaten Nederland.

Intervention

Outcome measures

Primary outcome

Outcomes are measured in students with alarming absenteeism in the control group and the intervention group. The effects of the MASS protocol will be evaluated at 6-months follow-up by comparing the outcomes on mental health status and absenteeism between the students

in the intervention group and students in the control group. Furthermore, presence of medical diagnoses, psychosocial problems, psychiatric problems and existing risk factors such as depression, ADHD, addiction, ethnicity, debts and having a job, will be examined.

1. Average duration of the absence in the past two months, and six months after determining alarming absenteeism.
2. Cumulative incidence of the absenteeism, measured in six months after identifying alarming absenteeism.
3. Academic performances as measured by the number of students passing onto the next year or obtaining a basic educational qualification degree.
4. The extent to which the chosen education program matches the student's talents and interests.

Outcomes process evaluation (measured in intervention schools only):

1. The extent to which a YHC professional have followed the MASS protocol, measured by the adequate implementation of the consultations
2. The method of applying the protocol to the problem analysis
3. Method of communicating with the student about the agreed arrangements
4. Method of communication with the school
5. Method of monitoring the agreed arrangements
6. Evaluating the features of students referred to a YHC professional by the IVE schools such as gender, age, educational level, home environment, police contacts, drug abuse, pregnancy and abortion.

Secondary outcome

1. Psychosocial problems within IVE students with alarming absenteeism, measured on the basis of a number of questionnaires, conducted at the period of alarming absence and six months afterwards; it involves medical, physical, mental and psychiatric problems (such as depression, ADHS and ASD) within the students and other areas such as housing, money, debt and police contact problems.

2. Comprehensive changes in treatment policy by health care professionals on students with depression, anxiety, ADHD, ASD and/or realized adaptation of appropriate care and education.

Study description

Background summary

Truancy and absenteeism are positively associated to early school dropout and may result in severe and complex problems in later life. Especially at Intermediate Vocational Education (IVE) schools this remains a common problem. The MASS protocol, an intervention focusing on an active commitment of the Youth Health Care professionals, has been developed and found effective in high schools and has been adjusted for IVE schools. The aim of the study outlined in this paper is to evaluate the effectiveness of the MASS protocol at IVE schools in terms of absenteeism, school dropout and adequate study programs as well as the factors that influence the effectiveness.

A controlled before-and-after study will be conducted within twelve IVE schools in the Netherlands. Schools are divided into intervention and control schools, based on their current absenteeism policy. The intervention schools implement the MASS protocol. This protocol consists of active absence support provided by the school, a school meeting with the student concerning the absence, a request by the school of a consultation with the YHC professional and finally an appointment of the student with the YHC professional. Control schools provide care as usual. Students of both intervention and control schools meeting the MASS absenteeism criteria (i.e. very fourth reporting absences in twelve weeks of school or after seven consecutive days of absence) will be included in the study. Primary outcome measures are duration of absence, cumulative incidence of absenteeism, academic performances, and personal interests. School performances will be measured in both groups by whether or not a student progress unto the next year or obtained a basic educational qualification degree. Secondary outcome measures involve medical, physical, mental and psychiatric factors. In addition, a process evaluation will be conducted to investigate exposure to and experience with the intervention, both among YHC professionals and students.

It is hypothesized that implementation of the MASS protocol is effective among IVE students and incorporating a referral to a YHC professional will increase the chances of obtaining a degree. An adequate approach to reducing absenteeism among IVE students can provide many health benefits and maximize participation opportunities such as a better chance of work employment in later life.

This study will be conducted in the Netherlands among IVE students (aged 16-21). Students under the age of 18 leaving lower secondary school enter one of the four vocational programs: technology, economics, agricultural, personal/social services and health care. The IVE schools prepare students for a specialized trade by developing an expertise. After graduating from an IVE school one can enter Higher Profession Education (Hoger beroepsonderwijs) or university.

Study objective

It is hypothesized that implementation of the MASS protocol in IVE schools will increase the chances of obtaining a degree and a better chance of work employment in later life. An adequate approach to absenteeism using the MASS protocol at IVE schools can therefore provide many health benefits and maximize participation opportunities such as a better chance of work employment in later life.

Study design

Data collection started in September 2015 and will continue until August 2016 through questionnaires completed by IVE students and YCH professionals. Students will complete a questionnaire at baseline, after 6 months and after each consult with a YHC professional.

Strengths and Difficulties Questionnaire (identifying psychopathology): timepoint week 1 and 6 months.

The Center for Epidemiologic Studies Depression scale (depressed mood, guilt, feelings of inferiority, feelings of helplessness, despair, loss of appetite, sleep and psychomotor retardation): timepoint week 1 and 6 months.

The 12-item Short Form Health Survey (Quality of life): timepoint week 1 and 6 months.

International Classification of Functioning, Disability and Health for Children and Youth (body functions, body structures, activities and participation and environmental factors): Timepoint after each consultation with a Youth Health Care Professional.

Intervention

The control group consists of IVE schools that have not (yet) implemented the MASS protocol. They continue to provide care as usual using their current absenteeism policy. This consist usual guidance offered by the school including consultation of the Care Advisory Team and referring to the school attendance officer when minimum statutory criteria of absenteeism is reached.

Schools in the intervention group consent to work according to the MASS protocol. Prior to the start of the study all YHC professional in the intervention schools are offered a MASS training. The intervention focuses specifically on absenteeism caused by sickness since there is a high risk association with somatic, mental and physical complains, poor lifestyle and psychological, family and social problems. Given these high associations, an active approach on these risk factors will be accomplished. Concentrating on medical absenteeism MASS aims to prevent further sick report.

The intervention focuses at two levels; the school level and the individual level. At school level, the policy will be tightened around absenteeism. Key elements of the MASS protocol at school level consists of active monitoring of student absence, approaching students with alarming absence by personal contact, requesting a consultation with the YHC professional , and arranging a follow up for each student in the care Advisory Team.

At an individual level students with alarming absenteeism will be identified and supervised (see Figure 2). For these students appropriate care and education will be organized. For each student a care plan will follow including active support by the school starting from the first day of absence, a meeting with the student concerning the absence with the school and a referral to and a consultation with a YHC professional.

The YHC professional along with the student, and possible the parents, formulate a plan of action focused on advices regarding the necessary healthcare, assistance and reintegration. Agreements are made regarding to realization of the suggested health care, support and reintegration program. The method is based on the handbook "Quickly back to school". The intervention will consist of at least one meeting with a YHC professional. The YHC professional emphasizes the student's personal responsibility. Whichever care plan is communicated, the YCH professional is accountable of monitoring the procedure accurately.

Contacts

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Eligibility criteria

Inclusion criteria

All students at intervention schools and control schools are included in the study if they meet the criterion of extensive absenteeism. This criterion is derived from the MASS protocol and means that a student meets the criterion after every fourth reporting absences in twelve weeks of school or after seven consecutive days of absence. This data is converted from the registration system of the school. Once students have been detected they will be asked to participate in the study followed by an informed consent process.

Exclusion criteria

Students that do not want to participate in the study. Students under the age of 18 whose parents object. Students that do not meet the MASS criteria. Students who meet the criteria but do not complete the intervention or control will not be part of the statistical analysis but will be discussed separately.

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)

Control: Active

Recruitment

NL
Recruitment status: Recruiting
Start date (anticipated): 01-09-2015
Enrollment: 480
Type: Anticipated

Ethics review

Positive opinion
Date: 29-10-2015
Application type: First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL5274
NTR-old	NTR5556
Other	ZonMw : 531005011

Study results

Summary results

March 2017