Health Services for Youth and Management Program for Substance Abuse in Youth
by Phetchabun Hospital
Start point
Youth = Our future!

Puberty is a period in which rapid physical growth, hormone production, psychological and social changes occur.
New service delivery

- Individual & Family curative care
- Promotion & Prevention program
- Public policy and community project
Steps of Learning

Step 1 Initial phase: 3 fundamental steps of learning

Step 2: Learning phase: Rehab and Refer

Step 3: Working phase: School-based integrated pathway to care
Initial phase

Networks: internet café, snooker club, bar

Mobile team investigates high risk places

Case finding and treatment process

2 years with 3 fundamental steps of learning providing opportunity for learning
Old approach
Learning phase

NCPO 108
Rehab
Follow-up
Friends help Friends
Events

1st Round
- Substance abuse in the internet cafes
- Substance abuse in schools

2nd Round
- Absence for appointment and found more risk groups

3rd Round
- Mobile team has found repeated events of substance abuse in students

4th Round
- Police catch substance abusers

Screening measure to find out high risk group
Proactive measure in school
School calendar with preventive measures

Outcomes

- Friends help Friends
  - Guideline
  - Monitoring strategies

School-base model: treatment and refer
Screening in Schools
Integration: screening in schools
Teachers, Physicians, Policemen, Soldiers, and Administrative Officers
Substance abuse screening:
Assessment Form V2

Use screening and referral form for patient with substance use
Open up and listen with heart
Treatment (therapy and rehabilitation)
Monitoring: Behaviors, physical condition, urine test
Teachers participated in monitoring process
Follow-up after therapy and rehab camp

Physical activities to measure physical condition
Home visit for complicated cases and repeating drug use group
Service model for youth in school

Access by: school networks, voluntary, community networks, parents

Screening center
- Personal information
- V2 assessment
- Cost of Life
- Stage of Change

V2: 0-27

V2 > 27
Matrix system for rehabilitation

Rehabilitation process
Rehab camp + Follow-up

Community activities
- Cost of Life is increased
- Stage of Change has changed sustainably

Family activities
- Family

Family activities
- Family
# Stakeholders, roles, and activities

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Roles</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care team</td>
<td>Providing treatment</td>
<td>Screening, therapy, rehab, follow-up</td>
</tr>
<tr>
<td>Teachers from Principal’s Office</td>
<td>Control and regulate</td>
<td>Behavior assessment, scoring, punishment</td>
</tr>
<tr>
<td>Advisory teachers</td>
<td>Advice and look after</td>
<td>Advice and monitor</td>
</tr>
<tr>
<td>Parents</td>
<td>Aliment</td>
<td>Observe</td>
</tr>
<tr>
<td>Community</td>
<td>Look after</td>
<td>Observe</td>
</tr>
<tr>
<td>Police and Soldier</td>
<td>Law and enforcement</td>
<td>Catch substance abuse</td>
</tr>
<tr>
<td>Administrative officers</td>
<td>Regulator</td>
<td>Behavior control</td>
</tr>
<tr>
<td>Department of justice</td>
<td>Judgement</td>
<td>Judgement and probation</td>
</tr>
</tbody>
</table>
Conceptual framework

Screening
- Biomedical factor
- Behavior

Self-management program

Self regulation: 5 Core Skills
Behavior change

Learning & Cognition
Communication & Engagement
## Outcomes

<table>
<thead>
<tr>
<th>No</th>
<th>Outcomes</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Percentage of repeated abuse (follow-up within 12 months)</td>
<td>17.87</td>
<td>16.98</td>
<td>1.89</td>
</tr>
<tr>
<td></td>
<td>- Repeated abuse within 3 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Repeated abuse within 6 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Cost of Life</td>
<td>Better in all aspects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Stage of change</td>
<td>Better</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure: An ecological framework for adolescent health
Community

School
School managers
Management and Support System

Students
Teachers

Policy
Parents
Community leaders

Hospital Primary Care Provider

Gate keeper training program & Care pathway (Under clinical guideline)
Students are classified into:
1. Risk group
2. Risk group with surveillance
3. Risk group with close surveillance
4. Risk group with monitoring
5. Risk group with close monitoring
Expanding networks in school under the “1 police 1 school” policy
Care pathway

**Conditions**
- Schools
- Parents
- Community
- Police
- District administrative officer
- Health care team

**Intervention**

- Screening & open up & primary rehab & commitment

  - No camping program
    - Continuous follow-up
    - Brief Intervention program

  - 9 days 8 nights camping program
    - Follow-up every 2 weeks within 1 year

**Discharge**

**Refer**
Care pathway

Intervention

Screening & open up & primary rehab & commitment

- No coping program
  - Continuous follow-up
  - Brief Intervention program
- 9 days 8 nights camping program
- Follow-up every 2 weeks within 1 year

Discharge
Refer

Conceptual framework

Screening
- Biomedical factor
- Behavior

Self-management program

Self regulation: 5 Core Skills
Behavior change

Learning & Cognition
Communication & Engagement

Conditions
- Schools
- Parents
- Community
- Police
- District administrative officer
- Health care team
“We are proud of our outcomes”
Work with family
Pride
Community capacity-based
Continuity of Development

Reliability Organization

Adaptive Process: Increase Trust & Accountability

High performance safety culture survey maintenance with all systems

Performance Measures

Do Nothing
- Worry later

Reactive / Breakdown
- Run to failure

Routine repairs
- Plan, schedule, coordinate
- Lower costs
- Longer equipment life

Predictive
- Predict faults
- Cost focused
- Reliability focused
- Information gathering

Proactive
- Continuous improvement

Defect elimination
- Design out
- Value focus

Reliability Improvement
Factors that Affect Health

- Counseling & Education
- Clinical Interventions
- Long-lasting Protective Interventions
- Changing the Context to make individuals’ default decisions healthy
- Socioeconomic Factors

Examples

- Eat healthy, be physically active
- Rx for high blood pressure, high cholesterol, diabetes
- Immunizations, brief intervention, cessation treatment, colonoscopy
- Fluoridation, 0g trans fat, folic acid fortification, iodization, smoke-free laws, tobacco tax
- Poverty, education, housing, inequality
What’s next?
Effective brain function (EF)
Healthy community, Good care, Well-being

Collaboration with Community

Multidisciplinary team, Non-Health sector.

LAW, Policy

Changing the context

Service delivery system

New model

Result