VAASAN AMMATTIKORKEAKOULU
VASA YRKESHÖGSKOLA
UNIVERSITY OF APPLIED SCIENCES

WELLBEING PROGRAMME

Appendices:
Model for early intervention
Code of Conduct and Behaviour

25.10.2012

VAASAN AMMATTIKORKEAKOULU
VASA YRKESHÖGSKOLA
UNIVERSITY OF APPLIED SCIENCES

Table of contents

1. INTRODUCTION 2

2. WELLBEING IN STUDY AND WORK COMMUNITY 3

2.1. Factors threatening wellbeing 3
2.1.1. Intoxicants 4
2.1.1.1. Prevention 5
2.1.2. Mental problems 5
2.1.3 Other factors threatening wellbeing 8

3. RECOGNISING THE FACTORS THAT THREATEN THE WELLBEING 10

3.1 How to recognise crises and problems threatening the wellbeing 10
3.3. Recognising eating disorders 13
3.4. Intoxicants and addiction 14
3.4.1 Drugs 14
3.4.2 Risk use of alcohol 17
3.4.3 Tobacco and snuff 17
3.4.4 Gambling and Internet addiction 18
3.5. Referral to treatment 18
3.6. Early intervention 19

SOURCES 20

APPENDIX 1: CODE OF CONDUCT AND BEHAVIOUR 21

Conduct 21
Property 21
Abiding in the school premises 22
Intoxicants and illegal drugs 22
Other rules 22

APPENDIX 2: MODEL FOR EARLY INTERVENTION 23

APPENDIX A: MEMO ON BROACHING THE SUBJECT 33
APPENDIX B: AGREEMENT ON REFERRAL TO TREATMENT 34
APPENDIX C: REQUEST FOR DRUG TEST 35

VAASAN AMMATTIKORKEAKOULU
VASA YRKESHÖGSKOLA
UNIVERSITY OF APPLIED SCIENCES

1. INTRODUCTION

Every student and employee has a right to a good and well-balanced study and working environment. The objective of this Wellbeing Programme is to secure and actively develop means to make Vaasan ammattikorkeakoulu, University of Applied Sciences (VAMK or UAS from now on) a safe place to study and work and which also supports our wellbeing.

Confronting people's diverse problems requires the co-operation of many employees. Our UAS is continuously developing means for the prevention and recognition of problems. Invention in and prevention of problems is part of VAMK's operation, as well activity that promotes our wellbeing as a community.

The objective is the early recognition of crisis situations and problems threatening the wellbeing. It is also important to intervene in problems in time and thus prevent the marginalization from the studies, as well as to support students' possibility to finish their studies. For example, the use of intoxicants and drugs and untreated mental problems must be seen as risks for work safety, as well. Both studies at VAMK and practical training require that such threatening factors are minimised and prevented.

As an appendix to this wellbeing programme there is a model for early intervention where you can find instructions how to proceed in threatening situations and how they can be prevented. Every employee working in our work community has an obligation to act in a situation that is a threat to our wellbeing.

Vaasa 25.10.2012

HYVINVOINTITYÖRYHMÄ – WELLBEING TEAM

2. WELLBEING IN STUDY AND WORK COMMUNITY

Wellbeing consists of the well-balanced harmony of studying/work and leisure time. Factors that are said to increase our wellbeing are e.g. sound and inspiring studying/work, learning experiences, healthy lifestyle, meaningful leisure activities and close relationships.

Our UAS strives to support sound and meaningful leisure activities which includes all sorts of sporty and other communal activities.

The values guiding the securing and development of wellbeing in our UAS are:

- **Customer orientation:** We predict and know the needs and expectations of our clients and we meet them with flexible, high quality activity.
- **Sustainable development:** We produce added value to the region of Western Finland by continuously developing our operations innovatively in the long run, respecting the environmental values.
- **Future-oriented expertise:** We educate experts for working life and we ensure our own knowledge and skills by continuous learning.
- **Respect:** We build mutual trust by respecting everyone as a human being and we give positive and constructive feedback openly.

2.1. Factors threatening wellbeing

The holistic wellbeing of students is a prerequisite for the progress of studies, graduation and finding a work place. There are various factors in out studying and work environment that threaten wellbeing. In the following some studies are referred to in which the factors that threaten the students' wellbeing came up. These factors are also present in our UAS.

In a study on higher education students' health (Korkeakouluopiskelijoiden terveystutkimus 2008) the students wished to get help and support in matters related to health, studying and life management. Help was needed e.g. in studying problems, stress management, nervousness, problems in self-esteem and relationships but also in nutrition, physical exercise, weight management and ergonomics.

In the general study on public health (Yleinen kansanterveystutkimus 2008) it came out that mental disturbances are general even with young adults. Depression, distress and eating disorders especially were general with women. Men had more problems with alcohol although the difference to women is getting smaller. Unhealthy diet, lack of exercise and use of alcohol were seen as obesity which was becoming more general. Internet addiction was a problem with over 10% of students and it affected the circadian rhythm.

2.1.1. Intoxicants

Intoxicants include chemicals substances which after getting into the system cause a feeling of intoxication and/or drunkenness, such as alcohol and drugs. Tobacco is classified as a social intoxicant in Finland.

Drugs can be divided into, based on their effect, into stimulants, depressants and hallucinogens. Drugs also include medicines that used for drugging purposes and various inhalants, e.g. solvents.

The raw material for **tobacco is** nicotiana tabacum. Cigarettes are the most usual way to consume tobacco; the others are pipe, cigars, bidis and Swedish snuff (or 'snus"). Tobacco contains in the prefabrication phase several thousands of chemicals of which about fifty are carcinogens. The addiction to tobacco can develop fairly quickly and it can be strong physically and mentally.

Alcohol depresses both physical and mental functions. The ability to perform and control the movements is reduced, the reaction time is slower and the pain threshold gets higher. The risk of accidents increases.

The combinational use of alcohol and medicines is called **polydrug use** or **multiple substance abuse**. It can be intentional or unintentional. It is considered intentional when medicine is used to enhance the effect of alcohol. Unintentional polydrug use is in question when the disorders caused by alcohol are treated with sleeping pills or tranquillisers. The conse-

quences of polydrug use can be surprising. It enhances the effect of alcohol and consequences can be e.g. memory loss or disturbances of conduct.

2.1.1.1. Prevention

All Finnish students have received education concerning abuse of intoxicants during Health Education lessons on the secondary level. Therefore, the intoxicant abuse prevention at VAMK concentrates on individual health check- ups, personal student guidance and appraisal discussion with the group tutor.

All starting groups have an introductory study unit during which the study counsellors bring up the Code of Conduct and Behaviour at VAMK, the wellbeing programme and related intoxicant abuse prevention activities (see app.1). In addition, students of VAMK are offered a study unit on life management, called Good Move – tips for change. During the course, the intoxicants are also taken up.

The prevention of intoxicant abuse, early discovery of problems and referring for treatment are part of student health care. The student health nurses gives information on how intoxicants affect health, wellbeing and ability to study when they see students but also through various campaigns.

VAMOK, the Student Union, participates in the intoxicant abuse prevention by offering students e.g. free physical exercise services and arranging the annual Wellbeing Week with various themes.

2.1.2. Mental problems

According to studies, mental problems are increasing all the time. More and more people need help and rehabilitation for the problem. Students of UAS have great mental pressures and stress caused by various things. The life of a young adult is risk-ridden for it is full of changes, such as moving away from home, weak financial situation, change in the circle of friends,

changes in the family dynamics or size and various matters related to relationships. According to studies, 15% of men and 28% of women experience mental symptoms.

Depression

Depression starts to be more at teen age and after that it is experienced by all age groups evenly. Depression is almost twice as common with women as with men. The reason for reoccurring and severe depression is often both genetic tendency and a triggering external factor, such as a stressful change in life, long-term psycho-social stress or lack of a close relationship. Personality disturbances, volatility of emotional life, difficulties with self-esteem, low education level and income, regular smoking, binge drinking, chronic physical diseases and various mental disturbances also affect the occurrence of depression.

Not all depression is a mental problem. A death of a close relative and other big losses makes one depressed but people usually get over it in a few of months. A normal reaction to grief, even if it is severe, does not take more than two months and does not lead e.g. to suicidal plans.

It is common that mental symptoms start with anxiety and depression develops only after this. Alcohol abuse preceding depression is more common with men than with women.

Bipolar disorder

Bipolar disorder was earlier called manic-depression. When in depression a person is kind of 'wound-down', in the manic state typical to bipolarity the person is wound-up, energetic, irritable.

In bipolar disorder the hypo-manic or manic periods alternate with depression. Between the periods the person can often be asymptomatic.

Premenstrual dysphroric disorder

Premenstrual dysphroric disorder (PMD or PMDD) is a severe form of PMS (premenstrual syndrome) which about 5 % of women in fertile age experience. The symptoms are testiness, low spirits and emotional state. The symptoms start a couple of days or even two weeks before the period and end when the period starts at the latest.

Anxiety disorders

Simultaneously with depression there can be various anxiety disorders, which include e.g. various **phobias.** The most usual objects of phobia include various social situations, such as eating or drinking situations connected with work or free time, seeing supervisors, public speaking at work, meeting new people, telephone situations and situations where a person does something while others watch. Typically, there are no symptoms in the company of relatives or friends and on the other hand in the company of total strangers

Panic disorder

The reason and background for panic disorder is complex and partly unknown. Some people are in average more vulnerable to respond with a panic attack both to changes in respiratory frequency caused by fright situations and separation and traumatic situations. Traumatic experiences in childhood or in some other stage of earlier life increase the inclination to panic attacks.

Panic attacks occur as symptoms also in some somatic illnesses. These illnesses include hyperactive thyroid, hyperactive parathyroid gland, tumor in the inner core of adrenal gland, functional disorder of the inner ear and certain arrhythmias of the heart.

Eating disorders

Anorexia nervosa belongs to the most severe mental disorders as to their prognosis although individual prognoses have improved lately. 25-80% of anorectics suffer from depression during their lifetime. Sometimes depression precedes anorexia.

There is no single reason for anorexia. Quite often anorectics have grown up in an environment that appreciates good performances and high standards. Typically anorectics are well-behaving, diligent 'good girls' who when trying to meet the expectations of the environment hide their negative feelings. The consequence is that the self-image and becoming independent remain incomplete. The disorder usually starts in youth, most commonly between 12 and 18.

Bulimia refers to binge eating. Characteristic to these attacks is eating high-calorie food in a short period of time and having a feeling of lacking the control of eating. After the binge, vomiting is usually self-induced.

Bulimia can be a co-incidental attack caused by stress or certain moods. However, bulimia is often a symptom of an eating disorder. These disorders include bulimia nervosa or binge eating disorder. Bulimic attacks can occur with anorexia, as well.

2.1.3 Other factors threatening wellbeing

Life management is a feeling, a mental potential that helps us to manage in stress situations, rush, time limits and various setbacks. It is also belief in oneself; ability and will to make choices and adapt and manage in various situations in life. Experiencing life as meaningful, significant and foreseeable is part of the feeling of life management, as well as values, self-esteem and self-notion are.

The person who has a positive attitude towards her/himself has good life management. S/he can set meaningful objectives to life, dedicates him/herself to his/her causes and makes an effort to reach his/her objectives. When the feeling of life management is strong, the person

feels good. S/He does not stress out, get depressed or anxious excessively when facing change situations, setbacks or other stressful situations in life.

Trying too much and setting demands for oneself may change the matters related to life management negative. The fear of falling behind, hectic studying and high demands for success can lead to that life becomes one-sided, health and the feeling of life management can even be lost. The consequences can be e.g. depression, fatigue, eating disorders or excess use of alcohol. In the world of conflicting objectives a person wants to be in control of something. This can lead to a rat race: controlling starts to control life; things become 'musts'. Moderation and putting the demands one sets to oneself into perspective in each life situation and resources are good principles in life management.

Not everything goes as planned. Setbacks, disappointments and unpredicted situations are part of life. The majority of the situations people have to face are such you cannot influence yourself, sometimes even hard to accept. The death of a close person, being a victim of violence, sudden illness or losing a job are all examples of surprising situations in life. Coping with them is difficult, especially without any support from others.

Matters related to studying, work and relationships can also cause stress. Relationships do not always go as you would like them to. Children do not grow up to be adults their parents want them to be. The spouse or partner turns out not to be the person you fell in love with. Financial situation may bring up surprises. The choices that we make regarding living habits or health habits do not always promote our wellbeing. On the other hand, risk-taking, creative curiosity and chance also make the life richer. They may help us to recognise the limits of our skills and resources.

3. RECOGNISING THE FACTORS THAT THREATEN THE WELLBEING

3.1 How to recognise crises and problems threatening the wellbeing

A crisis is a change in a person's life in which earlier experiences and problem-solving skills do not work are not enough. Everyone is faced with crisis at some point of life. Reaction to the crisis is individual. It is affected by personality, background, earlier experiences and coping skills. There is always a risk in that one's ability to function is permanently weakened but the crisis is also a possibility to grow. Crises related to life are e.g. developmental crises, life situation crises and traumatic crises.

Developmental crises are considered natural change periods in a person's life cycle. There are differences between people in that if some change period is experienced as crisis or is it dismissed without notice. With many young people becoming independent or challenges related to identity can be experienced as a crisis.

Life situation crises include erg. family crises, problems with friends or in relationship, problems related to school going and studying, such as learning difficulties, motivation.

A traumatic crisis or event takes usually place suddenly and surprisingly. One's own actions have not always influenced the event but the event can change our actions. The traumatic crisis is often seen having phases (shock, reaction, dealing with it, and reorientation). Again, coping with the crisis is individual. Traumatic crises include e.g. the death of a close person, being a victim of violence or various threats.

The effects of crisis are usually targeted to emotions and thoughts, physical wellbeing and relationships. The crisis changes and affects our values and convictions.

Signs of crisis:

- the person is always tired and cannot relax
- concentration is difficult
- difficulties in falling asleep, continuous nightmares
- psychosomatic symptoms (dizziness, headache, backache, stomach ache)
- physical signs e.g. of beating (bruises, cuts, fractures)
- feeling that there is no one to talk to
- unbalanced feeling, anxious, strained
- life feels empty and meaningless
- numb feelings
- isolation
- studying or work neglected
- does not care about things that used to be important
- indirect self-destructive behaviour (alcohol, smoking, drugs, accidents and carelessness)
- illegal activities
- suicidal thoughts → IMMEDIATE HELP

3.2 Recognising mental problems

More or less the same means can be used for recognising mental problems as for recognising crises. Testiness and surliness and angriness are usually the emotions on top. There might be more quarrels and more easily with family or friends than usually. Moods can change quickly. On the other hand, the prevalent emotion can be a long-lasting boredom, which includes isolation from friends and family. One can drop put hobbies, if nothing is as interesting as before. More frequent and ample use of alcohol than before, committing vandalism and casual sex relations can express the restlessness connected with depression, feeling of unworthiness and difficulty to take care of oneself.

Depression and related feelings of anxiety can feel so overpowering that one must constantly be occupied with something or seek company of others in order not feel unbearable. Young people and usually people who bully others can have a lot of depression symptoms. Symptoms of depression almost always affect work. Concentration difficulties can be so severe that learning, absorbing new things and taking care of things requires extra effort.

Atypical depression has a typical characteristic called reversed vegetative symptoms i.e. oversleeping (hypersomnia), overeating (hyperphagia) and weight gain. A person suffering from ordinary depression usually loses appetite and loses weight whereas in atypical depression opposite happens. The appetite increases and weight goes up.

Insomnia, sleep without rest and fatigue despite sleeping a lot are signs of a severe depression that can affect work and studying. Isolating oneself and standing back from the group may be signs of depression although this does not get that much attention as disturbing, restless behaviour.

Recognising bipolar disorder can be difficult. When a person is diligent, productive and efficient and full of ideas, one could think that the person is fine and mentally healthy. If it seems that the person has energy endlessly, thoughts are unrealistic and grandiose and the elevated

mood leads to e.g. financial and social problems, we probably are talking about abnormal, unhealthy mania. In this case the behaviour can be impulsive, even impudent.

The feeling of dead end, self-destructive thoughts and death wishes usually suggest a severe depression but these withdraw when the depression eases. The feeling of dead end and hopelessness are signs of depression and to a depressed person the future often seems bleak. Strong and recurring death wishes or self-destructive thoughts may be connected with depression. The death wishes can develop so overpowering that the young person plans and even tries to commit suicide. Self-destructiveness, as well hopelessness, is a symptom referring to mental disturbance and usually when the depression eases also the thoughts of death go over.

Signs of a panic attack are palpitation, chest pains, sweating, tremble, shortness of breath, feeling of suffocation or constriction, nausea, stomach problems, dizziness, feeling of fainting, numbness, tingle, rigor or hot waves. As a consequence of the symptoms there often are fears of death, loss of self-control or going out of one's mind, feeling of unreality or feeling oneself a stranger. Heart symptoms and fears make the patient be afraid of sudden death or becoming mad. The attacks can turn up even in sleep but they are not connected with dreaming. The frequency of panic attacks varies; they can come weekly or more seldom and or in sequences varying in intensity.

3.3. Recognising eating disorders

Eating disorders are illnesses of both mind and body. There is no one reason for eating disorders. Genetic, individual dynamic and socio-cultural factors are considered to affect the falling ill with eating disorders. No special structure of psyche that would make one vulnerable to eating disorders has been found. The disorder at the background can be very complex. It has been discovered that there are more crises and divorces in the families of eating disorder patients. A thought has also been expressed that eating disorders are disturbances in the development of a young person. According to literature and practice an eating disorder can develop very easily. The trigger can be a careless mention of a parent or school mate about plumpness or sports trainer's suggestion to lose a few pounds to improve the fitness. The dieting can then

get out of control. Many people talk about the good feeling when they lose weight. An anorectic can be very energetic; s/he can go for a long jog, even with weights in ankles or go to the gym every day, in addition to other exercises. S/he can be an enthusiastic cook but then says that s/he has already eaten and does not take part in meals. On the other hand, a lot of food can disappear e.g. overnight. The thoughts of an anorectic go around food and eating. Anorectics usually do excellently at school and are ambitious with doing well.

It is often an outsider, a student health nurse, teacher or friend that suspects the eating disorder. The quicker an anorectic gets treatment, the better are the prerequisites for the successful treatment.

The complications of anorexia are caused by malnourishment. The general immunity is weakened. In bulimia the complications are caused by vomiting and the use of laxatives and diurets.

3.4. Intoxicants and addiction

3.4.1 Drugs

The earlier image of a drug abuser is changing. Today almost anyone can use drugs without anybody being able to see or recognise it. Therefore, the intervention can be prolonged. .

Single drug experiments usually go unnoticed and even a longer use. The recognition is difficult and often coincidental especially when it is experimenting and sporadic use in question. However, when drug abuse is revealed, the intervention is necessary. Drug abuse is not a separate phenomenon but part of a person's life situation.

Experimental, sporadic or problematic use?

Drug abusers can be divided into experimenters, sporadic users and problematic abusers. There are different opinions on at which the sporadic use becomes problematic use - or does

it? The truth is that every experiment is a risk; no one can know where the first experiment leads.

An experimenter is a drug abuser whose tries drug a few times. S/He is looking for some satisfaction for curiosity and experimenting and momentary pleasure – usually with cannabis. Starting the use is sum of many factors including the personal characteristics, situational factors and environmental influences. Successes and resulting feeling of pleasure may not have been experienced for some reason as ”sober” and they are looked for in drugs. Alcohol intoxication can also encourage to experiment. The person’s inability to face and solve challenging situations and therefore the person uses drugs as a problem-solving method. These situations include e.g. social pressure, unemployment, work-related stress, identity problems, difficulties in relationships, becoming disabled or physical pain.

A sporadic user has a honey moon with drugs. S/he is in love with the drug, equipment, situations and people related to use. S/He does not consider her/himself a drug abuser but thinks s/he can stop anytime. The use is habitual and situational and takes place during free time. The longer the sporadic use lasts, the easier it is for the people around to notice the changes in the user.

The problematic user on the other hand has already lost control of the use. The drug abuse is an obsession; the user is after for ‘normal’ ability to function, not pleasure anymore. In this stage at the latest the work, everyday life and e.g. keeping promises is difficult. The physical, mental, financial and social consequences of the drug abuse are visible. Problems of financing the use can lead to criminal activities. The following changes can refer to drug abuse:

Changes in behaviour:

Change in behaviour is often the first thing that the closest people notice. These include e.g.

- sudden and inexplicable changes in character: once a glad and social person can become testy and aggressive who has strong outbursts of rage

- exceptional tiredness, fatigue and even incoherent behaviour
- hyperenergetic behaviour, restlessness, insomnia
- forgetfulness
- avoidance of questions, eye contacts, secretive behaviour
- absence from school or work
- school work or performance at work is poorer
- an extreme change in life values or lifestyle

Changes in habitus:

When the use has been going on a while, the habitus can also change. Such changes include:

- lack of appetite or appetite for sweets
- sweet smell of smoke in clothes and hair
- dramatic weight loss
- variations in the size of pupils: stimulants and hallucinogens make pupils bigger (”owl-like” eyes; opiates and depressants make then smaller)
- smoking that has gone on longer may irritate mucous membranes and cause redness of eyes and sensitivity to light, constant cough and dryness of mouth and throat
- changes in appearance (in clothing, hair, make-up, etc.) and neglect of personal hygiene
- intoxicated appearance without the smell of alcohol

- hiding the needle marks and bruises on arms

Changes in living environment may also refer to e.g. financing of use and cover-up. These include e.g:

- increased need of money and appearance and disappearance of expensive items
- continuous borrowing of money and even committing of crimes
- recovery of drug-related items and symbols – pipes, syringes, spoons, foils, filters, mixing cups, powder bags and plastics
- excessive use of fragrances and incenses to cover the smell of cannabis

3.4.2 Risk use of alcohol

If nine out ten Finns use alcohol, two or three of them are probably using it harmfully. There are people from all professions and social classes. There is no certain smell or sings characteristic to risk users. A person may not even realize s/he is using too much alcohol. The lack of knowledge is huge. Some adopt wrong habits in their youth; one does not know what is reasonable, what excessive. Some persons can consume large amounts of alcohol and never have any problems. For example, one becomes an alcoholic by drinking too much over the years. If one does not want to have that risk, it is better cut down in time.

3.4.3 Tobacco and snuff

Smoking and use of snuff cause both heath problems and cosmetic harms. It is important to prevent young people from starting to smoke or use snuff in the first place. It is always worthwhile to quit because the risk of get smoking and snuff-related diseases will reduce right after the quitting.

3.4.4 Gambling and Internet addiction

The start of a gambling problem is a complex process where various stages can be recognised. The development of the problem varies person to person both in regard of time and effects. Factors that have effect are mental and biological factors and social and environmental factors, such as the offering of gambling services.

Direct risk factors include functional and cognitive factors that directly cause the development of problem. These should be influences through treatment and prevention. Indirect factors increase the probability of the direct factors to come through and can thus explain the gambler transferring from a lower risk level to a higher one. With indirect actors, influencing the gambling services is in the key role. Availability, location and structure of games affect the gambling problem. The easier and closer the games are available and the faster and more directly one gets the reward, the easier one develops an addiction.

As there are no clear signs, recognizing a gambling problem is difficult. Clues can be e.g. financial problems, stress symptoms, and sleeping difficulties. The gambler her/himself tries to hide the problem or it is hidden by some other symptom.

Screening the gambling problem would be extremely important in risk groups and when examining illnesses appearing most often simultaneously. This work should be done in health care, mental care and e.g. school and occupational health care.

3.5. Referral to treatment

The referral to treatment applies to students who are developing or have developed a social or health problem due to continuing abuse of alcohol or other intoxicants, and the problem impedes the student's studying, safety when studying, etc.

The referral to treatment is implemented so that information is on view for students about available treatment facilities and methods and contact persons when seeking the treatment are student health nurses as well study counsellors and group tutors.

The contact person (student health nurse) is primarily acting between the student and UAS. The contact person assists the student to be referred treatment in practical issues questions concerning the referral.

Although the contact person is in the key role in the referral, the significance of the whole staff has to be emphasized. Encouraging the student to treatment early enough is a better alternative than ignoring the observes problems.

The contact person and the UAS are entitled to get information on of the student is committing to the treatment as agreed. The prerequisite for getting information is, however, that this has been agreed with the student in advance.

When confronting a drug abuser or when intervening the drug abuse it has to be taken into account that in addition to addiction there might also be a somatic illness, mental disturbance and social problem. It is important to know the user's actual situation so that s/he can be confronted on the right level and understand the symptoms and disturbances in the background of his/her behaviour. The drug abuser can deep down be a timid, anxious, mentally broken person and s/he can evoke both feelings of fear and hatred in the opposing side with his/her behaviour. The self-image of a drug abuser can be disturbed and self-esteem weak. The drug abuser has to be treated humanely and with dignity.

3.6. Early intervention

Early intervention means that the student's and study community's problems are detected and they are tackled as early on as possible. An employee or a student may recognise problems with someone else but starting the conversation and bringing the problem up can be difficult. The purpose of the model for early intervention is to be of help and support in dealing with situations that threaten the wellbeing. (Se App. 2 Model for Early Intervention).

VAASAN AMMATTIKORKEAKOULU
VASA YRKESHÖGSKOLA
UNIVERSITY OF APPLIED SCIENCES

SOURCES

www.vaasa.fi
www.laaninhallitus.fi
www.stakes.fi/hyvinvointi
www.tohtori.fi
www.irtihuumeista.fi
www.poliklinikka.fi

Vaasan ammattikorkeakoulu, University of Applied Sciences, Wellbeing Programme directed at students with the model for early intervention
Polytechnics Act (Ammattikorkeakoululaki) 2003/351
Act on Polytechnics Act Amendment (Laki ammattikorkeakoululain muuttamisesta 953/2011), Decree 1035/2011
Act on University Act Amendment (Laki yliopistolain muuttamisesta 954/2011), Decree 1034/2011
Act on Criminal Record Act Amendment (Laki rikosrekisterilain 6 §:n muuttamisesta 955/2011)
Students' Legal Protection Board Act (Laki opiskelijoiden oikeusturvalautakunnasta 956/2011)
Polytechnics Decree (Valtioneuvoston asetus ammattikorkeakouluista 2003/352)
Welfare for Intoxicant Abuse Act (Päihdehuoltolaki)
Mental Health Act (Mielenterveyslaki)
Opiskelijaterveydenhuollon opas. Sosiaali ja terveysministeriö. Julkaisuja 2006:12
Article: Suomalainen lääkäriseura Duodecim (Tapio Jakkola 2008)
Mielenterveys- ja päihdeongelmien varhainen tunnistaminen, THL:n opas ennaltaehkäisevän työn ammattilaisille
Opiskeluterveys Duodecim 2011 (Kunttu, Komulainen, Makkonen, Pynnönen)

VAASAN AMMATTIKORKEAKOULU
VASA YRKESHÖGSKOLA
UNIVERSITY OF APPLIED SCIENCES

APPENDIX 1: CODE OF CONDUCT AND BEHAVIOUR

The purpose of the Code

This code of conduct aims to ensure the security and work atmosphere for students and staff at the school. By following a set of common rules the work and study environment is improved and problems which could impede these activities are prevented. This code of conduct should be applied in all study-related situations outside the school premises, such as internships, study visits and while representing the school.

Conduct

Every member of the study and work community follows rules for security and work safety as well as general principles of good behaviour. Students are guided to pay attention to the behavioural expectations and demands of their future professions; this includes appropriate clothing and language. Everyone strives to keep the work environment safe and tidy. In the common work spaces and the laboratories special rules and manners may apply together with regulations which specifically relate to certain professional fields

Students follow the schedules and come punctually to lectures and other educational functions. Disruptions of the work peace shall immediately be dealt with. Deceit during examinations and in connection with assignments (e.g. plagiarism) is prohibited, see the degree regulations.

Property

The property of The University of Applied Sciences shall be handled with care. Inflicted damages or loss shall be compensated for in accordance with the Tort Liability Act (412/1974). The school is not responsible for private property.

Abiding in the school premises

Students of Vaasa University of Applied Sciences can work in the school's premises during the opening hours of the buildings.

Intoxicants and illegal drugs

Possession, use and presence under the influence of intoxicants and drugs is prohibited. Smoking (including electronic cigarettes) is allowed in specially reserved areas outside the school. Using snuff and electronic cigarettes during lectures and equivalent functions is also prohibited.

Other rules

Individual degree programs and units may in addition have specific rules regarding class-rooms, parking and matters of study which apply for all persons in the school community.

VAASAN AMMATTIKORKEAKOULU
VASA YRKESHÖGSKOLA
UNIVERSITY OF APPLIED SCIENCES

APPENDIX 2: MODEL FOR EARLY INTERVENTION

1. Broaching the subject
2. Intoxicants

   2.1. Measures when the use of intoxicants is suspected

   2.2. Drug testing
3. Mental health
4. Family and intimate partner violence
5. Gambling and Internet addiction

Help for anxiety and life crises in Vaasa

Help in domestic violence situations in Vaasa

Appendix A Memo on broaching situation
Appendix B Referral to treatment agreement
Appendix C Request for drug testing

1. Broaching the subject

An open and confidential atmosphere is important. There should be no stigmatising or moralizing present. Respect the student and listen to him/her.

Broaching the subject can be looked at through the zones of worry. There are four zones of worry. At one end there is no worry- zone and at the other end great worry-zone.

The zones of worry are a metaphor and the boundaries are flexible. Two employees may have a very different type o worry when they meet a student. The worry is always a subjective experience which is related to anticipation of one's own possibilities to act in the situation. The worry changes, grows or disappears as one's own possibilities to act increase or decrease.

(1)	(2)	(3)	(4)	(5)	(6)	(7)
No worry	**Feelings of slight worry or wonder every now and then; strong confidence in one's own possibilities to support**	**Repeated thoughts of worry and wonder; confidence in own possibilities. Thoughts of a need for additional resources**	**Worry growing; confidence in own possibilities diminishing. Wish for extra supporters and controllers**	**Marked worry, own resources running dry. Clearly felt need for extra supporters and controllers**	**Constant strong worry: Student in danger Own means being exhausted. Additional resources and controllers needed immediately**	**Worry very deep and strong: student in immediate danger. Own means exhausted. Change in the student's situation needed immediately**
	SMALL WORRY		GREY ZONE		GREAT WORRY	

One must always intervene if you have worry about a student or a group. One's own subjective feeling and experience of worry is sufficient. It is important to intervene at an early stage when the possibilities to support and find solutions to problems are good enough. The table on the zones of worry help to assess the need for help and co-operation.

2. Intoxicants

When encountering an intoxicant abuser, the following is important:

- open and confidential atmosphere
- no stigmatising or moralising
- respect and listen to the student
- ask about the student's use of alcohol; how much alcohol the student drinks, what sort of drinks, is there binge drinking, what is the effect on studying, family and social life.
- is the student willing to change the drinking habits?

2.1. Measures when the use of intoxicants is suspected

Observation: When suspecting the use of intoxicants the person who made the observation is obliged to discuss with the student right away. The Code of Conduct and behaviour and the consequences should be brought up as well.

Actions in case of an intoxicated student: The student is asked to leave immediately or referred to the student health care.

Meeting on the situations: The Head of Department convenes a meeting where the student, the student health nurse and the person who detected the intoxication are present. The student is asked about the frequency of alcohol use and if the use had gone on longer, the course of action is agreed on together. A memo is written on the meeting. See App. A. Memo on broaching situation.

Referral to treatment: If required, a referral to treatment agreement is made with the student, signed by the student, the Head of Department and the student health nurse. See App. B Referral to treatment agreement. The student's family and intimate partner should also be involved and be committed to the plans. The contact is taken always by the student's permission.

Returning to studies: If the student has had to interrupt the studies, a plan is made of the return to studies (if the treatment is successful and the return is possible.)

2.2. Drug testing

VAMK, University of Applied Sciences can, by the Dean's order, obligate the student to produce a certificate concerning a drug testing within a reasonable time limit if there is a justified reason to suspect that the student is performing tasks belonging to the studies under the influ-

ence of drugs *or* in work placement *or* the student is addicted to drugs. A justified suspicion can base on e.g. on a teacher's, work placement supervisor's observations on the student's behaviour or other feedback received that can be considered reliable. The prerequisite is that testing is necessary to determine the student's ability to function and that the student performs tasks that require special attention, reliability, independent judgment or good reaction ability and in which working under the influence of drugs

1) Seriously endangers the student him/herself or another's life and health or
2) Is a serious risk to traffic safety or
3) Seriously endangers the protection or integrity of information protected by secrecy order
4) Significantly increases illegal trade or distribution of substances defined as drugs in drug legislation that are in possession of VAMK, or its maintainer or provider of work placement.

The decision on the request for the certificate of a drug test is taken by the Dean. The student has to take the drug test within two days of the request. (See App. C Request for drug test) The drug tests required by VAMK, University of Applied Sciences are done by The City of Vaasa Student Health Care. VAMK will be responsible for any costs caused by the testing.

Refusing to produce a drug test certificate or a positive result of the test can lead to disciplinary measure, e.g. a written warning or, if repeated, to a fixed-term exclusion.

3. Mental health

A disturbance of mind can be a subjective experience of illness or observed by other people. When the disturbance makes studying difficult, an intervention is needed.

Mental health services are to be arranged primarily as outpatient services and so that voluntary seeking of treatment and independent managing is supported.

At VAMK the referrals to treatment take place primarily through the student health nurse. The student health care offers psychologist services for students. Appointments are made through the student health nurse. Youth centre Klaara is also available for students under 25 years old.

Horisontti, mental health centre of the City of Vaasa, is aimed at those over 25 years old who live in (Vaasanpuistikko 20 B, 2nd floor, 65100 Vaasa; **appointments and information 040 809 6983** Mon – Fri between 10-12). The service is for persons who are not patients in mental health care or intoxicant welfare.

If need be, the student can seek treatment in special health care; a doctor's referral is required.

The most common disturbance of mind related to suicides is depression. Intoxicant abusers also have an increased suicide risk, as well as psychotic patients and patients with personality disturbance.

Procedure in case of a suicidal student:

- Assessment of the situation by two employees (e.g. study counsellor and student health nurse)
- Documenting the procedure: what has been done? Has the patient promised not to hurt him/herself? If there is not commitment to the promise, the contact with parents should be considered, even if the student is of full age.
- **The student is primarily guided to the emergency at Vaasa main health centre, Sepänkyläntie 14-16. Also information where to contact if the student feels worse.**
- **Contact with the police if the situation is acute and the student is in danger.**

In case of a student with a suicide risk if you do not see it necessary to refer him to the emergency yet, give the student clear and simple instructions what to do if s/he is feeling worse, e.g. give the contact information to the emergency or guide the student to the student health nurse.

4. Family and intimate partner violence (IPV)

Next some direct questions to help to broach the subject in case of family violence or IPV, or it is suspected.

- Does your partner/family member behave in such a way that you are afraid of him/her?
- Does your partner/family member treat you in a demeaning, humiliating or controlling way?
- Has you partner /family member
  - threatened you with violence (including the use of a weapon or other item)
  - grabbed, torn, pushed, slapped or kicked you?
  - used any other physical violence towards you? If yes, what?
  - coerced, forced or tried to force you to sexual intercourse?
- Has you partner/family member been violent towards your child/children?
- Has your child been violent towards you?
- Have you yourself used violence towards your partner/family member? If yes, who?
- Have you received any help in your situation?
  - If you have, what sort of help?
  - If not, what kind of help would you like to receive?

Other direct questions, e.g:

- Does your partner/ family member hit…
- Has someone threatened you …
- Does your partner/family member stop/ forbid you from …
- What happens if you do not do as your partner/family member wants?
- Does your partner/family member threaten to hurt you if you do not…
- Has your partner/family member broken your things?
- Does your partner/family member press you… Do you have to….
- Does your partner/family member follow you…. Does your partner /family member make check-up calls…

The procedure that is best for the victim is chosen:

- what is the safest way for the victim? The safety plan of the acute situation has to be drawn up, e.g.
-Is it necessary to get the victim to hospital, a refuge, to stay with relatives or can the victim go home?
- At which point other participants (culprit/victim) are contacted?
- Who will take the contact? See p. 30 Help in family violence situations

5. Gambling and Internet addiction

As there are no visible signs, the gambling problem is difficult to recognise. Some clues may be financial problems, stress symptoms and sleeping difficulties. The gambler tries to hide the addiction or it is hidden by some other symptoms. The student can also be addicted to games available on the Internet. **If you observe symptoms of gambling or Internet addiction, refer the student to the student health nurse.**

The primary places for treatment are Nuorisoasema Klaara (youth centre) for under 25 year old students (Kirkkopuistikko 28, 1st floor, 65100 Vaasa, tel. 06 325 2850),

A-neuvola for over 25 year old students (Vöyrinkatu 46, 65100 Vaasa, tel. 06 325 2800),

Mielenterveyskeskus (Mental Health Centre) Hietalahdenkatu 2-4, 65100 Vaasa, tel. 06 323 2272).

Gamblers Anonymous (GA) is an association for men and women whose members gather to give peer support to solve their common gambling problem and to help others to get over compulsive playing. The group convenes on Thursdays at 6 pm at Palosaari parish centre (seurakuntakeskus), Kapteeninkatu 14-16. More information on the operation of GA at www.nimettomatpelurit.fi.

VAASAN AMMATTIKORKEAKOULU
VASA YRKESHÖGSKOLA
UNIVERSITY OF APPLIED SCIENCES

HELP FOR ANXIETY, LIFE CRISES AND ALCOHOL OR GAMBLING ADDICTION

- **Psychologists at Student Health Care**
- **Social work on-call duty** tel. 06 325 2347
- **Nuorisoasema Klaara** tel.06 325 2850
- **Horisontti, the City of Vaasa's mental health centre . Inquiries Mon-Fri between 9 – 16 tel. 06 325 2031.**
  Appointments and information Mon-´Fri between 10-12 tel. 040 809 6983
- **Perheneuvola, (Family counselling)** Appointments Mon-Fri between 10 – 11 tel. 06 325 2650
- **Youth psychiatry out-patient clinic (Nuorisopsykiatrian poliklinikka)** Inquiries Mon-Fri between 8.00 - 16.00 tel. 06 323 2289
- **Mental health centre**
  Inquiries Mon between 8 - 16, Tue between 8 - 19 and Wed-Fri between 8 – 16, tel. 06 323 2272
- **Folkhälsan youth out-patient clinic**
  Appointments tel. 06 312 4544
- **A-neuvola (alcohol problems, addictions)**
  Appointments Mon-Fri between 11 – 12, tel. 06 325 2800,
  on-call duty Mon-Fri between 11 - 12 tel. 06 325 2806
- **Päihdeasema (Welfare for intoxicant abusers)** tel. 06 325 2400, open 24 h/7.
- **Ensi- ja turvakoti** (home for unmarried mothers/women's refuge) tel. 06 312 9666, open 24 h/7
- **Health care centre (Terveyskeskus)**
  Your own health care centre Mon-Fri between 8 - 16
  tel. exchange 06 325 1111,
  Emergency duty at Main health care centre Mon-Fri between 16 - 23
  tel. 06 325 1700 and Emergency duty at Vaasa Central Hospital between 23 - 8.
- **Telephone counselling on phone by Finnish Evangelical Church (in Finnish or Swedish)**
  in Finnish Sun-Thu between 18 -01, Fri-Sat between 18 - 03
  tel. 010 190 071,
  in Swedish every day between 20 - 24,
  tel. 010 190 072
- **Telephone counselling for children and young people by Mannerheimin lastensuojeluliitto** tel. 0800 120 400
- **Irti Huumeista-telephone counselling (rid of drugs);** telephone on-call 010 804 550 Mon-Fri between 9 -15 and 18 -21, regional office tel. 06 361 6460. Information, support and help for drugs abusers and their families
- **Rikosuhripäivystys** (on-call duty for crime victims) Regional office in Vaasa tel. 06 317 5654

- **Rikosuhripäivystys – Auttava puhelin** (on-call duty for crime victims - helping phone) Mon-Tue between 13 -21,
  Wed-Fri between 17 - 21 tel. 020 316 116
- **Peluuri** – helping phone for people with gambling problems on weekdays between 12 - 18
  p. 0800 100 101
- **Nationwide crisis telephone tel**.01019 5202 Mon-Fri between 9.00– 06.00,
  Sat 15.00– 06.00 , Sun 15.00– 22.00

HELP IN FAMILY VIOLENCE SITUATIONS

Social services and health care

In Vaasa it is the duty of social services and health care to take into account the possibility of family violence, to provide immediate care and to see to give support in the future. The protection of children is always taken into account in this work.
Social work on-call duty. (24 h/d) tel. 325 2347
The City of Vaasa telephone exchange tel. 325 1111
Information service on health care and nursing tel. 325 1700

Main health care centre, Sepänkyläntie 14–16, 65100 Vaasa
between 8.00 - 22.00
Emergency duty at Vaasa Central Hospital, Hietalahdenkatu 2-4, 65100 Vaasa
between 22.00 – 8.00

Vaasan ensi- ja turvakoti (home for unmarried mothers and women's refuge)
The women's refuge offers a safe place for women and their children in situation of violence (24h/d)
The refuge and the service centre Avokki work is done separately with women, children and men.

Vaasan ensi- ja turvakoti, Vöyrinkatu 2 A, 65100 Vaasa
tel. 312 9666
Crisis telephone 312 9666 (24 h/d)
turvakoti@vaasanturvakoti.fi
Avopalvelupiste Avokki (service centre), Koulukatu 26 A 4, 65100 Vaasa
tel. 317 3136 ja 040–772 6078
avopalvelut@vaasanturvakoti.fi

Finnish and Swedish parishes in Vaasa
The employees of the parish e.g. the employees at the deaconry and family affairs advisory centre help people holistically in various life situations
Federation of parishes telephone exchange 326 1211

Telephone counselling (Finnish), tel. 10071,between 18 – 23
Telephone counselling (Swedish) tel. 10072, between 20 – 23
Family affairs advisory centre , tel. 326 1491 (appointments)
Mon-Fri between 8.00 – 15.00

On-call duty for crime victims
Through the on-call duty for crime victims, the victims of family violence can get a support person who can accompany the victim, if necessary, to the police station and e.g. in trial.
Regional office in Vaasa, Meijerikatu 9, 65100 Vaasa, tel. 317 5654 or 050 572 9265
Nationwide services:
Helping telephone, Mon-Tue between 13-21 and Wed-Fri between 17-21, tel. 0203-16116
Juristin puhelin (Lawyer's telephone), Mon-Thu between 17-19, tel. 0203-16117

Police
The police's duty is to secure the judicial system and social order, the general order and prevention of crimes, investigation of crimes and forwarding crimes to consideration of charges.
Emergency number 112
Vaasa Police Department, Korsholmanpuistikko 45, 65100 Vaasa
Tel. 210 0411 (Mon-Fri between 08.00 - 16.15)
Reports of offences (crimes), tel. 210 0500
Mon-Sun between 8.00 -17.00 (during non-office hours the entrance through Mäkikaivontie)

Prosecutor /District prosecutor
The prosecutor's duty is to take care of the implementation of criminal responsibility in the processing of criminal cases, consideration of charges and trials. On the basis of the material received in the preliminary investigation the prosecutor assesses, the part of the suspect, if the crime has been committed and if there is enough evidence on it. The charges will have to be filed when there are probable causes to support the guilt of the suspect.
Prosecutor's office in Vaasa jurisdictional district Korsholmanpuistikko 43, 65100 Vaasa
tel. 010 36 26800
vaasa.sy@om.fi

Vaasa legal aid office
Legal aid means that a Finnish citizen can get an assistant for legal matters partly or totally at the Government's expense. The victim of serious crimes and sexual crimes can get a trial counsel totally at the Government's expense, disregarding the income.
Vaasanpuistikko 20 B, 65100 Vaasa, tel. 010 36 61240 (appointments)
vaasa.oikapu@om.fi

Probation and aftercare / Ostrobothnia regional office / Vaasa unit
The Vaasa unit takes care of the enforcement of community consequences .

VAASAN AMMATTIKORKEAKOULU
VASA YRKESHÖGSKOLA
UNIVERSITY OF APPLIED SCIENCES

Vaasanpuistikko 20 B, 65100 Vaasa, tel. 010 36 80630 (appointment)
pohjanmaa.khl@om.fi

Student welfare
A multi-field wellbeing team works at VAMK to seek solutions for students that need support.

VAASAN AMMATTIKORKEAKOULU
VASA YRKESHÖGSKOLA
UNIVERSITY OF APPLIED SCIENCES

APPENDIX A: MEMO ON BROACHING THE SUBJECT

_____

Name and student number of student

I have participated in the discussion which dealt with my possible intoxicant problem.
I have been given an account of practices at Vaasan ammattikorkeakoulu, University of Applied Sciences regarding intoxicant problems.

Contents of discussion:
Observations on problems caused by intoxicants at VAMK:

The student's opinion on the use of intoxicants:

Measures agreed and schedule of follow-up:

_____ _____

Date Student

_____ _____

Head' of Department Person who made the observation

_____ _____

Clarification of signature Clarification of signature

VAASAN AMMATTIKORKEAKOULU
VASA YRKESHÖGSKOLA
UNIVERSITY OF APPLIED SCIENCES

APPENDIX B: AGREEMENT ON REFERRAL TO TREATMENT

_____ _____
Name of student ID number

I have participated in a discussion where my problem with intoxicants was dealt with and I commit to the instructions given to me by the treating persons. If I do not finish the treatment, I will inform the student health nurse university about it, in which case the UAS can take penal measures.

I and the student health nurses have a right to receive information concerning the treatment plan as much as it is necessary relative to the studies.

Vaasa _____ / _____ _____

_____ _____
Student Clarification of signature

Certified by:

_____ _____
Head of Department Representative of the UAS

_____ _____
Clarification of signature Clarification of signature

Distribution:
Student
Student health care
Treatment unit
Representative of the UAS

VAASAN AMMATTIKORKEAKOULU
VASA YRKESHÖGSKOLA
UNIVERSITY OF APPLIED SCIENCES

APPENDIX C: REQUEST FOR DRUG TEST

Student _____Student number _____

is requested to produce the result of drug test by _____ (date).

The result of the test is submitted to the student health care of the UAS.

The decision is based on the paragraph 25d in the Polytechnic Act (351/2003).

Vaasa _____ /_____ _____

_____ _____

Dean Clarification of signature