

INCREASING VULNERABLE ADOLESCENT REFERRAL FROM SCHOOL TO KLINIK REMAJA IN SEBERANG PRAI TENGAH DISTRICT, PENANG



KEMENTERIAN KESIHATAN MALAYSIA
JABATAN KESIHATAN NEGERI PULAU PINANG

PP-38

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INTRODUCTION

There was no existing system for referring adolescent to Klinik Remaja from school. From July to October 2022, only 5 cases were referred from school to OPD in Klinik Kesihatan and there was no case referred directly from school to Klinik Remaja.

TERMS AND DEFINITIONS

Adolescents

World Health Organization (WHO) and United Nations Children's Fund (UNICEF) defines "adolescents" as individuals in the 10-19 years age group.

Vulnerable

The ones not having certain of their basic rights fulfilled in terms of material, emotional and social aspects.

SELECTION FOR OPPORTUNITIES FOR IMPROVEMENT

1.1 SMART CRITERIA

S	Vulnerable adolescent detected at school who are not referred may cause multiple behavioural and health issues
M	No of referrals are traced using communication medium between MOE and MOH created for Klinik Remaja
A	Vulnerable adolescent referred will get appropriate treatment therefore preventing multiple health and behavioural issues
R	A total of 6 Klinik Remaja in 6 different Klinik Kesihatan are available in SPT District to offer treatment for vulnerable adolescent referred from school
T	The study was carried out using existing trained workforce and facilities within the allocated timeframe

1.2 LITERATURE REVIEW

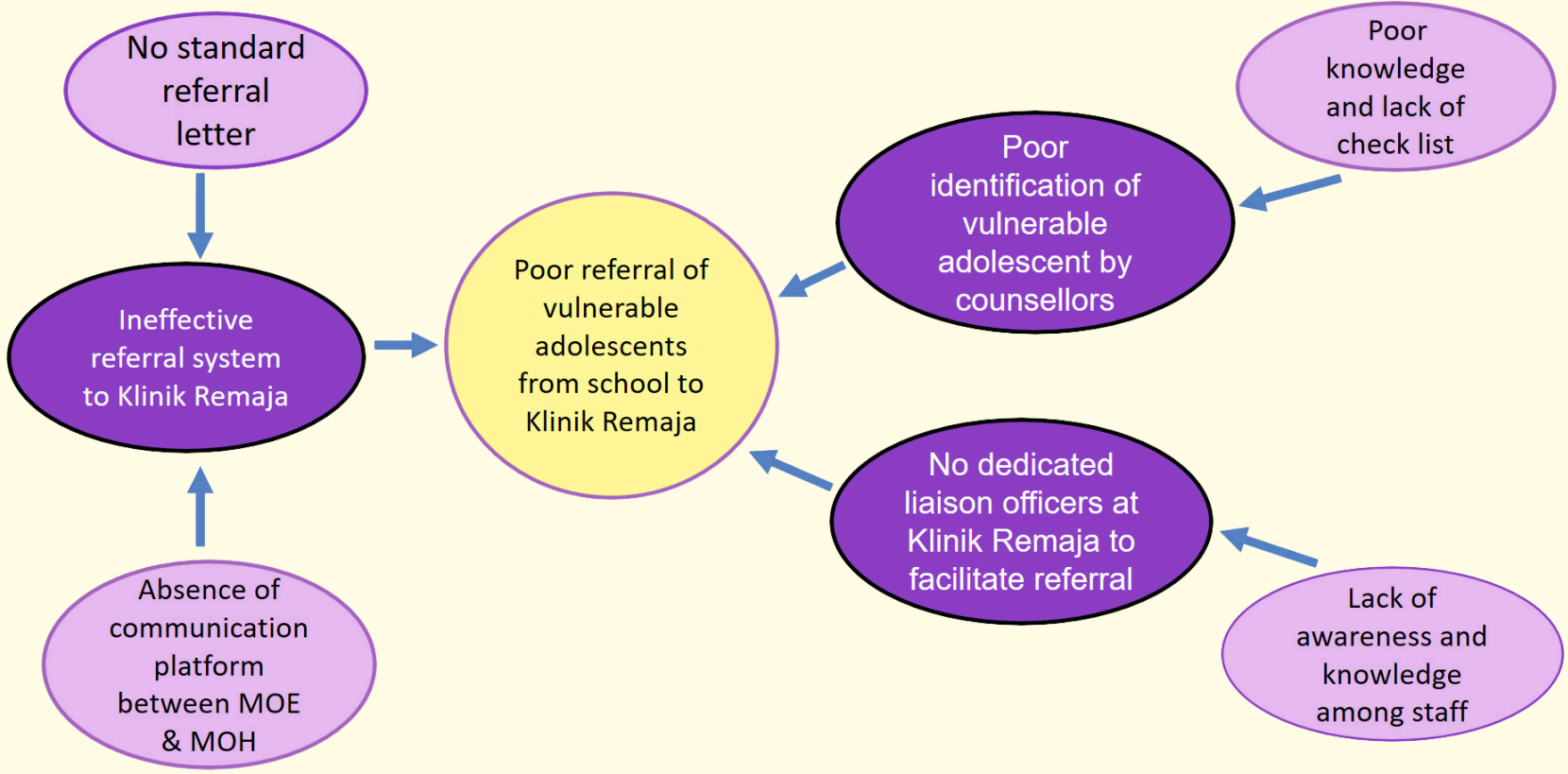
A cross-sectional survey done among secondary school adolescent in one of Malaysian's state reported **very low utilization** of the adolescent sexual and reproductive health services, as only **6.9%** out of 680 adolescents had ever visited primary Healthcare facilities.

1.3 PROBLEM STATEMENT

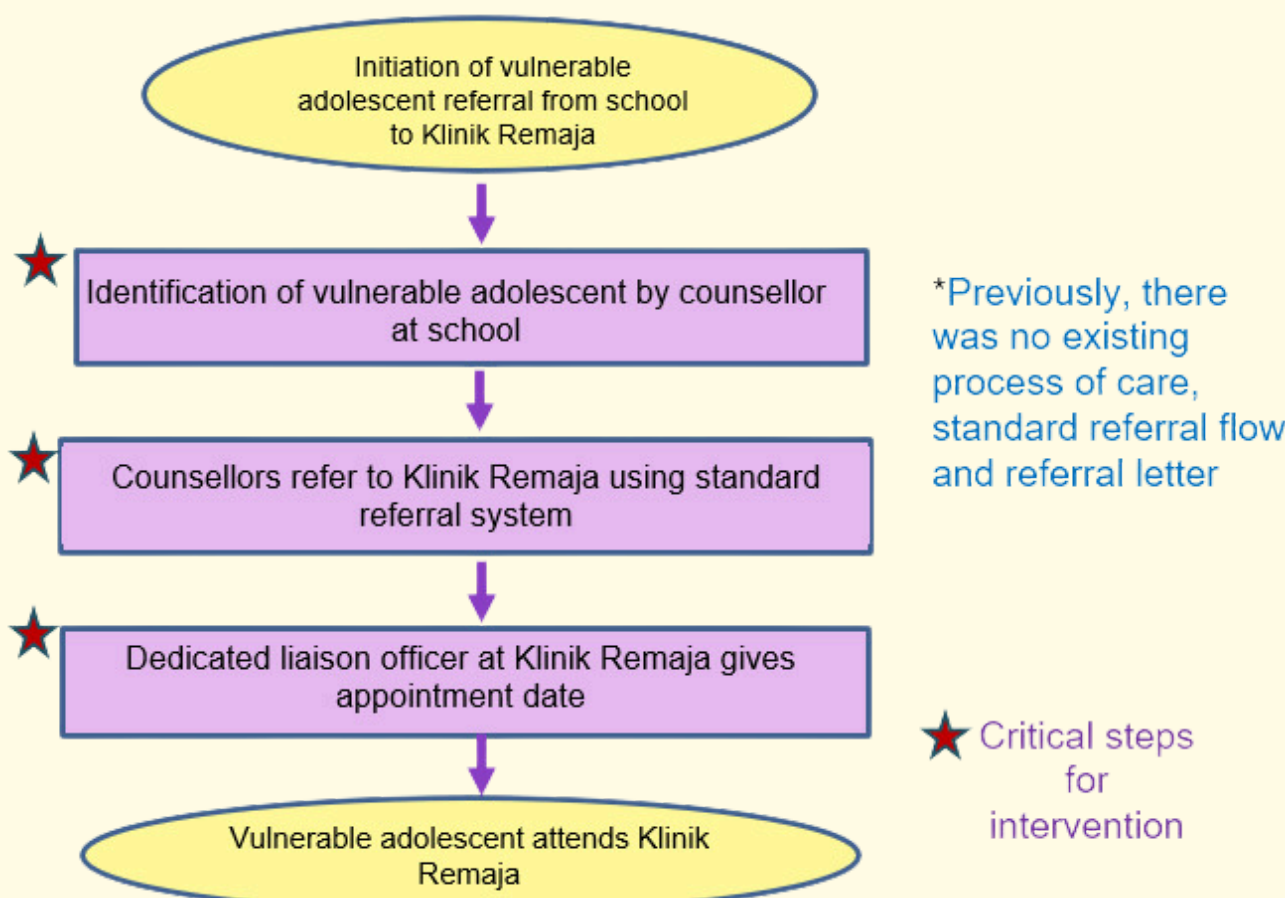
- Counselors used school referral letter and non-standardised memo to refer adolescent to OPD in KK.
- Adolescent referred from school will get OPD appointment date first, then only referred to Klinik Remaja.
- Therefore, we aim to create a referral system where school counselors can easily refer adolescent and get earlier appointment date to Klinik Remaja in SPT District.

2. KEY MEASURES FOR IMPROVEMENT

2.1 CAUSE EFFECT ANALYSIS



2.2 PROCESS OF CARE



2.3 GENERAL AND SPECIFIC OBJECTIVE

General objective

To increase vulnerable adolescent referral from school to Klinik Remaja in SPT

Specific objective

- To verify the percentage of vulnerable adolescents referred to Klinik Remaja
- To identify contributing factors of poor number of referral of vulnerable adolescents to Klinik Remaja
- To recommend and implement remedial measures based on findings
- To evaluate effectiveness of the remedial measures

2.4 INDICATOR AND STANDARD

Indicator-Percentage of vulnerable adolescent referred from school to Klinik Remaja.

The total number of vulnerable adolescent referred from school to Klinik Remaja $\times 100$
Total number of vulnerable adolescent attending Klinik Remaja

STANDARD : 40% Based on current available appointment and healthcare resources. No current standard set by KKM.

2.5 MODEL OF GOOD CARE

No	Process	Criteria	Standard	Pre-remedial	Phase 1	Phase 2
1.	Counsellor identify vulnerable adolescent at school	Counsellor identify vulnerable adolescent according to criteria in checklist Use GAD-7 and PHQ-9 as a tool to screen adolescent's mental health *GAD-7 & PHQ-9 score >10 indicated for referral	100%	0%	100%	100%
2.	Counsellors refer to Klinik Remaja using standard referral system	Counsellor fills in standard referral letter Counsellor inform parents/guardian Counsellor forward referral letter to Telegram group (communication platform between MOE-MOH) Referral letter given to parents to bring during appointment	100%	0%	100%	100%
3.	Dedicated liaison officer at Klinik Remaja gives appointment date	Liaison officer receive referral from Telegram group and gives appointment to the nearest Klinik Remaja within 2-4 weeks	100%	0%	93%	97%

3. PROCESS OF GATHERING INFORMATION

Methodology

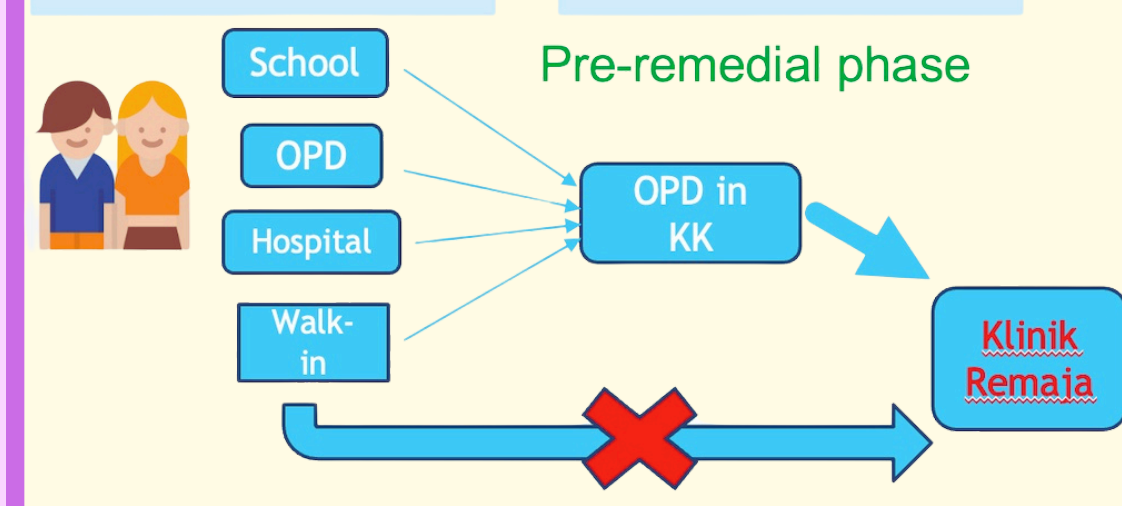
Type of study	Cross sectional study
Study period	<ul style="list-style-type: none"> Verification study phase: 1st July - 31st August 2022 Pre-remedial phase : 1st September 2022 - 30th October 2022 Remedial phase 1: 1st November 2022 - 28th February 2023 Remedial phase 2: 1st June 2023 - 31st December 2023
Study population	All vulnerable adolescent at school in SPT district
Sampling technique	Convenience sampling method
Inclusion criteria	<ul style="list-style-type: none"> Screened adolescent with vulnerability Adolescents from 10 years to 19 years Adolescents with parent's consent
Exclusion criteria	<ul style="list-style-type: none"> Adolescents who are not vulnerable Adolescents who walks in to KK/referred from OPD/Hospital/JKM
Sampling tools	Telegram and whatsapp group created between school counsellors (MOE-MOH) and Klinik Remaja staff

4. ANALYSIS AND INTERPRETATION

Verification study (1st July 2022-31st August 2022)

To assess awareness and knowledge regarding Klinik Remaja

School Counsellors	Healthcare workers
66.7% knows about Klinik Remaja 60.7% knows the indication for referral	84.2% knows about Klinik Remaja 67.5% knows indication for referral



Why Klinik Remaja?

Differences	OPD	Klinik Remaja
Settings	General settings to see all cases including communicable and non-communicable diseases	Specialized clinic to see vulnerable adolescent patients only
Staff	All staffs	Trained dedicated staff
Consultation timing	10-15 minutes per patient depending on workload	1 hour slot per vulnerable adolescent
Appointment que	3-4 months	2-4 weeks

5. STRATEGIES FOR CHANGE

Phase 1

STRATEGY 1 - Checklist with indication of referral

Reason for Referral?

- Mental health issues (ie Stress, Depression and Suicidal thought)/ Masalah Kesihatan mental seperti Stres, Depresi dan Pemikiran Bunuh Diri)
- Behavioural Issues/ Masalah Tingkahlaku
- Sexual Harassment / Masalah Gangguan Seksual
- Absenteesim/ Ponteng sekolah
- Bullying/Kes Bull
- Nutrition issues (eating disorder leganorexia and obesity)/ Isu Nutrisi (masalah pemakanan:seperti anorexia obesity)
- Others (please specify):others (please specify);

Name>Nama Perujuk:

Date:

Time:

STRATEGY 4 - Standard referral letter

PEJABAT KESIHATAN DAERAH SEBERANG PRAI TENGAH
LOT 18, MUKOM 17, BERAPIT 14000 BUKIT MESTAJAM

SEBERANG FORM (Surat Rujukan Perkhidmatan Remaja SPT)
IC No./No Kad Pengenalan: _____ Contact Number (Please double confirm)/No HP Warti: _____

Guardian Name>Nama Warti: _____ Guardian IC/IC Warti: _____ Guardian Phone number (Please double confirm)/No HP Warti: _____

Weight/Berat (kg): _____ Height/Tinggi (cm): _____ BMI: _____

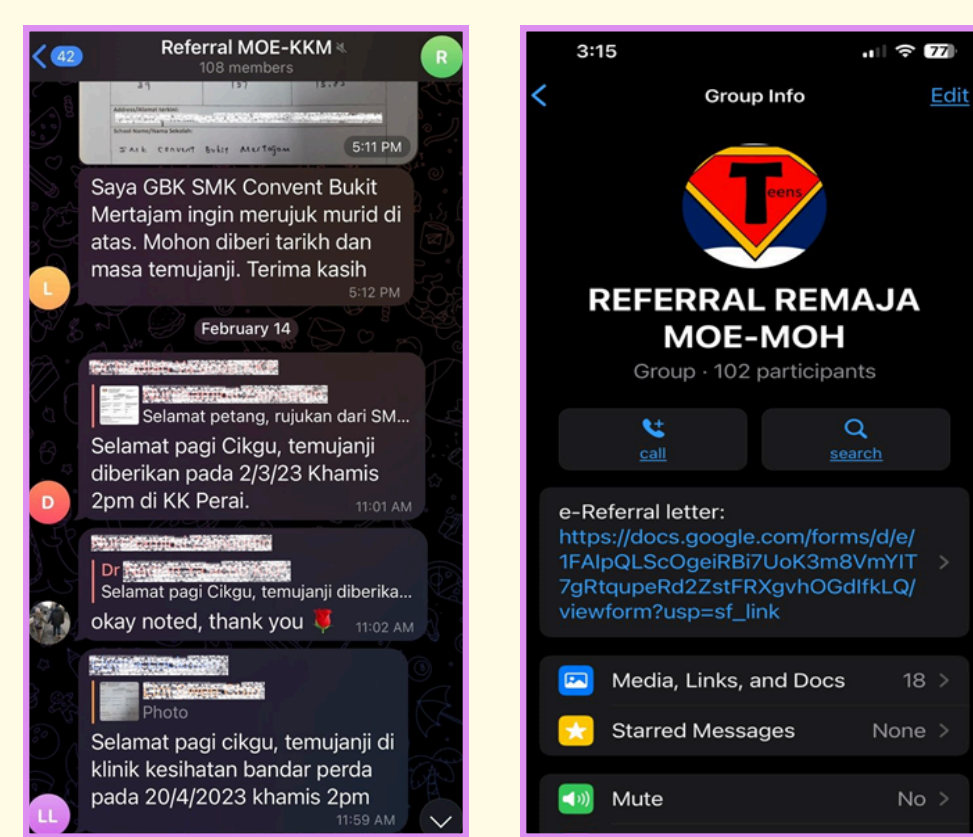
Address/Alamat terkini: _____
School Name>Nama Sekolah: _____

STRATEGY 2 - Common screening tools

GAD-7	Over the last 2 weeks, how often have you been bothered by the following problems? (Use 'r' to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1.	Feeling nervous, anxious or on edge	0	1	2	3
2.	Not being able to stop or control worrying	0	1	2	3
3.	Worrying too much about different things	0	1	2	3
4.	Trouble relaxing	0	1	2	3
5.	Being so restless that it is hard to sit still	0	1	2	3
6.	Becoming easily annoyed or irritable	0	1	2	3
7.	Feeling afraid as if something awful might happen	0	1	2	3

(For office coding: Total Score T ____ = ___ + ___ + ___)

STRATEGY 5 - Communication Platform Between MOE & MOH



STRATEGY 3 - Klinik Remaja Infographic



STRATEGY 6 - Appointment of Ahli Jawatankuasa Klinik Remaja and Klinik Remaja Course



Phase 2

STRATEGY 7 - Klinik Remaja Videographic



STRATEGY 8 - Improved flow of referral

Klinik Mesra Remaja Daerah Seberang Prai Tengah

Tarikh temu janji: _____
Masa temu janji: _____
 Urgent
 Non-urgent

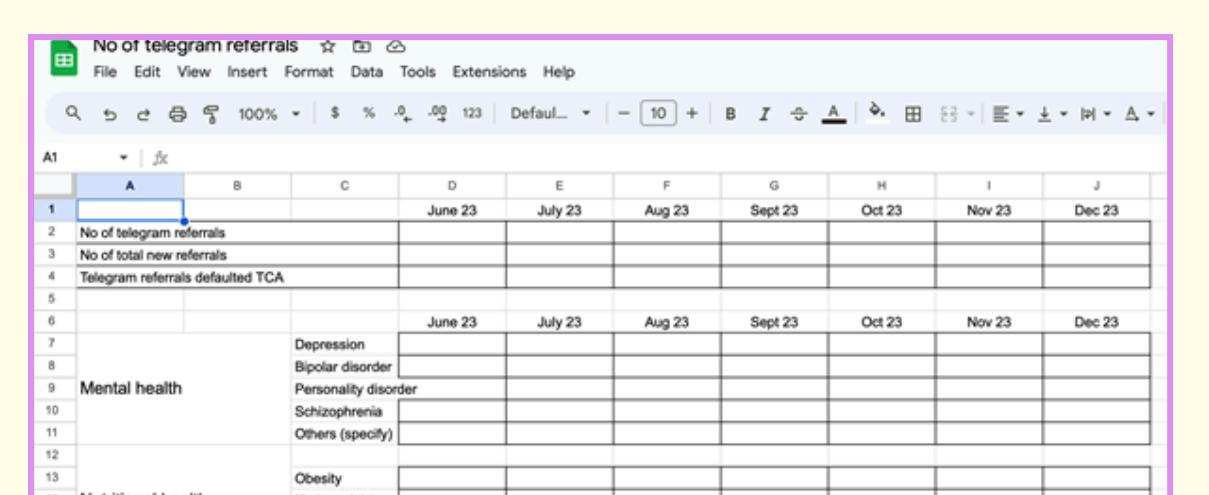
Klinik Kesihatan:

- Bukit Minyak
- Seberang Jaya
- Kubang Semang

Bandar Perda Prai Berapit

Nama: _____ Nama Perujuk: _____
No IC: _____ No Tel: _____
Alamat rumah: _____
Cop Rasmi

STRATEGY 9 - Klinik Remaja Google Drive

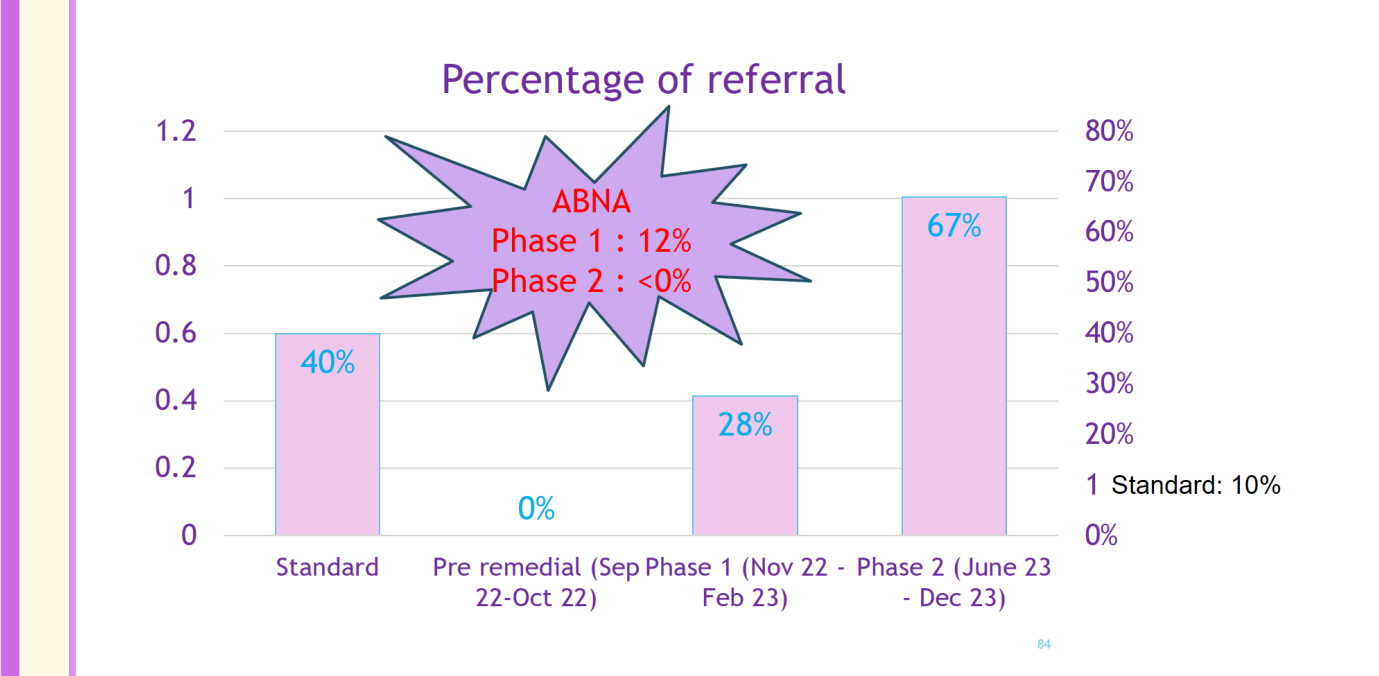


STRATEGY 10 - Meeting with all school counsellors in SPT on 13th July 2023

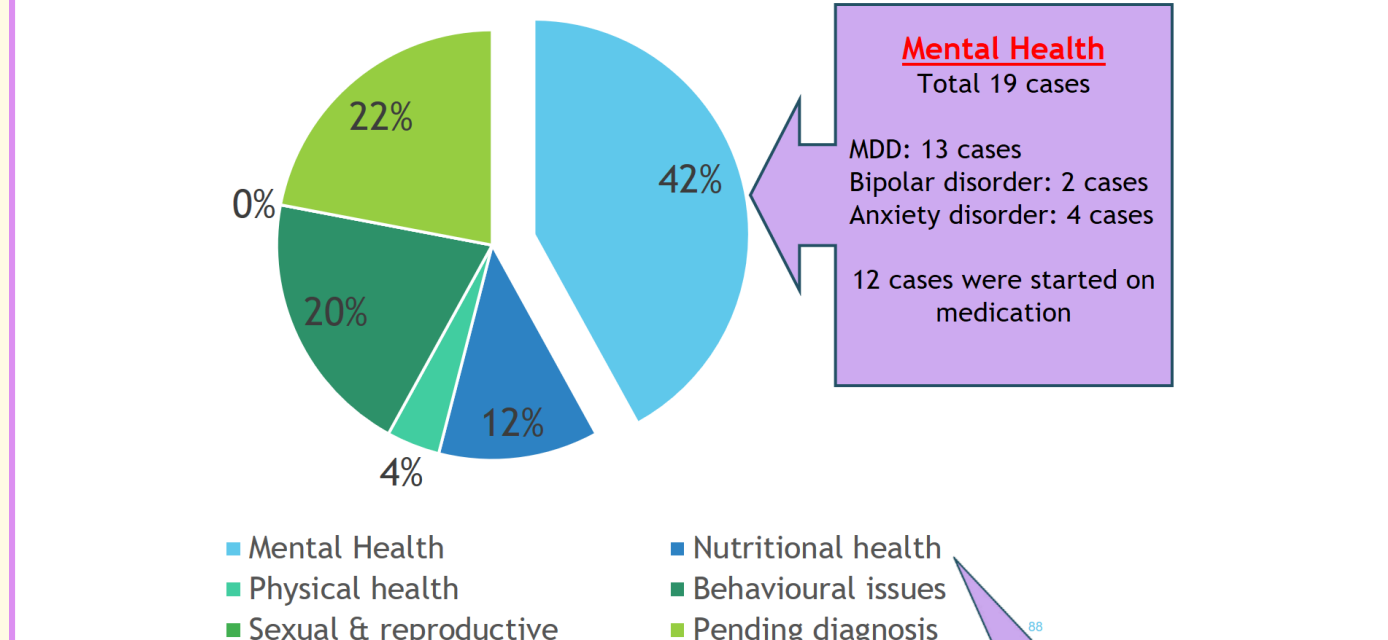


6. EFFECT OF CHANGE

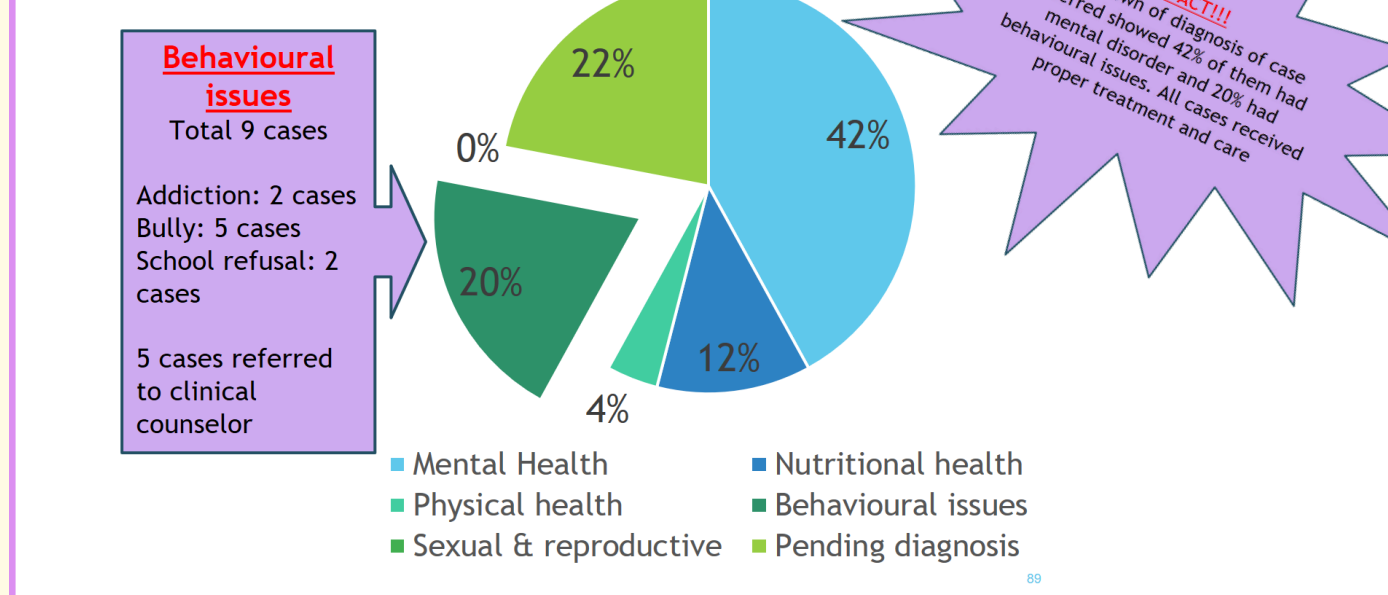
Percentage of referral	Pre-remedial	Phase 1	Phase 2
Numerator (case) The total number of vulnerable adolescent referral from school	0	27	58
Denominator (case) Total number of new referrals to Klinik Remaja	12	98	87
Percentage of referral (%)	0	27.6	67



Percentage of diagnosis



Percentage of diagnosis



7. CONCLUSION

- This project has increase the **percentage of referral from 0% to 67%**
- Possible cause of poor referral of vulnerable adolescent from school was no establish referral system and low referral from counsellors due to lack of awareness and knowledge
- From our data, we manage to conclude that **mental health** and **behavioural issues** among adolescents has become one of the major healthcare burden

8. THE NEXT STEP

- Future plans for group therapy session for adolescent with similar problem and multidisciplinary approach consultation
- We aim to further implement this referral system to Klinik Remaja in other districts in Penang.

9. ACKNOWLEDGEMENT

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