



THE TAMPERE DECLARATION ON STUDENT HEALTH CARE IN EUROPE

We, the representatives of the member organisations of the European Union for School and University Health and Medicine (EUSUHM), assembled in Tampere, Finland, to participate in the 14th European Congress of EUSUHM, entitled “From Challenge to Chance – Working for the Health of Young People” from 6-9 June 2007, recognise that:

At the moment there is a vast variety in the ways how health services for students are organised in Europe. Even within country variations are great. The great variation is also a richness and opportunity for learning from each others.

EUSUHM is concerned about the lack of organised student health services in many European countries. We appeal to the governments and health service leaders to pay special attention to developing and improving health services to meet the rapidly changing health needs of the students nationally and internationally. While student curriculums are becoming more and more globalised there is an increasing need for new international networks to meet the changing health needs of the student population.

1. Targeted and Setting Based Student Health Care has long traditions of good care

Students are a young population needing special attention from Health Care professionals. They live in a new environment away from their home and home towns and villages often for the first time in their life. Providing Student Health Care programmes setting based, close to the university facilities and aiming at the prevention, the early detection and the timely and appropriate treatment of ill-health in the young population create an easy access to adequate services. Health services focused on students have a history of over 70 years in Europe.

Programmes of health promotion, systematic vaccination and screening for health, emotional growth and special problems at student stage of life are examples of the added value of student health care in achieving a healthier young population in Europe.

Adequate Student Health Care contributes strongly to young people achieving their full potential on physical, cognitive, emotional and psychosocial levels.

2. New health priorities are challenging us in the 21st century

The epidemiology of health problems during late adolescence and young adulthood has changed remarkably. The changing needs must be monitored carefully and the services need to be developed continuously in order to meet the current health needs adequately. Adolescent Medicine jointly with School and Student Health Services are a developing field of medicine providing new opportunities for primary and secondary preventive approaches for better health of population.

Due to important societal changes during the last decades in almost all countries of the European Region, a remarkable shift in the health related behaviour in young people has been observed. This resulted in new health problems of young age, for instance increasing prevalence of mental disorders, overweight and obesity, eating disorders, musculoskeletal disorders, risk for cardiovascular diseases,



teenage pregnancy, sexually transmitted infections and health problems related to the use of tobacco, alcohol and other drugs.

Need for special counselling and other mental health services for students and for integration of students with disabilities to studying networks has increased. Several studies suggest that the prevalence of mental disorders among student population may be as high as 25 %. The prevalence of many psychiatric problems such as eg. depression, suicidal behaviour and eating disorders seems to be increasing. Most mental disorders that are met in the health care systems for adult population have started in middle adolescence. Student years are an optimal age for early detection and treatment. Early intervention in mental health is an important preventive activity: students are prospective mothers and fathers for the next generation, and their increased mental well being is an important investment for the future of the nation.

Formerly students were a population at risk for tuberculosis and other severe infections. Now psychosocial risk factors have grown to an increasingly important role. Infectious diseases are still a major risk which is increasing and getting new forms due to globalisation of university studies. Sexual health and family planning issues of students are highly actual all over the world. Student population suffers also from specific dental problems like incomplete eruption of wisdom teeth, which often leads to other diseases including caries.

To day students study increasingly abroad in new environments. A comprehensive network of Student Health Care is needed to provide an equal access to adequate preventive and curative health services for students over the borders.

It is also recognised increasingly that special needs of adolescents and students deserve to be included in mainstream health care and education. Using modern technologies and web-based health promotion and service has proved to be a successful approach in promoting health of the student population. Experiences of using web-based approaches as an integral part of student health services have been very positive.

3. Equal access to adequate student health care should be of the highest political priority

Taking into consideration the observed epidemiological trends, the health of young population should have the highest priority in all the countries of the European Region. It is each country's political responsibility to organise appropriate health care for young people. This is the responsibility of the whole society (i.e. government, civil society and private sector), and should not be driven by free market laws.

Student Health Care should be organised on a primary level, confidentially and with an open and easy access for all students at the site of their studies.

Health promotion and empowerment should be the foundation of health care for young people. They should not be recipients of health information, but participants in health promotion.

In order to build up adequate Student Health Care systems dedicated and competent professionals are needed. There is a need for specific postgraduate training programmes in Student Health, particularly for Student Health doctors, Student Health nurses and Student Health counsellors, psychologists and clinical social workers.



4. Student health care should be organised without thresholds and emphasizing health promotion activities

Student health care should be “setting-based”, which means that there is a need for a close connection between health services and the facilities where the studies take place. University campus is an ideal health promoting setting, by students are reached and offered the necessary health care and preventive programmes.

Experience gained in several countries suggests that differentiation between preventive and curative activities should not be too strict. Both are needed, and close cooperation between both these activities is very important. Student years are a period of in life cycle in which the health behaviour patterns of later life are established. Therefore this time represents an optimal opportunity for promoting life long changes in health behaviour and self care. Student counselling as part of integrated student health service has a long history as is a specific low-threshold service for promoting mental health and capacity to study of the student population.

5. Evidence based research and sharing expertise internationally is needed

Student Health Care should be evidence-based as far as scientific evidence is available. When this is not yet the case, research programmes should be initiated and supported by the governments, to collect evidence before decisions about reforms of health care are made.

Member organisations of the European Union for School and University Health and Medicine (EUSUHM) June 8th 2007) are:

- Dutch Association of Youth Health Care
- British Federation for Health in Education
- Bundesverband der Ärzte des Öffentlichen Gesundheitsdienstes Deutschlands
- Croatian Medical Association for School and University Health and Medicine
- Finnish Association of School and Adolescent Medicine
- Finnish Student Health Foundation
- Flemish Scientific Society for Youth Health Care
- Hungarian József Fodor Society of School-health
- Macedonian Association of School and University Medicin
- Nationale Fachgruppe Schulärzte of the Swiss Society of Public Health
- Russian Society of School and University Health and Medicine
- Slovenian Association for School and University Medicine
- University Student Health Services of Oslo