The story

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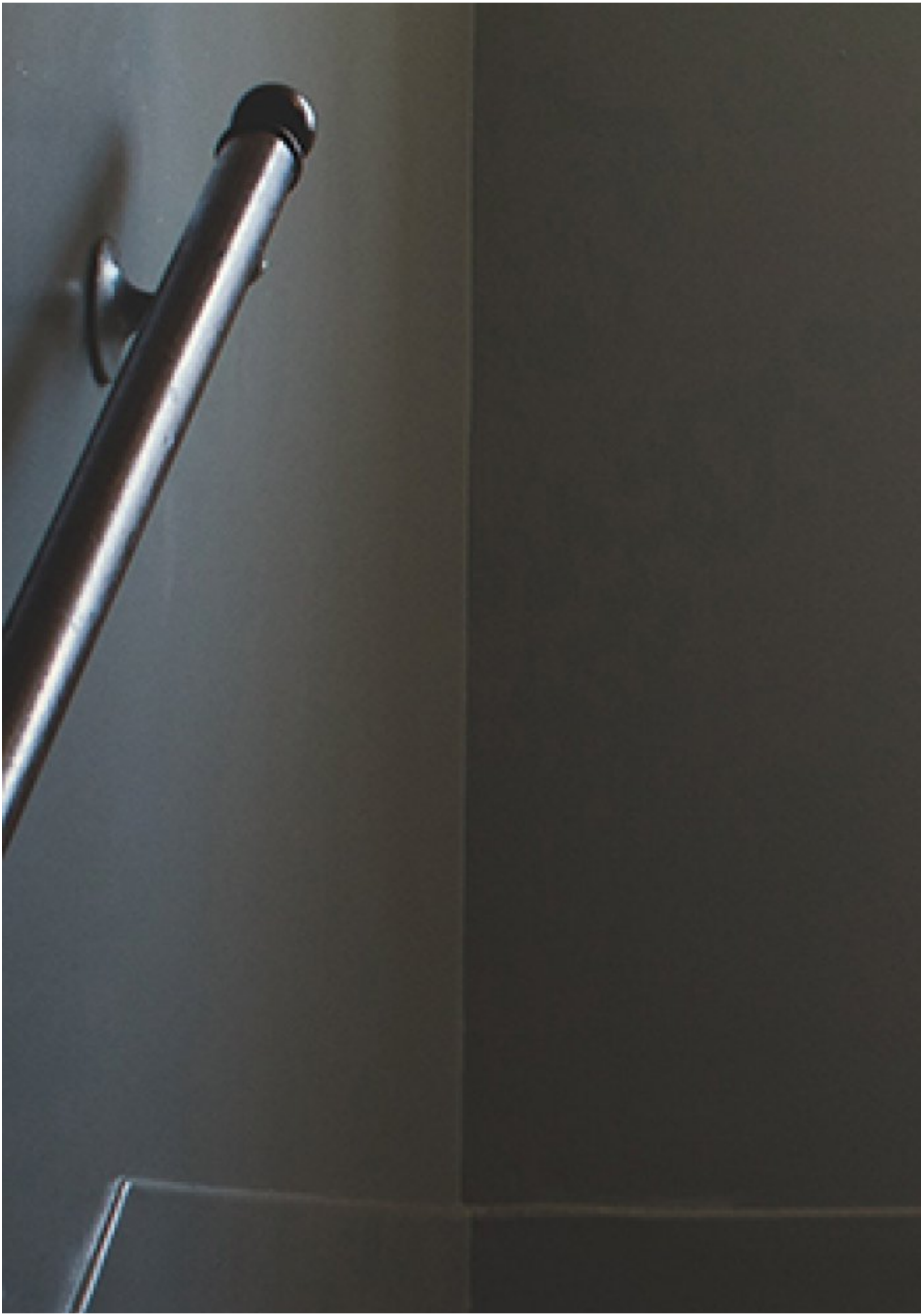

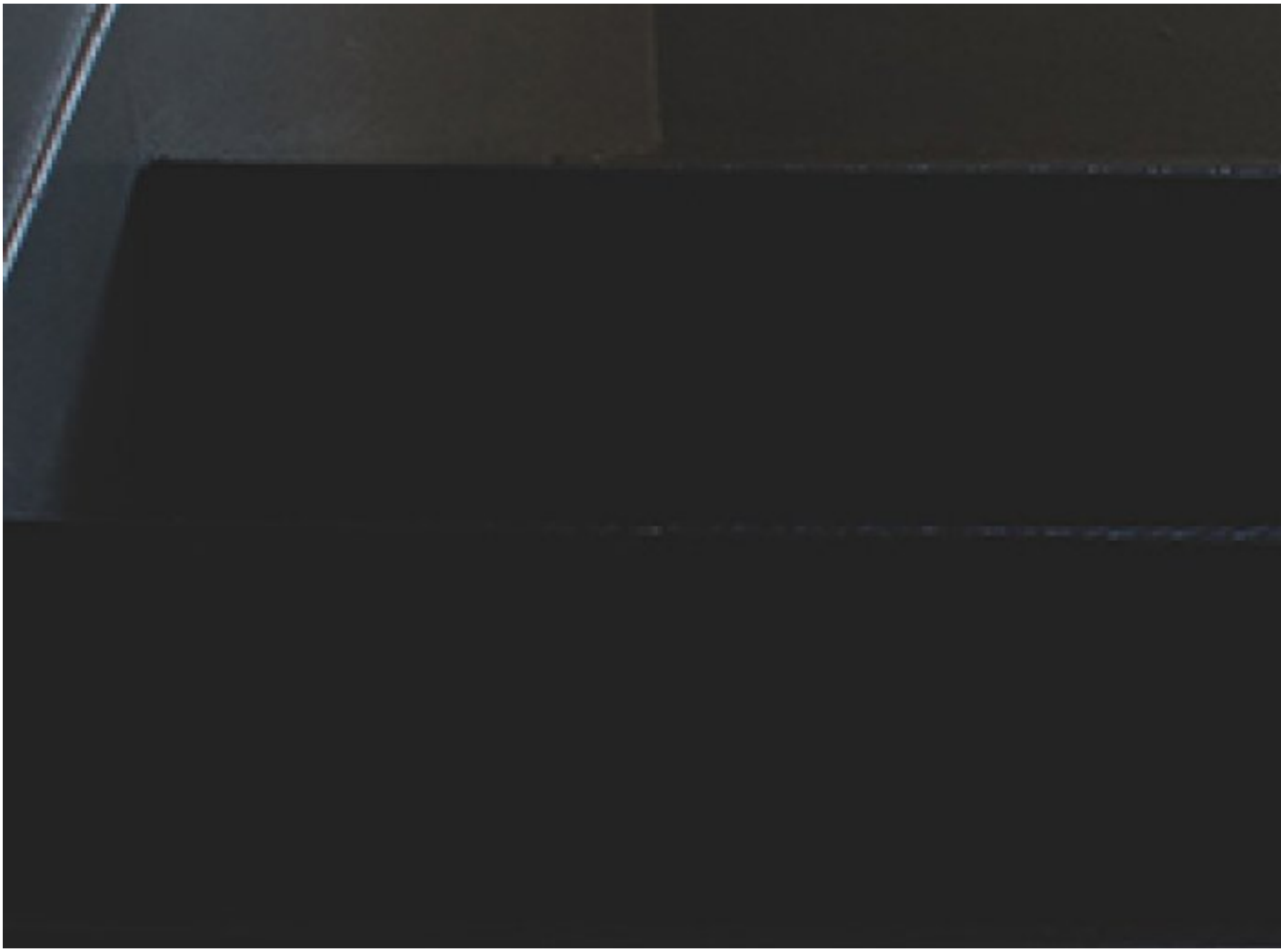

ADOLESCENTS WITH MENTAL HEALTH ISSUES

The story

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Sequence of events

Jonas grew up together with his mother, father and two older siblings. He was a kind, positive and active boy with many friends. He started experiencing some academic challenges early on in primary school. Over time, assessments were carried out without this resulting in an improved experience of school life.

The issues started in primary school

Jonas' issues started as early as the first year of school. The teacher noted that Jonas was struggling to put letters together and that he mixed words up when reading.

He was otherwise a happy boy, according to his mother:

“He was a cheerful and happy boy, he was social and found it easy to make friends with other children. We have been told that he was fun to be around and that he was someone who came up with ideas. But he struggled at school,” she explains.

Various tests were carried out at school, including language development and memory tests. As an 11-year old, Jonas was referred to the educational and psychological counselling service.

Difficulties with learning

The educational and psychological counselling service completed its first assessment when Jonas was 12. Literacy development is not satisfactory. Jonas had significant difficulties with spelling. He also struggled with listening comprehension and had problems with attention. However, the conclusion was that Jonas did not have dyslexia. It was also ruled out that his difficulties at school could be linked to vision or hearing. The educational and psychological counselling service believed that he should receive “adapted learning in writing production” and that teaching should be facilitated, but no special measures were implemented at school.

In the medical records from the educational and psychological counselling service, it states that Jonas’ mother felt discouraged by the fact that time was being spent on assessments and reports without her seeing anything happening in the classroom.

Absence from school

Jonas’ mother has told HIB that she and Jonas’ father repeatedly asked for support in the classroom:

“He needed additional follow-up in class earlier. Someone to remind him to work, he would start again then. He needed some encouragement. Instead, we were offered meetings. We did not feel that we needed support through meetings, we did not feel that this helped much.”

The issues worsened in lower secondary school. Jonas starts being absent from school. “During the tenth year of school, he was at home more than he was at school. He was unable to deliver and he simply ended up with knowledge gaps that were too large,” his mother explains.

A new caseworker took over responsibility for Jonas at the educational and psychological counselling service.

The caseworker was concerned about the absence from school. Jonas was unable to get up and go to school in the morning. Clear agreements concerning gaming time and bedtime were attempted at home, but the results were not encouraging.

School was supposed to have meetings with Jonas every week, but he would not turn up. His class teacher therefore contacted the school nurse. The school nurse had a few meetings with Jonas. She also spoke to his class teacher and parents. The aim was to improve Jonas’ circadian rhythm, so that he was able to get up for school.

“I met a friendly but slightly immature adolescent who lived in the present. I did not get the impression that there were any particular concerns or vulnerabilities, but I did find him difficult to read. Because he did not often come to school on the two days a week when I was there, it was a bit difficult for me to be in a position where I could meet with him,” the school nurse says.

Multidisciplinary team

Jonas was referred to a multidisciplinary child and adolescent team at the Family's House (Familiens Hus). Among other things, this involved the municipal psychologist, who had one meeting with him. The second appointment did not go ahead. They did not meet again.

After Jonas started the tenth year of school, concerns about him grew, both at school and at home. The concerns included the potential consequences his high levels of absence from school could have for him when he started upper secondary school. A literacy test was carried out to see whether the issue could still be due to dyslexia. The school also utilised the youth worker in the municipal child and adolescent team. The purpose of this was for the youth worker to help Jonas get to school and for her to act as someone he could chat to.

"The mission was to get him to school more. He had challenges relating to absence. I met with him, maybe five or six times," says the youth worker, who is a social educator specialising in psychosocial work with children and adolescents.

She also found it difficult to get Jonas to engage. She stayed in contact with him until he left lower secondary school.

During the autumn term in the tenth year of school, Jonas was assigned a new contact from the educational and psychological counselling service. This was the third contact person Jonas had had within the educational and psychological counselling service.

The Child Welfare Service

Absence from school failed to decrease, on the contrary, it increased. The high, undocumented levels of absence were the reason why school eventually sent a message of concern to the Child Welfare Service.

Jonas' parents were distraught and at a loss. In a letter to the Child Welfare Service, his parents wrote, among other things, that the educational and psychological counselling service had previously said that Jonas would be followed up on by the educational and psychological counselling service representative in lower secondary school. "However, this did not happen," they wrote.

"We believe that his absence is due to always having struggled to keep up academically ever since starting school. After moving up to lower secondary school, this became harder and harder and also became much more visible as they started grading the work," his parents continued.

They once again noted that Jonas did not want to be taken out of class for group-based learning but that he wanted to be with the others and that they wanted him to get support in the classroom.

Dyslexia diagnosis

During the upper secondary school admission process, his levels of absence from school had become so high that he was at risk of not being graded or receiving the lowest possible grade in several subjects. Jonas applied for a place on special grounds. He was given a place to study for a specialisation in general studies, his third choice.

Jonas turned up for school throughout the autumn. The Child Welfare Service considered there to be positive developments, but that he needed someone to talk to.

The positive developments did not last long. In order to get valid medical certificates for his ever-increasing absence from school, Jonas went to see his GP. He complained of a variety of somatic symptoms, such as headaches and stomach pains, without the doctor being able to find anything wrong.

"In a way, we did have reasonably positive contact, but it was difficult to get an idea of who he was. I gently tried to poke a bit, but I soon realised that it was uncomfortable for him. I think he

wanted to feel normal. He wanted to succeed at school and do better than he had been, but he felt that it wasn't enough. I did consider mental health issues but I found it difficult to raise the matter with the boy as he showed clear signs of discomfort," the doctor says.

Sometimes his mother accompanied him to the doctor. She was extremely concerned about Jonas. The workload was heavy during the second year of upper secondary school: Jonas had high levels of absence and, in addition to the full timetable, also had to retake two subjects leading up to Christmas. He was told that he may not be able to complete school.

In July, between the first and second year of upper secondary school, the educational and psychological counselling service concluded that Jonas had dyslexia and difficulty concentrating and that he required special teaching.

The GP suspected mental illness

Despite many chats, the GP felt it was difficult to get through to Jonas. The GP believed that many of the somatic complaints could be due to mental illness. The issues at school were making everything worse. He managed to get Jonas to agree to a referral being made to CAP.

"I had no clear indications that he was depressed, it was more a gut feeling that something was wrong. I could see that he was struggling at school and it had previously been documented that he struggled with learning. It was the sum of many unclear factors," says the doctor.

In the referral, the GP wrote, among other things, that the boy had *"previously been assessed by the educational and psychological counselling service, which found evidence of difficulties with learning, without it being clear what the specific conclusion was. I believe that a lot of the somatic complaints could be due to mental illness. He denies experiencing any anxiety. He denies experiencing any difficulties at school. But his mother clearly believes that this is not entirely true."*

CAP refuses referrals twice

Refusal from CAP. This was justified, among other things, by the described difficulties not being severe enough for Jonas to be entitled to healthcare from the specialist health service.

In its refusal letter CAP wrote that “these sort of issues are expected to be managed by the municipal first line services in the first instance, for example the school nurse/municipal psychologist and the educational and psychological counselling service.”

The GP was becoming increasingly concerned about Jonas. Among other things, it now seemed that he had stopped getting in touch to get medical certificates in connection with absences from school. The GP therefore sent a new referral to CAP. In this referral, he pointed out that Jonas had previously been assessed by the educational and psychological counselling service and that he had been diagnosed with dyslexia. He emphasised the difficulties associated with school and learning, the issues relating to concentration and attention and the increasing levels of absence and wrote, among other things:

“I have referred the patient before without you finding any reason to examine him. I believe it is important to carry out neuropsychological testing so that any functional challenges can be properly determined.”

CAP also refused the referral this time. The justification was the same, namely that the difficulties were not severe enough for Jonas to be entitled to healthcare from the specialist health service:

“These sort of issues are expected to be managed by the municipal first line services in the first instance. There is no information about the educational and psychological counselling service having implemented any measures or facilitation in relation to the described difficulties in school or any evaluation of any such measures. This must be carried out before we can perform any potential assessment concerning entitlement to healthcare from the specialist health service.”

Jonas committed suicide around six weeks later.

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