Young people's experiences with health services: A literature review

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December 2013

The Telethon Institute for Child Health Research acknowledges the literature review was developed for the Commissioner for Children and Young People as part of the Commissioner's Youth Health Project available on the CCYP website: http://www.ccyp.wa.gov.au/content/Youth-health.aspx

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ISBN: 978-0-9775975-6-7

Suggested Citation:

Walker, R. & Reibel, T. 2013,*Young People's Experiences with Health Services - A literature Review*. Telethon Institute for Child Health Research, University of Western Australia and Commissioner of Children and Young People, Perth, WA.

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Acknowledgements

This literature review has been supported by the members of the Reference Group established by the Commissioner for Children and Young People. The members of the Reference Group are:

Caron Irwin	Commissioner for Children and Young People
Kate Civitella	Mental Health Commission
Prof Donna Cross	Telethon Institute for Child Health Research / Child Health Promotion Research Centre, Edith Cowan University
Kate Gatti	Child and Youth Health Network, Department of Health
Sue Kiely	Child and Adolescent Health Service
Ross Kyrwood	YMCA
Dr Donald Payne	Australian Association for Adolescent Health
Glenn Pearson	Telethon Institute for Child Health Research
Myra Robinson	Youth Affairs Council of WA
Warwick Smith	North Metropolitan Health Service - Mental Health

We would like to give special acknowledgement to Caron Irwin and Kris Brankovic from the Commissioner for Children and Young People for their ongoing advice and support throughout the project.

We wish to thank Dr Nina Van Dyke who has managed the project coordination for the research team.

We acknowledge the Elders past and present of the Wadjuk people of the Noongar nation as the traditional owners and custodians of the land on which this work has been done and Elders past and present of all Aboriginal people throughout WA.

Executive Summary

Adolescence is the transition from childhood to adulthood and a crucial time in the development of health-related attitudes and behaviours. This transition time can be a period of high risk taking and habit forming behaviour, with long-term ramifications on young people's health and wellbeing. Research shows that health compromising attitudes and behaviours exhibited in adulthood are often initiated during adolescence, making this an ideal time for health services, particularly those in schools, to promote universal prevention and early interventions. Recent reports emphasise the need to pay greater attention to young people as they are often either overlooked or blamed in discussions on health and wellbeing[1].

It is increasingly acknowledged that adolescents have specific health needs related to their developmental status, which spans both paediatric and adult health care sectors. Neuroscientific advances confirm that brain development and psychosocial adolescent development continues into the mid-twenties. Yet paediatric and adult healthcare are two different systems and cultures of care, which creates a challenge for all young people transitioning between the two, irrespective of their circumstances. The literature highlights the need for professionals to acknowledge these differences in preparing young people and their families for this transition.

In WA there are about 153,000 young people aged 13 to 17 years, from different cultural and socio-economic circumstances and geographic locations. Young people as a whole, and in different subpopulation groups, though mostly healthy, encounter a range of health and health related issues ranging from day-to-day general health requirements to more complex physical and mental health issues requiring ongoing treatment or management.

The need to consult with young people about their perceptions and experiences of a range of issues affecting their lives is increasingly acknowledged as an important and essential feature when developing policies and services that aim to address their specific needs and priorities. Consequently, WA, national and international reports have been reviewed to identify what young people say about health services.

In reviewing literature relevant to young people's understanding and use of health services, studies covering their perspectives on health, access barriers and enablers, quality and accessibility improvements, risk and protective factors, and young people's transition pathways into adult health services are covered. The review discusses consultation and research studies undertaken with young people across a broad range of subpopulations. Attention has been paid to studies which consider Aboriginal young people, culturally and linguistically diverse (CaLD) young people, and those who are: homeless; unemployed; teenagers who are pregnant or caring for others (including their own child or a parent with a mental or physical illness); lesbian, gay, bisexual, transgendered or intersex (LGBTI); or who have a physical disability or mental health issues. These studies describe the principal health issues and concerns for this diverse spectrum of young people and how these are being addressed. While there are some clear understandings of the barriers and enablers to enhance access and quality to health services there are gaps in high quality evaluations of what works.

Young people's attitudes to and definitions of health primarily focus on a holistic conceptualisation of health, including relationships, community and family connectedness, nutrition, exercise, and maintaining their mental and emotional health. Health services need to respond accordingly to these physical, social, emotional and mental elements in order to assist young people to develop good, life-long health behaviours. Health is inextricably linked to social and emotional wellbeing; young people desire a healthy life, work and study balance, and safety in their personal and public lives confirming the need for these aspirations to be considered in broader education, employment and social services policies.

Several studies found young people emphasise prevention and healthy lifestyles; describe a diverse range of ways to stay healthy and to obtain information about accessing health care; and identify not being judged, confidentiality, good communication and support as important requirements.

Access barriers include: a lack of knowledge about health services (with the exception of school health services and general practitioners) combined with concerns about confidentiality; fear of not being treated respectfully; the physical location of services; inflexible opening hours; high cost; and inadequate transport access. Not having their own Medicare cards (available from age 15 years) is a significant barrier to young people accessing health services independently of their parents or carers.

Conclusively, young people have articulated that health services need to be youth friendly; incorporate youth workers where practical; encourage health practitioners to adopt youth friendly practices; have a greater presence in schools; improve transport and access options; ensure confidentiality; provide sexual health support and alcohol and drug education; and facilitate mental health consultations. Health services need youth friendly staff to establish a relationship, be respectful and listen to young people's concerns, acknowledge their rights, and make appropriate referral if necessary.

Factors considered important by young people to promote access include: flexible opening hours; immediacy of obtaining appointments; people who will listen; and people who demonstrate professional competence and respect, validate young people and have the capacity to form relationships. These factors are reiterated across the literature and in WA specific reports. Studies of consultations with young people from vulnerable or disadvantaged sub-population groups consistently identified these same areas as essential to improving their access to health services. Outreach and culturally specific or community based services all have a role to play in increasing access and addressing barriers for vulnerable groups, particularly those with disability.

The increasingly important role of the internet in young people's lives is an area only recently explored for its potential in improving access to health information and addressing barriers young people may experience due to lack of confidence, geographic location or embarrassment. Other aspects of social media were also explored by young people. Text messaging is regarded as a useful tool for appointment reminders, while there is caution with regard to using Facebook as a means of communicating with health professionals as it could blur the lines between professional and personal relationships. In summary, young people indicated that text, phone calls and face to face meetings were the preferred forms of communicating.

In terms of quality of service delivery, the best practice examples included in the review demonstrate a range of strategies being undertaken in the primary health care, mental health, hospital and school sectors based on the available evidence. Also included are examples of resources developed within the Australian context that respond directly to the needs of young people highlighted in the review. For example, resources for General Practitioners (GPs), nurses and midwives, school nurses and young parents are briefly described, as are online technologies. These resources clearly set out approaches that increase the capacity of health services and practitioners to promote youth friendly service provision or assist young people to easily access a range of health information, education and services. These resources would be easily adapted to the WA context.

Importantly, more recent targeted interventions that involve the family have been shown to be effective in preventing alcohol and substance use and, overall, it appears that the warmth and quality of the relationships between young people and their caregivers is the single strongest predictor of adolescent wellbeing. These findings highlight the need for a broad range of programs and services that foster positive family relationships and address the determinants that adversely impact families.

Doing well at school is also a particularly strong predictor of adolescent health and wellbeing. Students who drop out of school are more likely to have poor health, including significant emotional health concerns, drug taking behaviours and violence related concerns[2][3]. These findings confirm the importance of programs to encourage young people to remain engaged in school and to support health education and prevention programs through schools.

The literature also shows that many young primary carers are 'at risk' of not making successful transitions into the workforce and experiencing long term poverty. They experience considerable additional barriers to accessing health services, education and employment than most young people. Because of the physical and emotional demands of their roles, young carers are often isolated and alienated with very few friendships and little trust in people due to the social stigma and misunderstanding in the community associated with illness and disability. These barriers are further exacerbated for young carers living in rural and remote areas and for those who are CaLD or Aboriginal. While young carers identified family relationships as important, they can become difficult and complex through adolescence as they strive to gain a sense of independence.

A longitudinal study of health services use by young people with mental health issues found that they more often use general health services than specialist mental health services.

Some studies suggest there is still considerable stigma surrounding mental health and emotional wellbeing issues, particularly for young men. One recent study in Australia describes how the reluctance amongst young men to seek help for mental health issues (often associated with substance use, relationship breakdown, lack of employment and social issues), is leading to a ‘quiet crisis’ that is an urgent challenge for the health services and the community. The literature refers to young men’s inability to disclose problems associated with their mental wellbeing, which was in turn tied to their ‘resistance to connection’ and perceived need to ‘handle their own problems’. Further, there is a lack of awareness among young men of mental health concepts (such as self-efficacy and resilience) and life skills and effective coping mechanisms when dealing with bereavement, grief and relationship loss. The important role of family and school in supporting attainment of life skills was

identified along with recommendations for online information on mental health and wellbeing and suggestions to improve quality of and access to health services.

The literature review highlights the need for bisexual specific youth research and health promotion resources, as well as more inclusive organisational policies, programs and practices to address issues of being 'invisible' for young people who identify as lesbian, gay, bisexual, transgender and intersexual (LGBTI). In addition, the inadequate representation for young people identifying as bisexual was shown to contribute to a range of mental, social and sexual health concerns and further marginalisation from health services.

In conclusion, a positive and holistic concept of health requires a model of health practice that addresses both the impacts and determinants of health problems. The review considers an extensive body of theoretical and evidence-based literature that confirms the need for a paradigm shift in how we conceptualise adolescent health and wellbeing. Several writers at a global level posit the need to draw together recent developments in biology and neuroscience in adolescent health as well as take into account the dynamic social, economic, environmental and technological determinants that impact on adolescent health and wellbeing and life course trajectories.

Many child health experts adopt a social ecological model to understand how the dynamic interrelations among various personal and environmental (political, social, economic and historical) factors impact on young people at various points across their life-course. Importantly, these new understandings need to be considered within a human rights framework that centres the individual in future directions in health policy and practice reform.

Recognition of the importance of young people's distinctive health needs is reflected in the WA youth framework, *Our Children Our Future: A framework for child and youth health services in Western Australia 2008-2012.* Although intended to conclude in 2012, the framework continues to provide guiding principles and strategies for health service planning.

A cohesive youth health policy (at both state and national levels), incorporating a range of components from the existing evidence, is required to ensure that young people have access to appropriate services that support their health and social and emotional wellbeing. The findings in this literature review outline the components supported by evidence required to form a comprehensive youth health policy that builds on the existing and sound investment in children and families in the early years. There is a growing body of evidence and literature that supports the need to focus policy investments on young people.

1. Introduction and background

This literature review has been prepared for the Commissioner for Children and Young People (CCYP) to contextualise and inform a consultation process undertaken with young people aged 13 to 18 years in WA regarding their experiences and views of health services. The literature review will also inform the Commissioner's advocacy on youth health issues.

This paper synthesises the findings of a review of literature relevant to young people's understanding and use of health services. Studies that consider young people's perspectives on health, which identify barriers to accessing health services, or outline strategies to improve quality and accessibility of health services for young people have been prioritised. Additionally, the review seeks to identify the risk and protective factors for all young people in relation to health outcomes, including for subpopulation groups such as: Aboriginal and CaLD young people; those who are homeless, unemployed or have a disability; those who are caring for others, such as young mothers or those caring for parents with mental illness; and those who are lesbian, gay, bisexual, transgender or intersex (LBGTI).

It examines the particular difficulties and problems with accessing health care at critical transition points from adolescence to early adulthood for these and other subpopulations. It also discusses the reported requirements and goals for ensuring good health and identifies evidence-based best practice principles, models and services that might be used as examples to improve health services for young people in WA. For the purpose of this review evidence-based practice refers to scientifically rigorous research findings applied to service delivery programs and interventions to improve access, quality of care and outcomes. Best practice services are defined as those that meet a set of principles or criteria of 'what works' on the basis of evidence of effectiveness in a pilot or trial intervention where there may be potential to translate the results to other diverse populations and settings.

The scope of the study considers the needs of young people from early adolescence as they transition to adulthood. Though generally healthy, young people in WA are most likely to encounter a range of health issues that may not have been of concern or evident in childhood, including: injury; sexual and reproductive health; mental health issues; and encounters with substance use. Further, although only a relatively small proportion of young people (approximately 9 per cent) need to manage chronic diseases or disability, they often experience considerable stress and hardship as a result of their health[4].

In order to ensure that all young people in WA have access to appropriate health care, it is important to understand their needs and experiences with health services, and their perceptions of access barriers and enablers. In addition, it is important to review research already conducted in this area, identify what constitutes best practice and any specific youth-friendly models of care and protocols, in order to consider possible changes to the existing health system.

Throughout the literature the terms 'young people', 'youth' and 'adolescent' are commonly used to describe individuals aged from 12 to 24 years. The World Health Organisation (WHO) defines 'young people' as those aged 10 to 24 years, 'youth' as those aged 15 to 24 years, and 'adolescent' as those aged 10 to 19 years[5]. For this report, we use all three terms as the literature is often variable on age inclusion.

The teenage years (13 to 19 years) are a crucial time for young people to establish good health practices and begin to make positive, independent life choices[6]. These are also the years in which young people increasingly take greater responsibility for their own health care decisions, as well as greater risks. They are also the years when there is biological change throughout puberty and the influences of a range of social determinants become more apparent. The need to understand and take account of these social determinants in developing youth health polices and services is therefore crucial. As the *Lancet* editorial (2013)[7] observed,

> 'the social determinants of health for adolescents will not only have immediate effects on their health and wellbeing, they will have far-reaching effects on their health and wellbeing as adults and on that of future generations and society as a whole...'

According to the most recent Australian Institute of Health and Welfare (AIHW) (2011) report on the health and wellbeing of Australia's young people[8], most are faring well although there is considerable scope to improve the health and wellbeing of Aboriginal and Torres Strait Islander youth and other vulnerable groups. It is evident that vulnerable and disadvantaged groups of young people are more likely to experience physical, social and mental health issues with poorer outcomes, and potentially, significant long term adverse impacts than other young people. Further, not all young people have equal access to health services that offer health promotion, education and early intervention and prevention to inform and support their decision making regarding preventive actions.

For example, one recent study indicated that mainstream general practice and other health care providers do not meet the needs of homeless and at risk young people[9]. It is also well established that Aboriginal young people have poorer outcomes on all indicators, including higher rates of: deaths from all causes; hospitalisation due to injury and poisoning and sexually transmitted infections; teenage birth rates; and involvement with the juvenile justice and child protection systems[10]. Aboriginal young people also experience poor access and perceived and actual quality of care[11].

More than 33 per cent of young Australians aged 10 to 24 years are obese or overweight and more than nine per cent of this group have reported high or very high levels of psychological distress. Additionally in this age group there are high rates of hospitalisations due to injury or poisoning and high incidences of sexually transmitted infections (STIs) and diabetes[12]. Overall, young people as a whole, and in different subpopulation groups, encounter a range of health issues ranging from day-to-day general health requirements to more complex physical and mental health problems requiring ongoing treatment and management. This is especially the case as young people transition from adolescence into young adulthood.

Examining young people's perspectives, understandings and experiences in relation to their own health is an important step towards understanding how health services can be better designed to meet the needs of young people in WA. Having a clear picture of the research evidence related to optimal delivery of health services to young people and of the policy context in which youth health is situated is also required to underpin any future reforms. This literature review covers the aspects already mentioned to establish a comprehensive understanding of the key components and positive opportunities relating to the health and wellbeing of young people in WA.

1.2 Demographic overview

In 2010, 538,963 children aged 0 to 17 years resided in WA, with 152,981 of these being aged 13 to 17 years[13]. More than 70 per cent of WA children and young people live in the Perth metropolitan area. The South West region has the largest number of children and young people (11.3 per cent) living outside of the Perth metropolitan area.[14]

Aboriginal young people

In 2010 there were 8,425 Aboriginal young people in the age group 13 to 17 years, 5.5 per cent of total population (152,981) in that age group in Western Australia[15]. About two-thirds of Aboriginal children and young people live outside the Perth metropolitan area compared to one-third of non-Aboriginal children and young people[16]. The highest proportion of Aboriginal young people living in WA resides in the Kimberley region. In 2010, 45 per cent of the Kimberley population were Aboriginal people with 43 per cent of this population group being under 20 years of age[17].

Culturally and Linguistically Diverse young people

The 2011 Census data confirms that almost 30 per cent of WA children and young people 0 to 17 years have CaLD ancestry[18], and over 464 of humanitarian entrants settled in WA were under the age of 18 years. According to the recent CCYP inquiry into mental health and wellbeing of children and young people there is evidence that newly arrived migrants and refugee young people can experience behavioural and learning difficulties, depression, anxiety, post-traumatic stress disorder, psychosomatic disorders and identity issues[19].

Teenage pregnancies

Australia is the third highest of the developed countries for teen pregnancy and while there has been a decline in birth rates for the 15 to 19 year old age group, this is not the case for socially disadvantaged groups, including Aboriginal young people and young women in rural areas[20]. Teenage mothers often experience complex psychosocial issues and are more likely to live in unstable households, be at risk of homelessness, have low incomes, lack social support networks and be at risk of mental illness[21]. According to the *Western Australian Mothers and Babies Report* (2012) there were 1331 pregnancies to young women aged 19 years and under in 2010. Some 10 per cent of these pregnancies were CaLD or refugee young women residing in WA. Aboriginal teenagers accounted for some 21 per cent of births in the Aboriginal population while non-Aboriginal teenagers comprise 4 per cent of births in the non-Aboriginal population in WA[22].

Young people as carers

There are approximately 388,800 young carers in Australia, and 17 per cent are under 26 years, or put another way, approximately 6 per cent of young people under 26 years and 10 per cent of young people aged 15 to 25 years in Australia are carers. Over 50 per cent of young primary carers are caring for a parent, and 33 per cent are caring for their own child, children or partner. The majority of young carers are caring for someone with a physical disability or illness, although approximately 25 per cent provide care to someone with a mental illness. These figures are likely to be a significant underestimate and young carers are at greater risk of poor physical health due to a range of factors including social isolation, stress, limited sleep, and incorrect lifting and carrying[23].

Only four per cent of young primary carers, aged 15 to 25 years are still at school, compared to 23 per cent of the general population[24] and 60 per cent of young carers are unemployed compared to 38 per cent for the general population in this age group.

Young people with a physical or mental disability

In 2009, seven per cent (204,000) of young Australians reported having a disability, with just over a quarter (51,000) with a profound physical disability, followed by mental and behavioural conditions[25]. Data collected in 2012 through the WA Health and Wellbeing Surveillance System shows that almost nine per cent of children and young people living in WA have some form of disability[26]. Young people with disabilities present a particular challenge for health care systems to ensure they can meet the range of difficulties facing young people as they make the transition from childhood to adolescence and through to adulthood. Disability can adversely affect a young person's ability to engage in social activities, recreation, education and employment, and can limit their development and social inclusion[27].

In addition to adapting to changes in physical functioning, young people with a disability require access to services to support a positive transition into the adult health care system, which in turn influences their ability to access education, independent living and productive social relationships. Positive transitions in these areas are essential for the social and emotional wellbeing of young people with a disability, to support their ability to have a meaningful, contributing life[28].

Young people with mental health issues

Mental health problems are a leading cause of disability among young people. The official data from the ABS and AIHW show that one in four young people experience a mental disorder in any 12 month period (most commonly associated with substance abuse or dependency, depression or anxiety, or a combination of these). Further, mental disorders are the key health issues facing young Australians today, accounting for over 60 per cent of the health burden in the 15 to 24 year age group. The onset of adult-type mental disorders is most likely to occur between the ages of 15 and 24 years, with one in four young people experiencing a mental disorder[29].

Yet adolescents with mental health problems access health services much less frequently than other young people. While approximately 25 per cent of young people with mental health problems access treatment, fewer than two per cent receive help from mental health specialists[30].

It has been noted that the mental health system is generally designed for children and adolescents under 18 years or adults (over 18 years) with diagnosed complex mental health problems that require intensive clinical support[31]. Importantly, the evidence shows that there are few holistic services for young people, even though the mental health problems experienced by young people often coexist with other physical, social and emotional problems including substance abuse, long-term physical health issues, exclusion from education or employment, unstable housing and limited social and family support[32]. In 2009 the financial cost of mental health issues for young people 12 to 25 years was $10.6 billion.

Young people who identify as lesbian, gay, bisexual, transgender or Intersex

According to Hillier, Turner and Mitchell (2005) young people in Australia who identify as 'same sex attracted' reported experiencing high rates of discrimination and marginalisation. A survey of 1,749 same sex attracted young Australians in 2004 found this occurs through verbal abuse (44 per cent) and unfair treatment (38 per cent) on the basis of their sexuality[33], with 78 per cent of instances taking place within the school environment. Young people from rural backgrounds reported feeling less safe at social occasions than those living in cities. A 2011 report by headspace states that homophobia has a significant impact on young people's health and wellbeing. Young people who identify as LGBTI have an increased likelihood of self-harm and suicidal behaviour and are twice as likely to have experienced a mental disorder in the previous 12 months[34], and have higher levels of depression and anxiety rates than their peers [35].

There is some international evidence to suggest that same sex sexuality is a marker for increased risk of suicide among males during the adolescent period[36], although this risk does not continue into adulthood[37]. With young gay and bisexual youth 'coming out' at younger ages, issues surrounding expectations of masculinity and heteronormativity among their peers are compounded[38].

2. Methodology

The primary objective of this literature review is to document relevant youth health consultations and youth health policy, and best practice principles and models, and the evidence which underpins these. The review provides an examination of academic, peer-reviewed and credible grey literature, including government reports and policy documents.

The emphasis of the review is on broad health service needs, as defined by young people, while paying attention to specific vulnerable, marginalised or disadvantaged subpopulation groups known to have poor health outcomes and less access to health services, as outlined in subsection 2.2.

2.1 Literature review search terms

The Search terms used include: 'youth/adolescent/young people/teen health consultations'; 'youth/adolescent/young people/teen health' + 'delivery/services'; young people/disability+ health; Aboriginal + health service; homeless + health services; youth health + best practice + Australia; youth health + migrant/refugee; youth health + culturally diverse; youth health + health policy; LGBTI + health + youth; young carers+ health; young carers + parents + mental illness; teenage/adolescent pregnancy.

State, Territory and Australian Government health department websites were searched for relevant reports and policy and strategy documents relating to the health and wellbeing of young people.

In addition to using PubMed for all health topics and subpopulations, *HealthInfoNet* and *LIt.search* were accessed to search the worldwide PubMed and other databases confining the search to articles covering the predefined search topics. These search engines are more likely to have extensive relevant literature on 'what works' in models, programs and resources covering a range of health and wellbeing issues for young people.

2.2 Inclusion criteria

In undertaking a review of literature for this report, a set of criteria were developed to guide inclusion of relevant literature, as the review would rely primarily on qualitative and grey literature. Studies were included in the review if they met one or more of the following criteria:

- address issues of health service effectiveness or explain factors contributing to the success or failure of initiatives to enhance youth access and/or quality of service, referral and follow-up;
- examine initiatives to support youth transition to independent service use;
- include at least one measurable youth focused outcome or provide qualitative data on critical success factors or barriers to health service access;
- published literature from peer reviewed journals;
- grey literature from expert bodies;
- literature from New Zealand, the UK or Canada (as countries with similar health systems) with other international literature where relevant;
- published from 2000 onwards.

Literature providing evidence of perspectives of young people within the general population regarding access and participation has been included, in addition to reports and articles that consider:

- young people who are vulnerable;
- young people who identify as lesbian, gay, transsexual/transgender, bisexual or intersex (LGTBI);
- young people with mental health and social and emotional wellbeing issues;
- Aboriginal and Torres Strait Islander young people;
- culturally and linguistically diverse young people;
- homeless or at risk young people;
- teenage mothers;
- young people who are carers of others including parents with a mental illness; and
- children and young people with a disability.

3. State and national policy context

A review of state and national policies was carried out in order to contextualise the issues identified by young people related to their experience of access and quality of health services. National, state and local policies, framework and strategies relevant to youth health and wellbeing are included.

3.1 Western Australian policies

In 2007 the Statewide Policy Unit, Child and Adolescent Community Health (CACH) released the paper, *Our Young People and their Health,* to inform the WA youth health framework being developed at the time. The Youth Affairs Council of WA (YACWA) 2006 report on consultations with young people in WA regarding their health and wellbeing also informed the youth health framework[39]. In 2008, the WA Government released *Our Children Our Future: A framework for child and youth health services in WA 2008-2012 (Framework)*[40]. The *Framework* noted that, though generally healthy, young people in WA are most likely to encounter a range of health issues that may not have been of concern or evident in childhood. Principal health issues were listed as: injury; sexual and reproductive health; mental health; and substance use.

The *Framework* identifies five key objectives for improving the health and wellbeing of Western Australia's children and young people:

1. Improve the health and wellbeing of all children and youth through perinatal and early childhood intervention and prevention strategies which address the determinants of health.
2. Improve child and youth health and wellbeing through the early diagnosis, acute care and ongoing treatment of current key health issues.
3. Improve child and youth health and wellbeing by encouraging self-management and addressing key health-related and risk-taking behaviours.
4. Improve the health and wellbeing of specific population groups through improved access and cultural sensitivity.
5. Improve child and youth health and wellbeing by improving child and youth health service provision[41].

The *Framework* recognises that as young people move towards adulthood and independence, they are less likely to access health services than people of any other age group. The *Framework* aims to ensure that all young people, including those who are disadvantaged, have easy access to suitable and appropriate health and youth support services. A number of strategies were developed to achieve each of these priority areas across the health system, together with new approaches to improve the physical and mental health, development and wellbeing of all WA children and young people.

In 2009, the WA Health Clinical Senate Youth debate[42] identified sexual health as a priority issue facing young people, which led to youth health being made a key focus of the Clinical Senate meeting held in 2012.[43] Following the meeting, the Clinical Senate made the following recommendation:

> WA Health to develop and implement a Youth Health Policy (in consultation with young consumers and relevant peak bodies, informed by the existing Cultural Respect Implementation Framework and supported with comprehensive training and education). (Recommendation 1)[44]

This recommendation was subsequently endorsed by the then Director General. It was also noted the policy development would be led by WA Health, with input from the Child and Adolescent Health Service, the Child and Youth Health Network (CYHN) and the Public Health and Clinical

Services Division. There are no plans to review the framework, *'Our Children Our Future - A Framework for Child and Youth Health Services in Western Australia 2008-2012*'.

Other policies of relevance to the health and wellbeing of children and young people include the 10-year strategic policy, *Mental Health 2020: Making it personal and everybody's business*. Drawing on the Mental Health Inquiry undertaken by the CCYP[45], the policy developed by the Mental Health Commission acknowledges the importance of specific strategies for children and young people[46].

In addition, at a health sector level the WA Department of Health has endorsed the *Princess Margaret Hospital for Children Disability Access and Inclusion Plan* (DAIP) *July 2010 - June 2015*. This Plan aims to ensure that young people with disabilities, their carers, families and representatives have the same opportunities to access services, events, buildings and facilities provided by PMH to the same level and quality of services as other people; and have same the rights to make complaints; participate in consultations; and receive information as readily as other people[47]. Strategies to address the barriers to access and inclusion, which have been included in the PMH DAIP Implementation Plan, are listed in Appendix 1.

Another health sector policy of relevance to this review is the *Paediatric Chronic Diseases Transition Framework* (*Transition Framework*) developed by the WA Child and Youth Health Network's Paediatric and Adolescent Chronic Diseases Transitional Care Working Party in 2009 for the WA Department of Health[48]. The *Transition Framework* is underpinned by five principles intended to guide key stakeholders in improving transitional care of young people across WA. These are: 1) planned and coordinated care; 2) readiness for transition; 3) ownership of transition by the young adult when possible; 4) shared responsibility by all involved in the transition; and 5) accessibility and availability of appropriate services.

The *Transition Framework* aims to reduce adverse health outcomes by: addressing individual adolescent developmental issues; improving transition planning and preparation; communication, coordination and collaboration between service providers; education and training of health care professionals around transitional care; patient self-management through the development of resource information; and measuring and evaluating outcomes[49]. A range of strategies are identified in the *Transition Framework* for potential application to promote effective transition and it aligns with '*Our Children Our Future-A framework for Child and Youth Health Services in WA 2008-2012'*.

Developed in consultation with consumers, carers, clinicians, health service providers, planners and policy makers, the *Transition Framework* details best practice processes for the transition of youth to adult services, including:

- being planned, accessible, coordinated and continuous;
- being developmentally and psychologically appropriate;
- being patient-centred;
- recognising the shifting role of the parent/s or carer/s and health care professionals;
- reducing the likelihood of adverse health outcomes; and
- meeting the expectations of the young person, their family and the transition team[50].

The six objectives outlined in the *Transition Framework* highlight key priorities along the transitional care continuum, where a range of strategies and recommendations can direct focus towards effective transition.

The CYHN is currently facilitating the development of an implementation plan for the *Transition Framework.*. The implementation plan will support and align with the work of the CYHN; Disability Health Network (DHN); and Chronic health condition health networks including Cardiovascular, Diabetes and Endocrine, Musculoskeletal, Neurosciences and the Senses, Renal and Respiratory Health Networks[51].

3.2 National youth health policies

There is currently no national youth health policy, although the previous Labor government released a *National Youth Strategy* (undated) in which health and wellbeing, education, families, communities, online, work, early intervention and safety were noted as priority areas[52]. In the *National Youth Strategy*, health was reported as a serious issue for young people and the need to address specific health issues as well as service delivery was a key focus. Perceived lack of and difficulty accessing health resources and community care services (including GPs and mental health care) were raised as areas of concern. It was noted that it was important to have relevant information readily available regarding all levels of health, with a focus on prevention and promotion of a healthy lifestyle through targeted programs. Easy access to information was seen as an important way of communicating health messages to young people who may be reluctant to seek help from health professionals as was a need to remove the stigma amongst young people about mental health issues. Nonetheless, this did not translate to a specific youth health policy to drive a consistent approach to the delivery of youth health services at a national level.

Prior to the release of the *2011 Young Australians: their health and wellbeing* report, the AIHW published an indicator framework and key national indicators designed to ensure a consistent set of nationally agreed measures to provide a comprehensive picture of the health and wellbeing of young Australians in preparation for the 2011 report.[53] Developed in consultation with the National Youth Information Advisory Group, the 71 indicators in the *National Youth Information Framework*, a modification of the National Health Performance Framework (NHPF), included three tiers: 1) health status; 2) health determinants; and 3) health system performance[54]. The Advisory Group comprised experts in youth health and wellbeing, jurisdictional representatives and stakeholders responsible for policies and programs concerning young people. The AIHW reported that the:

> criteria used to develop indicators were to: be worth measuring; cover diverse populations; be understood by people who need to act; be relevant to policy and practice; be measurable over time to reflect results of actions; be able to galvanise action; be feasible to collect and report; and comply with national processes of data definitions[55].

While intending to provide a national approach to understanding issues specific to young people's health across Australia, there has been some criticism of the indicators of health and wellbeing and their capacity to address health issues of concern to youth.

The lack of a youth policy at a national level has been noted by the Australian Medical Association (AMA) as a priority issue to be addressed. Released in May 2013, the AMA *Position Statement on*

Youth Health called for a national health policy for young people that considers the overall health and wellbeing of young people[56].

The AMA position statement outlines the significant health risks confronting young people today including poor diet and obesity, mental health issues including anxiety, depression, substance abuse and bullying. The statement also details a range of serious health issues impacting on young people that could have lasting impacts over their life-course including access to health services, the education and training needs of medical practitioners, the transition from paediatric to adult medical care, health promotion and health information, and the influence of social marketing on young people.

While parents and family doctors can provide good support and information about staying healthy and avoiding unhealthy practices and substances, the AMA *Position Statement* outlines the need for a more coordinated approach to linking education and support services together to give all young people in Australia a strong foundation for healthier and longer lives. In addition to a national youth health policy, the AMA recommendations include:

- young people to be engaged during the development of all youth health initiatives and programs;
- general practitioners to be involved, where possible, in the development and delivery of youth health initiatives and programs;
- the Federal Government to increase the availability of Medicare cards, and this should be complemented with education about applying for and using the cards;
- investment in areas of youth health to be commensurate with the impacts on individuals and the broader community, and should include particular focus on prevention and early intervention;
- young people to be placed in hospital wards with people of the same age rather than children or mature adults (where appropriate);
- more emphasis on the transition of care between paediatric and adult services for young people with a chronic illness or disability; and
- medical schools and the medical colleges to recognise the importance of providing high quality education and training in youth health.

3.3 Other Australian jurisdictions

New South Wales (NSW) is the only Australian jurisdiction with a current youth specific health policy. Other jurisdictions, such as South Australia (SA) and the Northern Territory (NT), have or are developing a broader government youth strategy that includes health. Other states and territories, such as Queensland and Victoria, have implemented initiatives or developed resources to guide improved youth health service delivery, or in the case of Tasmania and the Australian Capital Territory (ACT), have previously had youth health policy or strategy documents.

The Queensland plan, *Mental Health 2007 – 2017,* makes reference to young people and identifies care coordination and interdepartmental partnering as central principles[57].

The New South Wales Youth Health Policy 2011-2016

The NSW *Youth Health Policy 2011-2016* relates to children and young people aged between 12 and 24 years. The *Youth Health Policy* outlines the following priorities for action: young people are encouraged and supported to achieve their optimal health and wellbeing; young people experience the health system as positive, respectful, supportive and empowering; and responses to the health needs of young people are evidence-based, promote prevention and early intervention, and are delivered efficiently and effectively.

South Australian Youth Strategy 2010-2014

South Australia has a *Youth Strategy 2010-2014* for young people aged between 12 and 25 years. The health and wellbeing section of the *Youth Strategy* identifies 17 initiatives to be implemented by various health and social service departments. The initiatives focus on ensuring young people are positive about their health and wellbeing, are supported to be safe from harm, and have access to safe and affordable housing.

4. Youth health consultations

This section briefly describes research and consultations carried out in WA, other Australian states and internationally regarding youth experiences and perspectives of health as reported in the published and grey literature. Both the terms 'research' and 'consultation' are used throughout this section. Broadly, research involves the gathering of data or information to enhance an area of knowledge. The methods of data gathering to obtain young people's perspectives for this review included reports of surveys, one to one interviews and focus group consultations, whereas group consultations are often carried out to inform decision making being undertaken. The research studies and consultations included here provide important insight into young people's perceptions and experiences of health services and are referred to throughout subsequent sections of the literature review.

4.1 Western Australian consultations

Speaking Out about Wellbeing: The views of Western Australian children and young people

In 2009 the CCYP consulted with nearly 1,000 children and young people aged between five and 18 years from diverse cultural, socioeconomic, geographical and situational backgrounds about their wellbeing. The study found that the majority of children were faring well although they expressed concerns regarding family conflict, bullying, stress and peer pressure impacting on their wellbeing[58]. Aboriginal children and young people talked of their connectedness to family and culture as crucial to their identity and pride, highlighting the importance of programs to strengthen culture and communities to enhance the wellbeing of Aboriginal children and young people.

The Inquiry into the mental health and wellbeing of children and young people in Western Australia

The CCYP inquiry on mental health undertaken in 2010 included the views of more than 700 children and young people, including those from CaLD and Aboriginal communities and a range of vulnerable and disadvantaged groups regarding their mental health and wellbeing. In the report, *Speaking Out about Mental Health: The views of Western Australian children and young people,*[59] young people identified a number of factors that contributed to good mental health: feeling healthy (both

physically and emotionally) being positive about life and feeling loved and cared for, and, being acknowledged, connected and informed about mental health issues. In contrast, feeling down or sad, pressured, alone or isolated, different, bored, unloved, uninformed and unable to seek help were identified as factors that contributed to mental health problems[60].

In addition, the CCYP received a significant number of submissions from key stakeholders including the Office of Multicultural Interests (OMI). Many of these submissions identified the specific needs of children and young people from CaLD and refugee backgrounds. The OMI submitted:

> *Children and young people from CaLD backgrounds share the same risk factors that may predispose them to mental health problems as other children and young people. However… Research suggests that some children and young people from CaLD backgrounds, particularly those with a refugee experience, are at risk of having or developing low self-esteem, poor self-concept and mental health problems (including depression and anxiety, post-traumatic stress disorder, and heightened psychosomatic symptoms)* [61].

These submissions highlight that children and young people from CaLD and refugee backgrounds have a higher risk of mental health problems and face additional barriers to accessing services.

Several submissions reported on the particular needs of other young people experiencing a range of difficult circumstances including: young carers with a parent with a mental or physical disability, substance abuse problems or other difficulties. The CCYP Report notes that 'although the experiences of these young people vary, there is evidence that they are affected by grief, loss, trauma, social isolation, stigma, stress, anxiety, low self-esteem and depression'[62].

The CCYP Report confirms that young people with a range of disabilities or chronic illness are at higher risk of developing mental health problems than other young children. Several submissions confirmed that 41 per cent of young people with an intellectual disability or diagnosed with autism had also been diagnosed with emotional and behavioural disorders. Children and young people with a disability may experience significant additional stressors (than other young people without disability) that pose additional barriers, including difficulties in communicating, forming and maintaining relationships, and accessing programs and services (such as recreation and education). Many young people with a disability report experiencing pain, stress, social isolation, bullying, alienation and discrimination[63].

A number of policy briefs were produced by CCYP addressing strategies that support the mental health and wellbeing of all children and young people as well as vulnerable and disadvantaged groups[64].

Consultation with Children and Young People with Disabilities

In another CCYP consultation, more than 230 WA children and young people with disability, aged six to 18 years, spoke about their experiences and what they needed to make their lives better. This occurred through an online survey and face-to-face consultations with the assistance of disability service providers (and in some cases, through art work, photographs and computer technology). Their insights are captured in a report, *Speaking Out About Disability*, which confirms young people want the support necessary to be independent and reach their full potential, including easier access

to public transport, support to keep pace with school work, and access to recreational activities, sport and services[65].

Many young people with disability identified poor or limited access to services and activities as an ongoing issue. Young people value being part of and feeling connected to the community and this may be enabled by social networking, smart phones, tablets and computers . Young people wanted more understanding and acceptance of disability in the community to overcome the negative misconceptions and misunderstanding they experience[66]. Almost all young people emphasised the importance of having supportive parents and family to have a happy and healthy life.

Millennium Kids youth interface with Clinical Senate

In 2009, Millennium Kids and the WA Health Clinical Senate worked together to develop a meaningful consultation process for young people to have a say about health issues that affect them and the way they access relevant services and information. They used a three tiered process: a one day workshop, a youth presentation to the Senate Committee and a session aimed at developing a practical outcome for young people (the details of which are outlined in Appendix 2). Several recommendations were made as a result of the consultations, the principal one being that the WA Health Department develops a youth health policy in consultation with young people, responsive to their changing needs.

Young people stated that clinical services should: build relationships with young people; support family and community practice models; pilot 'one-stop shop' youth oriented health services accessible out of hours; make existing services more accessible to youth (by educating and empowering youth and parents); and ensure appropriate privacy and anonymity.

The recommendations developed by workshop participants and ratified by the whole of the Senate noted that:

1. The Director General for Health lead the interagency work on flexible, proactive strategies to address youth health issues. This would include:
    a. Engaging existing external youth agencies in a two-way process to develop healthy youth engagement.
    b. Creating 'youth cafes' that provide a meeting place, access to healthy food and health information and controlled activities that enable self-awareness of risk taking behaviours.
    c. Advocating for buddy and mentoring systems for individuals, families and communities.
    d. Identifying existing programs that develop youth resilience and create partnering opportunities for education in schools on youth health, well-being and resilience.
    e. Providing education on positive role modelling and brief intervention skills for those working within environments where youth are present e.g. public transport officers, etc.
2. Youth representation to be included in policy and planning processes in identification, development and delivery of youth focused health.
3. Involving youth in the review of all relevant health promotion literature and website information to facilitate a youth friendly approach.
4. Testing current assumptions about internet access and the impact of media in general by conducting social research on the impact of information technology on youth health[67].

Western Australian Aboriginal Child Health Survey (WAACHS)

In 2001-2002 the Western Australian Aboriginal Child Health Survey (WAACHS) team undertook an extensive survey that examined the physical and mental health and social and emotional wellbeing of 5,289 WA Aboriginal and Torres Strait Islander children and young people, of which 1,480 were aged 12 to 17 years. Additional one-on-one interviews were conducted with 1,073 of these young people. Key findings related to physical health, health risk factors, sexual knowledge and experience, and emotional and behavioural wellbeing[68]. Parent and carer' perspectives of their children's usage of and access to health services were also collected. While the data is over 10 years old the WAACHS (published as four volumes) remains an extremely important study because it provides Aboriginal young people's insights into health service issues in urban, rural, remote and very remote areas.

The survey was designed to build the knowledge that would assist in developing preventive strategies that promote and maintain the healthy development and the social, emotional, academic and vocational wellbeing of Aboriginal children and young people. The WAACHS data revealed marked differences in access to basic services, health outcomes, cultures and lifestyles between Aboriginal and non-Aboriginal children and young people, and within Aboriginal populations. Approximately 34 per cent of the study cohort lived in the metropolitan area, with 45 per cent in low to moderate areas of isolation and 21 per cent in high to extreme areas of isolation. The study has provided comprehensive data to inform approaches to improving the future health and wellbeing of Aboriginal children and young people.

Youth Advisory Council of Western Australia (YACWA)

The Youth Affairs Council of Western Australia (YACWA) is the peak body representing the non-government youth sector in WA. In 2006 YACWA carried out an extensive survey with young people regarding their views and experiences accessing health services to inform work by WA Health in the area of youth health. The consultation used a range of innovative approaches to reach a diverse range of young people.

In total, 445 young people contributed to the consultation: 128 young people took part in workshops, 23 of whom were aged 14 or 15 years and the remainder 16 to 25 years; and 317 young people accessed the online survey. Survey respondents were aged between 14 and 25 years, with 55 respondents aged 15 years or younger and the remainder 16 to 25 years. Respondents included those from regional areas, CaLD backgrounds, young mothers, young carers and Aboriginal young people[69].

Using community and school based enquiry, semi-structured interview techniques, brainstorming, dialogue and image creation, young people in the direct consultations addressed questions such as: what health means, what issues affect health, how do young people address these issues, which services do they access or want to access, what services work well, what gaps are there and how would change for the better be identified?

Overall, the YACWA findings concluded that young people have a broad understanding of health and what is required to maintain their health and social and emotional wellbeing, but their capacity to manage their health needs was impinged by a lack of 'youth friendly' services. A further finding of the YACWA report was that young people demonstrated significant understanding of the psycho-

social factors contributing to their health, such as access to sport and recreation, inappropriate modelling of health behaviours by adults and a lack of housing. In summarising the findings, the report noted that health services needed to: be youth friendly; incorporate more youth workers; have a greater presence in schools; improve transport and access options; ensure confidentiality; provide better access to sexual health support; provide more alcohol and drug education; and reduce waiting time for mental health consultations.

Additionally, specific references were made to factors affecting Aboriginal, CaLD and homeless young people and these are addressed in other sections of this report. The YACWA findings are supported by the 2011 *Evaluation of the Innovative Health Services for Homeless Youth* (IHSHY) undertaken by the Telethon Institute for Child Health Research (Telethon Institute), on behalf of Child and Adolescent Community Health (CACH) described below[70].

Evaluation of the Innovative Health Services for Homeless Youth Program (IHSHY) services

Between 2009 and 2010 the Telethon Institute conducted a comprehensive, qualitative study on behalf of CACH to obtain the views of homeless and at risk young people regarding selected IHSHY services operating in WA[71]. These services included:

- *Perth and Fremantle Street Doctor Services*– mobile medical and related services to 'street present, at risk' populations who may not otherwise access mainstream services in the Perth and Fremantle areas;
- *Rise – Your Community Support Network (previously Hills Community Support Services)* - a comprehensive outreach service that includes advocacy, referral and emotional support to young men and women in the Perth Hills area;
- *Adolescent Mothers Support Services*– antenatal and postnatal care and support for adolescent mothers aged 17 years and under in the Perth metropolitan area; and
- *Ruah Women's Support Program*– an intensive psycho-social support program for young women, including teenagers, within women's prisons and those recently released into the community. Support includes counselling, advocacy and assistance to access health services by providing referrals and support for public transport and home visits.

All IHSHY services operate from the principles of free, visible, accessible and non-judgmental support for their specific target or client groups. IHSHY services target high-risk groups within the general population of young people in WA, including:

- Young people who are homeless or at risk of homelessness;
- Other street present young people;
- Young women who have been in prison or detention;
- Teenage mothers;
- Young people of school age who are not attending school or who are alienated from mainstream education;
- Young people who have experienced physical or sexual abuse or domestic violence; and
- Young people with substance abuse issues.

IHSHY services aim to reach young people, many of whom are Aboriginal, with complex physical and mental health needs that are not being met by mainstream health services. It is recognised that if

young people's needs are not supported, it can lead to presentations at emergency departments and an increased burden on hospitals and other services[72].

The IHSHY evaluation consulted with 49 homeless, at risk or vulnerable young people aged 15 to 25 years and 18 service providers over an 18 month period. A key goal of the evaluation was to understand what makes these services able to work successfully with marginalised young people with complex needs.

Using semi-structured interviews, respondents clearly identified characteristics that made certain health and support services (such as those being evaluated) youth friendly.

This study confirmed that young people in metropolitan Perth share similar perspectives regarding barriers and enablers to health services with other young people reported in other studies in this literature review. What makes IHSHY services accessible to young people is that they either offered an outreach or home visiting approach or provided transport as required (for intensive social support models). In the case of Street Doctors, these services were located in places that were easy for young people to access such as on transport lines or close to community centres.

The client and service provider interviews indicated that the factors that contributed to IHSHY services successfully engaging with marginalised youth included how the service was provided (that is, through drop in, unbooked appointments or outreach/home visiting), where it was provided (such as if it was near public transport), and who provided it (whether staff were approachable, non-judgemental and youth friendly).

Client results showed that young people access IHSHY services because they are conveniently located or offer a home visiting or outreach service. Other factors include clients not having to incur a cost to receive the service and the informal and relaxed atmosphere of services. Aboriginal clients particularly referred to feeling secure accessing Fremantle Street Doctor as it did not require them to sit in unfamiliar or unwelcoming places such as doctors' surgeries.

Clients also appreciated and acknowledged that services assist with accessing a range of social, income and housing support services. Young people also identified the need for access to counselling, mental health and psychology services, as well as drug and alcohol agencies, youth workers and childcare. A consistent finding by clients across all services was the easy going, fun, informal and non-judgemental attributes of the service personnel clients engaged with - making the services acceptable and appropriate.

4.2 National research and consultations

The evaluation of headspace

The evaluation study of headspace is a longitudinal mixed method study that included interviews and surveys with key stakeholders, including staff, service providers, training participants, government representatives, and young people using the services and their carers. headspace was established to promote and facilitate improvements in the mental health, social wellbeing and economic participation of young people aged 12 to 25 years by:

- providing holistic services via Communities of Youth Services (CYSs);

- increasing community capacity to identify young people with mental ill-health and related problems as early as possible;
- encouraging help-seeking by young people and their carers;
- providing evidence-based, quality services delivered by well-trained professionals; and
- impacting on service reform in terms of service coordination and integration within communities and at an Australian and state and territory government level.

In-depth interviews and surveys were undertaken with young people in ten CYS locations across Australia, including in WA, in relation to the quality of headspace services for young people and their families. Ninety-one young people were interviewed in Wave 1 and 93 at Wave 2; 169 young people also completed the survey for their respective cohort, and approximately 30 per cent of the Wave 1 cohort also completed the survey at Wave 2[73], which provides a measure of continuity and change.

The findings indicate that headspace may be particularly beneficial for young people with early onset and early intervention needs, who are predominantly aged 12 to 17 years, at centres where services are co-located and coordinated and that provide holistic care[74].

The Nest Consultation

The Nest project conducted through the Australian Research Alliance for Children and Youth (ARACY) aimed to improve the health, wellbeing and life opportunities of all young Australians 0 to 24 years by developing a national plan for coordinated action, including policies, practices and programs that match the expectations and aspirations of young people and their families[75]. Direct consultations with 500 children and young people, parents and other adults took place between March and September 2012. A further 3,100 participants completed a survey, 46 per cent of whom were 24 years and under, and 30 per cent of these (428) were aged 17 years and under.

The consultations and survey explored seven Key Result Areas (KRAs) shaped by the *Change for Children* initiative. These were: 1) being loved and valued; 2) being safe; 3) being healthy; 4) learning and developing; 5) having a say; 6) being part of a community; and 7) achieving material basics. The findings identified that more than three quarters (78%) of young people ranked being 'loved and valued', 'being healthy' and 'being safe' as the top three priorities, followed by being able to learn and develop.

Overall, the consultation reported that young people identified a range of strategies to improve health and wellbeing. Most important was activity and exercise, including increased opportunities to participate in sports, followed by nutrition and having access to healthier and affordable food options, and more access to mental health practitioners and improved facilities. Also identified as important were family, peer relationships and community connectedness.

4.3 Other Australian Jurisdictions

Youth Consultation Forum – Health promotion for young people: what works?

In 2011, the Centre for Health Promotion (CHP) in South Australia held a youth forum with 51 young people aged 13 to 27 years from metropolitan and rural areas, including Aboriginal and multicultural young people. The aim was to develop an understanding of how young people perceive different health issues and how to deliver effective health promotion strategies.

The participants identified a broad range of barriers and enablers that support health choices for the issues discussed, including individual, social and community influences, and the wider environment and policy. Their understanding of the wider influences on health and wellbeing was reflected in the strategies the young people developed, including those that would facilitate individual behaviour and lifestyle change, raise awareness and encourage community responses, create supportive working environments, and develop health policies and legislation.

Three themes emerged that provide insight into the health promotion strategies young people feel will engage other young people. These included: promoting acceptance of diversity in regards to families, friendships and body image (‘being real’); minimising harm to create safe environments; and acknowledging the role of family and friends in supporting healthy behaviours[76].

NSW Youth Health Policy Consultation Forum – Healthy young people in NSW: Sparkling ideas for a positive future

This 2009 forum sought input from a broad range of stakeholders including young people, youth health services, Departmental Branches, other government agencies, youth NGOs and other peak organisations in NSW. The aim was to assist in developing priorities for the NSW Youth Health Policy. The Youth Health Policy was developed in consultation with a diverse group of young males and females aged 13 to 24 years including: Aboriginal young people; those from rural, regional and urban areas; young people from CaLD backgrounds; and those with a range of health service experiences. The consultations focused on identifying what the NSW health system does well and where service delivery can be improved. The consultations were online and face-to-face and included representatives on the policy development committee to inform understanding of young people, their needs, their worries and their hopes for the future with regard to their health and wellbeing.

Apart from the forum, special consultations were held with the NSW Youth Health Council, and online consultation forums were held with a group of 20 young people aged between 12 and 24 years and located in urban, rural and regional areas. Topics included: being healthy and keeping yourself healthy; help to stay healthy; what works best in health care; and finding out about health. It was reported that, overall, young people think about health in a holistic way and emphasise prevention and healthy lifestyles; describe a diverse range of ways to stay healthy and to obtain information about accessing health care; and identify not being judged, confidentiality, good communication and support as important requirements[77].

Young women who are pregnant and/or parents in South East Health: A needs assessment

This needs assessment was the first in a number of projects undertaken by NSW South East Health (SEH) to support the development of an innovative and continuous model of service to meet the needs of young women who are pregnant and/or parents in South Eastern Sydney.

Focus groups were conducted with young women who accessed the Young Women’s Health Program and the Youth Resource Centre. A total of 12 young women aged 13 to 23 years (with a mean age of 18 years) participated in the focus groups. An additional 359 young pregnant women aged 12 to 20 years attending the Royal Hospital for Women’s Antenatal Clinic and other hospitals in the SEH area completed questionnaires. In these consultations, the young women expressed many of the same needs as pregnant women generally, including the need for information about the pregnancy and the baby, and the impact upon them and their coping as a mother. The young women also identified a range of additional needs and concerns unique to their age group. They voiced

concerns at staff attitudes and treatment and often felt discriminated against as a result of their age[78].

The needs assessment resulted in a range of initiatives being identified and ultimately implemented as The *Young Parents Project (YYP)*. These initiatives for young women who are pregnant include: improved networking and partnerships between health services, youth and community services and general practitioners; provision of antenatal education and care in a community setting; and development of a booklet outlining available services. An evaluation highlighting the effectiveness of subsequent stages of YYP is described in section 7.5.1.

The Life Patterns project in Australia

The *Life Patterns* research program is a longitudinal study involving an initial cohort of young people in Victoria who left secondary school in 1991 and a second cohort of 4,000 young people who left secondary school in 2006. Data from this new cohort explore their experiences of the final two years of secondary school and includes young people living in Victoria, the ACT, NSW and Tasmania. Participants in the research are generally surveyed on an annual basis and a sub-set of 30 to 50 young people is interviewed every two years.

Participants in the survey were asked to describe what they saw as 'the most important issues facing young Australians'. Nearly half the participants identified issues that threaten personal life, with family relationships as the 'most important' issue facing young Australians. Other issues of great concern included lack of money and a range of issues related to health and wellbeing, including alcohol and drug abuse.

This study confirms that most young people aged 16 to 17 years put considerable energy into making choices and finding a balance in their lives, although transition studies five years later highlighted 'a gap between reality and aspiration' for many young people (who are now in their early twenties) as they attempt to juggle the work-family life balance. The research team has undertaken extensive analysis of the cohort surveys to show how various policies in one domain, such as education and employment, can have an unintended, adverse impact on health and wellbeing as young people transition into adulthood.

Which Sexuality? Which Service? Bisexual Young People's experiences with Youth, Queer and Mental Health Services in Australia

This 2009 qualitative study explored the mental health of bisexual-identifying and/or behaving adolescents and young people. Thirty adolescents and young adults and 15 youth health and community service providers participated in semi-structured interviews. The health implications of misrepresentation, marginalisation and exclusion from what the authors describe as heteronormative society, which also extends to adolescent health research and health services, along with homonormative gay and lesbian communities are discussed for their impact on bisexual young people. The study identified a need for bisexual specific youth research and health promotion resources, as well as more inclusive organisational policies, programs and practices to address issues of being 'invisible' within the hetero and homonormative binaries. In addition, the marginalization, 'invisibilization' and inadequate representation of LGBTI young people in the social media and generally was reported as leading to a range of mental, social and sexual health concerns[79].

Breaking away from the medical model: perceptions of health and health care in suburban Sydney youth

This qualitative research study undertaken in 2005 sought to understand the perceptions of health, health concerns and health service needs among young people in a geographically isolated suburb of Sydney, New South Wales. Forty young people aged 14 to 24 years were recruited from two local government high schools, a local youth drop-in centre and the local community. Findings were reported as: personal safety is a primary health concern (more recreational facilities are needed to prevent drug and alcohol use related to boredom); health is more about quality of life than disease and illness; most health information is obtained from sources other than health providers (health education needs to help young people make wise choices for the future); and access to health services is a concern. The authors noted that young people would like to: understand how Medicare works; access health information anonymously; trust their service provider; and meet general practitioners in school and community settings and not just in the doctor's consulting room. Overall, these young people require a whole of lifestyle approach to health, rather than the traditional medical model based on diagnosis and disease, and have healthy lifestyles promoted throughout the whole community, using youth workers and sporting leaders as role models[80].

Young Carer's Research Project: Final Report

The Young Carer's research project is a research study regarding the opinions, experiences and needs of young primary carers in Australia[81]. Phase Two of the project involved a small qualitative study, with three focus groups of young primary carers held in Canberra and Sydney in 2002. The groups were divided into age groupings of under 12 years, 13 to 18 years and 19 to 25 years.

The study found that many young carers experience mental health issues in the short and long term due to impaired psychosocial development, low self-esteem and unresolved feelings of fear, worry, sadness, anger, resentment and guilt, leading to depression. Because of the physical and emotional demands of their roles, young carers are often isolated and alienated with very few friendships and little trust in people due to the social stigma and misunderstanding in the community associated with illness and disability.

While young carers identified family relationships as important, these relationships can become difficult and complex to maintain through adolescence as young people strive to gain a sense of independence. This is compounded by being dependent for financial support on their families, who are often receiving social security benefits. The literature and data indicate that many young primary carers are 'at risk' of not making successful transitions into the workforce and experiencing long term poverty. They also experience considerable additional barriers to accessing health services, education and employment than most young people, which can contribute to their marginalisation and isolation. These barriers are further exacerbated for young carers living in rural and remote areas and for those who are CaLD or Aboriginal[82].

Assisting young people with, or at risk of, mental illness: a longitudinal study of NSW Youth Health Services

Findings were reported from a study examining whether NSW Youth Health Services addressed the needs of young people who are feeling depressed or anxious. One hundred and seventy two young people from four NSW Youth Health Services were assessed on a series of measures to assess

psychological distress, social functioning and connectedness. The study explored the longitudinal impact that contact with youth health services has on the social functioning and social connectedness of the young people who participate in Youth Health Service programs. Questions related to patterns of service usage, including why they had attended the service and whether they found the service 'helpful'. Participants were surveyed at two different time points (Time 1 and Time 2) over a 6 month period. Three months later, they were contacted once again (Time 3) to obtain longitudinal data to detect any changes in distress or related functioning over time. The transient nature of this population limited the findings, with the retention rate at Time 2 being 28 per cent and nil at Time 3. Four young people provided in-depth information about their attendance at NSW Youth Health Services.

Fifty-two per cent of young people identified the services as 'helpful' in assisting them with a drug and alcohol problem, 80 per cent found the services to be helpful in assisting with a physical health problem and 82.5 per cent found the services helpful with a mental health problem.

Fifty per cent of young people reported multiple and complex health needs. Of note, a high percentage (27.8 per cent) of young people presenting to the youth health services reported high psychological distress (compared with 2.4 per cent of the general population). The report suggests young people prefer to attend the NSW Youth Health Services rather than Mental Health Services, which suggests the current delineation of services does not adequately reflect young people's health needs as many young people with mental health issues are accessing NSW Youth Health Services[83].

Towards an Adolescent Friendly Children's Hospital

In 2011, the Centre for Adolescent Health at Melbourne's Royal Children's Hospital undertook the Adolescent Friendly Hospital Survey with a total of 737 adolescents aged 12 to 18 years who had used the hospital, representing a 35 per cent response rate of young people at the hospital[84]. The study aimed to obtain their views on what constitutes an adolescent friendly children's hospital. The findings highlighted that, while many young people were reasonably satisfied with the services, there was significant room for improvement to accord with youth–friendly best practice indicators.

Participants were asked about the extent to which young clients and families felt welcomed at the hospital, the friendliness of staff and areas for improvement. In terms of patient and family centred care, both adolescents and parents reported high levels of feeling respected by the hospital staff. However, areas where young people identified the need for improvement included: being able to ask questions of clinicians; having greater involvement in consultations; having a more welcoming physical environment; and having access to more resources (including computers and tutors) to support their social support networks and learning needs while in hospital.

4.4 International Consultations

This section briefly discusses a number of consultations with young people about health related issues that were undertaken in the United Kingdom, Ireland, New Zealand and the United States.

'Right Here' Brighton and Hove

In 2011, young volunteers aged between 16 and 25 years from *'Right Here'* Brighton and Hove in the UK[85] carried out research to find out how their peers felt about GPs' services and then reported

what they found to local GPs and commissioners, to help shape the future of services young people receive. The study, carried out in three phases, reported on young people's views and experiences in relation to emotional and mental health. The group developed a research methodology, created a questionnaire, carried out focus groups, summarised their findings and then used those findings to influence and support GPs seeking to meet the mental health and wellbeing needs of their young patients.

Consultations occurred with 172 young people aged 16 to 25 years (with a mean age of 17.2 years) across Brighton and Hove. Particular target groups included young people who were unemployed, parents, carers, LGBTI, with disabilities, on probation, black or minority ethnic, asylum seekers, refugees, and in or leaving care. Only 52 per cent stated they felt comfortable talking to their GP about mental and emotional issues, while 46 per cent said they went to their GP for a chat or someone to talk to, 33 per cent were seeking referral to a counsellor or mental health professional and 21 per cent wanted medication.

Many young people expressed concerns:

- that they were not being taken as seriously as other patients;
- that GPs held stereotyped views of young people;
- about issues of confidentiality with professionals;
- that GPs surgeries did not fit well with their expectations or wishes;
- that appointment times did not fit around school or other obligations;
- about the lack of continuity and lack of opportunity to build a relationship with a single GP; and
- that they were not aware of their options regarding which GP to register with.

Because the research was co-designed with young people, they were able to reach other young people with problems and high dependence on services. A set of recommendations and headline results were presented to decision makers and service providers. These included:

- increased use of online facilities or information young people can take away
- young people being actively involved in planning the delivery of services and actively engaged with the people who have the power to act on their views
- services develop a cohort of 'young experts' who can lead on the consultation with other young people
- young people contribute into the training of practice staff
- clearer explanations and information when referrals are made, particularly to Child and Adolescent Mental Health Services (CAMHS)
- ensuring young people are well informed about their healthcare rights, especially around issues of confidentiality.

The project built upon previous work that the group had carried out in 2010 where they produced '*a young person's guide to looking after yourself*' (available online) to help their peers to look after their own mental wellbeing[86]. In 2011 they developed the *'Where to Go for …*' website, an online services map to help young people to navigate their way round the various sources of help and support available in their city[87]. The benefits of these initiatives have not been evaluated.

Transgender Youth: Invisible and Vulnerable

This 2006 US study used focus groups with young people aged 15 to 21 years to explore factors that affect youth who identify as transgender and probe their experiences of vulnerability in the areas of health and mental health. This involved their exposure to risks, discrimination, marginalization and access to supportive resources. Three themes emerged from an analysis of the groups' conversations. The themes centred on gender identity and gender presentation, sexuality and sexual orientation, and vulnerability and health issues. Most youth reported feeling they were transgender at puberty, and they experienced negative reactions to their gender atypical behaviours, as well as confusion between their gender identity and sexual orientation. Youth noted four problems related to their vulnerability in health-related areas: the lack of safe environments, poor access to physical health services, inadequate resources to address their mental health concerns, and a lack of continuity of caregiving by their families and communities[88].

The Young Men and Suicide Project

The *Young Men and Suicide Project* (YMSP) was undertaken in response to the high rate of suicide in Ireland, which is a major cause of death among young males aged 15-24 years and occurs at a rate that is five times higher than for females)[89]. The high rise in suicide in young males is associated with the rise in income inequality, family relationship difficulties, peer relationship problems, school failure, low self-esteem, violence and lack of community connectedness.

The study took place in three stages and involved two online surveys and 22 focus groups with key stakeholders across Ireland. Stage one involved a survey with mental health service providers to explore the extent and nature of current mental health promotion and suicide prevention work among boys and young men and their perspectives on the challenges and opportunities. Survey two sought to map more broadly the programs being carried out with young men and boys in suicide prevention, personal development, community development and social inclusion[90]. It also involved focus group consultations with key stakeholders and young men aged 15 to 24 years, including high school students who participated in the '*Mind Yourself*' program and its evaluation.

Focus group participants identified topics from their personal experiences or those of working with young men. There was repeated reference to young men's inability to disclose problems associated with their mental wellbeing, which was in turn tied to their 'resistance to connection'; and the perceived need to 'handle their own problems'. The study noted a lack of awareness among young men of mental health concepts (such as self-efficacy and resilience), poor life skills and coping mechanisms when dealing with bereavement, grief and relationship loss. The important role of family and school in supporting attainment of life skills was identified along with recommendations for online information on mental health and wellbeing and suggestions to improve the quality of and access to health services.

A consultation with Young People on Te Kaunihera Tapuhi o Aotearoa|Nursing Council of New Zealand's Code of Conduct and Boundaries Review.

The Office of the Children's Commissioner (the Office) and Te Kaunihera Tapuhi o Aotearoa/Nursing Council of New Zealand consulted with young people from four sites across New Zealand to obtain their perspectives about receiving health care from a nurse and what they consider professional practice, working within a Code of Conduct and appropriate boundaries[91]. Approximately 80 young people were recruited from youth groups in these different sites. The groups were selected to

reflect the diversity of views and included a mixed group of young people from throughout New Zealand (Maori and Pakeha); a group of peer support workers from two different Youth One Stop Shops and two mixed groups of young people who are consumers of nursing services. Young people participated in a large group discussion and/or small focus group discussion. The groups varied in size from seven to 22 participants.

The majority of young people spoke positively about the health care they received from nurses. They spoke of the importance of nurses being professional, qualified, well informed, skilled and connected to other professionals who they may need to access. They also spoke about the need to have positive relationships with nurses, the importance of respect and trust, and the need for a balance between warmth, openness and professionalism, and accessible, non-judgemental and neutral communication from nurses. Many young people felt it was important that nurses listened and asked them about their health needs. They stated that nurses should be helpful, easy to approach, respectful of young people and interested in their whole wellbeing.

Some young people felt that having nurses of the same gender and culture (or being culturally sensitive) was important. The young people expressed the need for nurses to connect with them as people. They accorded considerable importance to communication skills. They wanted nurses to take the time to relate to them on a personal level, to be respectful and to use language they can understand. Easy access and low cost or free services were considered important. Confidentiality and privacy was noted as an important aspect of the nurse/patient relationship along with the need to seek their consent to involve or include their family/whanau in their health care.

The inclusion of young people in service planning, delivery and evaluation was seen as important to create better services and to ensure that young people's health needs were better met. Many young people felt that participating in their own personal health care and contributing to the health care process was critical to ensure the most effective services.

In reviewing the code of conduct and role boundaries, young people stated that social media was a good way to promote an organisation and to keep young people informed with what is happening. Text messaging was also regarded as a useful tool for appointment reminders. However, most young people were against using Facebook as a means of communicating with nurses or health professionals. They regard Facebook as a personal communication tool and felt it would blur the lines between professional and personal relationships. In summary, young people indicated that text, phone calls and face to face meetings were the preferred forms of communicating. They agreed that it could be useful for health care services to provide information and links on their websites which could be connected to a Facebook page[92].

5. Young people and health

This section describes formally accepted definitions pertaining to young people's health as well as drawing on published and grey literature exploring how young people define their health. It is widely acknowledged that health is much more than simply the absence of illness and disease, and that a range of social and environmental factors have a significant impact on the health and wellbeing of young people, including poverty, gender, housing and homelessness, cultural and ethnic

background, family environment, geographical location and connectedness with family, school and community.

As previously discussed, adolescence is the transition from childhood to adulthood and a crucial time in the development of health-related attitudes and behaviours. This transition time can be a period of high risk taking and habit forming behaviour, with long-term ramifications on an individual's health and wellbeing. Research shows that health compromising attitudes and behaviours exhibited in adulthood are often initiated during adolescence, making this an ideal time for prevention and early intervention[93].

In the WA context, Crouchley, Daly and Caron (2006) provided an overview of the health and wellbeing of 3,220 young adults (16 to 24 years), based on the WA Health and Wellbeing Surveillance System survey undertaken from 2002-2005[94]. In that survey, 95 per cent of young people self-reported their general health as good, very good or excellent and physical and mental functioning was scored as between 48 per cent and 54 per cent for females and males. Health service use was high among respondents for primary health services (83.7 per cent male and 91.2 per cent female) for the previous twelve months, with a quarter of both males and females having used a hospital based health service in the same period. One in ten respondents reported being diagnosed with a mental health problem by a doctor in the previous twelve months, with about half receiving treatment.

The NSW Association for Youth Health (NAYH) lists the major health concerns for young people as: sexual health and sexuality, mental health, self-harm and injury, and alcohol and other harmful substance use. NAYH also defines 'marginalised young people' as all young people aged 12 to 25 years who meet or at risk of meeting one or more of the following categories:

- socio-economically disadvantaged
- Aboriginal and Torres Strait Islander
- culturally and linguistically diverse
- refugee
- homeless
- gay, lesbian, bisexual, transgender or intersex
- living with a disability
- socially isolated
- living in a regional or rural area
- experiencing current or emerging mental health issues
- experiencing drug and alcohol or emerging drug and alcohol problems
- experiencing dual diagnosis
- at-risk of, currently in or leaving out of home care
- in contact with the criminal justice system
- victim of crime
- has responsibility to care for a family member or others with a long term illness, disability, mental illness or drug and alcohol problem (i.e. young carers)
- living with a history of abuse, neglect and trauma
- experiencing family breakdown

Given the complex, interrelated impact of social determinants, many young people experience a number of the criteria above at any given time.

A positive and holistic concept of health therefore implies a model of health practice that addresses both the impacts and determinants of health problems. This requires both direct and indirect health work. There is an extensive body of literature that supports Deschamps' view that:

> *Adolescent health falls outside biological paradigms, clinical medicine and its usual classifications, and (outside) the classic distinctions between physical and mental health, between medical and social aspects of health, and between curative and preventive care[95].*

Recognition of both the theoretical and evidence-based logic of this view requires a paradigm shift in how we conceptualise adolescent health and wellbeing. Several writers at a global level posit the need to draw together recent developments in biology and neuroscience in adolescent health as well as take into account the dynamic social, economic, environmental and technological determinants that impact on adolescent health and wellbeing and life course trajectories[96]. Blum et al. 2012 argue the need for an ecological or holistic framework in understanding life-course trajectories from early childhood to adolescence and young adulthood. Importantly, these new understandings need to also be considered within a human rights framework that locates the individual at the centre of future directions in health policy and practice reform.

5.1 How young people define health

Several studies have found that young people have clear ideas about health as being holistic and affected by a range of social determinants. For example, even when young people tended to define health solely in terms of their physical wellbeing, they also identified situations, conditions or behaviours that affect their health[97]. According to Bernard et al. (2004), the major health concerns of young people aged 15 to 25 years include mental health, drugs and alcohol, and relationships[98]. These same issues were reiterated in the study by Muir et al. (2009) of young people accessing headspace – physical health, mental health and relationships were seen as inter-related[99].

Young people in the ARACY Nest study[100] also linked being healthy to exercise and nutrition. Exercise included participation in sports, in and out of school, and crossed over with informal or leisure activities, such as skateboarding and surfing. They noted the relationship between health, exercise, and 'playing outdoors' with many children and young people identifying open space for physical activity as being of high value. Nutrition was framed as 'eating well' with the need for fresh fruit and vegetables and less fast or junk food.

Drawing on a range of studies of young people's views of how they define health and what affects health, the following aspects have been highlighted in the literature:

Diet and exercise

Of interest in the YACWA and Nest studies were responses directly linked to health promotion messages – for instance, the YACWA study reported young people in Broome recalling 'Eat two fruit and five veg' promoted through Aboriginal community radio and television, which suggests young people are aware of health messages, although there may be issues that prevent their being taken up (for example, the WAACHS found expense and lack of availability of healthy food impacted on food choices).

Relationships and friendships

As with Bernard et al. and Muir et al., the YACWA study confirmed that young people recognise the importance of having good relationships, friendships and support as important for their health. This reveals the importance young people place in being connected and maintaining friendships. Some 167 young people in the YACWA stated that they turn to friends for health support and advice. They also saw healthy friendships as playing a role in their mental health.

Mental and emotional health

Although less prevalent as a theme than physical health, in the Nest study mental health was described as a positive, happy state-of-mind and sense of self-worth and healthiness involving the absence of depression, anxiety and self-harm. Maintaining good emotional health was also identified in both the YACWA and Nest studies as an aspect of health linked to having knowledge and understanding of your body, inner peace and connection to spirituality or religion.

Connectedness to Family and Community

Both the YACWA and Nest studies indicated that being supported by and participating in community life was recognized as important to health. This included the notions of helping yourself and helping others, as well as seeking help from others.

In several studies young people's overall health and mental health and wellbeing has been linked to their being supported and connected to family, friends and the community. Young people are more likely to make good decisions and access relevant information and health services where they have strong family support.

Participation in School

Schools can promote a range of collaborations and integrated relationships that act as the catalyst for health promotion and cultural change within communities – bringing students, their families, school and local community together to adopt shared responsibility for improved health outcomes. Literature suggests that young people regard school as an ideal place for learning and development related to mental health and general health needs. Schools can provide strategies to remove the barriers to mental health, address poor health outcomes associated with racism, discrimination and bullying, and promote identity and self-esteem[101].

5.2 Health seeking behaviours

In a systematic review of the health and illness beliefs of young people, Haller et al. (2008) found that young people have broad views on health and illness and their beliefs about these appear to play a role in determining their help-seeking behaviour and acceptance of care. The array of beliefs regarding the cause of health problems are attributed to heredity, natural causes (contagious agents), interpersonal problems and supernatural causes (God, fate)[102].

The results of the YACWA study revealed that over 60 per cent of young people stated that they seek advice, support and information from friends, family and the internet with regard to health issues[103]. These young people seek advice from their friends and family at about the same rate, and are less likely to seek health advice through the internet or visit a doctor. The evaluation study of headspace by Muir et al. (2009) found that young people with mental health issues are most likely to self-refer to headspace.

A study by Hickie et al. (2007) in Australia concluded that young people seldom attend general practice or primary care settings and are also less likely to seek mental health assistance from their doctor than older people.[104] An international study by Tylee et al. (2007)[105] found that young people in developed countries contact primary care services at least once a year for general health issues although they are more likely to seek help from friends or family for mental health problems.

Stakeholders and young men involved in The *Young Men and Suicide Project* felt that the majority of young men were resistant to seeking help during times of distress[106]. This reluctance to seek help was related to perceptions of masculinity and an expectation that young men should manage their own problems, and that help seeking is not part of the ethos in young men's lives. Importantly, it was noted that help seeking behaviour is particularly poor in critical times of stress, such as a relationship breakdown. However, if young men decide to seek help after a relationship breakdown, for instance, it is likely to be from their GP. The lack of help seeking in relation to mental health problems is affected by the stigma attached to mental illness within their own community. The saying 'big boys don't cry' was cited as a key concept in relation to how mental health stigma works for young men. It was argued that taboos and stigma still surround mental health and emotional wellbeing particularly for young men. A study in Australia by Ricciardelli, Mellor and McCabe (2012) suggests the reluctance to seek help amongst young men is leading to a quiet crisis that challenges the health services and the community[107].

A UK study confirmed similar health seeking behaviours by homeless young people with general and mental health services and social care services. Darbyshire, Muir-Cochrane and Fereday (2006) noted these young people require sensitive and caring services where health professionals establish relationships of trust and understand the needs of those living on the streets[108]. The study findings are consistent with those of French, Reardon and Smith (2003)[109] who found that whether young people seek counselling or support is influenced by a young person's problem awareness, motivation to seek counselling, and perceptions of counselling and knowledge of services. Other factors affecting their engagement included the attractiveness of services (e.g. feeling understood, confidentiality, individual counselling, physical environment etc.) and accessibility of services (e.g. free services, extended opening hours, local, outreach). In the IHSHY evaluation, the attractiveness of services was defined as the responsiveness or youth friendliness of the organisation or service, which was also noted by Kang et al. (2006)[110].

The literature confirms that health seeking behaviour is driven by a range of factors, with young people likely to seek initial advice from those close to them (or from the internet) before accessing either a GP or youth specific services for general or mental health issues.

6. Factors that impact on youth health access

In addition to understanding help seeking, an understanding of the circumstances that encourage young people to seek help (the enablers) or inhibit their engagement (the barriers) is essential for improving practice and enhancing access. It is recognised that change strategies need to be multidimensional and multisectoral to address the many complex issues facing young people. However, it is not always possible to develop a comprehensive approach that addresses all factors. By exploring what impacts on accessing health care for specific groups, as well as the elements that

may help overcome evidence and practice gaps, it may be feasible to improve access and quality of service for all of young people and marginalised groups within existing health services.

This section describes both the barriers young people encounter and the factors that assist and encourage them to access health services.

6.1 Barriers to accessing health services

Kang et al. (2003, 2006) noted that access to primary health care for young people is a health issue in itself and there is little published literature outlining the effectiveness of any particular model of health service delivery in improving access[111] [112]. The authors noted three groups of barriers to accessing health care: 1) concerns about confidentiality; 2) knowledge of services and discomfort in disclosing health concerns; and 3) accessibility and characteristics of services[113]. Kefford et al. (2005)[114] confirmed these same barriers while also identifying cost as a barrier.

The YACWA (2006) consultation confirmed the following as significant deterrents for young people to accessing health services:

- fear of breaches in confidentiality;
- lack of confidence in obtaining accurate information to assist with their health;
- lack of reliable and affordable transport,
- the costs associated with paying for appointments; and
- not having their own Medicare card.[115]

Young people reported that being on their parents' Medicare card influenced their access to or choice of health services, and they were not aware when they were able to obtain their own Medicare card or how to go about getting their own card.

The *Young Men and Suicide Project* undertaken in Ireland identified several key barriers to young people accessing health services, including negative experiences of services, the 'silo system' of healthcare whereby young people had to repeat their story to multiple health providers, the treatment of alcohol or drug abuse as issues separate from mental health when they are usually interconnected and part of the same problem, and the 'cold and clinical reception' experienced by young people who present with multi-faceted problems[116].

The National Association of Adolescent Health (NAAH) report, *Getting it Right: Models of Better Practice*, noted that unemployment, homelessness, powerlessness, exploitation, alienation, sexism, racism, ageism, violence, exclusion and suicide are part of a difficult social landscape for many young people[117]. These factors will inevitably also impact on young people's capacity to access health care.

Young people consistently identify the most prominent barriers as confidentiality and trust, confidence, cost, accessibility and youth friendly characteristics of services. Some subpopulation groups have identified additional factors that impact on their access to health services, particularly homeless, Aboriginal, CaLD, and LGBTI young people, and young carers. Each of these groups and their perceived barriers are discussed briefly below.

6.1.1. Homeless young people

Young people experience homelessness for a range of reasons including mental health issues, poverty, domestic abuse and substance use. While living in safe accommodations has been identified as contributing to health, the YACWA study confirmed that many young people do not live in homes where they feel safe. The IHSHY evaluation study of homeless and at risk young people in the Perth metropolitan area identified a number of factors that contribute to making mainstream services difficult for these young people to access. These factors include a lack of Medicare cards, transport, housing and doctors who provide bulk-billing. In addition, many of these young people expressed concerns about confidentiality, consent issues, fear of stigma, their inability to navigate the system without support and problems coping with appointment based systems.

Similar barriers were confirmed in Muir et al. (2009) in the headspace evaluation study. That study found that many young people, including homeless and disengaged young people, lacked the skills and capability to negotiate the issues and comply with expectations imposed by health services due to their mental state.

6.1.2 Culturally and linguistically diverse young people

The YACWA study included a workshop held with young African migrant women attending a high school in Perth. This part of the study found that these young women experienced a significantly greater number of challenges accessing health services than many other young people. These CaLD young people had a general lack of awareness about their rights as consumers of health services in WA. They identified youth workers and doctors as the main services they accessed for health support and advice.

In addition to the barriers already identified as common among most young people, such as transport and lack of confidence, these young people also identified difficulties with language, accessing abortion in a safe and confidential way, and lack of information regarding HIV prevention.

Tang et al. (2001)[118] identified barriers to health and mental health care for CaLD young people, especially in rural areas. They noted five areas that need to be addressed to improve the quality and effectiveness of health care for CaLD people:

- the number of bilingual practitioners available to provide services;
- the level of knowledge and skills of mainstream mental health practitioners;
- the organisation's response to linguistic variability;
- the socio-demographic profile of the young people seeking services; and
- the migration and settlement experience of these young people.

6.1.3 LGBTI young people

McNair et al. (2001) found strong associations between LGBTI young people's access to health care and the degree of discrimination they experienced based on their sexual orientation[119]. Drawing on a number of studies undertaken with this subpopulation group, the authors concluded that young people within LGBTI populations either avoid or delay seeking care in mainstream services due to real or perceived discrimination.

Research in Australia shows that approximately 23 per cent of LGBTI young people perceive that health professionals are homophobic, support heterosexuality, lack knowledge , misunderstand

LGBTI young people, have turned young people away, lack regard for patient confidentiality, or lack relevant psycho-sexual training. Some of these young people also reported concerns regarding discontinuity of care and inappropriate referrals.

A study within the Australian secondary education context found that LGBTI students who attended school with policies supporting LGBTI young people had significantly better wellbeing and psycho-social outcomes, including lower incidences of homophobic abuse and suicide, than LGBTI students in schools without such policies[120]. This finding indicates a need for schools to ensure appropriate policies are in place to support young people who identify themselves outside of the heterosexual norm.

6.1.4 Carers of parents with illness

As detailed earlier in the review, many young people are required to support parents who have mental or physical health issues or other conditions that require care. There are several websites that specifically target young carers. These include:

- Young Carers website, maintained by Carers Australia http://www.youngcarers.net.au/
- Carers of parents with a mental illness (COPMI) http://www.copmi.net.au/
- ycentral http://www.ycentral.com.au/young-carers
- Mind Australia http://www.mindaustralia.org.au/resources/families-and-carers/young-carers.html
- SANE includes information and resources for families and young carers and for families with a mental illness and an online helpline: www.sane.org.au; SANE also provides a guide for teenagers who have a family member with a mental illness, *Joe's Diary: A SANE Guide for Young People:* http://www.sane.org/images/stories/information/factsheets/1204_info_fs11families.pdf.

A 2007 Victorian Government Department of Human Services report, *Families where a parent has a mental illness strategy*[121], aimed to support children of parents with a mental illness who are vulnerable and need services to assist them. These young carers are likely to be at greater risk of injury or abuse, or of developing severe disorders themselves[122]. A 2008 NSW Government literature review considered the consequences for children of parents with a mental illness and the effectiveness of interventions designed to assist these children, and reached similar conclusions[123].

The NSW literature review confirmed that many health services are not meeting the needs of clients, which places enormous pressures on family carers, who often place their own needs last[124]. The Mental Health Council of Australia (MHCA) has also noted that a lack of services available for family carers is a significant problem, and as a result their health (both physical and mental) and quality of life are severely impacted upon[125].

The Young Carers Research Report[126], undertaken by the Carers Association of Australia (CAA) (now Carers Australia) in 2002 identified the following barriers experienced by young carers in accessing health and disability services:

- Many carer, health or disability services are designed to meet the needs of adult family members and ignore or treat with insensitivity the unique and diverse needs of children and young people who have caring responsibilities.

- Professionals in fields of health, welfare and education are often unaware of a carer's unique and diverse needs or how to meet them.
- Many carers lack access to information, transport or the money required for some services.
- Many carers lack the time to follow up and access some services due to conflicting demands of work, school and their caring responsibilities. They are often reluctant to place their own needs ahead of those for whom they provide care and support or do not receive respite support.
- There is a lack of specific programs for young carers who are 'at risk'. These young people are not listed as a specific target group for services or programs and generally do not meet the criteria for programs and services for 'at risk' youth. There are only a few young carer programs offered in Australia.
- Social security legislation severely limits the ability of young carers of school age to obtain income support that takes into account their financial reality.
- Young carers often have to rely on their parents to seek financial assistance or other support; however, parents may be reluctant to do so for fear of child protection agencies becoming involved or because they believe their care requirements are a family matter.
- Young carers often feel that they cannot trust anyone enough to ask for help or discuss their problems. They feel that they will not be listened to or believed and that information will not be treated with confidentiality.

The report identified additional barriers for carers living in rural and remote areas and for young CaLD and Aboriginal people. Barriers faced by young carers living in rural or remote communities included:

- lack of easily accessible services in their area;
- limited or no access to appropriate transport; and
- a belief in the need to be self-reliant rather than seeking help.

Barriers for young carers from culturally or linguistically diverse backgrounds include:

- communication or language barriers;
- different understandings of disability, illness and caring; and
- culturally insensitive workers and services.

Young Aboriginal carers face many of the same barriers, including:

- culturally insensitive services;
- fear of lack of confidentiality;
- suspicion towards health professionals and services; and
- a lack of cultural appropriateness of the service system in addressing their diverse cultural needs.

6.1.5 Young women who are pregnant or young parents

A review by the former Western Sydney Area Health Service (WSAHS) found that young people aged less than 25 years who are pregnant or parents often experience additional barriers to accessing

health services to meet their needs compared to other parents. The report found that these young people are generally unaware of the services available to them, feel hesitant or awkward about accessing new services, and have financial concerns about costs that may be charged[127]. Like other vulnerable or disadvantaged subpopulation groups, young teenagers who are pregnant are reluctant to access services due to feeling stigmatised, judged and patronised by service providers. In addition, these young people often experience other barriers, such as:

- lack of financial, social or emotional support;
- lack of skills in parental and financial management;
- limited networks, resources and leisure activities;
- lack of confidence in accessing health and welfare services; and
- having a low income that increases disadvantage, social isolation and risks of poor nutritional status.[128]

6.2 Summary of key barriers to access of health services

The discussion above outlines some of the main barriers to young people accessing health services identified in the literature. Key barriers include: issues of confidentiality and trust; lack of confidence; high costs of treatment; and the accessibility and youth friendly characteristics of health services.

In addition, the literature reveals a range of shortcomings within the health care system that are barriers for young people seeking help. The health care system does not offer enough relevant programs and services to meet the needs of various subpopulation groups, such as young people with complex health issues that require integrated services using an interdisciplinary team approach or young people moving from paediatric to adult healthcare who require transitional programs and services. There is also a lack of services and programs to address the specific needs of LGBTI young people or those who are homeless and may require outreach services.

6.2.1 Fear

Several of the studies cited in the previous section (McNair 2001; Reibel & Jackiewisc 2009; YACWA, 2006) confirm a range of issues that generate fear and uncertainty in young people accessing health services. These include fear of judgment, fear of stigma, fear of results, fear that people will recognise them at a clinic and concerns that their information will not be kept confidential.

6.2.2 Costs associated when no bulk billing

Cost is an issue consistently raised in consultations and published studies (CAA 2002; Reibel & Jackiewisc 2009; WSAHS 2004; YACWA, 2006) as a critical factor influencing a young person's decision to seek health care or advice. Young people in several studies stated that they could not afford to attend a clinic or surgery that did not bulk bill. This barrier was linked with the need for a Medicare card.

6.2.3 Lack of Confidence and Mistrust

As a corollary to fear, young people often lacked trust in health services. Both the YACWA and IHSHY studies and the headspace evaluation found that reputation, word of mouth and peer referral influenced young people in their decision-making process to attend a particular health service, and the history and longevity of a health service added to the reputation.

6.2.4 Accessibility of services

Lack of easily accessible services in their area, combined with limited or no access to appropriate transport (including transport expense), are recurrent issues that prevent young people from accessing health services.

6.2.5 Characteristics of services

One of the most consistently cited barriers to accessing health services reported in the consultations with young people is the lack of youth friendly services. Important characteristics of youth friendly services include flexible appointment times, ease of access to transport, services offered free or at low cost, drop in youth centres and one-stop shops, and outreach services.

Several of the consultations across a range of diverse groups highlighted the need for health services to appoint staff who understand and are responsive and sensitive to young people's needs, have good communication skills, are prepared to listen and treat young people with respect, take time to build a relationship and are prepared to discuss issues openly, and who seek young people's consent before contacting parents.

The consultations with young people who are homeless, Aboriginal, CaLD, LGBTI, young carers and those living in remote or rural communities confirm that there are a range of additional factors that impact on their daily functioning and health, and as a result their access to health services, including the need for culturally sensitive workers and interpreters.

6.2.6 Social attitudes and expectations

Attitudes held by some young people, such as the perceived need to be self-reliant, can inhibit their ability to access health care. These attitudes and perceptions are evident among young carers living in rural and remote areas who do not feel they can ask for help but believe they need to take responsibility for their own health needs. Studies by Richardson, Clarke & Jackson (2009) and Ricciardelli, Mellor, McCabe (2012) confirm that these perceptions are also evident amongst young men who think that they 'are just supposed to deal with issues' that are impacting on their health and wellbeing.

6.2.7 Communication or language barriers

Both the Australian[129,130] and international literature[131] highlight how communication and language barriers can have an adverse impact on health access and outcomes. Language barriers can impact on both access to and quality of the delivery of basic health services. In many cases, miscommunication is both linguistic and cultural. While translating words into another language is relatively simple, grappling with the meaning of health concepts that may differ in another culture can be far more complex. A number of guidelines pertaining to youth health exist that acknowledge that improved communication skills among health professionals and cultural competence are needed to improve access and address health disparities[132,133,134].

6.2.8 Differing understandings of health related concepts

Various subgroups have quite different understandings and attach different meaning and importance to concepts such as disability, mental health illness and notions of caring. These different conceptions mean that young people from different subpopulation groups, particularly Aboriginal and CaLD groups, regard some of the medical treatment prescribed by health professionals as meaningless, irrelevant or even detrimental to supporting their health needs.

According to Gershevitch (2005), understanding the role of culture in health is a 'neglected necessity' in the Australian health care system[135].

6.2.9 Culturally insensitive workers and services

There is ample evidence to show that racism has major adverse impacts on access to effective health care and health outcomes of Aboriginal and CaLD groups in Australia. Systemic racism can be experienced in both subtle ways that can manifest in cultural insensitivity as well as quite blatant behaviours that impact on people's sense of cultural security. Some of the most adverse effects of racism can be overcome by addressing the cultural competence of health professionals and services, and improving community awareness regarding racial prejudice and other determinants of health inequities that are underpinned by racism, prejudice and discrimination. Improving health and health care access requires policy personnel, health professionals and service providers working to overcome prejudice and discrimination in all aspects of work towards all marginalised groups.[136]

6.3 Factors that enable young people to access health services

The previous section detailed barriers to young people in accessing health services. This section explores the various factors that enable or facilitate young people's ability to access a range of health services. The focus of the discussion is on those elements most common across the evidence.

6.3.1 Doctor at private practice or health clinics

Many studies cited in this review (e.g, Kang et al. 2003, 2006; Reibel & Jackiewicz, 2011, YACWA 2006) have confirmed that young people nominated doctors (GPs) as the first health professional they turn to when they are sick, particularly when they needed medication or a referral. The ability to build a relationship with GPs was identified as a key factor in receiving health support and advice. Family doctors were identified by some young people as being of benefit, while others identified this familiarity as a problem in certain circumstances, particularly in relation to confidentiality.

These findings have some similarities with findings from the study by French, Reardon & Smith (2003)[137] in the primary care sector, which identified the importance of attractiveness of services (e.g. feeling understood, confidentiality, individual counselling, physical environment) and accessibility of services (e.g. free services, extended opening hours, located nearby, outreach).

6.3.2 Youth centres and youth workers

Young people in several studies (e.g, YACWA 2006, Muir et al. 2009, Clinical Senate, 2009) have confirmed that youth centres and community youth support services staffed by trained youth workers contributed to their health and wellbeing by:

- providing a safe and welcoming place for young people;
- promoting healthy eating and lifestyles;
- providing assistance with transport to activities and appointments; and
- assisting with accommodation, employment or training opportunities where necessary.

In the YACWA study, young people throughout WA agreed that youth workers are approachable, accepting, non-judgmental and positive role models, and these attributes encouraged young people to seek support from youth workers to improve their health and wellbeing.

6.3.3 The role of the internet

The role of online support was identified recently in the UK by Butler (2013)[138] as a highly effective medium for young people. Moreover, as immediacy of information and social interaction are increasingly being achieved at the touch of a screen, it is proposed that engaging a teenage population in health requires technological advances being used to promote and support healthy lifestyles.

Online technology has been identified as particularly important for young people with a disability. Schindlmayr (2007) points to the value of technological innovation, particularly the internet and software adaptations, in helping young people make contact with their peers, giving them a sense of belonging and breaking down barriers[139]. Other literature on online participation for people with a disability or chronic illness confirms this conclusion. In a recent evaluation of the *Livewire Online Community*, Third and Richardson (2009) found that young people were able to positively integrate their embodiment and their identity, with many disclosing their disability or illness to others while participating in online chat forums[140].

While needing to be mindful of the potential risks for young people using web based content, including access to illicit and unhealthy products, young people are increasingly likely to use the internet to access health information. Given that much of the illness occurring in young people is preventable[141] and a majority spend a significant amount of time online, this medium is an important target for many health promotion messages and health education campaigns. Online interventions focusing on healthy diet and nutrition, mental health issues and increased physical activity have had some success among young people and are likely to expand[142]. However, as Blanchard et al. (2013) caution, there is a need to develop principles and protocols for the use of online and social media interventions, which should include appropriate medical oversight and materials[143]. It is crucial to consult with young people in developing health promotion campaigns in order to ensure that key messages are appealing, understandable and relevant. Work being carried out by the Wellness centre confirms that online tools can be helpful for including large numbers of young people, geographically diverse young people, and those with limited mobility. They also allow young people to participate in their own time and anonymously, which may be necessary or helpful when addressing particularly sensitive topics[144].

6.3.4 School based services

The YACWA survey of young people still in school reported that students sought support and information from chaplains, year co-ordinators, school psychologists, school nurses and school based youth workers regarding their health concerns, although some schools in regional WA only had a nurse or school psychologist appointed on a part time basis. Section 7.4.8 discusses the use and effectiveness of an early intervention assessment tool used in secondary schools throughout WA.

Fowler et al. (2013), commenting on the need for early intervention to prevent suicide, highlight the potential for schools to have a more significant role in promoting the emotional and mental health of young people. Early intervention was identified by all stakeholders as essential in tackling mental health among young people by enhancing their understanding of mental health and wellbeing. However, as the authors point out, this raises questions as to the scope of teachers' roles and responsibilities; moreover, young people in other studies on sexual health education have been

critical of teachers' skills and competence, and the appropriateness of the curriculum. Sections 7.4 and 7.7 highlight effective school based and online programs that may resolve this issue.

Butler (2013) notes that school nurses have limited time and tend to focus on the most vulnerable young people in the school community, and as a result the majority of young people are left with little contact with the school health service[145]. He suggests that although Information Technology (IT) systems will not replace the traditional face-to-face contact required to meet the healthcare needs of young people, this medium can provide an efficient and effective way for school nurses to deliver an additional high-quality service to the whole school community.

Finally, while school is arguably the most logical place to include health and wellbeing education and provide a health service, many young people at risk do not attend school and are, therefore, outside of this safety net[146].

6.3.5 Aboriginal Community Controlled Health Services

The YACWA study reported that Aboriginal young people commented positively about the local regional Aboriginal Medical Services as contributing to their health and wellbeing. The reasons identified confirm the importance of services being culturally appropriate and responsive to their client groups:

- medicine is distributed during appointments;
- staff have good listening skills;
- separate nights are offered for men and women;
- the service has a good reputation and longevity;
- not having to make an appointment; and
- first come first served system for waiting.

6.3.6 Community based youth services

In the YACWA study, young people spoke of male and female only groups that are run by youth groups and health clinics as services they accessed to receive health information. The 'girls or boys only' nights run by youth centres offered community, friendship and a safe place to talk with youth workers and friends. Community health clinics that run 'men's business' and 'women's business' nights also appealed to both Aboriginal and CaLD young people.

6.3.7. Outreach services

Several studies (Quinlivan et al. 2003, YACWA 2006, Muir et al. 2009, Reibel & Jackiewicz 2011, ARACY 2012) have highlighted the importance of outreach services for homeless young people, young women with infants in the postpartum and perinatal period, Aboriginal and CaLD young people, young carers of people with mental illness, young people with disabilities living independently and young people in remote areas. There are a number of common characteristics evident in all outreach services irrespective of the target group they were attempting to reach. They need to be accessible, delivered in groups' own environment, mobile, clearly visible and non-judgemental. Additional factors for specific groups were identified for CaLD and Aboriginal young people. These include the need for outreach workers (GPs, nurses and youth workers) with cultural sensitivity and awareness and good communication skills. Ideally, young people would like the involvement of workers of the same cultural group and access to interpreters if necessary.

6.4 Summary of factors that enable access to health services

There are a number of factors consistently identified in consultations and research with young people as enhancing adolescent access to health services. In the WA consultations undertaken by the Clinical Senate, for example, young people identified a range of elements of primary importance. These were:

- Ease of access to centres (location and proximity to transport);
- Extended opening hours;
- Immediacy of obtaining appointments;
- Someone who will listen to young people independent of parents;
- Respect and validation;
- Having an advocate or parent attend sometimes;
- The professional's competence is more important than their gender; and
- People skills/relationship.

The need to listen to young people first, before talking with parents, was also linked with confidentiality. Several young people requested the opportunity to give their consent before involving their parents. Importantly, young people from the different subpopulation groups (such as reported in the YACWA, IHSHY and Healthy Young People in NSW consultations) consistently identified these same elements as essential to improving access to health services.

6.4.1 Reliable and accessible information

Other elements identified in the Nest consultation as being crucial for improving health outcomes were access to reliable information through practitioners; printed materials; and on the internet. Also identified was the need for a disability helpline for young people, families, health practitioners, community workers and educators to access information on particular disabilities, compare options for therapy approaches and obtain referral to specialist services where required.

A key theme was the need for information to be disseminated in places where young people are likely to access this (including the internet).

Making information accessible involves making sure that the language and format used, as well as the images and design, are clear, appropriate and understandable for the intended target group regardless of how they are presented – face to face, on a website, in print, on a phone recording or on DVD.

Young people use information in different ways and access it through different media including written form (from books, leaflets, text messages, posters and websites); in audio form (via the phone, radio, YouTube, internet, podcasts and CDs); and in visual form (via photo voice, YouTube, television, the internet and DVDs).

The national and international literature affirms the importance that young people attach to utilising a range of media and making information available in as many formats as possible so that they can choose how they want to access information about health topics and services.

6.4.2 Having a relationship with health professionals

The ability to build a relationship with health professionals was a recurrent theme in both the Australian and international literature. Young people express the need for non-judgemental staff who have good listening skills, who are respectful and who take time to establish a relationship and trust. The importance of establishing a responsive, caring relationship with clear professional and personal boundaries was noted for all health workers including nurses, school nurses, youth workers and GPs.

For example, young people in the New Zealand consultation stressed that they wanted nurses to have the qualities to build trusting, warm, yet professional relationships and to be able to relate to people from different backgrounds. In the YACWA consultation young people highlighted the importance of GPs having the ability to build trusting relationships and relate to people of all backgrounds, the ability to influence and motivate people, good communication and listening skills, empathy and a calm, caring approach, having a non-judgemental attitude and respect for confidentiality and an understanding of health issues and their impact on people.

A review of all of the literature included here confirms that having a relationship with health professionals was identified as important by all subpopulation groups.

6.4.3 Youth friendly services

Several studies refer to the importance of services having elements that are attractive to young people, including feeling respected and understood; assurances of confidentiality; availability of individual counselling; providing gender specific nights; and the physical environment. The physical environment includes welcoming waiting rooms with music and health promotion media, and having access to one-stop shops or youth cafés where health information is available. For some young people 'youth friendly environments' refers to outreach services provided via mobile clinics.

Access to free or low cost services and having medicines distributed during appointments were also listed as important. Lack of confidentiality and lack of privacy were identified as significant barriers to seeking care, while evidence suggests that young people are 'more willing to communicate with and seek health care where confidentiality is assured[147].

6.4.4 Accessibility of services

The literature review highlights the importance of making health services accessible to young people. Accessibility is about ensuring services are physically accessible to young people by being located close to public transport routes, opening in the evening, offering drop-in consultation, having the flexibility to cater for extended consultation times, being offered free or at low cost, being responsive to young people's needs and being well promoted to young people[148]. Each of these elements is consistently identified by young people as facilitating greater access to health services.

These same elements are also identified as essential to promote access for young people in marginalised subpopulation groups. Consultations with different subpopulations (including young carers, young people from Aboriginal, CaLD and refugee backgrounds, and LGBTI and homeless young people) highlight the need for flexible access, such as a walk in or first come first served systems (such as with Street Doctor); free services; extended opening hours; locally based and

outreach services (mobile and highly visible); and other tailored services that cater for their specific needs.

Accessibility of services is one of the key ACCESS principles that were developed as a result of a comprehensive needs assessment with young people in NSW. These principles are discussed further in Section 7.1.

6.4.5 Culturally appropriate and responsive services

The need for culturally responsive services relates to being youth-friendly as well as catering for the needs of young people from Aboriginal, CaLD and other subpopulation groups who have their own distinctive sub-cultures. Culturally responsive services encompass social inclusivity and the right of every young person to have access to optimal care and high quality service to achieve good health and wellbeing. Culturally responsive services need to have a good understanding of the particular difficulties and needs of different client groups, including young carers of parents with a mental illness, young parents, LGBTI young people or those on low income. The literature confirms that young people will go to a service that has been running for some time and has a good reputation and is referred by other young people.

6.4.6 Access to youth workers, and youth and community-based centres

Both the YACWA and Millennium Kids consultations confirm that young people value friendship and a safe place to talk with youth workers about health issues and are more likely to follow-up with a referral if this occurs. Both consultations have also noted the value of separate 'girls or boys only' nights that focus on health and wellbeing issues run through youth centres and community centres.

6.4.7 Comprehensive school based services

Young people are more likely to access school nurses and participate in health education activities when they are offered to all young people. Several studies discussed in section 7.4 confirm that schools can provide integrated services for young people and a safe environment in which to identify and refer young people with mental health issues. Schools can also enable families to have a safe place to go for assistance if it is evident that issues are emerging with their adolescent children. Schools can provide a safe place for parents to access programs that strengthen their parenting skills.

There are a range of prevention and intervention strategies that schools can put in place to promote and maintain student engagement in the mainstream school setting, accessing specialist support for individual students with identified behavioural, health, or social issues. Schools can undertake a range of activities to support preventive health approaches including encouraging dental care and sun and UV protection strategies, immunisation and the provision of information regarding blood borne viruses. Schools can also use universal and targeted programs to address adverse impacts of bullying and discrimination.

6.4.8 Promoting positive and caring relationships with parents

In a New Zealand literature review, numerous studies were identified that demonstrated that having a positive relationship with parents promotes adolescent health and wellbeing[149]. McLaren (2002) found that young people who grow up with parents who provide age appropriate care and support, set clear expectations, monitor behaviour, and model acceptable behaviours are more likely to be emotionally healthy, be successful at school and have positive self-esteem. They are also less likely

to engage in behaviours that could harm their health, such as drug use and unsafe sex, and they are less likely to experience mental health problems.

Importantly, more recent targeted interventions that involve the family have been shown to be effective in preventing drug use and, overall, it appears that the warmth and quality of the relationships between young people and their caregivers is the single strongest predictor of adolescent wellbeing.

6.4.9 Building local capacity

In the NEST study, the need to build local capacity was identified by families in outer metropolitan, regional, rural and remote areas as critical to overcoming issues associated with lower access to health services and infrastructure[150]. Other studies also confirm that families and young people need programs that facilitate their empowerment and strengthen their capacity to access the most basic services, including health and education[151]. This requires capacity building programs being developed and implemented through local community organisations for young people and their parents[152].

In turn, there is also a need to build the capacity of service providers and health professionals in order to work in more collaborative and interdisciplinary ways. Building capacity requires that all health stakeholders (including those that provide peer support and advocacy and interagency networks for young people) can work more effectively with service providers from other areas to address the key social determinants of health (e.g. childcare, disability services, housing, education and social services). The literature confirms that an emphasis on this capacity building process is essential to overcome the problems and complexities that can arise from working with multiple agencies within government and non-government services in health, education, community services, justice and social services sectors[153 154].

The emphasis on collaborative practice aims to address the multiple and interlinked issues faced by vulnerable families, children and young people, and to foster greater access to health and other services to address the range of social determinants impacting on their health and wellbeing. The following capacity building strategies have been identified as a way to address the complexities and inefficiencies arising from the diversity of policy and practice across the various service sectors and organisations:

- *networking* across service systems and issues to develop a trusting collaborative foundation;
- *coordination* fostering strong relationships between stakeholders, with 'champions' leading the action to make information and services more accessible for vulnerable families, children and young people; and
- *service integration* involving high-level collaboration, bringing together service systems and involving families and community leaders in system and service design[155].

There are many examples throughout the review where health networks and agencies have been responsible for establishing youth advisory groups and/or youth participation groups and galvanising service reform to enhance access and outcomes for a range of vulnerable populations, including young people.

7. Best practice in youth health service delivery

This section summarises the literature that describes models, standards or principles of 'best practice' delivery in youth health services, based on evidence of 'what works'. The WHO definition of health as a positive and holistic concept is consistent with young people's perceptions of health reported in the literature. This understanding of health, together with the increasing recognition of the complex needs and influences surrounding adolescent health, reinforces the need for models of health practice and health initiatives that address immediate health needs and broader social determinants of health. These include prevention and health promotion initiatives (e.g. advocacy and empowerment) and building and maintaining supportive environments and direct services for youth.

In addition to identifying the general principles of best practice, the review includes examples of creative and innovative processes, universal health prevention strategies and targeted initiatives that have been shown to increase youth access and participation, and enhance health education and positive health and wellbeing outcomes. The terms 'best practice' and 'what works' are used here to inform a range of areas where there is potential to improve the health service experiences for young people. These areas include policy and program development, funding and resources allocation; collaborative and interdisciplinary practice; clinical guidelines and referral pathways; professional training and education; consumer, family and community education; and service integration.

The NSW Association of Adolescent Health (NAAH) has noted the lack of research literature that explores these concepts, particularly in the youth health field, and claims 'there are no ready answers and no straight and narrow, uncontroversial path through the small amount of literature that exists'. NAAH first published the *Getting It Right: Models of Best Practice* report in 1999, subsequently updating it in 2003 and 2005. In reporting on the components that constitute a better practice approach to youth health, the following principles were noted: addressing inequalities, providing access and participation, building supportive environments, balancing approaches, coordination, collaboration, and building the infrastructure. Each of these components was described together with the elements required to initiate the best approach to providing youth health services based on the available evidence at the time[156].

Despite the need for evidence based best practice, there is a lack of evaluations of services and interventions. Even so, there is substantial agreement in the literature, health policies and guidelines as to what principles and strategies constitute best practice in the context of youth friendly primary health care. However, as Sawyer et al. (2012) point out, there are concerns that this knowledge is not being translated to specialist health services or tertiary health care[157].

7.1 Key principles of best practice

Findings from several studies demonstrate a consistent set of principles or elements that appear to be important in establishing effective youth health services. Over the past decade the comprehensive body of work undertaken by the NSW Centre for the Advancement of Adolescent Health has resulted in the development of seven 'ACCESS' principles, described in brief below, which were used by NSW Health in the development of its youth health policy. The use of these principles is validated by evaluations of youth health services (for example, Reibel & Jackiewicz 2011; Muir et

al. 2009) that identified similar key elements young people have consistently reported as important to their feeling confident to access health services.

7.1.1 New South Wales ACCESS Principles

The NSW ACCESS principles acknowledge that primary health care providers, including GPs, youth and community health services, school health services and non-government agencies, have the potential to effectively engage young people, including those who have disengaged from the formal education system and may be at elevated risk of ill-health and injury. The two-phase research that informed the development of the ACCESS principles involved a comprehensive needs assessment with young people and providers, followed by identification and description of principles that defined better practice in youth health service provision[158]. The ACCESS principles are equally applicable to services for youth in health centres, hospitals, youth health services, schools and workplaces:

1. *Accessibility* – ensuring services are physically accessible to young people by being located close to public transport routes, opening in the evening, offering drop-in consultation and having the flexibility to cater for extended consultation times. Services need to be free or at low cost, responsive to needs and should be well promoted to young people.
2. *Evidence-based approach* – services should be based on a reliable assessment of need and should provide programs that are known to be effective with the target group.
3. *Youth participation* – young people should be consulted at each stage of service planning in a manner that engages and builds mutual respect.
4. *Collaborations and partnerships* – services should work with other agencies that share an interest in similar goals to optimise resources and enhance holistic service delivery.
5. *Professional development* – services should provide professional development for their staff to enhance the skills, knowledge and attitudes of people who work with young people. Professional development includes training, mentoring and supervision (‘youth culture’ competence).
6. *Sustainability* – services should develop long-term programs with ongoing funding.
7. *Evaluation* – mechanisms should be in place to review the processes, quality, inputs and outcomes of programs and services.

Both the New Zealand Ministry of Health and the US Society of Adolescent Medicine have developed sets of principles to improve healthcare access in schools and primary health services for adolescents together with key criteria to measure the effectiveness. These include:

- Accessibility (including affordability, convenience, visibility and service promotion)
- Acceptability (responsiveness - adjusting for cultural, ethnic and social diversity; culturally appropriate; confidential)
- Quality of care (timing, assessment, approaches used, treatment options, safety, monitoring and evaluation)
- Coordination and continuity of care (ensuring comprehensive services are available on site or by referral)[159]

The following section discusses contemporary examples of 'best practice' models of care or services primarily implemented in Australian settings. These services include mental health and hospital or tertiary sectors, and schools or community organisations that attempt to address the identified criteria. Some examples are broad based; headspace, for example, is an Australia- wide approach to improving access to mental health services for young people; characteristics of an adolescent-friendly hospital would also be applicable in all jurisdictions. Other examples are of specific programs that have been initiated either in schools or the community to address particular health issues such as teenage pregnancy prevention, alcohol and substance use, poor mental health or youth disengagement.

The examples have been chosen as demonstrating applications of the key principles and criteria described above towards improved access and use of health services by young people and have been evaluated against all or some of the criteria previously described.

7.2 Best practice care in mental health services

There are several mental health services operating across Australia that have been established on evidence-based principles. Two of these, headspace and Orygen, have been evaluated and preliminary findings indicate that these services have proven to be effective for young people, although there are some limitations with the data.

7.2.1 headspace – an example of holistic mental health care

The mission of headspace is to promote and facilitate improvements in the mental health, social wellbeing and economic participation of Australian young people aged 12 to 25 years old by:

- providing holistic services via Communities of Youth Services (CYSs);
- increasing community capacity to identify young people with mental ill-health and related problems as early as possible;
- encouraging help-seeking by young people and their carers;
- providing evidence-based, quality services delivered by well-trained and youth appropriate professionals; and
- impacting on service reform in terms of service coordination and integration within communities and at an Australian, state and territory government level.

The core element of the headspace initiative consists of 55 service delivery sites across Australia that provide services for young people. The centres are supported by a number of other headspace components: the headspace National Office, a research and information dissemination component (the Centre of Excellence), a Service Provider Education and Training Program, and a Community Awareness program. headspace centres aim to promote early help-seeking and provide early intervention, and to use evidence-based treatment and care for young people aged 12 to 25 years who are at risk of developing mental health and substance-use disorders. They are hubs or one-stop-shops, which provide holistic, coordinated, evidence-based and youth-friendly treatment in the areas of primary health, mental health, alcohol and other drug use, and social and vocational participation[160]. Each centre is directed by a lead agency on behalf of a consortium of government agencies and non-government organisations from a range of sectors. This arrangement is intended to encourage a whole-of-community approach and engage key stakeholders in the development, establishment, implementation and coordination of headspace services.

Service delivery is supported by the Youth Mental Health Initiative, which assists in the payment of practitioners, such as psychologists, social workers, mental health nurses, occupational therapists, Aboriginal and Torres Strait Islander health workers, AOD counsellors, and youth workers.

Local headspace services provide an entry point for young people to access existing primary, community based and specialist mental health services. headspace offers a holistic, integrated and coordinated service where each centre employs a range of youth workers and mental health professionals. The service is a hub where young people can access several practitioners with expertise in four key areas – mental and physical health, alcohol and other drug use, and social and economic participation, but also refers young people to other appropriate services if required. They promote an integrated approach to care, mental health, and physical health.

Providing youth-specific services is critical to addressing the high prevalence of mental health disorders among young people and the barriers they experience to accessing appropriate services, and the disabling nature of mental health problems.

headspace provides a safe and positive place for young people and actively works to overcome the prejudice, discrimination and marginalisation experienced by vulnerable young people within Australian society. Such discrimination seriously affects the health and wellbeing of those who are judged on the basis of their gender, ethnicity, health status, religion, sexuality or gender identity.

An evaluation found that 14,000 young people were supported by headspace in 2008–09 and its early intervention approach is well received by young people. Young people reported an improvement in their mental health (92 per cent) and physical health (54 per cent) and a very high level of satisfaction with services – 94 per cent said they got the kind of service they wanted, 96 per cent said the services had helped, and 97 per cent said they would return if needed[161].

Headspace has established a Youth Advisory Group (YAG) which provides advocacy and support from a young person's perspective to inform service delivery and community awareness activities.

7.2.2 Orygen Youth Health

Orygen Youth Health (OYH) is an international leader in the development of service models and treatments for young people with mental ill-health now being applied in the US, UK, Canada, Hong Kong, Singapore and several European countries. OYH was first established in 2004 to foster greater collaboration across clinical service provision, research, workforce development and service innovation to ensure optimal mental health outcomes for young people and their families. OYH offers a clinical program that delivers evidence-based treatment for young people aged 15 to 24 years living in the western and north western areas of Melbourne, and support for their families. The program has three components: Acute Services; Continuing Care; and Psychosocial Recovery. Each component of care is provided by a multidisciplinary team comprising psychiatrists and mental health clinicians who are nurses, occupational therapists, clinical psychologists or social workers. These professionals work together to deliver individually-tailored services such as mental health assessment and care, crisis management, psychotherapy, medication, family support, inpatient care, group work, and vocational and educational assistance to meet the specific and unique needs of young people.

Orygen's guiding principles

The model has been developed from a set of six guiding principles, which include client-centred early intervention, youth and family participation, clinical staging and evidence-based practice:

- *Focus on Youth:* acknowledges that adolescence and early adulthood are important periods of physical, social, educational and vocational development, which require early treatment of mental disorders to avoid lasting negative effects in these areas.
- *Early Intervention:* involves providing information, assessment and treatment at the earliest possible point to reduce the length and severity of a first episode of mental illness provided through consultation with GPs and other mental health services as well as through education of youth-specific services.
- *Clinical Staging:* greatly improves the usefulness of mental health diagnosis in young people with an emerging disorder and guides how interventions are selected and used by the young person and their family, and their clinicians in a safe, acceptable and affordable manner.
- *Evidence-based Practice*: promotes the ongoing research of interventions and treatment approaches in order to continually improve evidence-based practice with young people in the area of mental illness issues.
- *Youth Friendly Service Provision*: provides readily accessible, stigma-free care to young people in a psychologically and physically appealing environment that engages young people and families in recovery, and is respectful of their views and opinions, and addresses barriers to access such as confidentiality concerns, transport issues and financial constraints.
- *Youth Participation Programs*: are valuable in both directly supporting young people in the development and improvement of clinical services and in the provision of community education. OYH acknowledges that young people have specific expertise based on their lived experience that is invaluable to service development. Youth participation activities facilitate the altruism and empowerment of young people advocating on behalf of their peers, and having an opportunity to 'give back' to the service.

The Youth Participation Program

The Youth Participation Program acknowledges the strength, experience and skills of young people who use the service by involving them in consultations and decision-making processes to drive service development and improvement. It encourages and empowers young people to advocate for themselves and their peers to effect positive changes in the health and wellbeing of those involved; and helps to make the service more responsive to the needs of clients. The program includes two initiatives: the *Peer Support Team* and *Platform Team*. Both teams comprise young people who are either past or present clients of the service. The platform team are a representative decision-making and consultation group who use their experience to offer feedback and contributions to the service across a broad range of areas including strategic planning, staff selection, research development, mental health promotion, resource development and clinical services. The peer support team are past clients who offer support to other young people experiencing a mental illness drawing from their own experience to 'offer comfort, information, practical support and positive, recovery focused social interaction.' This team plays an integral role in assisting current clients on their recovery journey and helping them to feel hopeful and valued as individuals.

7.3 Best practice care in the hospital or tertiary sector

Equally important as identifying key elements of best practice in primary health care and specialist services for young people is the need to identify best practice models of care within the hospital sector. There are a growing number of practitioners (Payne et al. 2012[162], Sawyer et al. 2010[163], Tan et al. 2009[164]) who confirm the importance of adolescent-friendly hospital care. Adolescents comprise approximately 20 per cent of admissions to children's hospitals in WA; one in five admissions to Princess Margaret Hospital since 2000 were of young people aged 12 to 19 years[165]. Responses to survey questions about clinical guidelines recommended confidentiality, routine psychosocial assessment, support of self-management and more focused transition to adult healthcare[166].

The term, 'adolescent-friendly health services', has been adopted by the WHO as a framework for providing quality health-care delivery to young people.[167] The principles are to promote accessibility, acceptability, appropriateness, equity and effectiveness of health services, with a strong emphasis on primary care. According to Sawyer et al. (2012) this framework is essential to address the gap between the type of services young people seek from primary care clinicians (commonly respiratory and dermatological concerns, and the care of acute injuries) and the more complex health burden they experience (arising from risk behaviours, mental disorders and chronic illness)[168].

Elements of an adolescent-friendly hospital

A range of elements have been identified as essential for an adolescent-friendly hospital, including:

- skilled clinicians to manage complex developmental, behavioural and mental disorders in adolescents;
- appropriate clinical programs such as adolescent medicine and psychiatry that include expertise and service provision for highly vulnerable youth;
- therapeutic programs such as art and music therapy;
- social and peer support;
- a focus on learning and educational integration;
- hospital-wide systems to support timely transfer to adult services; and
- youth advisory committees[169].

The WA government is in the process of building a new specialist children's hospital. It has established an expert advisory group and youth advisory committee and undertaken a review to consider how the health issues affecting young people have changed within the rapidly changing contemporary context and what an adolescent-friendly children's hospital might look like. According to Payne et al. (2012), the evidence base supporting adolescent wards is based on reported desires of young people, satisfaction surveys and evidence that adolescent wards increase quality of care'[170]. Drawing on a range of national and international literature the authors state that:

> *'Young people wish to be treated within dedicated facilities that respect their rights, maintain confidentiality and privacy and provide age-appropriate educational and leisure activities. Core quality issues (confidentiality, communication, information giving, partnership, respect) are rated more highly by young people cared for in adolescent facilities compared with peers in children's or adult wards.*[171]'

In reviewing its multi-layered work with adolescents, the Royal Children's Hospital (RCH) in Melbourne has undertaken a significant quality assurance project to improve hospital-based adolescent health care throughout Australia. RCH has implemented a hospital-wide approach that includes:

- a set of principles for the treatment of all adolescents in the hospital;
- routine psychosocial screening;
- 'adolescent liaison nurses';
- referral pathways;
- expansion of the existing adolescent medicine consultation service;
- strengthening of evaluation and clinical research;
- training and capacity building with all relevant staff; and
- an integrated and collaborative model of care at inpatient, outpatient and community levels linked more effectively with other stakeholder groups[172].

Standards and criteria for tertiary health care

The '*Standards for the care of children and adolescents in health services*' report[173] outlines some of the components relevant to all areas of the health service system, including inpatient wards, intensive care units, emergency departments, day-care facilities, surgery and recovery, outpatients, ambulatory care and community health centres.

The Standards have been developed using a combination of research evidence, published best practice standards and expert consensus. The development process used the best practice principles of the ISQua International Principles for Health Care standards and the Australian Productivity Commission best practice principles for standards development. Stakeholder feedback was sought through extensive consultation on the draft Standards, followed by pilot-testing of the revised Standards in six Australian health services of varying sizes and locations in metropolitan, regional and rural hospitals.

The WHO has endorsed the revised, '*You're welcome',* (YW) set of quality criteria for young-person-friendly services[174] for use in secondary and tertiary hospital-based services. These indicators provide an objective assessment tool of health service provision for young people aged 16 to 19 years[175]. The YW quality criteria for adolescent health services were published by the UK Department of Health in 2011 and are the first standards to include inpatient services. These standards were validated by Hargreaves, McDonagh and Viner (2013), who examined the relationship between the YW criteria and young people's overall satisfaction, drawing on two national inpatient surveys: the Inpatient Survey (IS) 2009 (ages 16 to 19 years) and the Young Patient Survey (YPS) 2004 (ages 12 to 17 years)[176].

In all, 7,657 young people aged 12 to 17 years and 988 adolescents aged 16 to 19 years completed the YPS and the IS, respectively. Twenty-eight of 29 questions that mapped to YW criteria were significantly associated with overall satisfaction with provider care and service characteristics. Although there was a lack of data relating to access, publicity and confidentiality, the study provides strong support and validation of all other YW quality criteria for inpatient settings[177].

7.4 Best practice in school health services

The role of schools in nurturing the health of adolescents is widely acknowledged. The school environment offers a site where health and education can be effectively integrated. Health promotion and education is usually delivered by teachers and visiting health personnel. In addition, health services involving early intervention, treatment and referral are provided by school nurses and school psychologists.

Providing a supportive school climate in which teachers relate well and positively with students can improve students' health and wellbeing outcomes. Extracurricular activities also play an important part in improving outcomes for students[178]. Young people who engage in activities like sports, clubs and music are more likely to complete their schooling and less likely to experience problems than those who are not involved in extracurricular activities. Overall, doing well at school is a particularly strong predictor of adolescent health and wellbeing. Students who drop out of school are more likely to have poor health, including significant emotional health concerns, drug taking behaviours and violence related concerns[179] [180].

The Centre for Youth Health and the University of Auckland produced a report, *Successful School Health Services for Adolescents: Best Practice Review*, to build on the NZ Ministry of Health's *Improving the Health of Young People* document. The review identified four focus areas, each of which incorporated a range of components for providing effective health services in schools: 1) wide engagement with the school community; 2) youth focus and participation; 3) delivery of high quality comprehensive care; and 4) effective administration, clinical systems and governance to support service delivery[181].

Drawing on results from the nation-wide *Youth 2000* survey of 10,000 New Zealand secondary school students, the report concluded that the major threats to the health and wellbeing of young people are from 'health risking behaviours'. Therefore, health services targeted at this age group need to be: specifically orientated towards these behaviours, offer anticipatory preventive health counselling, and provide interventions and treatments for students already engaging in health risking behaviours. Further, targeting health services to young people in the school setting was regarded as optimal to provide a high level of access by young people to the health services they need at the time they need them.

Many of the components identified in the best practice review align closely with the elements and principles identified in other literature outlining approaches to providing high quality, evidence based and best practice care to adolescents in a range of settings[182].

In the New Zealand context, universal approaches to health prevention (in contrast to target strategies for sub-population groups) are commonly school-based and designed to reach all students in the school. Programs are generally run alongside targeted interventions for drug and alcohol issues focused on individual-based treatments such as pharmacological therapy, psychotherapy and educational programs. Other research shows that effective school-based drug prevention programs use a range of interactive teaching styles that include youth led sessions, role-playing and skill-based activities, social decision-making rehearsals, and class discussions based on student experiences[183]. Examples of school based initiatives are described below.

7.4.1 The School Health and Alcohol Harm Reduction Project (SHAHRP)

The SHAHRP program is a curriculum-based intervention conducted in secondary schools in Australia with the goal to reduce alcohol related harm among school students[184]. It incorporates an evidence-based, harm reduction approach to deliver an intervention that uses interactive skill based activities, individual and small group decision making rehearsals, and discussions based on student experiences.

The program is delivered over two years, providing an initial 10 sessions in the first year and a further 12 in the second year. The evaluation of SHAHRP used a randomised design and has shown that, compared to the control group, intervention participants had significantly lower rates of risky alcohol consumption and harm associated with alcohol use, especially during the intervention phase of the study. However, by the 32 month follow-up assessment, these differences were beginning to converge.

7.4.2 The Gatehouse Project

The Gatehouse Project commenced in greater Melbourne as a randomised controlled trial to test whether the implementation of a school-based intervention, which included both individual and environment focused components, could improve students' emotional wellbeing. Twenty-six schools (12 intervention, 14 control) worked with the Gatehouse Project team from 1997 to 2000.

The intervention involved three key areas of action: building a sense of security and trust, enhancing communication and social connectedness, and building a sense of positive regard through valued participation in all aspects of school life. In accordance with the *Health Promoting Schools framework*, the 12 intervention schools introduced relevant skills and values through the curriculum, made changes in the schools' social and learning environments, and strengthened links between the school and community. Students attending the intervention schools reported reductions in cigarette smoking and alcohol and cannabis use compared to students attending the control schools; however, the evidence did not show an effect on depressive symptoms or other common emotional problems[185].

7.4.3 Teen pregnancy prevention: The CAS-Carrera Program

The CAS-Carrera Program is a long-term and intensive program that recruited young people aged 13 to 15 years from New York City for an after-school program (5 days a week) conducted over three of their high school years. Participants spent an average of 16 hours per month in the program over 3 years, combining job training, academic tutoring, arts and sports with comprehensive sexual health education.

The program was guided by the following principles: staff treated the participants with respect; each young person was viewed as a resource having potential; multiple services and activities were available to meet the various needs of participants; services aimed to involve families and parents; services were offered from one location; and the environment was supportive, non-punitive and safe.

Results from a randomised evaluation showed that young females were less than half as likely to get pregnant during the three years of the study compared to students in the control group. These

program strategies focused on reducing risk factors and enhancing protection using a youth development framework to help young people avoid problems and experience success [186].

7.4.4 THIS WAY UP Schools

THIS WAY UP schools is an internet-based, universal prevention program developed in Melbourne that provides health and wellbeing courses to assist students in high school in making good choices. Students learn about ways to avoid poor decisions and to optimise their physical and mental health. THIS WAY UP Schools offers a range of web-based courses to improve the management of stress, anxiety, depression, alcohol, cannabis and psychoactive drug use by high school students. It helps students develop critical skills and knowledge to enable them to take care of their own health and to act effectively to help others, to know where to get further information about anxiety and other mental issues, and where to access effective help. The program gives teachers access to a collection of web-based courses incorporating text, illustrations, videos, class exercises and teacher resources to assist them to teach about, and support, the health and social and emotional wellbeing of their students. All of the courses address Health and Personal Development syllabus outcomes, especially those concerned with mental health and wellbeing[187].

A preliminary evaluation of the *This Way Up Managing Stress* program has been conducted in a trial with 464 students in six intervention schools and 189 students in comparison schools (control group) over a 21 week assessment period. Students at the intervention schools showed a small but significant increase in their knowledge about stress and coping, while there was no such increase among students in the comparison schools. Students receiving the *Managing Stress* intervention also reported increased use of support-seeking coping behaviours, suggesting that the program is useful in changing behaviour in addition to affecting knowledge[188].

7.4.5 Resourceful Adolescent Program

It is increasingly recognised that school connectedness is central to the long term wellbeing of adolescents, and that both high quality parent-child relationships and positive school environments are critical to school connectedness for young people. The Resourceful Adolescent Program (RAP) was developed by Queensland University of Technology to build resilience and promote positive mental health in teenagers. The program specifically aims to prevent teenage depression and other related difficulties that impact of adolescent health, mental health and wellbeing. It consists of three components that promote individual, family and school protective factors respectively, which can be run independently or together:

- *RAP -A for adolescents* – a school-based program for young people 12 to 15 years that aims to improve the coping skills of teenagers
- *RAP -P for parents* – targets family protective factors such as increasing harmony and preventing conflict
- *RAP -T for teachers* – aims at assisting teachers to promote school connectedness, a protective factor that has recently been shown to be very important in teenage mental health
- *RAP-A for adolescents and RAP-P for parents* have both adapted programs to meet the specific needs of Aboriginal adolescents, parents and communities[189].

The *Resourceful Adolescent Program (RAP-A)* is a universal resilience building program for all teenagers, which has been found to be effectively implemented in school settings[190]. It is easier to recruit and engage adolescents in a universal approach where students do not face the risk of

Developed for the Commissioner for Children and Young People in 2013 as part of the Commissioner's Youth Health Project.

stigmatisation by being singled out for intervention[191]. RAP-A is a positively focused program that consists of 11 sessions of approximately 50 minutes duration each. The program is run with groups of eight to 16 students, usually as an integral part of the school curriculum (from grades seven to 10). *RAP-A* adopts a social ecological approach that integrates both cognitive-behavioural and interpersonal approaches to improve coping skills and builds resilience to promote positive development. It aims to positively address social determinants of mental health and wellbeing by providing individuals and families within schools and community settings with a sense of control.

Regular, ongoing evaluations using mixed methodologies have found that the program had a positive impact on adolescent wellbeing and resilience. An evaluation research study by Shochet, Smyth and Homel (2007) shows that the extent to which students feel accepted, valued, respected and included in the school is one of the most important predictors of adolescent mental health (and particularly depressive symptoms). Another study in Australia of 171 high school students from years eight to 12 showed that parent attachment strongly predicted both adolescents' perception of the school environment and school connectedness[192]. The findings show how multiple systems influence wellbeing in adolescents, confirming the importance of intervening at both the family and the school system levels to support young people. The *RAP-A* aims to facilitate feelings of belonging and social connectedness, and enhance self-esteem and support young people (and parents), to develop skills that strengthen their sense of empowerment. Ongoing studies of the *RAP-A* by Shochet, Hoge and Wurf (2009) have confirmed that it strengthens individual and community resilience[193]. The program has been successfully replicated nationally and internationally.

7.4.6 Mind Yourself' and Work Out

Two evidence-based pilot interventions were delivered as part of the Young Men and Suicide Project. The '*Mind Yourself*' program was delivered to Year 12 students in a high school in Northern Ireland and an online mental fitness program titled, '*Work Out*', was delivered to young men in the Republic of Ireland.

'Mind Yourself' is an evaluated brief intervention aimed at improving the mental health of adolescents. Young male participants were encouraged and supported to feel comfortable and confident about sharing their life experiences and expectations with others. The program involved local youth leaders participating as co-workers in order to develop their insights and skills; the delivery of training, workshops and seminars focused on engaging with young men; and the compilation of appropriate group work resources and reference materials. The *Resources for Working with Young Men* was developed by the Men's Health Forum in Ireland (MHFI) to provide practitioners with a better understanding of young men's lives and practical suggestions for group work activities.

7.4.7 The MindMatters whole school approach

The *MindMatters* whole school approach to mental health and wellbeing is a universal health prevention program being implemented at high schools throughout Australia. It is an implementation process aimed at creating a 'Continuum of Connection' to support the mental health and wellbeing of all students, including those experiencing high support needs. It involves using multiple strategies that require that all stakeholders, parents, students, staff and the community work together to create a protective environment that promotes mental health and social and emotional wellbeing.

MindMatters includes planning tools and resources to support school personnel, community stakeholders, parents and students. It addresses mental health and wellbeing, bullying and youth empowerment through the curriculum[194].

The *MindMatters* Implementation Model has three key dimensions:

- School ethos and environment
- Curriculum, teaching and learning
- Internal and external partnerships and services

The model also identifies four enablers for a whole school approach:

- Extending leadership and participation
- Increasing staff understanding of mental health and wellbeing
- Making links with other key initiatives
- Implementing evidence-based evaluation and data collection, analysis and action.

An evaluation of national implementation coverage by the Australian Council of Education Research (2010) noted that 66 percent of schools used *MindMatters* as a curriculum resource to some extent; WA schools reported a usage rate similar to the sample as a whole (67 per cent).[195] A qualitative evaluation of *MindMatters* in 15 schools by the Hunter Institute of Mental Health found that participation in the program and in professional development can assist teachers to critically reflect on their school culture, teaching practices and interactions with young people. The effects for students varied, but included a greater willingness to discuss mental health issues and some anecdotal reports of increased help-seeking behaviour.

Some schools found reductions in rates of substance use, bullying or other troubling behaviour among students, but others reported no change in these areas[196]. The final evaluation on the professional development and school level implementation reports on the qualitative data collected from the fifteen case study schools over the four-year evaluation period 2001 to 2005[197]. The findings confirmed a range of benefits for students, staff and the school as a direct result of their involvement with *MindMatters*.

At the student level, students and teachers reported that students received much more support than previously (8 out of 15 schools), a decrease in bullying behaviours and an increase in the policies supporting victims of bullying and the management of bullying offenders (10 of 15), improved help-seeking (8 of 15), an increase in knowledge, awareness, skills and attitudes towards mental health problems (11 of 15), improvements in attendance (4 of 15), and student behaviour (5 of 15).

Benefits for teachers included positive changes in teaching styles and experiences. Staff in most schools reported an increase in their own knowledge and awareness about mental illness (12 of 15 schools). However, only a small number reported an increase in their skills and confidence to identify and respond to young people experiencing problems within these domains (3 of 15). Teachers in just under half of the schools reported a shift to more flexible, student-centred teaching styles in the classroom (6 of 15) and increased job satisfaction arising from more positive relationships with other staff and with students (7 of 15).

At the broader school level, only four schools reported that *MindMatters* had facilitated greater consideration of wellbeing issues, and just under half of the schools reported a stronger school ethos (6 of 15). The most positive change reported in just over half of the schools was a shared understanding of and language about wellbeing among the school, staff and students (8 of 15).[198]

7.4.8 HEADSS adolescent psychosocial risk assessment tool

School nurses and school psychologists are encouraged to use the HEADSS adolescent psychosocial risk assessment tool recommended by the Royal Australasian College of Physicians for use in primary, secondary and tertiary care, and it is commonly used in schools in Australia[199]. HEADSS is an acronym that encompasses questions around key aspects of young people's health and wellbeing:

H-*home*
E-*education and employment, eating and exercise*
A-*activities and peer relationships*
D-*drugs, cigarettes and alcohol*
S-*sexuality*
S-*suicide and depression, safety and spirituality*

The HEADSS framework helps health professionals to 'develop rapport with a young person, while systematically gathering information about their world, including family, peers, school and intimate matters.'[200] An evaluation of the *WA HEADSS Adolescent Psychosocial Risk Assessment*, by McBride, Pash and Beer (2012)[201], showed that the school health nurses covered all of the issues identified in the literature as relevant to adolescents in their interactions with students, including mental health disorders, and concerns about sexual health and relationships with significant others.

7.5 Best Practice in community settings

7.5.1 The Young Parents Project – Stage Two

The Sydney-based *Young Parents Project* (YYP) is an example of an innovative practice model for working with young pregnant and parenting women to support the development of a continuous service to meet their needs. The continuous service model, resources and other initiatives, such as training, have continued to be developed since the initial needs assessment, '*Young women who are pregnant and /or parents in South East Health: A needs Assessment' (2003).* The project was conducted in the three stages from 2008 to 2011:

- *Stage one* involved building sustainable links between health services, community services, general practitioners and young people.
- *Stage two* worked in partnership with specialised youth, non-government organisations and involved recruitment and training of young mothers in effective communication skills for them to deliver in-service training to service providers, as well as development of training resources and information for parents.
- *Stage three* involved a roll out of the project in the Illawarra Shoalhaven Local Health District. In-service presentations for health staff were given by trained local young parents, and training resources and information for parents and service providers were distributed.

The provision of antenatal care for young pregnant women through two outreach antenatal clinics in south eastern Sydney resulted in a reduction in the rate of late presentation pregnancies (20 weeks or later) and an increase in the number of young women 19 years and younger seeking antenatal

care earlier during the period from 2001 – 2006. The young women's antenatal outreach clinics have developed strong connections to the young mothers' groups in their areas in an attempt to encourage the building of networks and friendships between the young women and to facilitate a seamless transition from antenatal care to postnatal groups. The facilitators have noted significant behavioural changes in the women attending their postnatal groups, including improved parenting skills, increased participation in the group and the development of friendships. The groups have enabled the sharing of information and peer support, and the development of informal social networks.

The *Stage Two* of YYP was undertaken in South Eastern Sydney Illawarra Health Women's Health and Community Partnerships Unit, in 2008-2009[202]. The project included young people aged between 16 and 24 years who had become a parent by 19 years of age[203].

Working in collaboration with relevant non-government organisations, YYP aimed to improve service delivery to young people who were pregnant or parenting and increase awareness by service providers about the key issues and experiences affecting young parents through in-service training sessions for health staff and the distribution of resources for young parents and service providers. The four strategies to meet these aims were: 1) recruitment strategy; 2) training and skills development of the young parents; 3) in-service development and delivery for health service staff; and 4) resource development and distribution including the development of a dedicated Young Parents Project logo.

The project produced a DVD resource for distribution to midwifery and antenatal clinics, divisions of General Practitioners, youth services and child and family health services. Health service providers gained greater awareness of the experiences of young people accessing mainstream services through the provision of in-service training sessions and distribution of the DVD to services for those unable to attend the education sessions. The latter approach proved a sustainable strategy to provide information for new staff or those on shift work in an easily accessible way.

Evaluation of the in-service training undertaken by 119 professionals was extremely positive, with between 89 and 99 per cent of participants reporting increased understanding of the issues and common barriers experienced by young people accessing mainstream services, greater appreciation of young people's values, and increased confidence in applying the knowledge to their work with pregnant and parenting young people. Almost all participants (99 percent) found the interactive panel discussion with young people useful for clarifying key messages. Ninety-eight percent found the resources – particularly the DVD *Young Parents - An Insight: a DVD for Health Professionals* -- very useful. In addition, the project increased knowledge regarding current services that provide care for pregnant and parenting young people across the three hospital networks through the development of a comprehensive web based resource designed for service providers[204].

In 2011, stage three of YYP was rolled out in the Illawarra Shoalhaven Local Health district and continues to have a web presence with the web directory, '*pregnancy and parenting for under 24*'[205], maintained by NSW Health.

7.5.2. Mobile Services

The Perth and Fremantle Street Doctor Services and Rise – Your Community Support Network are examples of good practice in community settings. The Street Doctor services are mobile services that set up in community settings in places that are highly visible to subpopulation groups including homeless young people and Aboriginal and CaLD young people. The Rise program is a comprehensive model of outreach service that includes advocacy, referral and emotional support to young men and women in the Perth Hills. There is crossover between models that are offered in community settings and organisations (including mainstream services) that offer outreach. The Perth and Fremantle Street Doctor services model includes a mobile service that consists of a multidisciplinary team that includes Aboriginal Health Workers, Youth Workers, Nurses and Community Workers. These programs have also been evaluated as part of the Innovative Homeless Youth Health Services (IHSHY) and shown to be highly effective with engaging marginalised groups and improving their access to health services.

7.6 Culturally specific programs

It is now well established that for health promotion to be effective for Aboriginal people a number of factors are needed. First and foremost is the inclusion of Aboriginal people in advisory and other roles from inception. Secondly, consultation with Aboriginal communities is integral to identifying the most effective means of raising awareness of health issues in ways that will be meaningful to Aboriginal communities[206 207]. Howie (undated) has noted that by using community development and capacity building principles as well as maintaining a commitment to Aboriginal ownership and cultural security, Aboriginal health promotion programs can foster empowerment by supporting communities to manage their own health issues. Programs can be further enhanced by taking a more holistic approach to health and seizing opportunities to build on elements of Aboriginal culture that can promote better health[208].

7.6.1 The Aboriginal youth sexual health didgeridoo project

The *Aboriginal youth sexual health didgeridoo project* was developed in Goulburn NSW out of a need to educate Aboriginal youth about the impact of unsafe sexual practices and the effects of alcohol and other drug use or misuse. The program was based on extensive consultations with young people and Aboriginal community members and community organisations. The outcome of this consultation process was a 12-week program running meaningful activities, grounded in culture, to inform Aboriginal young people about sexual health and alcohol and other drugs. The program was run at a community youth centre and each session lasted for two hours. Aboriginal music, art, story-telling and didgeridoo making was also incorporated into the program. These sessions sought to:

- discuss the availability of health services and how to access them;
- empower young Aboriginal people to make good decisions about their own health and welfare;
- link participants with their Aboriginal culture; and
- provide participants with an opportunity to engage in social activity with other young people.

In the program evaluation, even though no evidence of improved outcomes is reported, the participants reported being very satisfied with the program content and delivery, and their sustained engagement and evident pride were regarded as indicators of the success of the program.

7.6.2 Use Condoms and Enjoy Your Freedom

The '*Use Condoms and Enjoy Your Freedom'* sexual health campaign for young Aboriginal people in NSW[209] was implemented in response to a sharp rise in sexually transmitted infections. The project developed and tested a range of campaign resources. During the developmental phase the project involved a Project Reference Group, which included Aboriginal Sexual Health Workers, the Chair of the Aboriginal Sexual Health Advisory Committee, and one of the State-wide Aboriginal Sexual Health Worker Network Coordinators, in order to ensure the campaign messages were culturally and age appropriate. The Project Reference Group had input into all stages of the development of the campaign, including advertising agency selection, development of key messages, findings from the focus groups, improvements to the message and resources, and implementation of the campaign.

Once rolled out, this project was evaluated with Aboriginal young people who reported increased awareness of the potential for condoms to prevent STIs and where they can go sexual health testing. Both sexual health programs demonstrate that tailoring messages based on input from Aboriginal stakeholders improves awareness.

7.7 Improving internet access to health information and outcomes

As already discussed, the internet and social media have the potential to provide young people with a range of benefits and opportunities to empower themselves in relation to their health behaviours. Many young people use the internet and social media to maintain social connections and support networks, and to access information that may otherwise not be easily accessible to them. As Burns et al. (2013) report, information regarding health and wellbeing provided online can improve young people's self-confidence and social skills and improve overall sense of wellbeing for people experiencing depression [210].

This evidence is backed by findings by Richardson et al. (2013) who focused on an online mental fitness resource for young men called, '*Work Out*'[211]. The resource was modelled on an application originally developed by the Inspire Foundation in Australia, and chosen because of the strong evidence base that indicated that this type of resource can have a positive impact upon the mental health of young men. It is based upon a series of brief online interventions (called 'missions') that utilise the principles of cognitive behavioural therapy.

The Victorian Government has a web-based initiative (*Youth Central*) for young people aged 12 to 25 years that provides information relevant to young people. In the area of health, the website provides information on body health, getting health care, people with a disability, first aid, safety, alcohol, binge drinking, drug use, smoking, mental health, sexuality and relationships, and family and friends.

As discussed previously, an evaluation of the *Livewire Online Community* for young people living with chronic illness or a disability found that young people benefited from their use of online chat forums[212]. There is also an increasing web presence of youth specific health sites, such as Somazone (www.somazone.com.au) and ReachOut (au.reachout.com).

7.8 Examples of effective outreach services

The importance of outreach services for reducing access issues and inequalities is described in the literature. An example of best practice in outreach is the Alcohol and Other Drug (AOD) outreach support service run by the Aboriginal Alcohol and Drug Service (AADS) in metropolitan Perth[213]. The

multidisciplinary team has a strong focus on cultural security in service delivery for Aboriginal young people as well as families, men, women (and their children), schools and community groups and for clients within prisons. The service teams respond to clients' needs through holistic assessment, support planning, culturally appropriate counselling, medical withdrawal support, referral to residential rehabilitation (through partnerships), family support, advocacy, and prisons programs.

The program also provides information, education and prevention on alcohol, drug and substance use; community justice and diversion; Aboriginal history and culture; parenting skills; healthy communication and anger management; and harm reduction. The program has been evaluated and found to be extremely successful.

The Perth and Fremantle Street Doctor services, Rise – Your Community Support Network, the Adolescent Mothers Support Services, and Ruah Women's Support Program, all funded by the IHSHY program, have also been evaluated and shown to be highly effective in engaging with marginalised groups and improving their access to health services[214].

These services provide drop in, unbooked appointments or outreach or home visiting; are located near public transport; and are staffed by approachable, non-judgemental, youth friendly staff. All contribute to IHSHY services' successful engagement with marginalised youth. Other factors in their success include clients not having to incur a cost to receive the service, and the informal and relaxed atmosphere of services and informal and non-judgemental attributes of the service personnel. Aboriginal clients in particular reported feeling secure accessing Fremantle Street Doctor.

All of these services assist young people who are homeless or are experiencing a range of difficulties in accessing social, income and housing support services; referrals to counselling, mental health and psychology services; drug and alcohol agencies; youth workers; and childcare.

7.9 Resources and protocols for effective practice

7.9.1 Resources and protocols for effective general practice

The evidence confirms the need for a comprehensive approach to address the complex nature of adolescent health issues as well as to promote healthy development of young people. Over 2 million young Australians under the age of 25 years visit general practices each year for over 11 million consultations[215]. GPs are the most accessible primary health care provider for young people and usually their first point of contact with the health system. However, GPs also face a number of challenges as more young people from a range of subpopulation groups, including CaLD, refugee and Aboriginal young people, present to their practices. A study by Chown, et al. (2008) confirms that some GPs have established a youth-specific service as part of their practice, based on evidence. Such a service may involve changes to their practice such as setting aside a separate clinic space or waiting areas for adolescent patients; opening at hours more convenient for young people; offering youth-only clinics (e.g. setting aside a particular time or afternoon for young people only); and conducting outreach services to youth services, refuges, schools and other relevant venues[216].

An adolescent health GP resource kit, *Adolescent Health: Enhancing the skills of General Practitioners in caring for young people from culturally diverse backgrounds,* was designed by the NSW Centre for the Advancement of Adolescent Health to support GPs and to enhance their skills and understandings to care for young people from culturally diverse backgrounds.[217] It is a useful and practical tool for GPs, practice nurses and other health professionals working with adolescents

and promotes effective local health care provision. The guide is designed to assist GPs to address young people's needs within a complex therapeutic relationship and provides practical tips and techniques for intervention and care. While the resource was developed for use in NSW, the comprehensive body of information, strategies and tips could be applied in other jurisdictions. Moreover, while the resource is intended for use with young people from CaLD backgrounds, the youth-friendly principles informing the guidelines are equally relevant for use with all young people. An outline of the content is included in Appendix 3.

7.9.2 Queensland Child and Youth Health Practice Manual

Another resource providing a comprehensive guide to working with young people is the *Child and Youth Health Practice Manual for Child Health Nurses and Indigenous Child Health Workers*, focused on working with children and young people (0-18 years) and their families within Queensland Health. For children and young people 13 to 18 years, the manual covers practice issues and provides guidelines around access to care, assessment, quality and safe care, and ongoing care. The manual was developed in 2007 and was last reviewed in 2011[218].

7.9.3 Djiyadi - Can we talk? - a resource manual for sexual health workers who work with Aboriginal and Torres Strait Islander youth.

This manual has been developed to assist sexual health workers to provide youth-centred, culturally sensitive sexual health advice and care to young Aboriginal and Torres Strait Islander people. It contains information and support material that seek to promote positive sexual health. It explores issues around sexually transmissible infections (STIs), blood-borne viruses (BBVs) and risk behaviours, and considers ways to improve access to sexual health services with attention to cultural respect and sensitivity, community involvement and working holistically. The final two chapters of this resource discuss several issues in relation to taking a sexual history, contact tracing, child sexual abuse and sexual assault[219].

7.9.4 Guidelines and Services for Children of Parents with a Mental Illness

The *Principles and Actions for Services for Children of Parents with a Mental Illness*[220]*,* by the Australian Infant, Child, Adolescent and Family Mental Health Association (AICAFMA), contains guidelines and initiatives for working with children and young carers of parents with a mental illness. The report acknowledges and responds to the challenge for services providers, the community and families to: 1) strengthen and support families and children to enhance positive protective factors that contribute to the parents' and children's mental health, and 2) identify and reduce risk factors in parents with a mental illness, and their family and community, that contribute to their children's health and wellbeing[221].

Other resources developed through the AICAFMA as part of the Australia wide *Children of Parents with and Mental Illness* (COPMI) project include education and support materials for families, children and young people and workers, which are available online [222]. In Western Australia, ARAFMI (WA) provides a support service for young people in the metropolitan area that is also available online[223].

Wanslea COPMI family service

Wanslea COPMI family service in WA provides individual counselling and group work for children of parents with a mental illness, information about the nature and impact of mental illness, and

strategies to help them develop skills for coping with challenges. The service assists children and their families with safety planning and the development of support systems to help them through a crisis. Assistance is provided in the child's home, at the child's pace, and offers practical parenting assistance if required. The service also provides recreational holiday programs that provide peer support for children and offers community education and collaboration with government and non-government agencies[224].

RUAH community services

The Ruah Mental Health website provides information and resources to enhance recovery and promote mental health and wellbeing[225]. Ruah mental health encourages young people to talk to someone they trust about their mental health concerns; and supports the Music Feedback campaign – a fun and innovative project that uses music to connect young people with the mental health message, *'Music talks about mental health. So can you*.' The Music Feedback website contains music and videos from and featuring some truly brilliant musicians talking about mental health[226]. Ruah also provide a resource directory which lists services and resources Aboriginal for youth[227].

7.10 Training Programs for Adolescent Health

7.10.1 'Working with Young People' adolescent training resource

The *Working with Young People* adolescent training resource, recently developed by the Royal Australasian College of Physicians, was designed around six topics in adolescent health and outlines many of the basic skills and competencies required by paediatricians and physicians to deliver adolescent-friendly health services. It provides an overview of adolescent development from a bio-psycho-social perspective; explores ethico-legal issues relevant to caring for young people; and provides information on conducting therapeutic engagement, psycho-social assessment, self-management in chronic illness, and issues surrounding the transition from adolescent to adult health care.

The topics cover the core knowledge, skills and attitudes required to effectively work with young people in a health care context. These include appreciating the value of confidentiality and non-judgmental approaches, and of consulting with young people as well as parents. The material is designed to support the Adolescent Health sections of the Basic Training Curricula for Adult Internal Medicine and Paediatric and Child Health. A copy of the Training Resource is available online[228].

7.10.2 Dr YES (youth education sessions)

Dr YES (youth education sessions) is a youth program run by the Australian Medical Association. Medical students visit metropolitan and rural high schools to have open and engaging communications about the big issues facing young people around health, particularly alcohol and drugs, mental health and sexual health. One of the goals of this program is to help break down the barriers preventing young people from accessing health care and overcome some of the common misconceptions about doctors. The Dr YES medical students deliver health promotion and harm minimisation messages to high school students that assist in improving the wellbeing of young people. The program also helps raise awareness among medical students around youth health issues. Each year the program is implemented in many schools in WA with a high Aboriginal

population. Although the program has not yet been evaluated, the model adheres to the principles of youth-friendly service and has been taken up overseas and is considered by the AMA to be a promising practice[229].

7.10.3 Youth-Friendly Doctor program

The Youth-Friendly Doctor program is also offered by the AMA. It is a GP educational program designed to improve adolescent access to primary health care by enhancing the competency and capacity among doctors currently in practice to deliver youth friendly services.

The Youth-Friendly Doctor program supports health care providers in the promotion of adolescent-friendly policies, procedures and facilities and in adopting a partnership approach in the provision of a seamless care pathway between adolescent health care and adult health services. Training is delivered by specialist services to cover topics of relevance to adolescents (e.g. legal issues and rights, alcohol and drugs, eating disorders and sexual and mental health). The accredited program is offered online.

Once accredited, Youth-Friendly Doctors receive a comprehensive resource kit and materials (including posters and stickers) to identify their practice as 'Youth-Friendly' to young people. Contact details for existing medical practitioners throughout WA who have undertaken specific Youth-Friendly Doctor training can be found on the AMA (WA) website, listed by region.[230]

8. Gaps in the evidence base

The previous two sections have discussed barriers and enablers to health services as well as examples of best practice in youth health. While best practice examples provided in the previous section demonstrate that services or health promotion that respond directly to the needs of youth are being developed, there is a shortage of published literature and evaluations describing effective strategies.

The distinctive social and emotional needs of young people and the implications for their ongoing health and wellbeing is an area that has received little attention until recently[231] [232] [233] [234] [235]. A lack of understanding of, and empathy for, these differing needs may in part explain why young people do not always access health service commensurate with their need, especially across some subpopulations.

According to Graydanus et al. (2006)[236] there is a need for a greater understanding of the complex issues and the social determinants influencing health outcomes for young people to address the diagnosis, treatment, management and education in an appropriate and holistic way and to inform health prevention and promotion strategies.

There is also a need for a stronger evidence base of what works to assist young people to make good choices and to address the many potentially preventable health issues confronting them, both in the area of health promotion and through direct intervention programs. Health professionals require evidence that enhances their understanding of youth health needs, what types of approaches work, and what opportunities for training and ongoing professional development in youth health are available.

The review has also established that a lack of access to and the inadequacy of services (or knowledge of these) is problematic for some subpopulation groups, such as young carers of parents with a mental illness, young people with a cognitive or other disability, Aboriginal youth, and those making the transition from child to adult services. Aside from the WAACHS, there is very little information in relation to health and wellbeing of specific groups such as Aboriginal young people and young people in rural and remote areas. This dearth of information presents an ongoing challenge to service providers, policy makers and health professionals. Furthermore, there is a lack of evidence on strategies that address issues directly associated with the needs of young people.

This section briefly outlines areas identified as requiring greater evidence to either more fully develop understanding of young people's health needs, particularly for some subpopulation groups, or to more fully determine the efficacy of interventions, programs, health promotion or service delivery in the area of adolescent health.

8.1 Aboriginal young people

A systematic literature review by Azzopardi, Kennedy and Patton et al. (2013)[237] was undertaken to establish the health status of young Aboriginal Australians and identify opportunities to improve their health outcomes. Their review documented good-quality literature and the limitations of the evidence base. It confirmed that young people's health is a critical area requiring health system reform; however, drawing on the National Aboriginal and Torres Strait Islander Health Equality Council Roundtable[238], 'the evidence base to inform health policy and the provision of programs to respond to specific needs remains poorly described'[239].

This evidence gap is also due to a lack of agreed indicators for measuring young people's health and lack of an agreed space for publishing. The current data pertaining to Aboriginal and Torres Strait Islander adolescent health are reported in both paediatric and adult literature (Patton, Coffey & Cappa et al. 2013)[240] and this split needs to be rectified in order to gain a better understanding of areas of need and areas of improvement in health service delivery.

8.2 Young people with a disability

The numbers and types of youth disabilities are not adequately known and there is a need for prevalence studies to gauge the full extent of these. There is also a need for qualitative studies to identify any unique barriers and enablers to accessing health services for these young people, particularly as they transition from adolescence to adulthood and independence. No studies were found that reported specifically on young people with disabilities' interactions with or use of health services. This is a significant gap in the literature and needs to be urgently addressed.

Research literature examining the changing nature of transitions to adulthood for young people using emergent and shifting paradigms promoting normalisation, de-institutionalisation, integration and social inclusion has produced a body of research on the transitions of young people with a disability. However, this research has largely focused on the macro-structural factors that are a barrier to an individual's functioning (such as physical access, availability of transport, level of skill development and quality and availability of supports). Some studies have also considered risk taking as it is associated with the development of independence and survival without the benefit of parental protection, which can help foster independence in adolescence and is viewed as assisting with identity formation [241].

While risk taking is regarded as a typical characteristic of adolescent behaviour located within individuals, there is some evidence that young people with a disability are more likely than their non-disabled peers to engage in risk taking behaviour[242]. In a recent study, *Young People with a Disability: Independence and Opportunity*, Stokes et al. (2013) [243] examined the personal, familial and social factors that impact on young people's opportunities to maximize their independence. The authors note that young people with disabilities require appropriate supports at this critical point of transition in their lives to develop independent living skills to avail themselves of opportunities for independence. This highlights the need for information and support to assist families and young people with a disability to make informed decisions in relation to general, mental and sexual and reproductive health as young people with a disability make the transition to adulthood.

Stokes et al (2013) also found that, while policies and programs exist to support young people with a disability, governments need more advice regarding how to: a) engage young people with a disability and their families and communities to take up available opportunities, and b) identify what additional supports are needed[244]. This may be particularly relevant in the context of the National Disability Insurance Scheme unveiled in 2013.

Emerging evidence suggests that young people with cognitive disabilities present a significant challenge to health services; however, Heffernan et al. (2013)[245] point out that further research is required to be able to fully articulate and comprehend the full nature and extent of this challenge and the implications for health, mental health and disability services, particularly for meeting the needs of Aboriginal people in the criminal justice system. CaLD and homeless young people are also more likely than the mainstream population to experience complex health issues, including cognitive disability, and hence are also more likely to come in contact with the criminal justice system as a direct result.

8.3 Young carers of parents with a mental illness

There is a lack of accurate information on the prevalence of families affected by mental illness and its long term impacts on the children and young people affected. Of particular relevance to this literature review are the impacts on health and wellbeing among young carers in WA. While there is a growing body of literature in this area, there is still a need to develop and evaluate collaborative models and strategies aimed at bringing together adolescent and adult services and child protection agencies and other relevant stakeholders in a way that effectively supports children, young people and their families. Evidence needs to be linked to existing indicators of health and wellbeing for young people, including school attendance, school retention and achievement and social connectedness. There is need for research to determine strategies to buffer the burden on young people of providing care, to foster capacity and resilience and avoid adverse transgenerational outcomes[246].

8.4 Transition from adolescent to adult health services

The critical need for young people to more effectively navigate the transition between child and adult services is understood, including for specific vulnerable groups. The Royal College of Nursing[247] defines transition in this context as, 'the planned, purposeful movement of adolescents and young adults from child-centred to adult-orientated health care systems as distinct from a single chronological event'. Despite acknowledgement of the importance of this need, there remain ongoing concerns that young people's needs continue to be unmet[248].

It is evident that the transition requires careful preparation, planning and genuine consultation with young people, as well as appropriate education, resources and information to support this important transition in their lives. There is still very little information from young people's perspectives of the most effective strategies to achieve this. In the consultations undertaken by Sawyer et al. (2012), only 25 per cent of young people reported that health professionals had discussed their transfer to adult health services in the previous 12 months, only 33 per cent reported that they had received the right amount of information about their future health care needs and only 46 per cent felt prepared to transfer their health care from adolescent to adult healthcare when the time came[249].

A UK study has noted that there are a number of reasons for poor transition from adolescent to adult services including lack of availability of adult specialist care, lack of health and disease literacy to support effective transition, young people presuming a cure, and psychological reasons. The authors suggest all of these factors could be addressed through the provision of 'effective multidisciplinary transitional care to young adult healthcare across the pediatrics and adult interface so that both services are aware of each other's provision'.[250]

Commenting on the Australian context, Sawyer et al. (2010) make the point that most adult hospitals do not have the capacity either of staff or infrastructure to manage the large numbers of adolescents transitioning to adult services. They note there is a lack of knowledge and evidence of models of adolescent friendly services to support health and developmental outcomes and care, and a critical need for evaluations to address this significant gap[251].

9. Key findings from the literature review

This section summarises the key findings from the literature included in this review.

Several studies confirm that having a positive relationship with parents promotes adolescent health and wellbeing[252]. McLaren (2002) found that young people who grow up with parents who provide age appropriate care and support, set clear expectations, monitor behaviour and model acceptable behaviours are more likely to be emotionally healthy, be successful at school and have positive self-esteem. They are also less likely to engage in behaviours that could harm their health, such as drug use and unsafe sex, and they are less likely to experience mental health problems. More recent targeted interventions that involve the family have been shown to be effective in preventing drug use and, overall, it appears that the warmth and quality of the relationships between young people and their caregivers is the single strongest predictor of adolescent wellbeing.

The review has highlighted the importance and effectiveness of health promotion and early intervention, particularly in schools, to ensure young people have greater understanding of drug and alcohol issues, sexual health issues and other preventive health behaviours. The review also confirms the need for young people to be made more aware of their rights, including when they are eligible to obtain their own Medicare card and how to apply for one.

Adolescence is a period of significant change, presenting new opportunities and challenges for all young people. However, these challenges are further compounded for young people with ongoing health problems that require continued care into adulthood.

The findings of several studies (Muir et al. 2009, Reibel and Jackiewicz 2011, YACWA 2006, WAACHS 2004) confirm that many young people do not always find medical services and health professionals youth friendly and they do not always feel safe, secure and supported in the health service environment. The literature review confirms the importance that young people attach to building relationships with GPs, nurses and other health professionals when accessing health services. In order to be 'youth-friendly', health professionals need to have a good understanding of the developmental, social and emotional needs of young people, and an appreciation of the issues that matter for young people, including their concerns about, and legal rights to, confidentiality.

The literature highlights the need for youth workers, health professionals and school nurses and teachers to develop skills to communicate effectively and respectfully with young people. It is therefore important that all medical practitioners and youth workers be provided opportunities for training and ongoing professional development in youth health. Staff training in best practice guidelines, interdisciplinary team practices, provision of transport, interpreters, and low cost services are reported as essential elements to enhance access and quality of care in health services.

It is important to establish best practice guidelines and policies to support equitable access to health and youth services for minority and marginalised groups of young people, such as lesbian, gay, bisexual, transgender, and intersex (LGBTI) young people, and other vulnerable groups including young people with a disability, and young Aboriginal and CaLD people. The literature review includes several examples of evidence-based best practice programs and services, web-based online therapeutic guidelines, and information on how to access youth-friendly GP services and other health and mental health services to enhance youth health access and outcomes.

The literature review findings confirm that while many young people experience mental health issues, the prevalence appears to be higher among certain vulnerable groups including Aboriginal, refugee and CaLD young people, young people who are homeless and unemployed, and young people who are caring for children or parents. Importantly, young people with mental health issues and other comorbidities are likely to have higher health needs and are less likely to access health services, which will contribute to poorer health outcomes long term.

With respect to Aboriginal young people who are overrepresented on all poor health and social indicators, there is a need to reform policies and practices in line with the growing evidence base regarding the effectiveness of delivering culturally responsive health services and programs. The WAACHS shows that Aboriginal child health and wellbeing is fundamentally linked to the social, economic and political factors underpinning human development. Council of Australian Government (COAG) policies confirm that closing the gaps in Aboriginal health requires a commitment to coordinated actions across all tiers of government and all service sectors to develop and implement policies to address these complex, interrelated issues. It also requires the engagement and empowerment of Aboriginal communities in developing culturally secure services.

The literature, particularly in reports such as the WAACHS, the headspace evaluation and the YACWA study, highlights the critical need to adopt a population perspective and holistic approach to achieve the goals of equitable, quality care, underpinned by human rights and social justice. Health care systems and health services alone cannot provide what is needed to improve health outcomes.

The same challenges exist for health services in addressing the needs of young people who are disadvantaged and vulnerable, including CaLD and LGBTI young people, young people with a disability, homeless young people, and those living in rural and remote areas, whose needs are not being met through existing mainstream services. While there are different issues confronting each of these groups, including challenges of geography, diversity and complex health needs, the importance of establishing youth-friendly services as part of a universal strategy within mainstream services for all young people is clear.

Overall, the review of previous consultations confirm that young people have a broad, holistic understanding of health and what they require to maintain their health and social and emotional wellbeing. Young people in the YACWA study demonstrated a comprehensive understanding of the psycho-social factors contributing to their health, such as access to sport and recreation, inappropriate modelling of health behaviours by adults and a lack of housing[253]. Previous consultations with young people indicate that health services need to be youth friendly, incorporate more youth workers, have a greater presence in schools, improve transport and access options, ensure confidentiality, provide better access to sexual health support, provide more alcohol and drug education, and reduce waiting time for mental health consultations.

10. Conclusion

The last 20 years has seen increased emphasis on addressing the health needs of children and young people. Social policy in Australia, New Zealand, Britain and the United States has increasingly recognised the need for programs to engage with families, children, young people and communities to strengthen individual and community capacity and wellbeing. The problems that young people experience that impact on their health and wellbeing are often multiple and inter-connected, requiring more than a single service response[254]. Collaboration among service providers and the delivery of 'wrap-around' services are increasingly seen as a more successful approach to engaging with families and providing the multi-layered support that delivers better health and wellbeing outcomes for young people and their families.[255]

At a state level, the WA youth health framework, *Our Children Our Future: A framework for child and youth health services in Western Australia 2008-2012*, recognises that as young people move towards adulthood and independence, they are less likely to access health services than people of any other age group. The *Framewor*k was developed to ensure that all young people, including those who are vulnerable or disadvantaged, have easy access to suitable and appropriate health and youth support services. At the same time, a number of strategies were developed to target priority areas across the health system, together with new approaches to improve the physical and mental health, development and wellbeing of all WA children and young people. This review includes important evidence based and sound theoretical information, will be able to inform future youth health policy development and health service delivery in WA.

The *NSW Health Youth Health Policy 2011-2016: healthy bodies, healthy minds, vibrant future* is an exemplary youth health policy in Australia. It has been informed by extensive research and a comprehensive consultation with young people and their advocates by the Centre for the Advancement of Adolescent Health. The NSW Youth Health Policy recommends that all youth health

services, mainstream and targeted, use the *Youth Health Better Practice Framework* checklist, which encompasses the seven ACCESS principles for better practice in youth health as a planning tool to improve youth health service provision.

The importance of these seven principles has been validated by the findings of the literature review of WA, national and international consultations and research with young people about their experiences with health services. This review also encompasses an interdisciplinary perspective on the health and wellbeing of young people and the implications of this perspective for future policy and practice. It offers a research-based overview of strategies and initiatives underpinned by best practice principles in addressing the complex and multifaceted needs and aspirations of young people, and their health and wellbeing in contemporary society. Drawing together a range of consultations with young people, it focuses on their experiences, issues, attitudes and perspectives towards health and health services.

The literature confirms the need and support for a cohesive youth health policy at state and national levels, to ensure that primary, secondary and tertiary health services respond to the needs of young people. Further, these policies need to incorporate existing evidence to ensure that young people have easier access to appropriate health and other relevant services and information that supports their health and social and emotional wellbeing.

While this review confirms there has been reform and research translation to make services more accessible to young people, there is a need to further embed the concept of adolescent health within the wider policy and service areas. All sectors of government should be encouraged to develop consistent and complementary policies that address the distinctive needs of young people.

As Wyn (2008) [256] argues, considerations of youth health and wellbeing policy tend to position young people as a 'problem', with different types of vulnerability and risk leading to different life course trajectories, without taking into account the various socio-economic, structural, contextual and cultural factors that underpin the social determinants of health. This position is echoed by the recent *Lancet* editorial that claims that young people are 'frequently invisible, neglected, or vilified in discussions on health and wellbeing'. It cautions that these social determinants will have an immediate impact on young people's health and wellbeing with lasting effects for them as adults and for future generations[257]. Wyn makes the point that given the speed of social change, policies and programs can get out of step with the reality of young people's lives[258].

These are important challenges for policy makers, which require a broader analysis and understanding of the potential immediate and long term impacts of policies. The complexity of the broader social and political context within which adolescent health is situated requires that policy makers and health services providers take a broader critically reflexive approach in their work. This means reflecting on whether their assumptions and responses to youth diversity might actually and inadvertently contribute to the marginalisation and exclusion of some young people, impacting on their health and wellbeing now and in the future.

The review reinforces the need to adopt a holistic, social ecology approach that acknowledges the complex interrelationships within the social, institutional, cultural and environmental contexts of people's lives and how the dynamic interactions affect their health and wellbeing. Such a view of

health and wellbeing simultaneously challenges and provides opportunities for health services, health professionals and policy makers to reframe approaches to youth health and health services. The literature findings confirm the need for greater recognition and understanding of the multiple factors that impact on youth health and wellbeing; complex policy solutions that go beyond normalising strategies to address the increasing cultural diversity in Australia; greater recognition of the complex and specific needs of different subpopulations that can otherwise 'fall through the cracks'; and a commitment to promote a greater youth voice and facilitate and enhance the empowerment of young people.

APPENDIX 1

Princess Margaret Hospital for Children Disability Access and Inclusion Plan (DAIP) *July 2010 - June 2015:* Strategies to Improve Access and Inclusion for People with Disabilities

Outcome One: People with disabilities have the same opportunities as other people to access the services of, and any events organised by Princess Margaret Hospital (PMH)

Strategy

1. Promote the use of appropriate event venues for people with disabilities, amongst staff
2. Support contractors to identify and meet the needs of people with disabilities
3. Monitor and develop PMH policies taking into account the needs of people with disabilities
4. Ensure that a "Better Hearing" Card is placed on all public counters at PMH
5. Monitor access to services and events for people with disabilities

Outcome Two: People with disabilities have the same opportunities as other people to access the buildings and other PMH facilities

Strategy

1. Evaluate accessibility to PMH buildings and facilities for people with disabilities
2. Ensure the planning of New Children's Hospital planning provides comprehensive input from people with disabilities
3. Improve the provision of information in a clear and concise format regarding accessibility to information, buildings and facilities for people with disabilities

Outcome Three: People with disabilities receive information in a format that will enable them to access information as readily as other people are able to access it

Strategy

1. Promote the availability of PMH information in alternative formats
2. Promote the use of clear and concise language for documentation generated for consumers
3. Improve the PMH Internet and Intranet format in accordance with the Web Content Accessibility
4. Guidelines (W3C) and the DSC Guidelines for accessible printed information
5. Review generic consumer information in accordance with the DoH Access to information Policy and DSC Guidelines for Accessible Printed Information
6. Review specific clinical service written information provided to consumers/staff in accordance with the DoH Access to information Policy and DSC Guidelines for Accessible Printed Information
7. Inform communities and staff about the PMH DAIP

Outcome Four: People with disabilities receive the same level and quality of service from the PMH staff as other people receive

Strategy

1. Plan and implement strategies to facilitate and support CAHS compliance with disability legislation
2. Evaluate the DAIP Committee
3. Promote disability access and inclusion in order to increase awareness and buy-in amongst staff to enable people with disabilities to receive the same level and quality of service as other people receive
4. Establish mechanisms to identify the investment in improving services/facilities for people with disabilities
5. Review CAHS systems related to employment to ensure they support recruitment and retention of people with disabilities

6. Monitor the satisfaction rate of people with disabilities, with PMH services
7. Implement mechanism to improve disability access and inclusion awareness and buy-in amongst staff throughout PMH

Outcome Five: People with disabilities have the same opportunities as other people to make complaints to PMH

Strategy

1. Evaluate complaint mechanisms for accessibility to people with disabilities
2. Monitor staff feedback and grievance processes for staff in terms of facilitating the needs of staff with disabilities in accordance with intent for non-exclusivity and the principles of natural justice

Outcome Six: People with disabilities have the same opportunities as other people to participate in any public consultation by PMH

Strategy

1. Review the representation of people with disabilities on all PMH Committees
2. Implement a mechanism to ensure that people with disabilities contribute to PMH public consultations

APPENDIX 2

Millennium Kids and Clinical Senate consultation, 2009

One Day Workshop

A consultation workshop with 50 young people 12-18 years from various sectors of the youth community from across the metropolitan area to develop key messages to assist the Clinical Senate of WA to develop their youth health strategy.

- Who/What influences your behaviour?
- Who/what would convince you to look after your health?
- What do you know about the link between unhealthy living and lifelong illness?
- Where do you get your health information?
- What do you expect from health professionals?
- What do you expect the health system to provide?
- Who would you talk to about any health problems you have?

In addition the Millennium Kids facilitators ran a health hypothetical involving a team of young people to design information and activities for Leavers week 2011. The process was facilitated by a team of young people, who are trained prior to the workshop and supported by the Millennium Kids staff. MK Ten Step Methodology takes the young people through a process of raising the issues, concerns and opportunities, to developing strategies that can be implemented to make practical action change.

Youth Interface with Clinical Senate

This involved an interactive presentation by 15 young people with the Clinical Senate, to report on the outcomes of the workshop and to make recommendations, in partnership with the Clinical Senate. It was an empowering opportunity for interaction and the Clinical Senate Facilitators and delegates embraced the process and included the views of young people in their report recommendations – resulting in a highly relevant and contemporary review to meet the future health service needs of young people throughout the adolescent period.

Practical outcome for young people

Millennium Kids facilitated an opportunity for young people to take their ideas and collaborate on a project that would give a meaningful context to their health concerns. After the one day workshop the group discussed the information collected and identified an achievable outcome to be delivered back to workshop participants. This element of the process creates a positive communication tool which clearly articulates and enables young people to recognise that their voice has achieved a practical positive outcome. It was described as an exceptional opportunity for bridging the gap between young people and decision makers regarding critical health issues in young people's lives. The measure of its long term success will be the practical outcomes.

The *key themes* emerging from Workshop 1 that led to recommendations were:

- Youth representatives on health boards and advisory committees.
- Health professionals must inform youth of the four exceptions at the beginning of session to develop trust.
- Ensure all health professionals are aware of the four exceptions to confidentiality.

- Multimedia campaigns around sexual and mental health problems with flexibility to market in a youth friendly manner (30 seconds, bright and colourful with shock effect). Make sure to remove stigma and labels!
- Joining local initiatives to create youth one stop shops- multiservice, multipurpose
- Develop clinical services that support building relationships and gain youth view and input into the development of services.
- Educate all clinicians in communication styles that are youth appropriate. Must be consultative so we understand their needs!
- Identify liaison roles that assist at risk youth to access services.
- Make existing services accessible to youth and parents. Gain consumer feedback. Make sure to consult Youth!
- Utilise community health nurses and make them more broadly available.
- Support C & Y Network in engaging youth to gain feedback on how 'youth' want their health services. Youth must be included in the process.
- Ensure privacy around sensitive health issues.
- Need for a multimedia campaign that is flexible when marketing to youth.
- Transition to adult health services. Developed improvement.
- Recognise of the importance of early intervention in youth health via school based services.
- Provide training for all professionals working with young people to use every contact as an opportunity to highlight health issues: recognition, prevention and health promotion.
- Implement MOU – 'Joined Up Working' (MOU=health, education, DCP, DPI, Office of youth via the Commissioner) Keep asking Youth!

Workshop 1: Youth Health - The Clinical Interface

The Clinical Senate recommends that the state health department have a youth health policy that is responsive to the changing needs of youth and reconsider health funding in conjunction with this policy- **Youth participatory consultation must be part of the policy development**.
The Clinical Senate recognises the importance of early intervention through school based services and community nurses.

The Clinical Senate recommends all health professionals working with young people use every consultation as an opportunity for brief intervention.

The Clinical Senate recognises the important role of the CCYP in working with the community to influence laws, programs and services which improve the wellbeing of children and young people and recommends the Department of Health take an active role in that process.
The Department of Health must develop clinical services that support building relationships (patient-practitioner), for example:

A. Support family and community practice models.

B. Pilot one stop shop youth oriented health services that are accessible out of hours.

C Make existing services accessible to youth i.e. educate and empower youth and parents and get consumer feedback.

D. Ensure appropriate privacy and anonymity.

Ensure all clinicians have youth appropriate communication skills and style:

- across the full spectrum of youth
- that are consultative so that we understand their individual needs

The Child & Youth Health Network develop a youth model of care that starts with an understanding of how young people want their services to be. i.e. involve young people in its development

Developed for the Commissioner for Children and Young People in 2013 as part of the Commissioner's Youth Health Project.

- Identify liaison roles that assist "at risk" youth to access services (e.g. more community health nurses in metro and rural).
- Include youth consumer representatives on all health consumer advisory councils.

The key themes from Workshop 2 informing recommendations were:

- Identify and support programs that build resilience and support young people through transition.
- Health leads inter sectoral Youth Health and Well Being Policy by cross agency collaboration.
- Youth involvement in planning processes and delivery of youth focussed health services.
- Explore opportunities for youth to experience controlled risk taking.
- Build opportunities for mentoring.
- Social research with regard to communication technology and impact on health.
- Develop relevant 'youth oriented' health promotional literature/website.
- Partner with education – Healthy Partnerships to develop resources.
- Time to change- health should lead change in this area.

Workshop 2: Rights of Passage – The System Approach

The following recommendations were developed by the workshop participants, then presented to and ratified by the whole of Senate in the final session on the 12 June 2009:

The Clinical Senate recommends that:

1. The Director General for Health lead the inter agency work on flexible, proactive strategies to address youth health issues. This would include:

   A. Engaging existing external youth agencies in a two-way process to develop healthy youth engagement.

   B. Creating 'youth cafes' that provide a meeting place, access to healthy food and health information and controlled activities that enable self-awareness of risk taking behaviours.

   C. Advocate for buddy/mentoring systems for individuals, families, and communities.

   D. Identify existing programs that develop youth resilience and create partnering opportunities for education in schools on youth health, well-being and resilience.

   E. Education on positive role modelling and brief intervention skills for those working within environments where youth are present e.g. public transport officers etc.

2. Youth representation to be included in policy and planning processes in identification, development and delivery of youth focused health.

3. Involve youth in the review of all relevant health promotion literature and website information to facilitate a youth friendly approach.

4. Test current assumptions about internet access and the impact of media in general by conducting social research on the impact of information technology on youth health.

APPENDIX 3

Resource Kit for Youth Friendly Resource General Practice

This resource kit developed by the NSW Centre for the Advancement of Adolescent Health aims to give General Practitioners a greater appreciation of the role of General Practice in supporting young peoples' health, and to enhance understanding of young people and their health needs and developmental issues as well as address issues of cultural diversity. The kit briefly described in the box below aims to enhance GP skills on a comprehensive range of topic areas. It is available at: http://www.caah.chw.edu.au/resources/#gptraining

Skills for Youth Friendly General Practice

The revised kit emphasises communication and youth-friendly consultation skills; revised and expanded sections on substance use, mental health, cultural competency, medico-legal issues, collaborative care, and the use of Medicare item numbers.

- Conducting a Youth Friendly Consultation
- Conducting a Psychosocial Assessment
- Negotiating a Management Plan
- Conducting a Physical Examination
- Risk Taking and Health Promotion
- Medico-Legal Issues
- Culturally Competent Practice
- Treating Substance Abuse
- Sexual Health
- Adolescent Mental Health
- Adolescents with Chronic Conditions
- Enhancing Compliance
- Collaborative Care and Medicare

Creating a Youth Friendly Practice

Young people are more likely to use a service if it has a 'youth friendly' environment that is psychologically as well as physically accessible. Drawing on an extensive evidence base this resource covers in detail practical strategies for GPs to make their practices more youth friendly by:

- creating a practice environment that promotes safety and security for young people
- improving young peoples' access to their service
- fostering 'youth-friendly' values and attitudes among practice staff
- ensuring that staff are culturally sensitive in their attitudes and practice

The most important factors identified by adolescents in using GP services are:

- confidentiality and privacy
- staff attitudes
- communication
- convenience of access
- the physical environment of the service – reception area and waiting room
- costs and billing procedures[259]

You can reduce the structural and interpersonal barriers to young people's access by systematically addressing the following aspects of your practice:

Practice Staff

Provide information and training on the developmental and health needs of adolescents so that practice staff and receptionists:

- adopt a friendly and non-judgmental approach
- understand that young people will sometimes be late for appointments – often through no fault of their own (they may be relying on public transport, or an adult to transport them)
- are sensitive to young people's concerns about privacy and confidentiality, and take steps to safeguard their confidentiality
- are sensitive to cultural issues and particular needs of young people from culturally diverse backgrounds (CaLD), and avoid stereotyping
- explain to young people why they have to wait, if there is a long waiting time – as they may not understand the process of medical consultation
- understand young people's health rights and explain Medicare procedures to all young people who present alone
- where possible, assist them with obtaining Medicare card / number (see below)
- consult the young person on the best way to contact them for follow-up, test results, etc. – in order to protect their confidentiality
- are familiar with community and youth resources in order to refer young people to appropriate support services

Reception/Waiting Area

- Create a relaxed and welcoming environment for young people
- Have adolescent-specific posters, pamphlets and other reading material available on subjects such as substance use; mental and sexual health - this provides a nonverbal message that you are happy to discuss these matters
- Provide a range of youth-oriented magazines (e.g. 'Dolly'; surfing; music; car magazines)
- Display posters and resources aimed at specific cultural groups – e.g. CALD; gay and lesbian;
- Aboriginal young people
- Display information about the practice's confidentiality policy
- Display waiting times

Practice staff can provide young people over the age of 15 years with the Medicare card application form – *'Copy or Transfer from One Medicare Card to Another'* –and can assist them with filling out their application.

Providing a Youth Specific Service

Some GPs have established a youth-specific service as part of their practice. This may involve:

- Setting aside separate clinic space or waiting areas for adolescent patients
- Opening at hours more convenient for young people – e.g. late afternoon, evenings, weekends or after school
- Offering youth-only clinics – e.g. setting aside a particular time or afternoon for young people only
- Conducting outreach services to youth services, refuges, schools, etc.[260]

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