Young People's Experiences with Health Services: Final Report

Prepared for
Commissioner for Children and Young People WA

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Suggested citation:

Van Dyke, N., Maddern, C.M., Walker, R. & Reibel, T. 2014. *Young People's Experiences with Health Services – Final Report*. Commissioner for Children and Young People, Perth, WA

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Telethon Institute for
Child Health
Research

social research group

Acknowledgments

The Telethon Institute / Social Research Group consortium would like to thank the following people and organisations for their contributions to this project:

The Commissioner for Children and Young People

Caron Irwin and Kris Brankovic from the Commissioner for Children and Young People

Members of the Reference Group established by the Commissioner:

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

All of the organisations that facilitated young people's participation in the project, with a special thank you to: Cambridge Youth Services, Halo, Stand By Me and 'the Hood', South Hedland.

And especially all of the young people who gave their time and shared their thoughts and ideas in order to improve health services for young people in Western Australia.

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 Western Australia.

1   Executive summary

1.1   Overview

The Commissioner for Children and Young People (the Commissioner) contracted the Telethon Institute for Child Health Research and the Social Research Group, a division of Market Solutions Pty Ltd to review the available evidence on best practice in youth health policy and service delivery and to directly consult with young people about their experiences with health services.

A literature review was conducted to document the findings of previous consultations with young people and research on best practice in the development and provision of health services to young people. The review included academic, peer-reviewed and credible grey literature (such as government reports and policy documents) from Australia and selected overseas jurisdictions published since 2000 (Appendix One).

The consultations with young people consisted of eight focus groups that included a total of 53 participants and an online survey with 1,057 respondents. The research participants were aged 13 to 18 years and from diverse backgrounds, with strong representation of vulnerable and disadvantaged young people and those living in regional areas of WA. Parent or carer consent was obtained for all participants aged under 18 years. The consultations focused on young people's experiences accessing health services in Western Australia, their views on what works well and where service delivery can be improved.

Ethics approval for the consultations was obtained from the University of Western Australia Human Research Ethics Committee (UWAHREC) and the Western Australian Aboriginal Health Ethics Committee (WAAHEC).

1.2   Findings

1.2.1   Prior consultations with young people

The literature review identified a considerable body of evidence around young people and health: eight youth health consultations with young people in Western Australia, nine in other Australian jurisdictions, two national consultations, and four relevant international consultations, all conducted since 2000.

Many of the findings from these prior consultations regarding young people's experiences with health service, barriers to access and recommendations for how to improve the health system were confirmed by the consultations conducted for this project.

1.2.2   Young people's definition of 'health'

Consistent across the literature and consultations, young people in WA define being healthy in holistic terms, which encompass emotional, mental and social dimensions.

They discuss 'being healthy' as including eating healthy foods; participating in physical activity; being connected with friends, family and community; avoiding or being careful around drugs and alcohol; finding inner contentment; being resilient; and maintaining a good level of self-esteem.

Young people also understand that health is affected by a range of social determinants.

1.2.3   Key health issues for young people

Young people identify a large number of health issues of relevance to people their age. Key health issues for young people include depression and anxiety, drugs, obesity and body image, diet and exercise, smoking, bullying, violence, peer pressure, relationship and friendship issues and community connectedness.

In the focus groups young people talked of there being a graduated shift in the most important health issues they experience over the teenage years. While the issues they face in the early teenage years mostly focus on friendship situations and are important to them, there was a general feeling among both younger and older teenagers that as they get older they are more likely to face more 'serious' issues due to greater levels of stress, more intensified peer pressure and greater likelihood of experimentation and risk-taking.

1.2.4   How young people inform themselves about health issues

Young people mostly turn to family and friends for advice, support and information on health issues.

The internet also appears to be an increasingly important source for information, although young people do not generally seek out specific health websites to access health information but instead conduct general internet searches on particular health issues. Young people express interest in getting more information about health websites, and particularly youth-related health websites.

Prior research suggests that the internet may play an increasingly important role in improving access to health information and addressing some of the barriers young people may experience due to confidence, geographic location or embarrassment.

Young people strongly prefer to access health information anonymously, such as through schools or via internet advertisements.

1.2.5 How young people choose health services

Young people do not generally identify with the term, 'health services', but instead think of individual services, such as their GP or school nurse. Young people's knowledge of health services is largely based on those health services they have attended.

Parents or carers, rather than young people, usually choose health service for their children and accompany them to appointments, although this shifts somewhat as young people move into their late teenage years.

Young people are most confident accessing on their own a clinic or school nurse, or a GP.

1.2.6 Health services young people access

Young people use a wide array of health services, but particularly GPs, dentists, and school-based services. The health professional young people say they most often turn to for advice and support is their GP.

Other health professionals young people commonly access include optometrists; doctors or nurses in hospital emergency departments; doctors or nurses in hospital clinics; physiotherapists; and counsellors, psychologists, or social workers.

A considerable percentage of young people do not access any health services in a given 12-month period.

1.2.7 Barriers to access

Main barriers to health service access include embarrassment or not wanting anyone to find out, cost, uncertainty over access without a parent or carer, and confidentiality or privacy concerns.

Additional barriers identified in the literature and confirmed in the consultations are concerns about being treated respectfully, knowledge of services (with the exception of GPs and school health services), discomfort in disclosing health concerns, accessibility of services including transport, characteristics of services such as opening hours and flexibility of appointments, and not having their own Medicare card for accessing health care professionals independently of parents or carers.

1.2.8   Aspects that enable access

The literature review found several studies that pointed to youth centres and community youth support services as enablers of young people's access to health services, as well as school-based services and positive and caring relationships with parents or carers. Consultations with young people who had engaged with these services confirmed these findings.

1.2.9   Young people's experiences with health services

Most young people have positive experiences with health services overall, feeling that they have been helped and were treated well. Young people from vulnerable or disadvantaged groups, however, tend to have less positive overall experiences. In addition, on particular aspects of health service delivery, experiences are less positive across all young people.

Young people generally feel that are treated with respect, services want to help them, they understand what is being said, they receive sufficient information, they understand what remains confidential and they feel comfortable at the service. Young people from vulnerable and disadvantaged groups, however, are less likely to feel they are treated with respect or that the service wants to help them.

Young people report that confidentiality is often not discussed, they are not always encouraged to voice their opinions about their own healthcare, they often feel they are not really being listened to, waiting times are too long, the service does not help them to link with other health services, and it is difficult to get appointments at convenient times.

Particular aspects of service provision that most impact on young people's *overall* experiences with health services include being treated with respect, feeling really comfortable, feeling the service wants to help them, receiving enough information, and feeling that the service is a welcoming place.

1.2.10 Young people's recommendations to improve the health service system

Young people want health services that are low cost, easy to get to, allow flexible or drop in appointments, allow unaccompanied and confidential visits, and have non-judgmental staff who have good youth rapport.

1.2.11 Best practice in youth health service delivery

Substantial agreement exists in the literature regarding best practice in youth health service delivery, at least for the general youth population. These recommendations are encapsulated in the seven 'ACCESS' principles developed by the New South Wales Centre for the Advancement of Adolescent Health. These consist of: accessibility, evidence-based approach, youth participation, collaborations and partnerships, professional development, sustainability and evaluation.

2   Background and project objectives

The Commissioner for Children and Young People (the Commissioner) contracted the Telethon Institute for Child Health Research and the Social Research Group, Market Solutions Pty Ltd (the Telethon Institute/SRG Consortium) to review the available evidence about young people's health service use and to directly consult with young people about their experiences with health services.

The adolescent years are a time when health compromising attitudes and behaviours are often first exhibited, yet young people are less likely than other age groups to access health services. Recent emphasis on supporting health during early childhood is vital. However, if improvements are to be maintained, it is equally important that similar efforts be exerted during the adolescent years.

The overall objectives of the consultation consisted of determining:

- Young Western Australians' health service needs, including:
    - Experiences in accessing health services
    - Types of health services they have accessed
    - Types of health services they would like to access if available
- Barriers young people face in accessing services
- Best practice youth health service delivery
- What the health system currently does well
- Where and how service delivery can be improved

The project outputs are:

- A literature review to document examples of previous youth health consultations and research on best practice youth health and youth health service delivery using credible sources of information from Australia, New Zealand, United Kingdom and Canada; and
- Consultations with young people from diverse backgrounds in Western Australia and a report based on the findings of the consultations. The consultations focused on young people's experience of accessing health services, their views on what the health system currently does well for them and where service delivery can be improved.

The literature review and consultation will inform the Commissioner's advocacy on youth health issues.

This report consists of five major sections:

1. Literature review
2. Consultation methodology
3. Findings from focus groups
4. Results of online survey
5. Conclusions and recommendations

3   Literature review

This section of the report provides a summary of the methodology and findings from the literature review (*Young People's Experiences with Health Services: A Literature Review.*)

The complete literature review is included in Appendix 1.

Findings from the literature review informed the content of the focus group discussion guide and online survey questionnaire.

3.1   Methodology

The primary objective of the literature review was to document relevant youth health consultations and best practice principles and models in youth health policy, and the evidence that underpins these. The review provides an examination of academic, peer-reviewed and credible grey literature, including government reports and policy documents. It includes relevant Australian and international literature. The emphasis of the review is on broad health service needs, principally as defined by young people, while paying attention to specific subpopulations known to have poor health outcomes or lower access to health services.

3.1.1   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 Federal government health department websites were searched for relevant reports and policy and strategy documents relating to the health and wellbeing of young people.

Search engines used included: PubMed, HealthInfoNet and Lit.search. The latter two are particularly good for identifying relevant literature on 'what works' in models, programs and resources covering a range of health and wellbeing issues for young people.

3.1.2   Inclusion criteria

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 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

Types of literature searched included:

- Published literature from peer-reviewed academic journals
- Grey literature from expert bodies
- Literature from New Zealand, the UK and Canada (countries with similar health systems) and other relevant international literature

Only studies published from 2000 onwards were considered for inclusion.

Literature discussing general populations of young people was included, as well as those focused on the following groups:

- Young people who are vulnerable
- Young people who identify as lesbian, gay, transsexual/transgendered, bisexual or intersex (LGTBI)
- Young people with mental health and social and emotional wellbeing issues
- Young people who identify as Aboriginal or Torres Strait Islander
- Culturally and linguistically diverse (CaLD) young people
- Young people who are homeless or at risk of homelessness
- Young people who are carers of others including parents with a mental illness
- Young people with disability

A total of 54 peer-reviewed articles, 113 reports and 11 book chapters were included in the final literature review together with policy reviews from Western Australia, New South Wales, Queensland, South Australia and Victoria. Internet searching also resulted in identifying resource sheets, literature reviews, fact sheets, bulletins, best practice reviews and guidelines, practice resources such as protocols and guides, quality criteria, and handbooks.

3.2   Main findings

3.2.1   Overview of previous youth health consultations

A considerable body of evidence exists around young people and health, and young people's experiences with health services. The review identified eight youth health consultations with young people in Western Australia, nine in other Australian jurisdictions, two national consultations and four relevant international consultations.

Western Australian consultations
Relevant consultations previously undertaken by the Commissioner for Children and Young People include a consultation of young people with mental health issues (with particular attention to the experience of young Aboriginal people in the Kimberley and remote areas) and culturally and linguistically diverse young people (including refugees) and children and young people (0 to 18 years) who in infancy, childhood or adolescence had a parent with a mental illness. Some of these children and young people also care for their parent and possibly other family members as a result of their parent's illness.

The Commissioner also conducted a consultation with young people with disability.

Other recent consultations relevant to this project include the Millennium Kids Youth Interface with Clinical Senate conducted by the Youth Affairs Council of Western Australia, the Western Australian Aboriginal Child Health Survey and the Evaluation of the Innovative Health Services for Homeless Youth Program services. Reports from these consultations cover the key issues experienced by most of the vulnerable or disadvantaged sub-population groups in Western Australia, with the exception of carers of parents with a mental illness, whose needs have been discussed in some of the national reports.

National consultations

Only two national consultations around health needs of young people have been conducted: the evaluation of headspace and the *Nest Consultation.* The headspace consultation involved interviews with approximately 90 young people and a survey of 169 young people aged 12 to 25 years. The *Nest Consultation* included over 1,500 young people up to 24 years of age, 500 of whom were 17 years and under, and explored their aims and aspirations to enhance their health and wellbeing.

Consultations in other jurisdictions

Consultations of note in other Australian jurisdictions include the South Australian *Youth Consultation Forum – Health promotion for young people: what works,* which took place in 2011 with 51 young people aged 13 to 27 years to identify issues surrounding the delivery of health promotion strategies, and the *NSW Youth Policy consultation forum*: *Healthy young people in NSW: Sparkling ideas for a positive future,* which involved 20 young people aged 12 to 24 years located in urban, rural and regional areas. Topics covered included being healthy and keeping healthy, help to stay healthy, what works best in health care and finding out about health. The forum confirmed that young people think about health in a holistic way and emphasised the importance of not being judged, confidentiality, good communication and support, and how they are informed about seeking out health care.

Four other studies focused on subpopulation groups that did not appear to have been previously addressed in WA consultations. The experiences of young people who identified as bisexual are discussed in *Which Sexuality? Which Service? Bisexual Young People's experiences with Youth, Queer and Mental Health Services in Australia.* The experiences of young people with disability in Australia as they transition to adulthood are described in the literature review, Young *People with a Disability: Independence and Opportunity*. A survey of experiences of young people with a mental illness and their specific health needs are identified in in the following report: *Assisting young people with, or at risk of, mental illness: a longitudinal study of NSW Youth Health Services*. Finally, a needs assessment was conducted with young women who are pregnant or parents in South Eastern Sydney entitled, *Young Women who are Pregnant and/or parents in South East Health: A Needs Assessment.*

Two further studies focused on looking at youth experiences with specific health services across primary and tertiary health sectors. *Breaking away from the medical model: perceptions of health and health care in suburban Sydney youth* considered perspectives and issues that may improve primary care. *Towards an Adolescent Friendly Children's Hospital* outlines strategies to improve hospitals for young people based on their perspectives.

International consultations

In addition, several reports based on international consultations were identified as being relevant to this review. These include a study of issues around access to health services by young men with a mental illness in Ireland: *The Young Men and Suicide Project*; and a study in the UK, *'Right Here' Brighton and Hove*, on access to GPs' services and mental health care that involved 172 young people aged 16 to 25 years, including young people who were unemployed, parents, carers, LGBTI, with disabilities, on probation, black and minority ethnic, asylum seekers and refugees, and in or leaving care.

A US study, *Transgender Youth: Invisible and Vulnerable,* involved a number of focus groups with transgender young people aged 15 to 21 years. They noted four main 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.

The international studies revealed similar findings to the Australian studies.

3.2.2   Young people's definition of health and barriers and facilitators of young people's access to health services

Young people define 'health' holistically to include a range of physical, mental, social and emotional issues. They understand that health is affected by a range of social determinants. Major health concerns for young people include diet and exercise, relationships and friendships, mental and emotional health, and community connectedness.

Young people mostly turn to family and friends for advice, support and information on health issues. The internet also appears to be an important source for information. The health professional young people most often turn to for advice and support is their GP, with large percentages of young people having seen a GP in any given 12-month period. Young people express a desire to access health information anonymously.

Barriers to health service access include concerns around confidentiality, being treated respectfully, knowledge of services (with the exception of GPs and school health services), discomfort in disclosing health concerns, accessibility of services including transport, characteristics of services such as opening hours and flexibility of appointments, and cost. Not having their own Medicare cards (which are available to young people aged 15 years and older) is a significant barrier in accessing general practitioners and other health care professionals independently of parents or carers.

Some sub-population groups experience additional barriers, such as language difficulties for young people from CaLD backgrounds. Several studies pointed to youth centres and community youth support services as enablers of young people's access to health services, as well as school-based services and positive and caring relationships with parents or carers.

The internet has become increasingly important in young people's lives and the evidence provides some indication that young people are beginning to turn to the internet for health information and advice. The research also suggests that the internet may play an increasingly important role in improving access to health information and addressing some of the barriers young people may experience due to confidence, geographic location or embarrassment. Similarly, outreach, culturally specific and community based services may also have a role to play in increasing access for young people to health services and addressing barriers for vulnerable groups.

3.2.3   Best practice in youth health delivery

Substantial agreement exists in the literature regarding best practice in youth health service delivery, at least for the general youth population. These recommendations are encapsulated in the seven 'ACCESS' principles developed by the New South Wales Centre for the Advancement of Adolescent Health:

- *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 providing extended consultation times. Services need to be free or at low cost, responsive to needs and well promoted to young people.

- *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.

- *Youth participation* – young people should be consulted at each stage of service planning in a manner that engages and builds mutual respect.

- *Collaborations and partnerships* – services should work with other agencies that share an interest in similar goals to optimise resources and enhance holistic service delivery.

- *Professional development* – services should provide professional development to their staff to enhance the skills, knowledge and attitudes of people who work with young people.

- *Sustainability* – Services should develop long-term programs with ongoing funding.

- *Evaluation* – Mechanisms should be in place to review the processes, quality, inputs and outcomes of programs and services.

3.2.4   Gaps in the evidence

Gaps exist in the evidence relating to the health service needs of Aboriginal young people, those with disability and young carers, as well as transition pathways from child to adult health services.

The results of prior consultations with young people generally align with the best practice recommendations in the literature. Young people report that health services should be youth friendly by incorporating youth workers and staff who are respectful and listen to their concerns, have a greater presence in schools, be easy to access by public transport, ensure confidentiality, provide support on issues around sexual health and drugs and alcohol, and facilitate mental health consultations.

4 Consultation methodology

4.1 Overview

Recruitment of young people for the focus groups and online survey was conducted in two stages:

1. Engagement of organisations that work with young people
2. Recruitment of young people

Consultations consisted of eight focus groups with a total of 53 participants and an online survey with 1,057 respondents.

The focus groups were held between 22 October and 6 November 2013. The duration of each group was 1.5 to 2 hours. The groups consisted of four 'general community' groups and four 'disadvantaged or vulnerable' groups.

Two of the groups were comprised entirely or mostly of young people who identify as Aboriginal. Young people were considered disadvantaged or vulnerable if they were CaLD, young carers including young mothers, with disability, currently or previously in out of home care, LGBTI, previously or currently homeless, or with a chronic illness. Seven of these groups were held in the Perth metropolitan area and one was held in the Pilbara region.

Four of the groups consisted of young people whose participation was facilitated by a single organisation, with the discussion held at the organisation's premises. Three of the participants were aged over 18 years (20, 21 and 23 years old); the inclusion of a small number of young people older than 18 years was approved by the Commissioner. These participants were asked to reflect on their experiences when they were 13 to 18 years.

A summary of the groups is presented below:

Figure 1: Focus Group Sample Profile

Group	No. of participants	Type of group	Location	Organisation
1	2	General community	Subiaco (CCYP offices)	
2	5	General community	Subiaco (CCYP offices)	
3	5	General community	West Leederville	Cambridge Youth Services
4	9	Vulnerable/disadvantaged (disengaged from school or family)	Beechboro	Stand By Me
5	9	Vulnerable/disadvantaged (chronic health issues)	Subiaco (CCYP offices)	
6	6	General community	Subiaco (CCYP offices)	
7	7	Vulnerable/disadvantaged (Aboriginal/CaLD)	South Hedland	'the Hood', South Hedland.
8	10	Vulnerable/disadvantaged (Aboriginal; all male)	Spearwood	Halo

The online survey was open from 14 October to 10 November 2013.

A total of 1,057 young people aged 13 to 18 years completed the survey, with 31 per cent male and 69 per cent female (2 of the young people identified as transgendered, intersex, unsure or other). The mean age was 15.8. Respondents consisted of the following sub-populations:

Figure 2: Online Sample Profile

Base: All respondents	Total (n=1057)	Metro (n=591, 56%)	Non-Metro (n=466, 44%)
	%	%	%
GENDER			
Male	31	31	30
Female	69	68	70
Transgendered/intersex/unsure/other	<1	<1	0
AGE			
Thirteen	10	11	9
Fourteen	14	14	14
Fifteen	17	16	17
Sixteen	20	20	20
Seventeen	25	24	27
Eighteen	13	14	13
SUB-GROUP STATUS*			
Born outside of Australia	19	20	18
Speak a language other than English at home (LOTE)	19	22	15
Unstable accommodations (past 12 months)	6	6	5
Lesbian, gay, bisexual, transsexual or intersex (LGBTI)	5	6	4
Young carer	4	4	4
Disability	4	4	3
Chronic illness	4	4	4
Live in out-of-home care (currently or previously)	3	2	5
Aboriginal and/or Torres Strait Islander	2	2	3
TOTAL WITHIN AT LEAST ONE SUB-GROUP	44	47	40

* Young people may fall into more than one of these groups

4.2   Engagement with organisational stakeholders

A wide range of organisations across Western Australia were contacted to enlist their support for the project and assistance with recruiting young people for the focus groups and online survey. This engagement stage was conducted from 22 August to 17 October 2013. The Commissioner approved the engagement process, which was guided by an expert Reference Group established by the Commissioner.

Organisations were identified through a variety of methods, including those organisations with which the Telethon Institute, Social Research Group and the Commissioner had ties or knew of; referrals from organisations to other youth organisations; word-of-mouth referrals; and internet searches for youth organisations in Western Australia.   The Telethon Institute focused its engagement efforts on organisations primarily targeted at Aboriginal or Torres Strait Islander young people and disability groups, and networks involved in other studies. Social Research Group focused its efforts on other groups of young people.

The engagement process involved:

- Compiling a list of organisations
- Determining the best contact person at each organisation and establishing the organisation's willingness to assist with the project
- Sending interested organisations information sheets about the focus groups and online survey, social media text to promote online, a poster to display or hand out, participant and parent or carer consent forms for the focus groups, and an email with a link to the online survey to forward to their contacts
- Discussing with each organisation the preferred recruitment approach and extent of involvement by the organisation. This involvement ranged from simply displaying information about the study and leaving it up to young people to contact the consortium to organise participation ('passive recruitment') to asking individual young people about their interest in participating ('active recruitment') to working to put together a focus group ('active recruitment – focus group').
- For those organisations working to put together a focus group, establishing whether the group would be held at the offices of the Commissioner or at the organisation's premises and possible dates and times.

Social Research Group maintained a database with all engagement information, including the names of participating organisations and contact details, notes on all telephone and email contact, the level of organisational participation and recruitment plans. The Telethon Institute relayed all information regarding their engagement efforts to the Social Research Group.

A list of all organisations engaged is included in Appendix 2.

4.3   Ethics approval

Ethics approval was obtained from the University of Western Australia Human Research Ethics Committee (UWAHREC) on 24 September 2013 and the Western Australian Aboriginal Health Ethics Committee (WAAHEC) on 18 October 2013.

One organisation contacted, Stand By Me, works with young people whose circumstances make it difficult for them to obtain parental or carer consent. After receiving approval from the Commissioner, the Telethon Institute submitted and received approval on 22 October 2013 for an amendment to the original UWAHREC approval regarding consent for young people aged under 18 years for whom it would not be appropriate to require parent or carer consent for their participation in the project. This amendment consisted of the following: 'Addition of youth worker, coordinator or counsellor to parents/carer/responsible adult to give consent for participants aged 13 to 17 years to participate in the study in certain circumstances where it is not possible to obtain parent or carer consent (e.g. where a young person is living away from home).' This alternative consent procedure was followed for young people recruited through Stand By Me.

4.4   Recruitment of young people

The recruitment process commenced immediately following ethics approval. Various procedures were implemented to ensure adequate numbers and appropriate types of young people were consulted for this study. The following describes the recruitment process.

4.4.1   Focus Groups

- Organisations that had agreed to organise a focus group were sent information sheets and consent forms, which they distributed to participants. The organisations then sent Social Research Group names and, in some cases, contact information of participating young people.
- Organisations that had agreed to actively or passively recruit for focus groups but not organise a group were sent information sheets, consent forms, a poster with group times and locations, and other advertising materials. In some cases interested young people then contacted Social Research Group while in others the organisation passed on the contact details of interested young people.
- In addition, Social Research Group 'cold-called' households in the Perth/Subiaco area from telephone numbers of previous research participants who had agreed to be contacted for future research and asked if any 13 to 18 year olds in the household would be interested in participating.

- Social Research Group worked with a recruitment company to obtain additional participants.
- Young people who agreed to participate in a focus group were asked if they had friends who might be interested in participating ('snowball sampling').
- All young people who expressed interest in participating in the focus groups were sent reminders via the mode of their choice (e.g. email; text; phone call) shortly before the focus group to confirm their participation.

4.4.2   Online survey

- Organisations that agreed to actively or passively recruit for the online survey were sent information and advertising materials about the survey, including an email with a link to the survey that they could forward to their contacts.
- Social Research Group also 'cold-called' households in the Perth/Subiaco area from telephone numbers of previous research participants who had agreed to be contacted for future research and asked if any 13 to 18 year olds in the household would be interested in participating in the survey.
- Young people who agreed to participate in the online survey were asked if they had friends who might be interested in participating ('snowball sampling').
- Social Research group worked with a recruitment company to obtain additional participants. Most of these additional respondents were contacted through Student Edge, a student-focused website.
- All young people who expressed interest in taking the survey were reminded to complete the survey two or three days before the close of the survey.

Information and advertising materials included the following:

- Poster (focus group and survey, or survey only)
- Social media text (focus group and survey, or survey only)
- Information sheets (for organisations, participants, and parents or carers)

Samples of these materials are included in Appendix 3.

4.5   Informed consent

All study participants were required to provide informed consent prior to their involvement. Young people aged 13 to 17 years were also required to obtain consent from their parent, carer or responsible adult.

4.5.1   Focus groups

All focus group participants and relevant parents, carers and responsible adults were provided information sheets and consent forms prior to the young person's participation in the group. The forms explained the purpose and potential benefits of the study, and participants' rights. Consent included agreement to have discussions digitally recorded. The participating young people brought the signed consent forms with them to the groups.

4.5.2   Online survey

Online survey respondents were required to read information about the survey prior to beginning and to tick a box indicating they understood the information. Survey respondents aged 13 to 17 years were asked to confirm that their parent or carer had read the information about the study and had given their consent for the young person to participate.

4.5.3   Consent for young people recruited via electronic database

For any 'cold-called' households, Social Research Group staff explained the purpose of the study and asked if there were any young people in the household aged 13 to 18 years who might be interested in participating. If the interested young person was 18 years old, they were sent the information sheet and consent form. If the young person was 13 to 17 years old, verbal consent was obtained from them and their parent or carer, and they were sent information sheets and consent forms. From that point on, the previously detailed consent procedures for focus groups and the online survey were followed.

4.6 Duty of Care

Duty of care means a duty to take reasonable care to:

- Identify possible causes of harm; and
- Prevent harm from occurring[1].

All project members in direct contact with young people (i.e. involved in face-to-face recruitment of young people or conducting the focus groups) had current WA Working with Children checks.

All respondents to the online survey were provided contact details at the end of the survey for the following services in case they had issues or concerns they wished to follow up:

- headspace
- Kids Helpline
- Lifeline

All participants in the focus groups were provided a resources sheet of youth-friendly health services. A copy of this resources sheet is included in Appendix 4.

In the event that a focus group participant became distressed, a procedure was agreed whereby the moderator would assess the situation and either shift the direction of the discussion or, if necessary, ask the participant if they would prefer to end their participation in the discussion. Fortunately, this was not necessary.

If a focus group participant were to divulge information indicating they have been abused or are at risk of being abused, the moderator would have, at the end of the focus group and away from other participants, helped the young person connect to professional services that can keep them safe and provide support[2]. Fortunately, this also was not necessary.

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[1] Centre for Children and Young People: Duty of Care Guidelines.
http://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=1&ved=0CCYQFjAA&url=http%3A%2F%2Fccyp.sc
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bmWoGvpOQOLvSag. Viewed 07 November 2013.
[2] Hunter, Cathryn. 2011. Responding to Children and Young People's Disclosures of Abuse. National
Child Protection Clearinghouse: Practice Brief. Australian Institute for Family Studies.

4.7   Development and testing of focus group discussion guide and online survey questionnaire

The discussion guide and online survey questionnaire were developed by the Social Research Group and the Telethon Institute, in consultation with the Commissioner and with feedback from the Reference Group.

Testing of both instruments was conducted on 3 and 4 October 2013 with a small group of young people in Victoria. It was decided not to conduct the testing with young people from Western Australia to maximise the number of potential participants in the formal consultations.

Testing participants were sent a copy of the discussion guide and a link to the online survey. Verbal parent or carer consent was obtained for participants aged 13 to 17 years. Participants were asked to read the guide and provide observations about questions that were confusing, additional questions they would have liked to have been asked and any other relevant issues. They were also instructed to complete the online survey and note any problems with questions or answer choices, survey flow, additional questions they would have liked to have been asked, and any other relevant issues.

The feedback discussion took place one-on-one over the telephone and took about 30 minutes each for the guide and survey. Participants received a $30 voucher for their participation in the testing.

Figure 3: Demographics of young people who participated in the pre-testing

Age	Gender	Population
18	Female	headspace
22	Female	headspace
22	Male	headspace
16	Male	General community
17	Female	General community
14	Female	General population

Findings from the testing were incorporated into the discussion guide and questionnaire.

4.8   Conduct of focus groups with young people

The SRG/Telethon Institute consortium conducted seven of the focus groups and facilitated one, which was conducted by the Department of Aboriginal Affairs. The focus groups were conducted by experienced moderators, using an agreed protocol and held in locations where young people were likely to feel comfortable and secure. Four of the seven groups were held at the offices of the Commissioner in Subiaco; four were held at the organisations through which the young people were recruited. Discussions lasted between 1 ½ and 2 hours each. Healthy snacks and drinks were provided. A note taker was present at each group, as backup for the audio-taping. All moderators and note takers possessed current WA Working with Children checks. Prior to the start of each focus group, participants were reassured they were able to refuse to participate in the study and could withdraw at any time, including during the focus group.

Participants received $50 vouchers (JB HiFi, iTunes or Target) at the end of the focus group to thank them for their time. They were also provided with a list of youth-friendly health services available to them.

4.8.1   Discussion guide

The discussion guide was designed to cover a range of topics and to prompt the focus group moderator about the areas to be covered during the discussion. During the course of the focus group, the moderator may have noted that a topic covered later in the guide had been raised and thus moved on to ask those questions before returning to the original topic. This approach allowed the conversation to be free-flowing in order to elicit the most natural responses from participants. A copy of the discussion guide is included in Appendix 5.

The discussion guide included a number of specific topics covered during the discussion. This ensured consistency in moderation given that more than one moderator was used across the eight groups.

The discussion guide contained the following broad topics:

- General availability and awareness of health services in WA
- Personal experiences learning about and accessing health services
- General needs of young people regarding health services and how health services in WA could be improved for young people

The following types of topics were covered in the focus groups. Additional questions were asked, and other questions modified, depending on the demographic composition and direction of discussion of each group.

- Introduction
    - Moderator introduces herself and the purpose of the research
    - Participants are advised about what to expect during the discussion
    - Participants are encouraged to share their views openly
    - Moderator seeks consent prior to audio recording
    - Privacy and confidentiality considerations are reinforced
    - Participants are invited to introduce themselves

- Satisfaction with WA health services used
    - Staff
    - Location
    - Accessibility
    - Appearance
    - Services offered
    - Privacy
    - Improvement suggestions

- Meeting the needs of young people in WA
    - What factors contributed to the decision to use or not use a health service
    - What health services are young people most likely to need
    - What do young people need to know
    - What prevents young people from accessing information
    - How could access to information be improved
    - What needs to change to make information more accessible
    - What service features are expected
    - What services features are beneficial
    - What prevents young people from using some services
    - What needs to change to make services more accessible
    - Whether there are other services, not currently available, which would be beneficial
    - How the use of services relates to overall health and wellbeing
    - How services could help improve overall health and wellbeing

- General perceptions of health services in WA
  - Definition of a health service explored
  - What services are participants aware of
    - Mainstream
    - Specialist
  - Who is able to access the services
  - Are there different services available for different needs
  - Are there any benefits to using particular health services
  - Are there any disadvantages to using particular health services

- Wrap up
  - Most important improvements to health services in WA for young people

4.9 Conduct of the online survey with young people

The online survey, designed to be completed in about 15 minutes, complemented the focus group data collection. The online survey provided greater opportunity for a broader range of young people to share their experiences, such as young people who live in rural and remote areas, young people with disabilities or travel constraints, and young people who simply prefer a greater level of anonymity. The survey results strengthen the overall picture of young people's experiences with health services in WA.

Young people accessed the survey via an internet link. A free call telephone number was provided for technical support across the duration of the project. The survey went live on 14 October and closed on 10 November 2013.

At the start of the survey, young people were asked to confirm that they are 13 to 18 years old and live in WA, and have read and understand the information provided on-screen about the survey and consent to participate in the survey. Young people aged 13 to 17 years were also asked to confirm that their parent or carer knew about their participation in the survey and had provided verbal consent.

4.9.1   Survey questions

A copy of the online survey questionnaire is provided at Appendix 6.

Prior to the start of the survey, the young person saw the following screens:

- Brief welcome and introduction to the study
- Confirmation that they are 13 to 18 years old
- Confirmation that they live in WA
- An information and consent screen that the young person is asked to read and tick that they have read and understand. Contact details are provided in case they have questions or concerns about the survey prior to starting.
- If aged 13 to 17 years, the young person is asked if they have discussed their participation in this survey with their parent or carer. If they have not, they are asked to do so before they begin the survey.

Survey questions cover the following topics:

- Experiences with and evaluation of accessing health services
- Barriers to accessing services – their experiences and perception of other young people's experiences
- What the health system currently does well or poorly
- Where and how service delivery could be improved
- Demographics (gender, age, postcode and whether member of a particular sub-population such as Aboriginal or Torres Strait Islander, multicultural/CaLD background, carer with disability, in out-of-home care or LGBTI)

At the end of the survey, the young person was thanked for their time. They were provided with telephone numbers for:

- one of the researchers, if they had questions about the survey
- the ethics committees, if they had questions about the ethics of the survey, and
- headspace, Kids Helpline and Lifeline, if they had any health concerns.

The young person could provide an email address if they wanted to receive a summary of the findings from the research. Finally, they could provide an email address to enter the prize drawing for an iPad as thanks for the time and effort they took to complete the survey. They were assured that their contact details would not be attached to their survey responses, that the information would be used only for the purposes of sending them summary results of the prize drawing, and that immediately after sending out the report or the prize has been awarded all contact details would be destroyed.

4.10 Data management

4.10.1 Focus Group data

All focus groups were digitally audio-recorded, transcribed and de-identified prior to analysis. Transcribed data is kept in a secure facility at the Telethon Institute for Child Health Research or at the Social Research Group facility. All electronic recordings will be deleted on completion of the project. Electronic copies of de-identified transcripts will be retained on a secure computer at the Telethon Institute or the Social Research Group for a period of five years. Paper copies of transcripts will be shredded on completion of the project.

4.10.2 Online survey data

Data from the online survey were de-identified prior to importing into IBM SPSS Statistics, a software package used for statistical analysis. Data linking contact details (for entering the prize drawing) with survey data were de-linked and stored in separate secure electronic facilities, with the linking code kept as a hard-copy file only in a secure facility at the Social Research Group.

Only the researchers named in this project have access to any of this data. Data will be kept on a secure computer at the Social Research Group for a period of five years. The original data on the online system were deleted upon completion of the project.

5   Findings from focus groups

The following findings are based on the six focus groups conducted by Social Research Group between 22 October and 24 October 2013, one group conducted by the Telethon Institute for Child Health Research on 6 November 2013, and one group conducted by the Department of Aboriginal Affairs on 27 October 2013. All groups utilised the focus group discussion guide developed for this project and covered three main topics:

- Perceptions of health services in WA
- Experience using health services in WA
- Improving access to health services in WA

5.1   Perceptions of health services in WA

5.1.1   How do young people define being "healthy"?

The young people in the focus groups viewed being healthy as encompassing physical, mental, emotional and social dimensions of health. These include looking after themselves by eating healthy foods; participating in sports or other physical pursuits; being connected with friends, family and the community; and avoiding drugs and alcohol. The young people emphasised the need for inner contentment, confidence, resilience and a good level of self-esteem, which were seen to be necessary for good mental health and to assist young people in dealing with peer pressure and friendship or relationship issues.

The following comments are indicative of young people's perceptions of what being healthy entails:

> 'For me to be healthy I have to be happy, feel safe, feel comfortable, enjoy the people that I'm around, and to be healthy is not only not to be sick. So health and wellbeing are pretty similar.'

> 'Eating good. Looking after yourself, don't hurt yourself, don't do bad stuff. Being mentally healthy as well, so thinking positively. Try not to be negative.'

> 'Be happy, don't be mean to other kids.'

> 'When you get older you get more stress, and then stress can really physically get to you as well. They probably go together. If you are physically fit then you would be probably mentally healthy as well.'

> 'I guess with school and stuff you should have balance between school, homework, family, friends, sport and all the other hobbies and interests.'

'And you should always have leisure time because if you don't have leisure time then you're not happy, and happy is an important part of being healthy.'

'Because if you don't like doing sport, you can still be healthy and not do a lot of sport. It's kind of just being contented in what you do…content means almost like you're happy with yourself and how you are going. You don't need to be ecstatic because you've got the most or you're the best at it, but you know it's okay for you. You are happy with what you've got. You could be healthy and not do any sport at all…you could be healthy and just be into music and the arts. Just because you don't do sport doesn't mean you're not healthy.'

'I guess it's being happy with yourself, but also being happy with your friends and family. Emotional health is different to physical health because physical health is to do with your body - I guess to do with your bodily hygiene, but emotional health is to do with how you feel and how you treat yourself.'

'To be mentally and physically healthy, so you need to be healthy outside as well as having a lot of friends and being happy with what you are doing. You have somebody to talk to when you are feeling a bit annoyed or upset. You can vent some things that you are a bit annoyed at.'

'Being able to do what you like in any way you can. Just being happy all together. Feeling good in yourself. Not judging yourself. Feeling good inside yourself but also propelling it towards others as well.'

5.1.2 What is the range of possible health issues young people aged 13 to 18 encounter?

The young people who participated in the focus groups discussed a wide range of health issues likely to be encountered by 13 to 18 year olds. The most frequently mentioned were depression and drug use; these were also often the first issues to be mentioned.

Other frequently mentioned health issues were smoking, obesity, anxiety and relationship issues (which included cyber bullying). Rarely mentioned were sexual health and alcohol, except among Aboriginal young people, who expressed concerns about alcohol as a health issue. In particular, the South Hedland group, comprised of a mix of Aboriginal and CaLD young people, identified excessive alcohol use as a significant problem with related health issues.

In contrast, young people in the metropolitan groups did not consider the short-term implications of alcohol, such as hangovers and doing stupid things when drunk, to be health issues. They were more likely to consider long-term alcohol abuse a health issue. The use of drugs was more likely to have been considered a health issue than alcohol.

Below is a list of all health issues mentioned. Most frequently discussed were body image, depression, drug use, relationships and stress.

- ADHD and ADD
- Alcohol abuse – binge drinking
- Anger issues - fighting
- Anorexia / bulimia
- Anxiety
- Bi polar
- Body image
- Chronic illnesses
- Cyber bullying
- Depression
- Drug use
- Judgmental environments
- Law breaking
- Not exercising
- Obesity

- Peer pressure
- Physical illness
- Poor eating choices
- Poor decisions/choices (e.g. immaturity, peer pressure, alcohol drinking etc.)
- Relationships – family, friends, partners
- Sex
- Schizophrenia
- Self-harm
- Smoking
- STIs
- Stress – at home, at school
- TV addiction

Body image

During the discussions it was clear that body image and relationship issues were particularly salient for the girls.

Discussions about body image centred on the perceived need to fit into a specific body shape, often described in terms of weight, breast size and the notion of a 'thigh gap'. These girls acknowledged that the body images presented in the media of attractive women are largely unattainable. As a result, they said that these images have less impact than those posted on social media sites by 'everyday' girls.

'There is no happy medium once you hit that age. Once you are the age to be able to fit into that picture [particular body image] you start getting judged. But once you fit in that picture you don't care about anything because you're in it and you've already started. I don't really care about my body shape, I don't want to be like those girls on Tumblr, it would be nice, but I don't want to throw away my physical health and my emotional health because that puts a lot of stress on you if you are trying to become something that you're not. I would rather be happy with who I am than be someone I don't want to be. That puts a lot of stress on young girls seeing these models and all the stuff in society.'

'That's another thing social websites; social networking also puts pressure on you. The bikini pics on Facebook that come out every summer and it's kind of funny at one point but ...you want to cry so much and you think 'maybe next year'. Every year it's the same. In October I'm like 'about 2 months, got to get a good bod for summer' and then it's January and you're like...'

'Especially when you get older and the boys and dating scene - one guy I know was making a joke about the 'gap', I hate that so much. There's this thing at the moment ...girls are not allowed to have their legs touch. Girls' legs when they're standing up, their thighs cannot touch. If your thighs touch, you're fat. My friend is a really nice guy and we tell each other everything, but we will be walking in a mall and he will be with his other friend and they will literally be like 'nah, can't' and I am like 'why', 'she's too fat', and I'm like 'she is not fat, what are you on'. Because she doesn't have the little gap and she doesn't have a bum. Boys' view on girls today is if they're not skinny and fit there is no option [for them to date you]. That's how it all starts for the girl, how they feel depressed about themselves and they don't love their body.'

Relationships

Relationship issues were also a particular focus for girls. There was discussion about the stress involved in being in a relationship.

> *'Once you get the boyfriend, a lot of times it's the keeping him. So when you are trying to get the boyfriend you've got to stay like that, you've got to be really attractive, flirty and you've got to be the girl that fits in the circle ... once you've got the boyfriend you have to keep the boyfriend, and it's hard. You can't talk to any other boy without it being cheating. You've got all this stress on you that the boy puts on you and you have to be that female for him, and him only, and you restrict yourself for that one boy. That's why I think going into a relationship this young is a bit stressful on you.'*

> *'Like getting boyfriends or girlfriends it might break your entire friendships up. Because it's a lot more serious. As in like…you feel a lot – it's more important within your life when you're younger I suppose.'*

Drugs

Drug use was mentioned quite frequently and was considered to be something that most young people have tried or will experience. Group participants generally believed that young people who regularly engage in drug use are likely to suffer from health issues (physical, mental and social).

> *'There is always that group who does it, there's specific people, there's always that drug group and when it's there you just feel obliged to do it because it's there. Most teenagers have the attitude if you try it once it will be fine, and then they do it again, and again, and again and it just turns into a big mess.'*

> *'The reason she is popular is because she's the one that started drugs, they always do marijuana and they have their little seshes on the weekend. They always make Facebook pages like '[Name]'s Sesh on Sat' and you're invited. I just decline, I couldn't be bothered. If you don't go to the seshes, you're not in the popular group. Once you do it everyone loves you and you're in the popular group. Some are willing to risk it just to be in. You've got to be really comfortable with yourself not to be drawn into that. If you're comfortable with yourself you're like 'whatever' but to girls and guys if you're not comfortable with yourself then that's when you get lured into it.'*

Depression

Depression was also mentioned quite frequently as a health issue facing young people. A few of the young people in the focus groups said that depression had even become an accepted condition for some young people and it was thought to be a means of drawing attention to themselves.

> *'There are girls with depression on it [Tumblr] and cut themselves and take pictures and stuff. Depression used to be horrible and everyone would be shocked if you had depression, but now people accept it. It's like that's the normal to have depression, and then they get it because they are pretending.'*

> *'A lot of people say they have it, because they want attention. A lot of things happen on Facebook these days. It's all they want is attention. They write status that "I'm going to kill myself". A lot of people think that if they have a bad day at school then that's depression. It's not something really to throw around, it's a mental illness.'*

> *'I also think depression when it comes to it. Definitely when kids are younger, 13-14, a lot of them when it comes to depression it is purely for trying to attract attention. But the older you get the more you actually find they try and keep it to themselves because it's actually an issue. The older you get the more you want to keep it under your hat.'*

> *'If a young person is gay. It can be [a health issue]. Mentally and emotionally it can create depression, because it's not socially accepted. A lot of times it actually isn't our generation, they're not scared of us they're scared of adults. Of what their parents will think. Parents and teachers. One girl in our school came out and the teachers did not like her after that.'*

> *'I think a lot of the time they are just scared to [seek help] - they are worried about what they are going to say about them or they're not sure whether their problem is compared to I guess some of the other people that have that sort of thing. They just don't speak out and kind of bottle it up. I guess that's where suicide comes in because obviously you see parents on the news and stuff and sometimes they say "I didn't know, I didn't know what was going on". It's obviously too late because they're not there anymore, they just didn't say anything.'*

Social media

Young people acknowledge that social media can have disadvantages, such as making their lives transparent and open for all to see and comment on.

> *'Once you break up …everyone knows. If you break up it's huge, and then it's the problem of the guys' friends make fun of you and say 'he didn't like you because you went ugly' and my friend had a whole Facebook hate page made about her because the guy dumped her - no she dumped the guy because he was an arsehole, and then he made it so that he said 'no I dumped her' and there was a huge hate page about her. Then the girls got on board that were friends with the guys and she was getting it from both sides because the girls were trying to impress the guys at the same time.'*

Alcohol

For the group conducted in South Hedland, there was a greater focus than in the others on alcohol as a health issue. Alcohol was viewed as a pervasive problem, with drinking to get drunk normalised by the middle teenage years.

> *'Drinking alcohol has become normal for kids at high school and we have friends who have got drunk and very sick in year 8. Even some parents are allowing their kids, Yr 10 and older, to have parties at home with alcohol, believing it's safer to drink if they're supervised. Kinda sends the wrong message but that is happening and is becoming normal.'*

Violence

All of the groups had witnessed or experienced bullying in the past 12 months, with the South Hedland group particularly focused on this issue.   Violence was seen as an extension of bullying and fights were considered normal at school and even as 'entertainment' by some students.

> *'This was big problem in Hedland but has got better in the last 12 months. When it does happen it is usually started with a rumour with someone jealousing [Pilbara term for jealousy] that builds up until there's a situation. Sometimes weak kids get picked on for fun but the hip hop project Kool 2B Kind has helped changed kids' attitude a little.'*

Comments about peer pressure

Peer pressure was a subject that permeated many of the discussions. Peer pressure was seen as the main explanation for participating in drugs, drinking, antisocial behaviour and being sexually active.

'Peer pressure, to pressure people into drugs or bad things. I don't know, there is a lot of that going on [for teenagers compared with adults] it's just more obvious and visual. Older people don't realise that they're getting peer pressured into doing it. A lot of teenagers want to fit in with a certain group and then that group are like you have to do drugs, meth or whatever if you want to hang out with us.'

'Some people will say 'don't do it', like people you look up to, say an older person, 20 or something, and they're doing it and they tell you not to. It's not peer pressure, they even genuinely don't want you to do it, but you still do it because you think they're cool, not the actual drugs and then it's good, but ... if they're doing them it's kind of like being a hypocrite, because if you're doing something - unless you are doing it from a point where, or maybe if you've done it and you're telling them not to do it because you know what it was like to go through that whole.'

'Makes you do stuff that you don't want to do. Force you into bad habits. A lot of my friends try to always ask me 'do you want to come out Friday night with me'. I'm not that type of person so I say 'no'. 'Well you're an average teenager' and I'm like 'yeah'. Some teenagers don't what to go out and do that type of stuff.'

'Also another thing is that your mates - you might not necessarily be having sex, but they could say this is a good thing to do or that's a good thing to do. You just might want to try it, so you end up getting together with someone that you don't necessarily want to get together with, just to try it, or this manoeuvre, that manoeuvre, whereas really you've got to make sure that connection is there with the person.'

5.1.3   What are 'health services'?

Young people participating in the focus groups were asked to name the types of places or health professionals they think of when they hear the term, 'health service'. There was some initial confusion over what was meant by the term, 'health service', although understanding was aided by the earlier discussion about possible health issues. The following are the range of health services the young people spontaneously mentioned. The services most likely to be mentioned were **doctor/general practitioner** (GP) and a **hospital**.

The full list of services mentioned comprised:

- Ambulance
- Chaplin at school
- Counsellor
- Dentist
- Fitness centre
- Doctor / GP
- headspace
- Helplines – kids, smoking, suicide
- Hospital
- Medical centre

- Medicare
- Paramedics
- Police
- Psychiatrist
- Psychologist
- School nurse
- Sexual health service
- Specialist
- Youth centre

The young people said that they do not generally use the term, 'health service.'

'Health service, it seems a bit too posh for me in a sense where it's not broad enough - it's too broad almost. So if somebody wanted to quit smoking I would say 'look on your pack, call Quitline or something' or if they had alcohol abuse I would so 'go to Say No to Alcohol' or stuff like that.'

'When I think of health service I think of the hospital industry, that's what I think of…or you know like [medical] health centres.'

5.1.4   What do young people know about health services?

Young people in the focus groups were asked to sort a set of 19 cards with the aim to obtain feedback on their knowledge of a range of health services.

ACTIVITY CARD SORT: Please put these cards into three piles.

1. In the first pile put the health services you feel you know pretty well (i.e. you know what they do and for what health issues you would go there)
2. In the second pile put those you know a little bit about
3. And in the third pile put those you don't really know much about at all or have never heard of

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The following table provides the results from this activity.

Figure 4: Self-reported knowledge of health services – focus groups

(n=45)*	Pretty well	A little bit	Not at all
1. Doctor in the community (sometimes called a GP or family doctor)	**39**	5	1
2. Doctor or nurse in a hospital emergency department	**35**	8	2
3. Doctor or nurse in a hospital clinic	**33**	10	2
4. Paediatrician (specialist in medical care for children up to 18 yrs)	13	11	**21**
5. Mental health doctor	**21**	16	8
6. Counsellor, psychologist or social worker	**36**	8	1
7. Aboriginal health worker	15	11	**19**
8. Clinic or school nurse	**38**	6	1
9. Youth health service	12	14	**19**
10. Street Doctor (a mobile medical health service)	14	15	**16**
11. Physiotherapist	**30**	8	7
12. Dentist	**41**	4	0
13. Occupational therapist	6	9	**30**
14. Optometrist	**27**	9	9
15. Speech pathologist	10	16	**19**
16. Dietician	**23**	16	6
17. Sexual health clinic/service	8	19	**18**
18. Family planning service	7	6	**32**
19. Skin specialist	8	17	**20**

*No data available for the South Hedland group
Red = Highest counts within each category

Young people felt they knew about, or at least had heard of, most of the health services listed, even though they were not always sure what service was offered. The young people had good knowledge of doctors and nurses (in the community, emergency departments, hospital clinics and schools), physiotherapists, dentists and optometrists. These results are not surprising, given that many young people are likely to have encountered these health providers during the normal course of childhood and adolescence. Many participants also indicated knowledge of counsellors, psychologists or social workers, and to a lesser degree, mental health doctors.

The health providers about whom participants were less knowledgeable, such as speech pathologists, occupational therapists and paediatricians, were often highly specialised and not many young people had experienced them.

Participants reported a low level of knowledge about sexual health clinics and family planning services. Lack of knowledge about the latter is unsurprising given the ages of the focus groups participants. With regard to sexual health clinics, the low level of knowledge is difficult to explain without further investigation. One factor may be that there are few sexual health clinics in Perth and only one dedicated to young people. Overall, the results indicate that young people are aware of the most immediately pertinent health services for their age and health situation, with the possible exception of sexual health clinics and services.

All of the Aboriginal young people knew at least 'a little bit' about Aboriginal health workers and a majority said they knew about them 'pretty well'. Few participants were familiar with Street Doctor, which is a service primarily targeted at homeless and other vulnerable people, few of whom participated in the focus groups.

5.1.5   Do young people feel that health services are accessible to them?

Young people in the focus groups were asked to sort the same set of 19 cards with the aim to obtain an overview of young people's interactions with health services on two dimensions.

I would know how to contact this service BUT I couldn't go there on my own	I would know how contact this service AND I could go there on my own (Most confident)
I wouldn't know how to contact this service AND I couldn't go there on my own (Least confident)	I wouldn't know how to contact this service BUT I could go there on my own

The following are the results from this activity:

Figure 5: Self-reported accessibility to health services – focus groups

(n=45*)	I would know how to contact this service….			
	AND I could go there on my own	BUT I couldn't go there on my own	BUT I could go there on my own	AND I couldn't go there on my own
1. Doctor in the community (GP or family doctor)	**32**	11	1	1
2. Doctor or nurse in a hospital emergency department	20	**18**	2	5
3. Doctor or nurse in a hospital clinic	16	**19**	6	4
4. Paediatrician (specialist for children up to 18 yrs)	11	3	**13**	18
5. Mental health doctor	6	13	9	**17**
6. Counsellor, psychologist or social worker	**25**	10	4	6
7. Aboriginal health worker	8	5	4	**28**
8. Clinic or school nurse	**41**	3	1	0
9. Youth health service	17	5	**14**	9
10. Street Doctor (a mobile medical health service)	17	3	7	**18**
11. Physiotherapist	**21**	7	10	7
12. Dentist	**21**	15	6	3
13. Occupational therapist	5	4	11	**25**
14. Optometrist	**17**	6	10	12
15. Speech pathologist	9	2	8	**26**
16. Dietician	7	2	**16**	20
17. Sexual health clinic/service	12	4	10	**19**
18. Family planning service	6	7	3	**29**
19. Skin specialist	12	4	8	**21**

*No data available for the South Hedland group
Red = Highest counts within each category

More than 50 per cent of participants said they were confident accessing GPs, school nurses and counsellors/psychologists/social workers, while more than 40 per cent were confident accessing emergency departments, physiotherapists and dentists. These are the same services the young people experienced most.

Twenty-three of the young people reported that they would know how to contact a youth health service yet in the prior card sort most indicated they knew only a little or nothing about youth health services. These outcomes may be explained by the fact that some young people thought youth health services were the same thing as youth community services or youth centres.

Results from the card sort showed that the health services young people are least confident about are:

- Dietician
- Mental health doctor
- Occupational therapist
- Speech pathologist
- Family planning service
- Sexual health clinic/service
- Skin specialist
- Paediatrician

Young people not in the target groups are also not confident about accessing:

- Aboriginal health worker
- Street Doctor (a mobile medical health service)

Given that Aboriginal health workers target Aboriginal people and Street Doctor targets people who are in unstable housing or homeless or who have other vulnerabilities, it is not surprising that many of the young people outside of these target groups are not confident contacting them. For Aboriginal young people in the Perth metropolitan area, Aboriginal health workers (most often located in Aboriginal Medical Services) and Street Doctor were generally considered the easiest services to access.

Accessing health services unaccompanied

Following the card sort, young people were asked how they felt about contacting the various health services. Without exception, young people were used to having their parents or other adults make contact with health services and go with them to their appointments.

> *'It's along my bus route to school, so I could if I wanted to go on my own. But I would have to make the appointment and that would probably go through mum.'*

> *'Yeah we can go on our own if we wanted to. I prefer to go with my mum because doctors are always scary.'*

Some of the older teenagers (16 to 18 years) felt empowered by visiting health services on their own:

> *'I had to go to the doctor and I got him to redo the dressing, and redo the stitches. My parents never knew. It was fun, so much fun. Going to the doctor by yourself you just feel honestly like I don't need anyone anymore. Independence is the best feeling you can have. The fact that why do I even need to go to the doctor with my parents anymore. The fact that you can take care of yourself is a wicked thing. It's awesome.'*

Other older teenagers were used to accessing general practitioners on their own:

> *'Just go to the doctor closest to me. I don't really care who it is or anything. I would just turn up and make an appointment, or see who is available. I don't really have a certain doctor.'*

When asked what might prevent young people from going to these health services on their own, responses included:

- Lack of confidence to make the booking
- Not being able to pay for the services
- Not having a Medicare card (although most did not know what this was)
- Concern about lack of confidentiality
- Not being taken seriously
- Suspicion from parents
- Concern about being seen entering a health service (other than services like GP or dentist)
- Intimidated by the surroundings or reception staff
- Embarrassment

Transport was not seen to be a major obstacle to accessing health services. Most of the young people attended their local GP or medical clinic located in their neighbourhood. If they were faced with the need to travel to another area, many said they were confident using public transport because they used it to get to and from school. Those young people who were driven to and from school were the least confident that they would be able to travel outside their local area for health services. It should be noted that most of the focus group participants live in metropolitan Perth; young people living in regional and more remote areas may find transport to health services outside their towns more difficult.

Cost

Cost was mentioned as a key barrier to accessing health services for young people who are not accompanied by an adult who would take responsibility for paying. During group discussions it became apparent that young people generally did not know about the availability of free services or bulk billing (in which the practitioner undertakes to accept the relevant Medicare benefit as full payment for the service).

> *'I wouldn't know [how to pay for the doctor] to be honest, I wouldn't know. I don't have a credit card or anything. So it would have to be cash, but I wouldn't have cash on me probably. So I don't know.'*

> *'If you go to a doctor's clinic, and it costs money to go there. It's just good having your mum there so you can have her money.'*

> *'For some teenagers that want to go to say a counsellor or a doctor or something and they can't afford it, there should be like an age limit where you can maybe go by yourself and you don't have to pay such a high amount. Because you might not be able to and it might put you off going, and then you get no help.'*

> *'I would just go. If I had to and it was very important and I needed it tomorrow and I had plans with my parents I would have to lie my way out of it, or if I could not tell them I would figure out a way. With money I would draw out the cash from an ATM and just say I bought my girlfriend a present or something.'*

Medicare card

Only a few of the young people mentioned the need for a Medicare card to access health services. Most of the young people were vaguely aware of what a Medicare card was but only a few of the older teenagers appeared to have had experience using the card. Because young people are typically on the Medicare card of a parent or guardian, if they wanted to access bulk billing services they would need to have access to their parent's Medicare card.

> *'Just take them off your parents.   I've had to sneak one [Medicare card] off them once.'*

> *'How old do you have to be to get a Medicare card?'*

> *'Claiming back from Medicare is hassle'*

None of the participants was aware that young people 15 years or older are able to obtain their own Medicare card. Most thought the eligible age was 18 years.

Confidentiality

Some of the young people said that concerns around confidentiality were a barrier to attending a service unaccompanied and that building trust was important for fully engaging with health services.

> *'I just don't like him [school counsellor] and he tells the teachers everything you say.'*

> *'If you want a private thing you go in there [to the doctor's office] and they call up your parents and 'why is your child in here' and you wanted to talk to them about something private, you're up the creek. You're also scared that they're going to ask for your parents' name or something when you walk in.'*

> *'My mum took me, she thought I was insane. She had had enough of me and she thought 'no you need to see someone because this is getting out of control '. I was just the typical crazy teenager. It was that phase. So I went to this counsellor and I refused to speak. I didn't want to talk to her; I didn't want to talk to anyone. Because you didn't trust her, you didn't even know her. Then if you pull out something bad, then they think you are depressed…or then you are terrified they'll tell your parents.'*

'I talk to a social worker at my youth group at church and he knows his stuff when it comes to people and reading situations. I met him first probably two years ago when I walked into the church, which is very welcoming. I've told him before that whatever I say to you stays between me and you otherwise I won't talk to you anymore, type of thing. He gives me his words of wisdom and his opinion on how to solve issues. At the end of the day I still choose which way I want to try and solve it.'

Related to the issue of confidentiality, young people also cited concerns around privacy as a reason for not considering attending a health service on their own. They felt this issue was more relevant in small communities where people tend to know each other. Some Aboriginal young people said they would be reluctant to access an Aboriginal Medical Service where members of their family work.

Talking with parents

Generally, the young people in the focus groups felt that they could openly discuss health concerns with their parents or carers. However, they could also imagine a scenario in which they would not want to divulge to their parents their reason for needing to access a health service, especially if the reason related to being sexually active.

'Mum would probably not really like it because then she would think I am hiding something from her.'

Embarrassment

The discussions highlighted that a key barrier to accessing health services unaccompanied was embarrassment, especially when the young person had been sexually active and needed to access sexual health services.

'When you go to the doctor or GP for sexual purposes it's not so comfortable when you're asking a male. It's really limited with females, that's why it gets a bit - there are only so many places you can go.'

'Shame is a big problem and kids get embarrassed. It's a problem because it stops kids getting help or they miss out on opportunity. It's a problem for white-fellas and black-fellas. Anything sexual is pretty hard to talk about and you learn from your friends or go on the internet to try and find stuff out.'

Being sexually active and needing to access a doctor for sexual health issues was the main scenario that young people could imagine wanting to keep private from their parents or carers.

Facility and reception staff

The young people reported that they feel intimated by corporate style health service environments and that this might be a barrier to their accessing a service unaccompanied. Older teenagers, however, rejected attempts made by some services to make their services overtly youth focused in terms of decor as they felt that this was targeted to younger teenagers. These older teenagers favoured a generally relaxed atmosphere but not one that 'tried too hard' to be youth-focused.

> *'If they're in suits and they're quite strict and 'shh, sit there and wait, I'll let you know when you can speak' sort of thing, whereas if they are a bit more laid back then you feel a lot more comfortable. Music playing in the background is nice. Breaks the silence. Sitting there with the receptionist typing, I don't want to even pour water. Because they stop typing and you freeze.'*

> *'I don't like it how they make it all like the typical teenager look. Sometimes I want it to look a bit more mature. I don't like it. They always have like the teen zone and all that kind of thing written everywhere – it's about how the people treat you - probably treat me like an equal, because it feels like they kind of talk down to you sometimes, which is uncomforting to me.'*

Accessing health services

The young people in the groups said that if they needed to use a health service, they would:

- rely on parents to make decisions about which service to use;
- go to a general practitioner and be referred on to relevant services;
- talk to a youth worker and be referred on to relevant services; or
- go straight to a hospital (for physical injuries).

Group participants became aware of health services mostly via past experience. Whereas they were aware of most health services, they had limited knowledge about the services delivered and how these are relevant to young people.

When asked about the youth friendliness of services, the young people said they wanted to feel they are able to access the service and be welcomed as an adult would be. This sentiment was most strongly expressed by those in their older teenage years. However, youth centres were praised by those who had experienced them, especially as a link to relevant health services. Those who had not experienced a youth centre felt that they would like to be able to access this type of centre in their local area.

5.1.6   Do young people access health services online?

Young people were asked whether they knew of any **online sites** where they can get answers to health questions, chat to someone about health issues, or share experiences. None of the focus group participants could name any online sites where they could get answers to health questions, chat to someone about health issues or share experiences. Instead, they reported that they had used a search engine such as Google to research health issues, ending up on a range of websites, which they could not name specifically.

The following health websites were presented by the focus group moderator but the young people reported that they had limited or no recall of these:

- Reachout
- Somazone
- What Works 4 U
- Safe Sex No Regrets
- Could I Have It
- Get The Facts
- Quarry Health Centre
- Health related social networking sites

Online searching was generally used by young people who wanted confidential information about a health issue. A significant disadvantage of online websites is the possibility of misdiagnosis by young people who then may ignore a health issue that should be attended to.

In addition, the young people mentioned the possibility that someone might view their search history.

> *'On the internet it is impossible to be confidential. Because your friend could click on it, see you have this tab open, look at it and be like 'why are you on this', or they could be just typing and again it comes up in your history.'*

5.1.7   How do young people react to health communications?

The Safe Sex No Regrets[3] and Reachout[4] websites were recognised or known by a few young people who had seen posters at their school. However, the young people said there is a certain stigma involved in reading posters and picking up brochures:

> *'You would get judged so much. That is again social suicide. What would happen is that you walk past and make fun of it and keep going.'*

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[3] *http://www.safesexnoregrets.com.au/*
[4] http://au.reachout.com/

'If you're reading a sexual poster you are either having sex or you have sexual diseases. If I was reading a sex poster on sexual health then people would judge me like 'there is something wrong with her she is reading a sexual health poster. But even if the person is legitimately trying to do the right thing and they have a serious boyfriend and they're trying to be safe, they're doing the right thing but they still get judged. I wouldn't talk to my friends if I wanted to have sex with a guy and I was scared of the consequences and stuff, I wouldn't tell my friends that. Trust no one.'

Nonetheless, some participants felt more could be done to raise awareness of these websites, because if young people know about them, they will be more likely to use them as a means of accessing information without having to ask someone.

5.1.8   How is it best to communicate with young people about health services?

When asked what could be done to improve dissemination of information about health services to young people, there was a common interest in having young speakers come into the schools to talk about their experiences. In this way everyone could receive the same information at the same time and no one person is singled out:

'When you introduce it to everyone, even if you are not associated with sexual health or anything wrong with your sexual health, everyone needs to learn about it, so it's not such a taboo because everyone is hearing it together...but no one would ask any question 'cos you would get judged that you were having sex.'

'I think youth to youth - youth needs to talk to youth.'

5.2   Accessing health services in WA

Young people in the focus groups were asked to sort the same set of 19 cards with the aim to obtain feedback on which types of health services they had accessed.

ACTIVITY CARD SORT:

Now let's go back to the cards and sort them according to which ones you have used – so just two piles – have used / haven't used.

The following table provides the results:

Figure 6: Self-reported health services accessed – focus groups

(n=45)*	Used	Not used
1. Doctor in the community (sometimes called a GP or family doctor)	43	2
2. Doctor or nurse in a hospital emergency department	33	12
3. Doctor or nurse in a hospital clinic	33	12
4. Paediatrician (specialist in medical care for children up to 18 yrs)	19	26
5. Mental health doctor	11	34
6. Counsellor, psychologist or social worker	26	19
7. Aboriginal health worker	5	40
8. Clinic or school nurse	37	8
9. Youth health service	9	36
10. Street Doctor (a mobile medical health service)	13	32
11. Physiotherapist	22	23
12. Dentist	38	7
13. Occupational therapist	6	39
14. Optometrist	20	25
15. Speech pathologist	9	36
16. Dietician	7	38
17. Sexual health clinic/service	7	38
18. Family planning service	4	41
19. Skin specialist	7	38

*No data available for the South Hedland group

All of the young people participating in the focus groups had recent experience with a health service of some type. Mostly these were:

- Doctor (GP, hospital, hospital clinic, Street Doctor)
- Dentist
- Nurse in a clinic or school
- Counsellor, psychologist or social worker
- Optometrist

Choice of health services accessed

As discussed earlier, the young people participating in the groups did not appear to be actively engaged in choosing the health services they use. Instead, their parents and other adults (such as youth workers) usually made these decisions.

For those young people in the groups who had interacted with health services throughout their lives, their experiences have engendered a more proactive engagement. These young people have developed their own voice and are actively involved in decisions relating to their health and care plans, including decisions regarding the choice of health services. Parents or other adults continue to play a major role in engaging with health services on these young people's behalf.

> *'I kind of think sometimes it's hard to talk to people, like health services, because I feel like it's hard to communicate how you really feel, because sometimes they jump to conclusions about things. Doctors need to be more understanding and respectful.'*

First visits

The discussions suggest that first visits to a health service are often viewed with some trepidation. Overall, young people felt that general practitioners were the best at making them feel welcomed and comfortable compared to other health professionals. General practitioners generally spoke with and asked questions directly of the young person, although a parent or other adult was usually present. Overall, young people felt that they could talk openly with GPs.

Some young people expressed feelings of wariness about visiting a counselor for the first time:

> *'They don't talk like they're higher or they think they're better than you, but it's just they don't talk using street language. They don't talk like this, they talk using very sophisticated dictated language and it's just intimidating. You want them to talk to you normally. And they look down and they'll read something or write something down and then they be 'okay, now ...' and you are like 'oh my god'.*

Reasons the young people gave for being hesitant to visit a health service on their own for the first time included a lack of experience in being independent and feeling they were entering an adult world where they do not belong:

> *'They [health service reception staff] just seem to - they don't really treat you very well. I notice there is a difference in their attitude when a parent comes with you. They treat you differently [when you go on your own]. They're ruder. I would say they are more rude. They just think a little girl or something. It might just be the ones that I've been to, but it just seems that way.'*

5.3   Improving health services for young people in WA

The young people participating in the focus groups were asked about their views on what could be done to improve health services for young people in WA.

Initial suggestions for how health services could be improved included more respectful care, better referral pathways and more youth friendly outreach access.

> *'Probably treat me like an equal, not like a - because it feels like they kind of talk down to you sometimes, which is uncomforting to me.'*

> *'It would be good if they could, if they could organise a way for you to go, even if you didn't have money and if it was desperate to have something done.'*

> *'I think that the counsellor thing, it would be better if on the first time you seen them that you're not in the office. Like they meet you in the office and take you out and you don't do anything discussing feelings or personal things, you just get to know the person so it's not like you are talking to a stranger. But there is still that little restricted information you don't know about them which you kind of want. You don't want to know everything about them.'*

5.3.1 Health issues

Focus group participants were asked to revisit the range of health issues they suggested young people were likely to encounter. The participants were asked if younger teens (13 to 16 years) faced different issues to older teens (17 to 18 years). There was consensus that for the majority of younger teens health issues were more likely to focus on friendship issues, which were described as being:

'Incredibly important at the time, but trivial looking back on it now that I'm 18.'

'Squabbles between friends - he said that to whoever. A lot more petty I think. Not really major. I've heard tales of self-harm and depression, but I've never actually seen any of it.'

'Younger kids wouldn't have the drinking and smoking and drugs and stuff. Some do these days, but not as many as the older. They [younger teens] have worries of getting bad scores and marks and stuff.'

'The two ages are different. When you are 13 you do stupid things, but when you are our age [16 or older] you do <u>very</u> stupid things. So when you are younger you worry about your parents finding out but when you are older you worry about the police finding out.'

Older teens were more likely to be described as displaying a wider range of more serious health issues. For example, compared with younger teens, older teens were described as more likely to be experiencing drug and alcohol use, becoming sexually active and having more serious mental health and social issues.

'17 to 18 is definitely a lot more amplified than 13 to 16. Yeah, I think so. I know the majority of youth started drinking when they were 13, it would just be a beer now and then. Now that they're 17 it's like 'I'm bored, let's have some beers' or 'we're not doing anything, let's smoke some pot', stuff like that. I also think depression when it comes to it. Definitely when kids are younger, 13 to 14, a lot of them when it comes to depression it is purely for trying to attract attention. But the older you get the more you actually find they try and keep it to themselves because it's actually an issue. The older you get the more you want to keep it under your hat.'

Although most of the young people agreed that health issues changed somewhat across the teen years, some described this as a gradual change:

'It's more like a slow change. When you're in year 8, you go to a school dance, the pressure is 'no guy talked to me', when you get to year 12 it's 'oh, I don't have a date'. When you're 13 they held hands 'oh my god', then you're 18 or whatever you go to a party, see them kissing their boyfriend 'oh my god they're making out in public'. When you're 13 it's 'oh my god you haven't got your period', but as you get older it's 'oh my god you haven't had sex' or 'oh my god you haven't kissed a guy', or 'oh my god you've never had a boyfriend'.

Young people from vulnerable and disadvantaged sub-groups tended to report that younger teens encountered similar health issues to older teens:

'They're just starting, they're just kind of getting into it. Getting peer pressured into doing things. The older ones have been doing it for a while. A lot of twelvies girls are already having sex and stuff. They think it's the thing to do, so they usually go for all the older high school boys and stuff like that. It's pretty gross. They're usually stupid and have unprotected sex too.'

5.3.2   What are the barriers to young people seeking help?

Young people were asked if there were any particular types of health conditions that young people might be less likely to seek help for.   A common theme was embarrassment and fear of being judged:

'Definitely if you're under 16 I definitely think if it was something like a sexual disease or something you wouldn't want to tell anyone. You would definitely want to keep it to yourself. Maybe if it was drug related you also would want to keep it to yourself.'

As discussed previously, some of the most common reasons that young people reported being reluctant to seek health services were embarrassment, possible judgement from others and confidentiality, and these were similar themes when young people were asked which health conditions young people may not seek help for:

'Probably not. He would try and keep it a secret. Because people my age don't tell their friends that they are getting bullied or not because they think their friends won't like them anymore. They think they're weak or something.'

'In our age I think the teenager, 18, 16, 17, they say I am mature I can resolve my problem by myself and I don't need anyone. I think this is one of the problems.'

'Confidentiality, that's a big one. If you don't want your parents to find out.'

'But the parents thing is probably one of the more scary ones because they're the ones you have to live with. It's parents, then it's peers.'

'I think a lot of the time they are just scared to - they are worried about what they are going to say about them or they're not sure whether their problem is compared to I guess some of the other people that have that sort of thing. They just don't speak out and kind of bottle it up. I guess that's where suicide comes in because obviously you see parents on the news and stuff and sometimes they say 'I didn't know, I didn't know what was going on'. It's obviously too late because they're not there anymore, they just didn't say anything.'

'They're scared. They're afraid of what people will think of them.'

'Like people that self-diagnose. So you might come out and say I have depression, but then people might just not believe you and say 'oh yeah, everyone says that, you all have depression'.'

'Not from my personal experience but I dealt with this for two other young people, it was an in the closet same sex relationship, and it was two guys that were doing it and they were having oral sex or whatever, and they got an STI because of that. They didn't want to tell their families because they weren't out of the closet yet and they thought their friends would be judgmental as well.'

'Because she didn't think anything was wrong with her. She just thought she was really fat. My sister had anorexia when she was 12, nobody really noticed but when she became thin as paper they sort of started to notice that she would eat her meal and stuff, but she would brush half of it under the table for the dog and chuck the rest around to my other sister and stuff like that. Nobody really noticed until about a year later when she almost died of starvation.'

'Girls in particular, girls with say period problems and stuff like that, they get embarrassed and wouldn't seek help. Anorexia and bulimia they probably wouldn't want to get help for either.'

There was one young person who was under the impression that testing for sexually transmitted diseases could not be conducted on those under 16 without a parent or guardian's permission:

> 'I would say that is like the STIs and things like that.   Because it really annoys me how there is a limit, like you have to be 16 or something - so if you're under 16 you can't go to a place and get tested by yourself. That's not really fair for girls under 16 who have done something and feel like they need to get help and if they're too scared to tell their parents, or they can't, then they're pretty much stuck.'

5.3.3   Service expectations

Young people in the groups said they expected (or would like) approachable, friendly, welcoming and more relaxed experiences with health services they might interact with:

> 'Very friendly. Honestly with my youth leader, the reason I trust him so much now, is when I first spoke to him he could basically - if a 10 year old spoke to him he could lower himself to that standard and almost feel like a best friend. He did the same with me and I automatically felt comfortable around him.'

> 'Treated like - lower your vocabulary down to theirs so you're not baffling them with big words, but treat them like an adult. Treat them with their own responsibility. You don't want to be treated like a kid.'

If they're more outgoing, wearing jeans ...like the chaplain at my school he wears skater shoes, skinny jeans and he seems pretty cool.'

> 'Want to shake your hand. I guess first name terms is nice.'

> 'You can always tell the vibe of a room and a mood of a room. Walking into the principal's office is always a lot more nerve wracking than into the library. Big desk, always a big desk, and neat stacks of paper. Positions authority. It makes it seem bigger than they are. Authority. It's like a barrier between them and you.'

> 'Comfy chairs, bean bags. Like 'we're at your house now, what's mine is yours'. Also offering the kids - the first time I went to a psych, they said to me 'this is the first week, we don't even have to talk about what your mum wants us to talk about, let's just talk about your week. Let me get to know you, let me you get to know me.' Often people need an initial breakdown of their barriers before they can let you in.'

> 'In the end to resolve your problem. To be comfortable. To feel welcome.'

'Not so professional. To a degree a profession. You want to be comfortable. I expect the same level of treatment that my parents get. The same level but more casual.'

5.3.4   Local health service gaps

Community 'drop in' youth centres was the main service that the young people in the groups said they would like to see in their local area. The young people who had experienced these services had very positive things to say about them; they said they could divulge their issues in a supportive environment to a youth worker with whom they had established trust and confidentiality:

'Most people would be there knowing its other purpose. It's not like you are going there with all your friends, it's just a place, and even if it's people your age, it's just people in your suburb but you've lived with forever.'

'The youth centre, in the bathroom it has all the pamphlets on 'Help I think I'm pregnant' ...somewhere you can go that's always open, you can just go to. It doesn't have to have activities going on all the time. Maybe it has Wi-Fi, a pool table, you can do your homework there too. So you can be like 'Mum I'm just going there to do homework' so that is a way to get to talk to the person without your mum or parents whatever judging you. You can just hang out there but there is also the services there that you can go to.'

'The facilities there to help you. It would be easy to get to, because by going there everyone's not going to be 'you're going to a counsellor' they could just think you're going there to hang out, but you could also see the counsellor. So it gets rid of the judgment thing.'

5.3.5   Information dissemination to young people about health services

As discussed previously, posters, brochures and other marketing materials available at school were unlikely to get their message across to young people due to the stigma involved in being seen by other students reading a poster or taking a brochure. When asked, none of the young people reported that they have taken note of marketing material they have seen this way and then searched for it online in private.

Nevertheless, young people viewed school as a good venue for disseminating health information. For example, they suggested 'youth to youth' sessions. They were particularly interested in obtaining information about health services as part of a session conducted by young adults who shared their personal experiences. In general, they were interested in group sessions so that information could be acquired anonymously.

> *'But you have to listen, it's not voluntary and it should be like everything, the school can't opt out of it, because at our school you don't find out anything, you have to look for yourself.'*

> *'Like a Uni student would actually be brilliant because the older years would not feel uncomfortable asking them a question because they are only one or two years older than them. It's really not that big a difference. But if a 20, even 27 year old came in, I would still be kind of like 'no'.*

> *'A young person who understands and has just come out of that stage.'*

> *'Someone who's experienced and has learnt all about this and they explain what we can do, everything about it, to everyone, so the people who actually do have a problem with this aren't being excluded.'*

Other communication vehicles suggested were television and radio, although the young people said they spend less time engaging with these media.

Social media was not mentioned directly by young people as a communication channel. Social media often requires the user to 'like' or 'follow' a page, conversation or blog, which may be seen by other users and compromise anonymity. Some participants mentioned YouTube advertising as being 'annoying'; however, they admitted watching YouTube videos and agreed it may potentially be a useful channel for reaching young people. YouTube videos may be a useful mode if they are easy to find when searching on key words.

5.3.6   Importance of health services to young people

It was difficult for the young people who participated in the groups to nominate specific health services that they felt were particularly important to young people like themselves. However, the types of health issues they felt that young people are likely to face (e.g. depression, body image, relationships, etc.) may require the services of counsellors, social workers, psychologists and similar professionals. Young people would prefer these types of services in particular to be youth friendly.

5.3.7   Young people's views on focus for improvement

In the wrap up, each group was asked to nominate the one main thing that they felt needs to change to improve health services for young people in WA. The key themes that emerged aligned with the previous discussion, with an emphasis on the need to obtain information about relevant health services.

More information about youth-friendly services

'To know where they are. To actually know where to find them. Or where to look to find them, or where to get a number. Information. Knowledge is power. To know where they are is empowering. To be able to reference it to someone else if they needed help. To say 'I know where one of them is'. That's definitely good.'

'Make them more easier to contact. More information.'

'I was just going to say just promote it in general. Just get it out everywhere. Just promote.'

Less intimidating, more approachable services

'Make them more comforting and less embarrassing. People that really treat you well.'

'Doctors need to be more understanding and respectful, especially when I know what I am talking about with my condition.'

'They need to wait for you to talk before they - just for you to talk. They can't just say 'talk', they've got to wait until you're ready to talk, not when they're ready.'

Local community 'drop in' youth centres

'More local services, for example the youth that would be great to have a local one, like XXXX. You can meet girls that don't go to your school and you can feel comfortable with them.'

Low cost services

> *'For some teenagers that want to go to say a counsellor or a doctor or something and they can't afford it, there should be like an age limit where you can maybe go by yourself and you don't have to pay such a high amount. Because you might not be able to and it might put you off going, and then you get no help.'*

Close to public transport

> *'Probably the accessibility, closer to train stations and that sort of stuff.'*

6 Findings from online survey

The following analysis is based on responses by 1,057 young people aged 13 to 18 years in Western Australia. The aim of the survey was to gather data from a broad range of young people on their experiences with health services and their ideas about how to improve services, with a particular emphasis on the experiences of vulnerable and disadvantaged young people.

Prior to analysis, data were cleaned and checked. For example, this involved removing any duplicates (i.e. the same person completed the survey more than once) and respondents with unlikely responses (e.g. a respondent answered 'b' to every question; respondents who completed the survey in two minutes); and investigating individual unlikely responses (e.g. a respondent who said she had seen a health professional 1,000 times in the past 12 months).

All questions were analysed by total respondents as well as by the following demographic variables:

- Gender
- Age
- Region (metropolitan; non-metropolitan)
- Vulnerable or disadvantaged status – includes:
    - Aboriginal or Torres Strait Islander;
    - chronic illness;
    - disability;
    - lesbian, gay, bisexual, transsexual or intersex (LGBTI);
    - out of home care;
    - speak a language other than English at home (LOTE);
    - unstable accommodation (past 12 months); and
    - young carer.

6.1   Respondent Profile

Figure 7 presents the demographic profile of survey respondents. Respondents are spread across ages and sub-groups; significant percentages of these young people were born outside of Australia or speak a language other than English at home. A higher percentage of young women than young men completed the survey. A total of 56 per cent of those surveyed reside in Metropolitan Perth; the remaining 44 per cent reside in non-metropolitan areas. The demographic profile of those living in metropolitan Perth was similar to those residing in non-metropolitan areas.

Figure 7: Demographic profile of survey respondents

Base: All respondents	Total (n=1057)	Metro (n=591, 56%)	Non-Metro (n=466, 44%)
	%	%	%
GENDER			
Male	31	31	30
Female	69	68	70
Transgendered/intersex/unsure/other	<1	<1	0
AGE			
Thirteen	10	11	9
Fourteen	14	14	14
Fifteen	17	16	17
Sixteen	20	20	20
Seventeen	25	24	27
Eighteen	13	14	13
SUB-GROUP STATUS			
Born outside of Australia	19	20	18
Speak a language other than English at home (LOTE)	19	22	15
Unstable accommodations (past 12 months)	6	6	5
Lesbian, gay, bisexual, transsexual or intersex (LGBTI)	5	6	4
Young carer	4	4	4
Disability	4	4	3
Chronic illness	4	4	4
Live in out-of-home care (currently or previously)	3	2	5
Aboriginal and/or Torres Strait Islander	2	2	3
TOTAL WITHIN AT LEAST ONE SUB-GROUP	44	47	40

* Young people may fall into more than one of these groups

Figure 8 presents the demographic profile of survey respondents from vulnerable or disadvantaged sub-groups. Compared with all survey respondents:

- Carers, those who have been in out of home care and those with a chronic illness were more likely to be female.
- Young people identifying as LGBTI were more likely to be aged 16 years or older.

Figure 8: Demographics by sub-groups

	All resp-ondents (n=1057)	Carer (n=41)	Out of home care (n=35)	Home-less or unstable accomm (n=63)	LGBTI (n=54)	ATSI (n=23)	LOTE (n=199)	Disa-bility (n=39)	Chronic illness (n=38)
	%	%	%	%	%	%	%	%	%
GENDER									
Male	31	**20**	**17**	25	28	26	34	23	**21**
Female	69	**80**	**80**	75	70	65	66	72	**79**
Transgendered / intersex / unsure / other	<1	0	3	0	2	9	0	5	0
AGE									
13 to 15 years	41	44	40	46	**28**	**52**	38	44	37
16 to 18 years	59	56	60	54	**72**	**48**	62	56	63

Green = 8 percentage points higher than total, Red = 8 percentage points lower than total
Underlined = statistically significant variation from total (p<.05)

Young people were asked to rate their overall health on a scale from excellent to poor. Figure 9 shows that the vast majority (91%) reported their health as being either excellent, very good or good. There was no significant difference between those living in metropolitan Perth and those living in a non-metropolitan area.

Figure 9: Self-reported health

Base: All respondents	Total (n=1057)	Metro (n=591, 56%)	Non-Metro (n=466, 44%)
	%	%	%
SELF-REPORTED OVERALL HEALTH			
Excellent	22	21	22
Very good	41	42	39
Good	28	27	30
Fair	8	7	9
Poor	2	2	1

Figure 10 presents the self-reported health data by vulnerable or disadvantaged sub-groups. This analysis shows that most sub-groups rated their overall health at a similar level to that of all respondents. Statistically significant variations were observed for both the LGBTI and chronic illness sub-groups, which were less likely than average to rate their health positively.

Figure 10: Self-reported health: sub-groups

Base: All respondents   ■ % Excellent, very good, good   ■ % Fair, poor

	% Excellent, very good, good	% Fair, poor
Total (n=1057)	91	9
ATSI (n=23)	96	4
LOTE (n=199)	90	10
Disability (n=39)	90	10
Carer (n=41)	85	15
Out of home care (n=35)	83	17
Homeless or unstable accomm (n=63)	83	17
LGBTI* (n=54)	80	20
Chronic illness* (n=38)	58	42

Q.14. How would you describe your overall health…?

*Percent excellent/very good/good statistically different from total (P<.05)

6.2   Types of services accessed

By far the most common types of health professionals seen in the past 12 months by the young people who responded to the survey were doctor in the community (GP) followed by dentist.   The most common 'other' types of health professionals seen were chiropractor and orthodontist.   Nine per cent of the young people had not seen any health professional in the previous 12 months.

Figure 11: Types of Services accessed - Health professionals seen

Base: All respondents
■ *Total (n=1057)*

Health professional	%
Doctor in the community (GP / family doctor)	73
Dentist	60
Optometrist	21
Clinic or school nurse	20
Doctor or nurse in a hospital emergency dept	15
Doctor or nurse in a hospital clinic	14
Physiotherapist	13
Counsellor, psychologist or social worker	13
Skin specialist	7
Paediatrician	4
Mental health doctor	3
Youth health service	2
Occupational therapist	2
Dietician	2
Sexual health clinic / service	1
Speech pathologist	1
Street Doctor / a mobile medical service	1
Family planning service	1
Aboriginal Health Worker	1
Another type of health professional	9
No visits in last 12 months	9

Note: Results based on multi response question and may add to more than 100%.

In the past 12 months, have you seen any of the following people?

The types of health professionals accessed did not vary by age, gender or region. However, there were some differences among the vulnerable or disadvantaged sub-groups, as shown in the table below. Some variations of note include:

- Young people with a disability or chronic illness were more likely than all respondents to have accessed a GP.
- Young people from the following sub-groups were more likely to have accessed counsellors, psychologists or social workers: carer, out of home care, LGBTI or chronic illness.
- Young carers and young people with a chronic illness were also more likely to have accessed hospital emergency and mental health services.
- Aboriginal or Torres Strait Islander young people were less likely to have accessed a dentist.

Figure 12: Types of Services accessed - Health professionals seen by sub-groups

	All respondents (n=1057)	Carer (n=41)	Out of home care (n=35)	Homeless or unstable accomm (n=63)	LGBTI (n=54)	ATSI (n=23)	LOTE (n=199)	Disability (n=39)	Chronic illness (n=38)
	%	%	%	%	%	%	%	%	%
Doctor in the community	73	68	66	**65**	78	**61**	69	**85**	**87**
Dentist	60	54	54	54	65	**39**	61	**51**	63
Optometrist	21	20	23	21	**31**	13	23	13	**37**
Clinic or school nurse	20	20	23	22	26	22	18	21	**34**
Doctor or nurse in a hospital emergency	15	**34**	**29**	19	20	**26**	10	**28**	**37**
Doctor or nurse in a hospital clinic	14	20	**23**	17	11	17	14	15	**45**
Counsellor, psychologist, social worker	13	**34**	**31**	16	**26**	**22**	9	**26**	**37**
Physiotherapist	13	**5**	14	**5**	9	**4**	7	**23**	16
Skin specialist	7	5	11	6	**15**	13	9	10	13
Paediatrician	4	7	11	3	4	9	3	**21**	**16**
Mental health doctor	3	**20**	**14**	5	4	4	2	**13**	**21**
Youth health service	2	**12**	9	0	4	0	3	8	3
Occupational therapist	2	0	3	0	4	0	1	8	**11**
Dietician	2	5	**11**	6	6	0	2	3	**13**
Sexual health clinic / service	1	5	3	2	2	0	1	0	0
Street Doctor / a mobile medical service	1	2	6	2	2	0	2	0	0
Speech pathologist	1	2	0	0	0	4	1	5	5
Aboriginal Health Worker	1	2	3	0	2	**9**	1	0	0
Family planning service	1	**10**	0	2	0	0	1	0	0
No visits in last 12 months	9	5	9	10	7	13	10	5	**0**

Green = 8 percentage points higher than total, Red = 8 percentage points lower than total
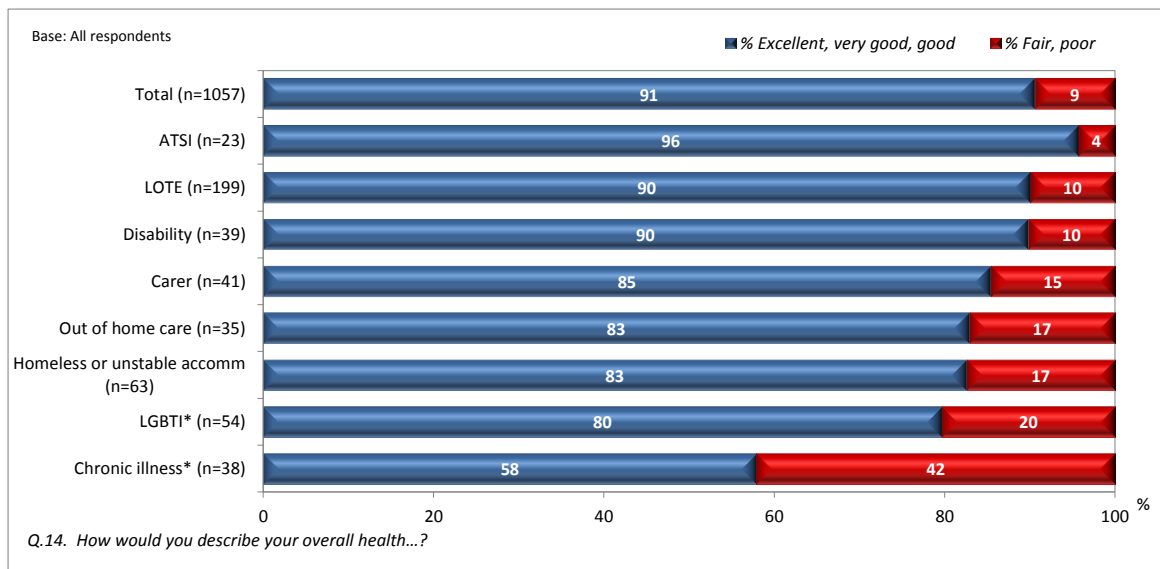Underlined = statistically significant variation from the total (p<.05)

6.3   Experiences with health professionals and health services

Figures 13-18 (next few pages) provide results that show how young people rated their experiences with the health services and health professionals they had accessed in the past 12 months. In some respects, young people's experiences were quite positive. However, in other areas, significant percentages of experiences were less positive.

Figure 13 presents the results of a series of questions asking about whether each of a number of aspects of their experiences with health services was always, sometimes or rarely or never true.

Figure 13 shows that in approximately three-quarters of experiences, young people reported that they were always treated with respect, overall were helped and overall were treated well. However, in over one-quarter of experiences, the young people reported that the health professionals rarely or never discussed confidentiality with them. In 18 per cent and 14 per cent of experiences, respectively, young people reported that they were rarely or never encouraged to voice their own opinion about their healthcare or helped to link with other health services that they needed. Moreover, the large percentages of experiences in which the young people reported that various statements were only sometimes true indicate a lack of consistency in health services for young people.

Figure 13: Experiences with health services (usually / sometimes/ never questions) – All young people

Base: All experiences combined in last 12 months (n=2783)

Legend: ■ Always true   ■ Sometimes true   ◄ Rarely or never true

Statement	Always true	Sometimes true	Rarely or never true
I was treated with respect	78	20	3
I felt they wanted to help me	70	24	6
I understood everything that was being said to me	60	35	5
I got enough information about my health issue	61	31	8
I understood what would remain confidential	62	24	14
It was a welcoming place for young people	56	34	10
I felt really comfortable there	55	34	11
It was easy to get appointments at times that were convenient for me	47	40	13
They helped me link with other health services that I needed	53	29	18
They encouraged me to voice my opinions about my own healthcare	46	34	20
They discussed confidentiality with me	44	22	33
I had to wait a long time in the waiting room before I could see someone	20	42	39
It was too expensive	21	39	39
They didn't really listen to me	9	20	70
Overall, they helped me	74	22	4
Overall, I was treated very well	73	24	3

Q.2. How true is each of the following statements about the health professional you saw? (All health professionals combined)

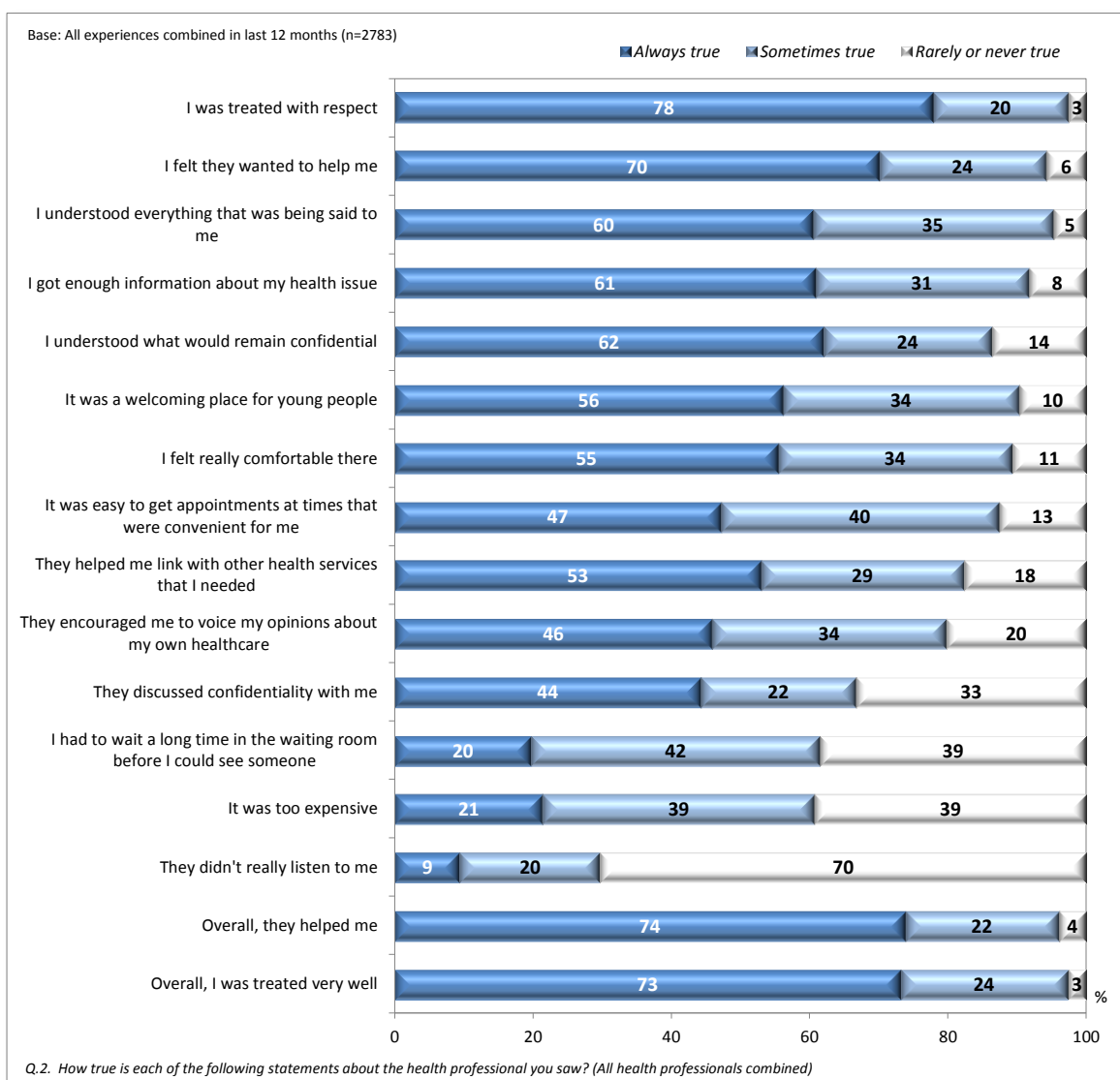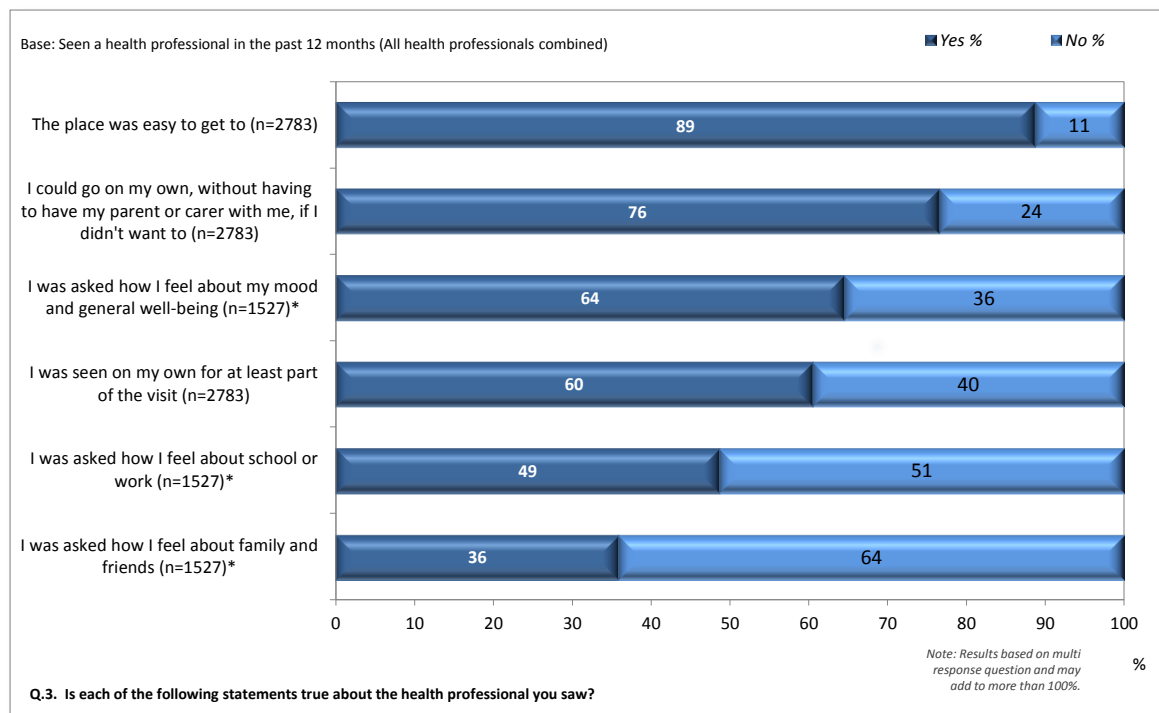Telethon Institute for Child Health Research

socialresearchgroup

Figure 14 presents results for a set of yes/no questions.

Figure 14: Experiences with health services (yes/no questions) – All young people

*Not asked for doctor or nurse in a hospital emergency department, physiotherapist, dentist, occupational therapist, optometrist, speech pathologist or skin specialist

There were no significant variations in experiences by age, gender or region. However, young people from vulnerable or disadvantaged sub-groups reported some variations in experiences (refer Figure 15 & Figure 16). Several of note include:

- Young people in out of home care, in unstable accommodation, with chronic illness, who speak a language other than English at home, who identify as Aboriginal or Torres Strait Islander, and young carers were less likely than all young people to feel positive about their treatment overall and less likely to report that they were treated with respect. (Figure 15)
- Young people who identify as Aboriginal or Torres Strait Islander reported the most negative experiences from the list of aspects in Figure 15.
- Young people who identify as LGBI reported similar experiences to all young people who participated in the survey. (Figure 15)
- Young people from vulnerable or disadvantaged sub-groups were often more likely to be asked about school, work, family and friends than all young people. (Figure 16)
- A lower percentage of carers and those in unstable accommodation and who speak a language other than English at home felt that they could go to see a health professional on their own. (Figure 16)
- Young people with a disability were less likely to report that they were seen on their own for at least part of the visit. It is possible that in some cases the nature of the disability required a parent or carer to be with them. Also less likely to report that they were seen on their own for at least part of the visit was young people who speak a language other than English at home. (Figure 16)

Figure 15: Experiences with health services (usually / sometimes/ never questions) – by sub group (% always true)

% Always true	All exper-iences (n=2783)	Carer (n=131)	Out of home care (n=107)	Home-less or unstable accomm (n=145)	LGBTI (n=162)	ATSI (n=55)	LOTE (n=430)	Disa-bility (n=126)	Chronic illness (n=157)
	%	%	%	%	%	%	%	%	%
Overall, I was treated very well	73	**65**	**62**	**59**	74	**60**	68	69	**63**
Overall, they helped me	74	**61**	**61**	**65**	75	**59**	70	69	**56**
I was treated with respect	78	**62**	**67**	**68**	79	**55**	75	77	**67**
I felt they wanted to help me	70	62	**59**	**61**	75	**60**	**60**	71	**60**
I understood what would remain confidential	62	60	59	58	68	**51**	57	**70**	59
I got enough information about my health issue	61	54	54	56	65	**40**	55	68	**50**
I understood everything that was being said to me	60	**50**	57	55	66	**47**	57	64	56
It was a welcoming place for young people	56	57	**47**	52	57	**35**	**46**	60	52
I felt really comfortable there	55	51	48	**47**	59	48	**47**	**64**	48
They helped me link with other health services that I needed	53	53	49	50	60	50	**43**	**66**	49
It was easy to get appointments at times that were convenient for me	47	47	51	44	51	**38**	41	50	42
They encouraged me to voice my opinions about my own healthcare	46	50	45	42	**54**	**30**	**33**	**55**	49
They discussed confidentiality with me	44	48	50	44	49	42	45	51	45
It was too expensive	21	21	25	24	16	22	17	**31**	15
I had to wait a long time in the waiting room	20	**29**	26	**29**	21	18	23	**31**	21
They didn't really listen to me	9	**18**	**20**	14	11	**19**	9	**22**	11

Green = 8 percentage points higher than total, Red = 8 percentage points lower than total
Underlined = statistically significant variation from the total (p<.05)

Figure 16: Experiences with health services (yes/no questions) – by sub group (% yes)

% Yes	All exper-iences (n=2783 / 1527*)	Carer (n=131 / 88*)	Out of home care (n=107 / 72*)	Home-less or unstable accomm (n=145 / 90*)	LGBTI (n=162 / 93*)	ATSI (n=55 / 33*)	LOTE n=199 / 115*)	Disa-bility (n=126 / 78)	Chronic illness (n=157 / 101*)
	%	%	%	%	%	%	%	%	%
The place was easy to get to	89	81	84	90	86	83	93	88	81
I could go on my own, without having to have my parent or carer with me, if I didn't want to	76	**61**	72	**67**	81	80	**51**	**85**	78
I was asked how I feel about my mood and general well-being*	64	**77**	**80**	64	67	**74**	62	**77**	**73**
I was seen on my own for at least part of the visit	60	63	63	54	**69**	64	**42**	**49**	56
I was asked how I feel about school or work*	49	**57**	**63**	48	56	**61**	41	**62**	**58**
I was asked how I feel about family and friends*	36	**57**	**63**	35	**44**	**52**	**24**	**50**	**50**

Green = 8 percentage points higher than total, Red = 8 percentage points lower than total
Underlined = statistically significant variation from the total (p<.05)
*Not asked for doctor or nurse in a hospital emergency department, physiotherapist, dentist, occupational therapist, optometrist, speech pathologist or skin specialist

Figure 17 and Figure 18 (following pages) present experiences results for key health services. Some differences among services include:

- Experiences with physiotherapists and psychologists / counsellors / social workers were generally the most positive; those with hospital services and clinics or school nurses were generally the least positive.
- GP and hospital health services were reported to be the least welcoming places for young people, while psychologist/counsellor/social worker and physiotherapist health services were the most welcoming for young people.
- Assurances of confidentiality were much more prevalent with psychologists/ counsellors/social workers than for all other health services.
- GPs and clinical or school nurses afforded young people the best opportunity to go on their own to the service without a parent or carer if they wanted.
- Although there were some positive experiences with clinic or school nurses in terms of their delivery of services, particularly regarding the ability of young people to attend on their own, young people were concerned about other aspects of the service such as lack of confidentiality.

Figure 17: Experiences with health services – by main health services accessed (% always true)

	All exp-eriences (n=2783)	GP (n=776)	Hosp emerg (n=162)	Hosp clinic (n=150)	Psych/ couns-ellor (n=142)	Clinic / school nurse (n=211)	Physio (n=142)	Dentist (n=636)	Optom (n=219)
% Always true	%	%	%	%	%	%	%	%	%
Overall, I was treated very well	73	69	**55**	**60**	78	**64**	**90**	78	76
Overall, they helped me	74	70	**57**	**62**	67	66	**87**	79	79
I was treated with respect	78	77	**65**	**68**	77	**67**	**89**	79	81
I felt they wanted to help me	70	65	**59**	**61**	73	**57**	**87**	73	74
I understood what would remain confidential	62	62	**48**	**52**	**76**	**44**	58	**48**	**43**
I got enough information about my health issue	61	54	**39**	**50**	**51**	**44**	**75**	66	**69**
I understood everything that was being said to me	60	52	**46**	55	59	64	**73**	62	66
It was a welcoming place for young people	56	**42**	**36**	**42**	**68**	59	**70**	63	63
I felt really comfortable there	55	**47**	**33**	**41**	58	53	**72**	59	**68**
They helped me link with other health services that I needed	53	45	**41**	**43**	45	**29**	51	**40**	**32**
It was easy to get appointments at times that were convenient for me	47	**36**	**23**	**29**	**56**	46	**65**	49	**66**
They encouraged me to voice my opinions about my own healthcare	46	**32**	**32**	**36**	**57**	**34**	**58**	**38**	45
They discussed confidentiality with me	44	37	**31**	39	**73**	**34**	41	**33**	**26**
It was too expensive	21	**12**	**11**	15	18	**5**	18	22	18
I had to wait a long time in the waiting room	20	24	**44**	**33**	**11**	**11**	**11**	**11**	13
They didn't really listen to me	9	6	11	10	10	9	5	8	7

Green = 8 percentage points higher than total, Red = 8 percentage points lower than total
Underlined = statistically significant variation from the total (p<.05)

Figure 18: Experiences with health services – by main health services accessed (% yes)

% Yes	All exp-eriences (n=2783) %	GP (n=776) %	Hosp emerg (n=162) %	Hosp clinic (n=150) %	Psych/couns-ellor (n=142) %	Clinic / school nurse (n=211) %	Physio (n=142) %	Dentist (n=636) %	Optom (n=219) %
The place was easy to get to	89	**_61_**	75	**_47_**	86	83	93	86	93
I could go on my own, without having to have my parent or carer with me, if I didn't want to	76	**_93_**	50	**_65_**	80	**_94_**	86	68	73
I was asked how I feel about my mood and general well-being*	64	**_52_**	-	61	**_95_**	57	-	-	-
I was seen on my own for at least part of the visit	60	**_36_**	**_48_**	**_44_**	**_89_**	**_84_**	60	**_71_**	**_74_**
I was asked how I feel about school or work*	49	**_33_**	-	**_35_**	**_95_**	51	-	-	-
I was asked how I feel about family and friends*	36	**_18_**	-	**_27_**	**_94_**	35	-	-	-

Green = 8 percentage points higher than total, Red = 8 percentage points lower than total
Underlined = statistically significant variation from the total (p<.05)
*Not asked for doctor or nurse in a hospital emergency department, physiotherapist, dentist, occupational therapist, optometrist, speech pathologist or skin specialist

6.4   Aspects that influence positive experiences

The next page provides the result of a correlation analysis used to identify those aspects with the greatest impact on young people's perceptions of how they were treated by health professionals and at health services ('Overall I was treated very well'). Similar results were obtained for the other overall measure ('Overall they helped me').

A highly correlated aspect is one that reveals a similar response pattern to the outcome variable (e.g. overall treated well). An improvement in these aspects would likely have a positive effect on young people's overall experiences with health professionals and health services. Correlations above .70 are generally considered 'strong' relationships and those between .30 and .70, 'moderate' relationships.

The following aspects were statistically significant and moderately to highly correlated with the outcome measure, 'overall I was treated well', across all health services:

- Treated with respect
- Felt really comfortable
- Felt they wanted to help
- Received enough information
- Welcoming place
- Understood what was being said
- Easy to get convenient appointments (for all services except clinic or school nurse)

In particular, being treated with respect was an important aspect for young people; it was highly correlated (r>.70) with the overall feeling they were treated well for four of the services: clinic or school nurse, hospital clinic, physiotherapist and counsellor/psychologist/social worker.

Aspects moderately to strongly correlated with the outcome measure for specific health services include the following:

- Encouraged to voice opinions -- for emergency departments, hospital clinics, and counsellor/psychologist/social worker
- Didn't really listen (inverse relationship) -- for emergency departments and physiotherapist
- Helped link to other health services -- for emergency departments
- Discussed confidentiality and understood what would remain confidential -- for hospital clinics and counsellor/psychologist/social worker

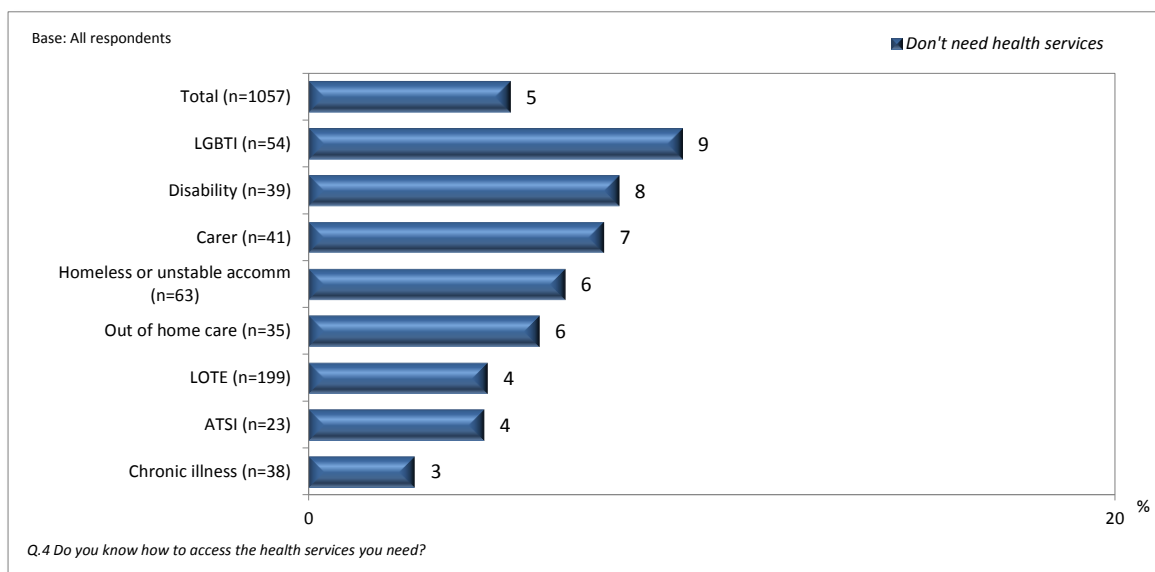**Figure 19: Aspects that influence positive experiences**

Common aspects across all health services	Aspects relating to specific health services		
	Emergency department	Hospital clinic/ Counsellor	Physiotherapist
Treated with respect (r=.53-.81)	Helped link to other health services (r=.46)	Discussed confidentiality (r=.41)	Didn't really listen (r=-.31)
Felt really comfortable (r=.38-.73)	Encouraged to voice opinions (r=.34)	Understood what would remain confidential (r=.40)	
Felt they wanted to help me (r=.49-.73)	Didn't really listen (-.34)	Encouraged to voice opinions (.39)	
Enough information (r=.32-.68)			
Welcoming place (r=.40-.74)			
Understood what was being said (r=.37-.67)			
Easy to get convenient appointments (all but clinic or school nurse & emergency dept)			

EXPERIENCE DRIVERS: Correlate with overall treated very well (r>.30; p<.05)
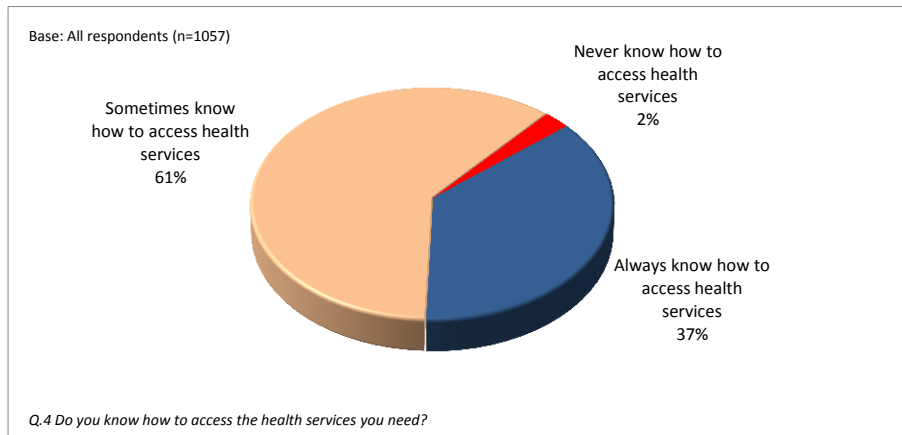
6.6   Barriers to access

When asked whether or not they know how to access health services, some young people indicated that they do not need any health services. Younger teenagers (13 to 15 years) and males were slightly less likely to report that they need health services. In addition, young people who identify as LGBTI or with a disability were somewhat less likely than all respondents to report that they needed health services (refer Figure 20).

Figure 20: Do not need health services – by sub group

Base: All respondents

Don't need health services

Total (n=1057)	5
LGBTI (n=54)	9
Disability (n=39)	8
Carer (n=41)	7
Homeless or unstable accomm (n=63)	6
Out of home care (n=35)	6
LOTE (n=199)	4
ATSI (n=23)	4
Chronic illness (n=38)	3

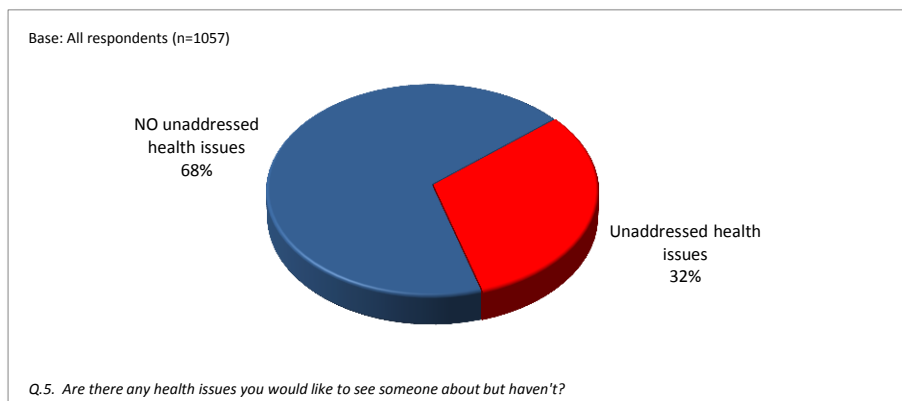*Q.4 Do you know how to access the health services you need?*

Around four in ten young people (37per cent) reported that they always know how to access the health services they need; most of the rest said they sometimes know how to do so (refer Figure 21). There was little variation in knowledge about how to access health services across age, gender, location or sub-group. However, as expected, those who had more experience with health services (six or more visits in the last 12 months) were more confident that they could access the services they needed than those who had fewer visits.

Figure 21: Barriers to Access - Knowledge of how to access health services

Base: All respondents (n=1057)

Never know how to access health services
2%

Sometimes know how to access health services
61%

Always know how to access health services
37%

Q.4 Do you know how to access the health services you need?

Almost one-third of the young people reported that there are health issues they would like to see someone about but have not (refer Figure 22).

Figure 22: Barriers to Access - Unaddressed health issues

Base: All respondents (n=1057)

NO unaddressed health issues
68%

Unaddressed health issues
32%

Q.5. Are there any health issues you would like to see someone about but haven't?

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Young people who identify as LGBTI, have a chronic illness, frequent health service users, females and older teenagers (16 years or older) were more likely to have unaddressed health issues (refer Figure 23).

Figure 23: Barriers to Access - Unaddressed health issues

Base: All respondents

■ *Unaddressed health issues*

SUB-GROUP	
LGBTI (n=54)	52
Chronic illness (n=38)	50
Homeless/ unstable accomm (n=63)	35
Carer (n=41)	34
ATSI (n=23)	30
LOTE (n=199)	29
Out of home care (n=35)	26
Disability (n=39)	23
HEALTH SERVICE EXPERIENCE	
High (more than 15 visits) (n=212)	39
Moderate (6-15 visits) (n=350)	35
Low (up to 5 visits) (n=406)	28
GENDER	
Female (n=730)	35
Male (n=325)	24
AGE	
16-18 years (n-625)	34
13-15 years (n=432)	28

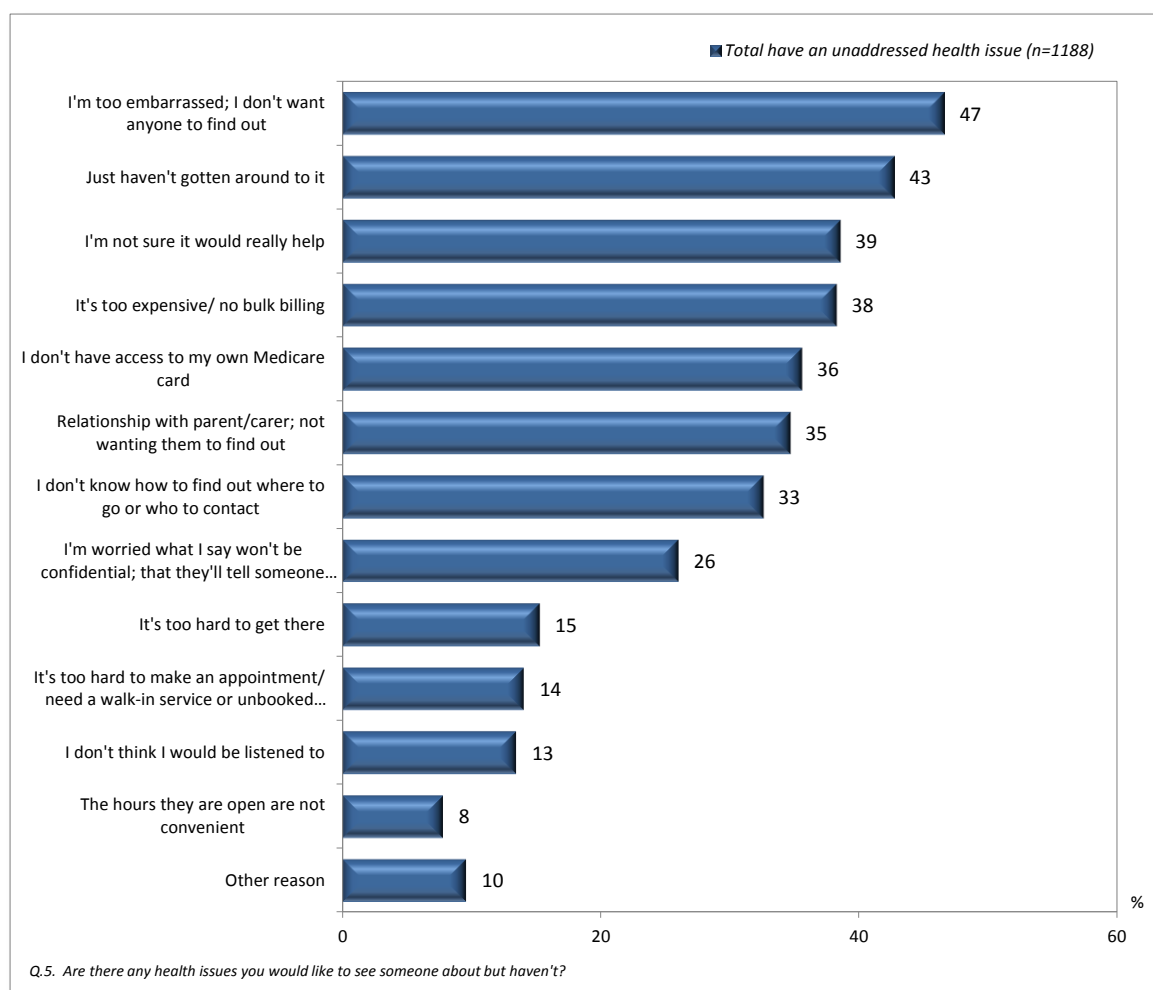*Q.5. Are there any health issues you would like to see someone about but haven't?*

When asked why they had not sought help for these issues, many of the young people provided multiple responses, with being too embarrassed, not wanting anyone to find out and just not having gotten around to it the most common. Young females were more likely than young males to cite embarrassment and confidentiality issues as key barriers to accessing health services.

Other key reasons for not seeking help for unaddressed health issues included the cost and lack of access to their own Medicare card. They also said they wanted to access health services without their parent or carer knowing and were concerned about confidentiality issues.

Less likely to be barriers were logistics such as transport, making appointments and service opening hours. Only 13 per cent of the young people said that a reason they had not sought help is that they did not think they would be listened to.

Figure 24: Barriers to Access - Perceived barriers to seeking help

Total have an unaddressed health issue (n=1188)

Barrier	%
I'm too embarrassed; I don't want anyone to find out	47
Just haven't gotten around to it	43
I'm not sure it would really help	39
It's too expensive/ no bulk billing	38
I don't have access to my own Medicare card	36
Relationship with parent/carer; not wanting them to find out	35
I don't know how to find out where to go or who to contact	33
I'm worried what I say won't be confidential; that they'll tell someone…	26
It's too hard to get there	15
It's too hard to make an appointment/ need a walk-in service or unbooked…	14
I don't think I would be listened to	13
The hours they are open are not convenient	8
Other reason	10

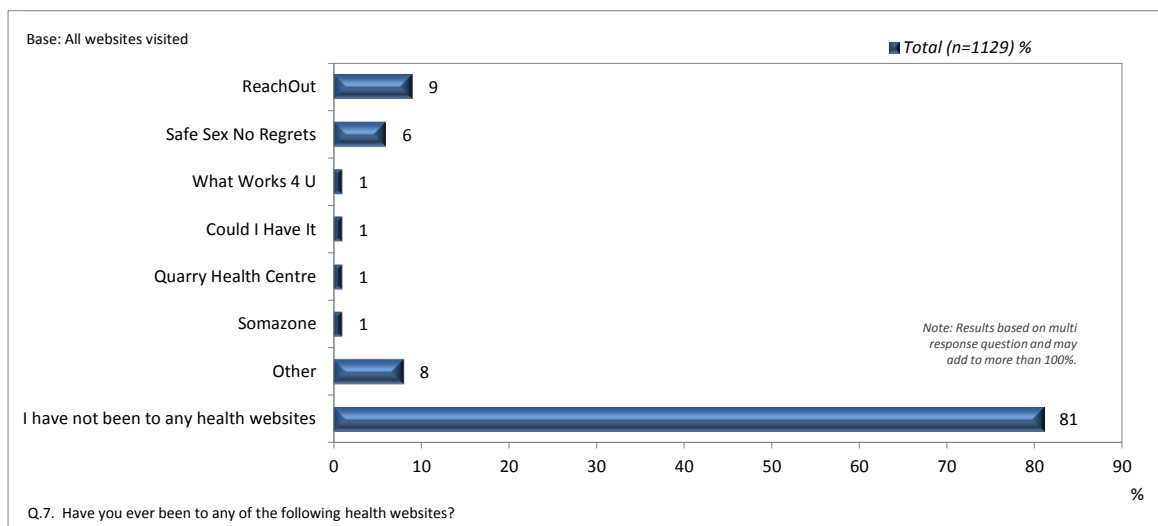*Q.5. Are there any health issues you would like to see someone about but haven't?*

Analysis by vulnerable or disadvantaged sub-group was not conducted due to small sample sizes. There were no significant variations by age or location.

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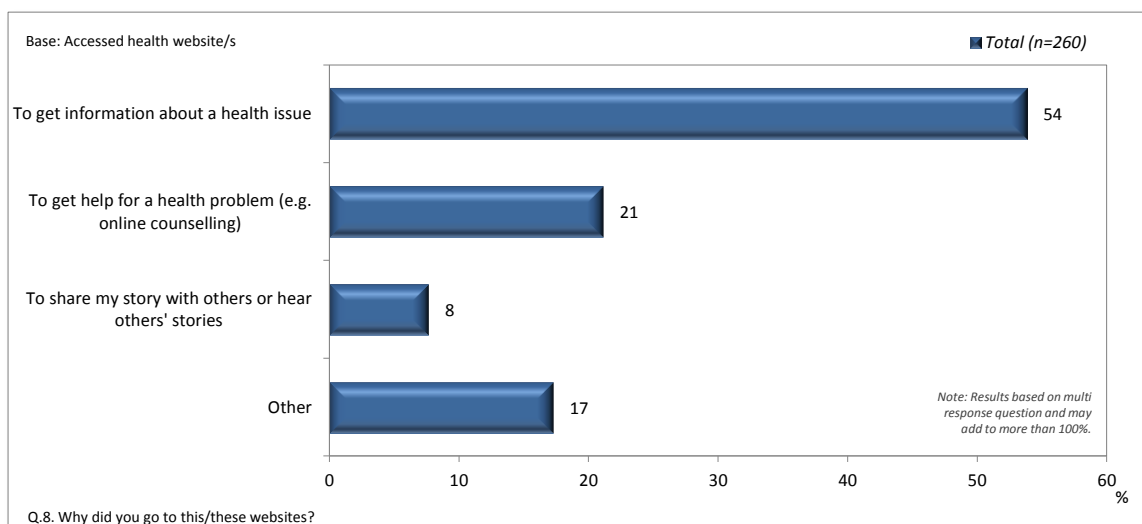## 6.7   Online health sites

Fewer than one in five of the young people who completed the online survey reported accessing specific health websites. Of those who had accessed health websites, the most popular were Reach Out and Safe Sex No Regrets. Almost all of the 'other' sites mentioned were beyondblue or headspace.

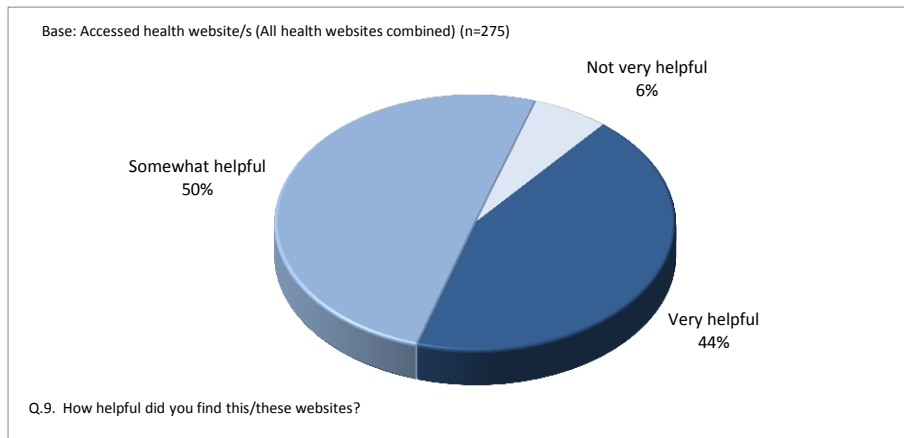**Figure 25: Online Health Sites - Which accessed**

Of the small percentage of young people who had accessed a health website, the most common reason for doing so was to get health information. Almost all of the 'other' reasons stated were to complete a school project or assignment.

Figure 26: Online Health Sites - Reason for accessing

Half of the health websites accessed were deemed to be 'somewhat helpful' by the young people, with most of the others, 'very helpful'.
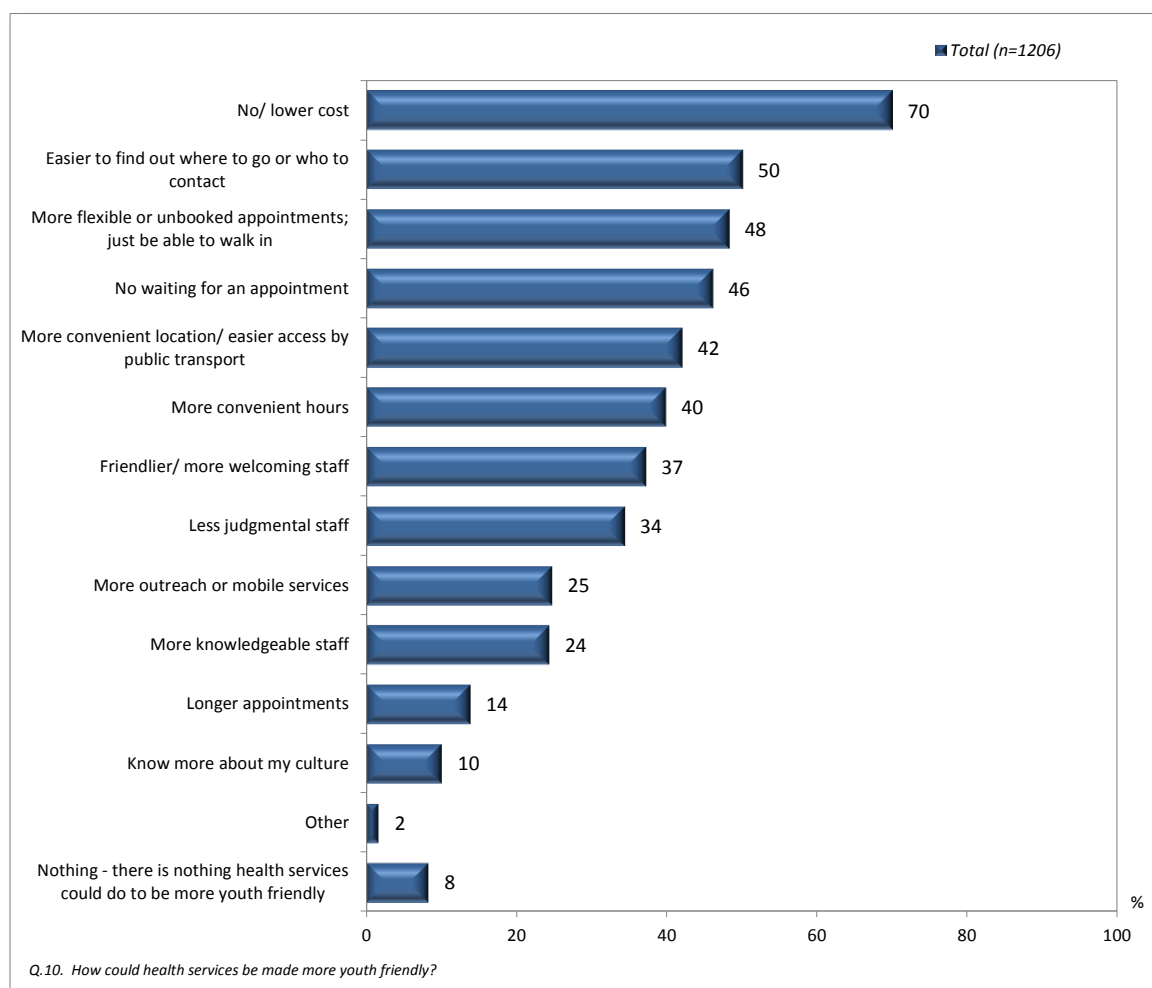
Figure 27: Online Health Sites - How helpful

Base: Accessed health website/s (All health websites combined) (n=275)

Q.9. How helpful did you find this/these websites?

Not very helpful
6%

Somewhat helpful
50%

Very helpful
44%

6.8   How service delivery could be improved

The top six suggestions young people chose regarding how health services could be improved involved procedures or logistics rather than how they were treated by staff: lower cost; easier to find out where to go or who to contact; more flexible or unbooked appointments; no waiting for an appointment; more convenient location or easier access by public transportation; more convenient hours.

Figure 28: How Service Delivery Could Be Improved - Made more youth friendly

Q.10. How could health services be made more youth friendly?

Compared with young males, young females were more likely to provide 'other' suggestions for how to improve health services for young people. Many of these, however, reiterated the provided options. The most common included:

- More flexible or unbooked appointments; just be able to walk in
- Friendlier/ more welcoming staff
- Less judgmental staff
- More knowledgeable staff

6.9 Additional ideas about how health services could be improved for young people in WA

Towards the end of the survey, respondents were asked to provide additional ideas for how health services in WA could be improved for young people. Many of the suggestions young people gave to this open-ended question reiterated earlier survey responses, with the most prevalent comments focusing on reducing the costs of health services.

Additional suggestions included:

- Younger staff
- Ability to access health services without a parent or carer
- Staff with a better understanding of young people
- Online or telephone consultations
- Using language more accessible to young people
- Increased advertising of services
- Stronger links with educational institutions
- Youth-specific services or youth areas within general services
- Wider variety of services available at a single location
- More entertaining waiting rooms

Younger staff or at least the addition of one younger staff person at each service

> *'There should be young health workers there to talk to while you wait.' (16 year old female)*

> *'I find it easier to talk to staff closer to my age; it's hard to open up to older staff. Younger staff seem more relevant to me and talking about my situation and talking about sexual matters.' (17 year old male)*

> *'I think staff should be closer to our age or more understanding because I'm always embarrassed to visit the doctor and my mum has to say "what's wrong" because I don't feel like I can talk to them.' (15 year old female)*

Being able to access health services without a parent or carer

> *'Being able to have access to more health services without parental consent or acknowledgment, e.g. going on the birth control pill.' (16 year old female)*

'Health services could be improved for young people by having places that young people are able to go to without parent supervision or without an adult. Young kids should be able to attend certain health service without adults because they may feel embarrassed or may not want their parents to know what they are doing and why they are going there.' (16 year old male)

'It would help if a group of people could go together. That might already be possible.' (15 year old female)

'Young people should always have a chance to talk to doctors privately instead of the doctor's ring the parents of the teenager.' (17 year old female)

Staff with better understanding of young people and their concerns, lifestyles and language

'Staff that really has an understanding of the issue or a really good understanding of young people in general.' (14 year old female)

'It would be better if they took more of an interest in your life, etc.; hobbies or what you have done in the week or weekend if it's your GP; that would make more youth feel welcome at their doctor so they wouldn't feel like they didn't take any interest in their lives.' (17 year old male)

'More talk about how I am feeling and how my day was, not just, so why have you come to us today? Etc.' (15 year old female)

'I don't think most GP's realise how hard it is for some girls to come in about personal problems and don't understand how hard it is on its own so they may act more judgemental or force questions onto kids they aren't comfortable answering like 'how many people have you had sexual intercourse with'.   Sometimes when you're in a difficult situation or area where you need to make a big decision on your own you need support which you don't really find in most doctors, they just tell you to do what they think is best.' (17 year old female)

Online or telephone consultations

'Online or phone consultations for asking general questions' (17 year old female)

'I think there should be more online/email counselling options for people who can't use the telephone or are scared someone will overhear; or that it won't be confidential.' (14 year old female)

'I guess maybe if there was an anonymous way you could ask the question, maybe through email and get a professional answer it would be good. Really good actually, being able to contact councillors, the people who help you to understand teenagery stuff, doctors and even dentists via email.' (16 year old female)

'Make an online video system, i.e. Skype so younger kids can chat and explain symptoms to doctor. If necessary doctor can make an appointment.' (16 year olds female)

Using language more accessible to young people when discussing health issues

'It can be improved if there'll be more ways to suite with the taste of younger people. With easy, student friendly words that could explain such medical issues and more attractive ads.' (17 year old female)S

'They could talk to them by making them understand things about health.' (16 year old male)

'Things need to be explained more.' (15 year old male)

'Use simpler terms so that it is easier to understand what is going on and what you have to do.' (15 year old female)

Increased advertising of services

'Be extremely inviting and advertise/publicize their organisation in more places where youth are more likely to look to, e.g. Facebook, toilets, schools, magazines, etc.' (15 year old female)

'Health services should be advertised more, especially the ones young people are embarrassed to talk about.' (13 year old female)

'I think that health services in WA are friendly and cheerful and a great way to get advice, but as we live in a social media age, there needs to be more promotion on sites like Facebook and Instagram, as that is where they will all get the most attention.' (14 year old female)

'It could be targeted more in campaigns and be more involving, like, maybe an app to help with problems and booking doctors and such.' (14 year old male)

'More advertising in places where young people go, such as schools.' (18 year old male)

'They can have bright and eye catching websites, easy phone numbers, maybe some ads on TV or YouTube (seeing that young people watch a lot of media).' (15 year old female)

'There should be contact numbers for health services on each bus station so that everybody can see it.' (17 year old males)

Stronger links with educational institutions

'It can be intimidating walking in maybe health services should go out to schools and explain how you can get appointments and use the variety of health services around.' (17 year old male)

'Making things more available in local schools. With ease of access and without the worry of anyone finding out. Also preferably someone that doesn't work at the school.' (13 year old male)

'Probably bringing in more into the schools so we know about them. A pack or something handed out at schools would be good.' (17 year old male)

'Some understanding of the health system needs to be brought into the school system. Currently we learn in schools about sex, drugs and alcohol but not too much about how to reach out for help at a GP or other health professional.' (16 year old male)

'You could also make health services more improved by having a youth worker at every high school so that the kids have someone to talk to.' (13 year old female)

'More information about health services should be given during health classes at school.' (17 year old male)

Youth-specific services or at least youth-specific areas within more general services

'Different sections or places for youth in health services or centres. More youth centres.' (17 year old female)

'I think there needs to be a hospital section for mental health emergency for 17-25 year olds, mainly for those who are not in the correct age for a children's hospital but are still young.' (18 year old female)

'They could have a section for younger people to wait together.' (15 year old female)

Wider variety of services at each facility

'Make it more accessible, and have a wider variety of services, not just mental health, etc. Also, a sports medicine or physio clinic would be amazing if that was available for all young people, because I have experienced a year ending sports injury and it was really hard to get in to see somebody that would treat someone as young as me.' (16 year old female)

More fun/entertainment in the waiting rooms

'Make them more fun and feel less boring.' (15 year old male)

'Perhaps magazines that teenagers would actually read, not Women's Weekly and the stuff our parents love.' (14 year old female)

'They could make the whole experience a bit more friendly. Teenagers still get nervous seeing health professionals and there isn't much in the waiting rooms that might take their minds off it; e.g., kids get toys and lollies...' (16 year old female)

'Waiting rooms in emergency rooms or at the local GP could have something for teenagers to do as well.' (14 year old male)

Additional comments

Several respondents made an extra effort to share their thoughts regarding ways to improve health services for young people in WA.

The following are comments from a young person who had recently spent some time in a hospital and includes a description of their experiences and suggestions for service improvement:

> *'I recently went into a hospital in WA for surgery for the removal of a brain tumour and from that I have a number of suggestions for how health services could be improved for not only me and my family but WA. Firstly the hospitals need to provide better services in the form of aid and help for families that are struggling with the situations and their ill family member. When we were in hospital we only had one social worker actually come up to us and say ' just do what the doctors and nurses tell you and it will help you get better' and that was it. We felt the social worker help were provided with was very limited. Also parking at local hospitals for extended periods of time; for example for my parents to come visit me while I kept in hospital it cost them over $300 in parking which I found on arriving home made it hard for my parents keeping up with bills for some time and this put a lot of stress on my family.   Another thing that could be improved by health services to help WA is the communications within public hospitals. We find a majority of the time for appointments still, with MRI scans and blood tests, we are told we will get sent letters for appointments for at our local hospital never arrive on time, arrive the day of the appointment or are neglected to be organized as a result of a lack of communication between the different hospital teams. Also for young people staying in adult hospitals, there needs to be more attempts by the hospital to provide a social worker or someone for the young person to speak to in order to help improve their mental health as I found in hospital I was struggling with all these new changes and wanted someone to talk to about some of my worries and concerns to do with my schooling and how my being sick was affecting my parents. If you ever read this, I hope that this information that I have provided informing you of areas of health service in WA that I believe need improvement will be helpful in your research.' (17 year old female)*

The following comments address youth centres, accessing health services without an adult and co-locating multiple services.

> *'I wish most suburbs had youth centres where kids can just hang out together. I hate the private to public school gap and distant we all are. These centres should be accessible to all young people and have health services within, e.g., counsellor and general practitioner. Even if they cannot help fully with the problem, they can help get information for us and send us somewhere. It shouldn't have a cost and the workers should be paid well from the government. It should also be a place to sleep if a young person is not coping at home or is homeless.   Also, young people should be able to see health care professionals by themselves. My mum comes everywhere with me because: 1- payment, I could not pay for these expensive bills by myself, 2- transport to and from the place, 3- I don't feel like the doctors really explain things well enough for young people to understand so our parents have to do it for us. There should be doctor clinics with all health services inside for young people only ages 13-17.' (16 year old female)*

The comment below discusses appointments, assistance for parents and families, and health websites:

> *'Often the idea of actually making an appointment can be really scary. Plus sometimes you have to wait up to a month to go to an appointment which adds extra pressure. Also, it makes me not bother making an appointment knowing I won't be helped until I get to that one month later appointment. Solutions for these problems could include: *More help hotlines. *A huge online help site with professionals online 24/7 who can connect with individuals and discuss issues. *More staff in places like headspace so you can get appointments made in earlier dates. *An online booking system for face to face appointments so you can avoid that dreaded call! Although this isn't directly linked to health services to teens, this is a big problem for me and I guarantee it is for many other families. My single mother goes through so much stress because of me. Since I have trouble going to school it stresses her out because she things she isn't a good mother. My mum needs a councillor just like I do but there isn't as much out there for her. If she is helped then it would benefit me too. I also think she needs guidance on how to help me as her strategies don't work very well.   More family support services and have them advertising. Games that educate about mental health which are put onto mental health websites.' (16 year old female)*

And finally, a very positive response from one young person:

> *'WA Health services are fantastic, thank you for running this survey! :)' (13 year old female)*

7   Overall findings and recommendations

7.1   Findings

The literature review establishes an evidence base on best practice principles in youth health and the delivery of health services to young people, although there are some gaps in the literature around the specific needs of some vulnerable and disadvantaged sub-populations. These principles generally align with the findings of prior consultations with young people in Western Australia as well as nationally and internationally regarding their experiences and needs around health services.

The consultations with young people conducted for this project update and confirm prior findings regarding young people's experiences with health services, barriers to access and recommendations for how to improve the health system for young people in WA. Based on the literature review, 8 focus groups with 53 young people and online survey with 1,057 young people, we draw the following conclusions:

> **1. Young people in WA define being healthy in holistic terms, which encompass emotional, mental and social dimensions.**

Consistent with the literature, young people in the focus groups clearly defined 'health' broadly and holistically. When asked what 'health' included, they discussed such aspects as looking after themselves by eating healthy foods; participating in sports or other physical pursuits; being connected with friends, family and the community; and avoiding or being careful around drugs and alcohol. There was a particular focus on the need for inner contentment, resilience and a good level of self-esteem, which were seen to be necessary for good mental health and to assist young people in dealing with peer pressure and friendship or relationship issues.

Basis for finding: literature review and focus groups

> **2. Key health issues for young people in WA include obesity and body image, relationship issues, depression and anxiety, drugs, smoking, cyber bullying, violence and peer pressure.**

Young people who participated in the focus groups provided a long list of health issues likely to be encountered by 13 to 18 year olds. The most frequently mentioned issues were body image, depression and drugs, and these were often the first issues to be mentioned. Other frequently mentioned issues were smoking, anxiety and relationship issues. This list of most common health issues accords closely with the findings from the literature review that major health concerns for young people include diet and exercise, relationships and friendships, mental and emotional health, and community connectedness.

Basis for finding: literature review and focus groups

> ### 3. Young people's knowledge of health services is largely based on those health services they have attended.

Young people in the focus groups did not use the term 'health services' and were initially confused about what the term meant. Instead, they identified with individual services, such as their GP or school nurse. Of the online survey respondents, 35 per cent said they *always* know how to access the health services they need and 58 per cent said they *sometimes* know how to access the health services they need. Focus group participants were asked to sort a list of health professionals into three piles: those they felt they know pretty well (i.e. what they do and for what health issue one would go there), those they know a little bit about and those they know little or nothing about. Health professionals they felt they knew best included GP; dentist; clinic or school nurse; and counsellor, psychologist or social worker. According to the online survey, this list is almost identical to the list of health professionals young people have most commonly accessed (see Conclusion 7). Young people said they knew least about family planning services and occupational therapists, which were accessed by very few young people who responded to the online survey.

Basis for finding: literature review, focus groups and online survey

> ### 4. Young people are particularly confident accessing a hospital clinic or school nurse.

Young people in the focus groups were asked to sort the list of health professionals into four groups: those they would know how to contact and could go on their own; those they would know how to contact but could not go on their own; those they would not know how to contact but could go to on their own, and those they would not know how to contact nor could go on their own. The health professionals they most felt they would know how to contact and could go to on their own were clinic or school nurse, chosen by 41 of the 45 young people, followed by GP and counsellor, psychologist or social worker. This finding accords with the literature, in which the YACWA survey of young people still in school reported they 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.

In general, visits to health services were arranged by a parent or other adult and this person typically accompanied the young person to the appointment. Older teenagers expressed feeling empowered by visiting health services unaccompanied.

Basis for finding: focus groups and online survey

> **5. Most young people do not appear seek out specific websites in order to access health information.**

The results of the survey and focus groups indicate that young people do not generally seek out specific health websites to access health information but do conduct internet searches on particular health issues. The literature finds that young people use the internet to access health information but does not differentiate between searching specific health websites and conducting general searches. Most of the other extant literature regarding the internet and youth health focuses on its potential for providing information and assistance.

The online survey asked young people, 'Have you ever been to any of the following health websites?' It then listed the following sites: Reachout, Somazone, What Works 4 U, Safe Sex No Regrets, Quarry Health Centre, Have I Got It, Other (specify). Approximately 80 per cent of young people said they had not sought out any health websites. Of those accessed, ReachOut and SafeSexNoRegrets were the most popular, as well as beyondblue and headspace.

Of survey respondents who had accessed a health website, over half did so to get information about a health issue, about one in five sought help for a health problem and eight per cent to share their story. Most of the 'other' reasons were to complete a school project. Just under half of young people who had accessed a health website found the website very helpful, with most of the rest finding it somewhat helpful.

Basis for finding: focus groups and online survey

> **6. Young people strongly prefer to access health information anonymously and hence universal health promotion should be the focus.**

The young people in the focus groups said they would like more information about health services, and particularly youth-related health websites, but were adamant that any health information be disseminated anonymously so as not to single anyone out. Anonymity of communications is also supported by the literature. One group of participants gave the example of sexual health posters displayed on school walls and explained that anyone caught reading such a poster would be assumed either to be having sex or to have a sexually transmitted disease. Suggestions for anonymous dissemination included via schools (e.g. written information in orientation packets; verbal information in group or classroom settings) or YouTube advertisements.

Basis for finding: literature review and focus groups

> **7. Young people use a wide array of health services, with a focus on GPs, dentists and school-based services.**

Almost three-quarters of survey respondents had seen a GP in the previous 12 months and 60 per cent had seen a dentist. Also in double-digits were optometrist (21%), clinic or school nurse (20%), doctor or nurse in a hospital emergency department (15%), doctor or nurse in a hospital clinic (14%), physiotherapist (13%) and counsellor, psychologist or social worker (13%). Nine per cent of these young people had not seen any health professional in the previous 12 months. The literature also notes that GPs are a primary point of contact between young people and the health system.

Basis for finding: literature review, focus groups and online survey

> **8. Parents or carers, rather than young people, usually choose health services for their children. Exceptions are young people with a chronic illness and older teenagers, who are more actively engaged.**

Focus group participants indicated that their parent or carer almost always made the choice of which health service they would attend and usually accompanied them to the appointment. One focus group comprised of young people with a chronic illness indicated they were more actively engaged in accessing health services. There was no literature supporting this observation. Older teenagers in the groups were more likely to have visited health services unaccompanied.

Basis for finding: focus groups and online survey

> **9. Most young people have good experiences with health services overall, but somewhat less so with specific aspects. Young people from vulnerable or disadvantaged groups generally have less positive experiences.**

Young people who responded to the online survey were asked a series of questions about their experiences with the health services they had accessed over the previous 12 months. Highest ratings were for the overall measures – 'overall they helped me' and 'overall they treated me well'. In 73 per cent and 72 per cent of cases, respectively, young people said that this was always true of the service they had attended. Other aspects that were mostly always true included being treated with respect, the service wanting to help them, understanding what was being said, receiving sufficient information, understanding what would remain confidential and feeling comfortable at the service. Lowest ratings were given for the service discussing confidentiality with the young person (always true in 44 per cent of cases) and the service encouraging the young person to voice their opinions about their own healthcare (always true in 46 per cent of the cases). Other aspects that were frequently not always true included really listening to the young person, short waiting times, helping the young person link with other health services and easy to get appointments at convenient times.

Young people from vulnerable or disadvantaged sub-groups were significantly less likely than all young people to say that they were treated with respect, the service wanted to help them, overall they were treated well and overall they felt they were helped, and more likely to say that the service did not really listen to them.

Basis for finding: online survey

> **10.** ***Particular aspects of service provision most influential on young people's overall experiences include: being treated with respect, feeling really comfortable, feeling the service wanted to help them, receiving enough information and the service being a welcoming place.***

Correlational analyses were conducted between each of the individual measures of health service provision and the two overall measures -- 'overall they helped me' and 'overall they treated me very well'. The results indicate that the following aspects are most important for overall satisfaction:

- Being treated with respect
- Feeling really comfortable
- Feeling the service wants to help
- Receiving enough information
- The service being a welcoming place

Additional aspects were also important for particular services.

- Emergency departments:
- Being encouraged to voice opinions
- Not really being listened to (inverse relationship)
- Helping to link with other health services
- Hospital clinics, counsellors and psychologists or social workers:
- Being encouraged to voice opinions
- Physiotherapist:
- Not really being listened to (inverse relationship)

Basis for finding: online survey

> **11.   Young people feel that there is a slow shift in the most important health issues over the teenage years.**

Young people in the focus groups generally felt that in the younger teenage years (13 to 14 years), health issues were relatively 'minor' and largely focused on friendship situations. In the mid-teenage years (15 to 16 years), they felt that young people experienced greater levels of stress, more intensified peer pressure and greater likelihood of experimentation and risk-taking. In the older teenage years (17 to 18 years), young people in the groups talked about becoming increasingly independent and no longer being guided as much by family. Results from the online survey, however, showed few differences by age either in types of services accessed or experiences with health services. The only significant differences by age were that respondents in the younger ages (13 to 15 years) were less likely to have said that they could attend a health service on their own without having their parent or carer with them if they did not want to, and that they were seen on their own for at least part of their visit.

Basis for finding: focus groups

> **12.   Main barriers to access are embarrassment or not wanting anyone to find out, cost, uncertainty over access, and confidentiality or privacy concerns.**

Almost one-third (32%) of young people who responded to the online survey said there was a health issue they would like to see someone about but have not. When asked why they had not seen someone about this health issue, the most common reason was that they were too embarrassed or did not want anyone to find out (47%), just had not gotten around to it (43%), were not sure that seeing someone would help (39%), expense or lack of bulk billing (38%), not having access to their own Medicare card (36%), their relationship with their parents or not wanting their parents to find out (35%), not knowing where to go or who to contact (33%), worry that what they say will not be confidential, or that the staff will tell their parents (26%). This list of barriers is almost identical to those found in the literature, which include concerns around confidentiality, knowledge of services, discomfort in disclosing health concerns, accessibility of services, characteristics of services and cost.

Basis for finding: literature review, focus groups and online survey

> **13.   Other suggestions for how to make health services more youth friendly relate to facility environment, promotion of services, service gaps and privacy.**

In both the focus groups and at the end of the online survey, young people were asked for other suggestions to make health services more youth friendly. A number of ideas focused on ways to make the facility itself more comfortable for young people. Suggestions included providing a more relaxed environment, hiring staff who have good rapport with young people and who are genuinely interested in their issues, staff who can explain things clearly to young people using accessible language and things to do in the waiting room, which might include beverages and snacks or free Wi-Fi. Other ideas focused on how best to promote youth-friendly health services. Suggestions included advertising where young people go, such as on YouTube or using videos; another was to let young people know how to get their own Medicare card. Young people also suggested additional services that they believed are not currently available, such as online or telephone consultations, health services forging stronger links with educational institutions, youth-only facilities or youth areas within general health facilities, and more youth centres. The young people who had accessed youth centres spoke enthusiastically about their ability to obtain support and information around health. Finally, a number of young people expressed the desire to be able to access health services without their parents knowing or accompanying them.

Basis for finding: focus groups and online survey

> **14.   Young people expect health services that are low cost, easy to get to, allow flexible or drop in appointments, allow unaccompanied visits, and have non-judgmental staff who have good youth rapport.**

Young people in the focus groups were asked what the key elements were of a good youth health service and the most common responses included:

- Low cost
- Easy to get to
- Flexible or drop in appointments
- Allow unaccompanied visits
- Non-judgmental staff
- Good youth rapport

These expectations accord with other evidence from the focus groups and online survey as well as the literature regarding key elements of youth friendly health services.

Basis for finding: literature review, focus groups and online survey

7.2 Recommendations

Based on the above findings drawn from the literature review and consultations with young people, we propose the following recommendations:

Recommendation 1: Review the approach to developing and providing youth health services to reflect the findings of this report

Recommendation 2: Conduct youth-friendly communications campaigns to inform young people and their parents and carers about health services and other resources available to them. The campaigns could have the following features:

A. Acknowledge young people's understanding of 'health', which is a holistic definition that includes physical, mental, emotional and social dimensions.

B. Focus on the health issues that are most important to young people, such as depression and anxiety, drugs, body image, relationship issues, alcohol, smoking, cyber bullying, violence and peer pressure.

C. Present information universally to preserve the anonymity of young people; for example, through written materials handed out to all students at a school or patients attending a service, presentations in school classrooms or advertisements via YouTube.

D. Involve, include and support parents and carers in addition to young people.

E. Inform young people and their parents and carers about online resources they can turn to for information and assistance on health issues, including the availability of online counselling.

F. Promote the availability of health services young people can attend at low or no cost.

G. Raise awareness that young people can obtain their own Medicare card at 15 years and the process by which this can be done.

Recommendation 3: Implement youth-friendly health services, as defined by the literature review and consultations with young people.

A. Encourage service providers to enquire about young people's general wellbeing, including how they are going at school or work, relationships with family and friends, and their mood and emotional wellbeing.

B. Provide training to staff about good practice in delivering health services to young people, including vulnerable and disadvantaged sub-populations. The training could include using language that is clear and accessible, the issues young people are most concerned about, the issues young people may be too embarrassed to bring up without prompting, ways to make young people feel comfortable and respected, and the needs of vulnerable and disadvantaged sub-populations.

C. Promote the aspects of health service delivery that have the greatest impact on young people's experiences: being treated with respect, feeling comfortable, feeling the staff want to help, providing sufficient information and making the service a welcoming place for young people.

D. Encourage flexible and unbooked appointments.

Recommendation 4: Provide an integrated system of healthcare services for young people in WA that includes linkages across services and 'youth health service portals' at GP and school and tertiary health services

We know from the literature that young people often have multifaceted health issues that require access to more than one health service. We also know that young people are less likely than people in other age groups to seek help for their health issues. From the online survey we know that healthcare services do not currently always provide linkages to other health services young people need. It is therefore crucial that services establish links with each other across the healthcare system in order to provide young people with the seamless system of health care that they need. In addition, we know from both the literature and the consultations that a large majority of young people access either a GP or school health nurse or clinic in any given year and that these are two of the health services they feel most comfortable using.

A. Ensure that all health services that work with young people have in place active and working linkages with other relevant youth health services and that they actively assist young people in accessing these services.

B. Establish 'youth health service portals' at all GP and school and tertiary health services whereby young people are provided information and assistance to access other health services they need.

Recommendation 5: Collect ongoing data in order to track and evaluate health service provision for young people in WA

In order to understand how the healthcare system in WA is working for young people and to measure progress in providing a youth-friendly healthcare system, it is imperative to collect ongoing data on key measures of service provision and young people's experiences.

A. Develop, collect and analyse on an ongoing basis data on health service provision to young people and young people's experiences with healthcare services in WA.

B. Consider oversampling young people from vulnerable and disadvantaged groups and health services that serve substantial numbers of young people from these sub-populations in order to track and evaluate the particular needs and experiences of these groups.
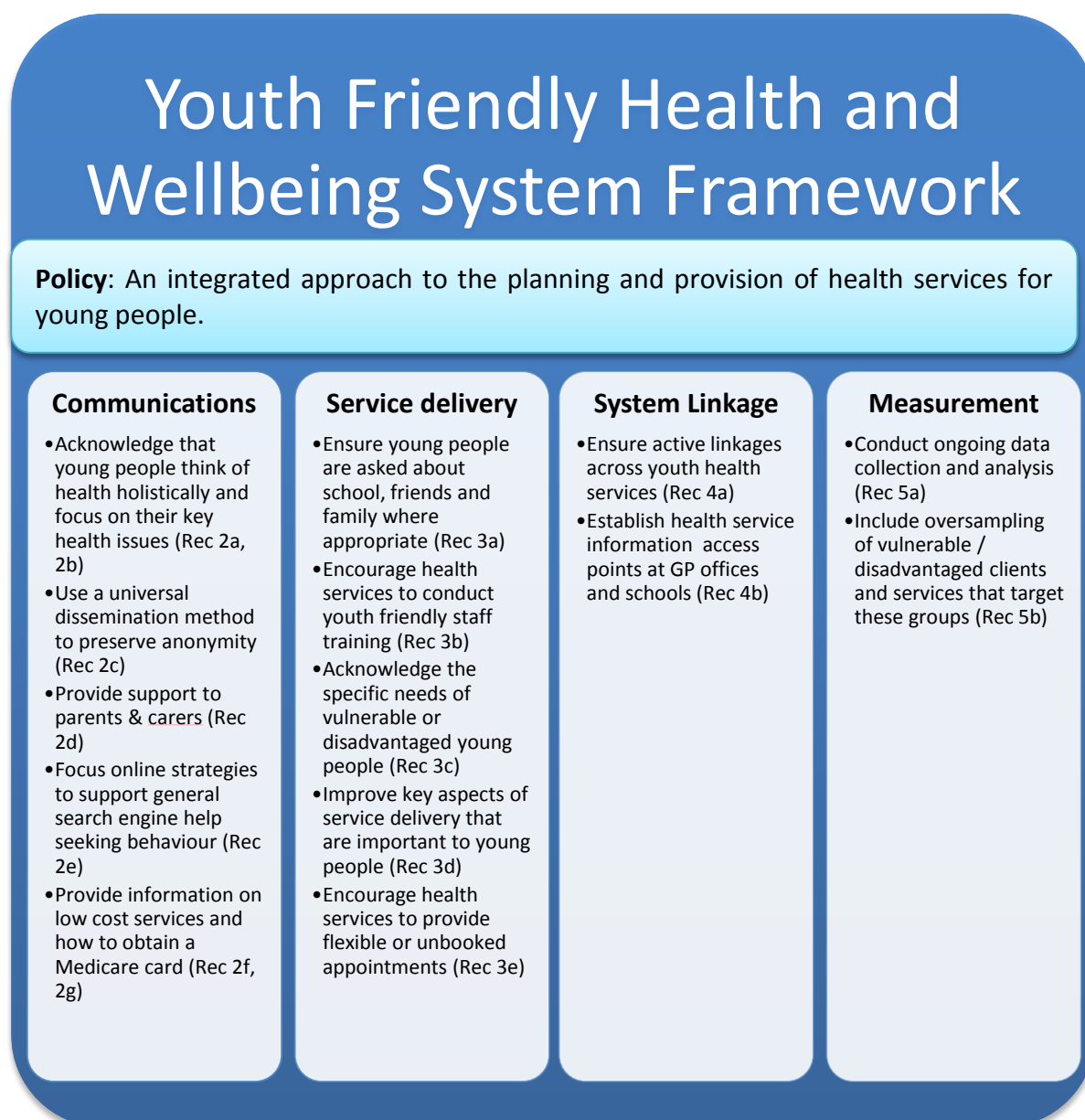
C. Use the findings from the analyses of these data to provide an evidence base for future health service provision in WA.

7.3   Youth friendly health and wellbeing system framework

The following diagram provides a framework for a youth friendly health and wellbeing system, which has been themed under four headings:

- Communications
- Service delivery
- System linkage
- Measurement

Figure 29: Summary of recommendations

Youth Friendly Health and Wellbeing System Framework

Policy: An integrated approach to the planning and provision of health services for young people.

Communications
- Acknowledge that young people think of health holistically and focus on their key health issues (Rec 2a, 2b)
- Use a universal dissemination method to preserve anonymity (Rec 2c)
- Provide support to parents & carers (Rec 2d)
- Focus online strategies to support general search engine help seeking behaviour (Rec 2e)
- Provide information on low cost services and how to obtain a Medicare card (Rec 2f, 2g)

Service delivery
- Ensure young people are asked about school, friends and family where appropriate (Rec 3a)
- Encourage health services to conduct youth friendly staff training (Rec 3b)
- Acknowledge the specific needs of vulnerable or disadvantaged young people (Rec 3c)
- Improve key aspects of service delivery that are important to young people (Rec 3d)
- Encourage health services to provide flexible or unbooked appointments (Rec 3e)

System Linkage
- Ensure active linkages across youth health services (Rec 4a)
- Establish health service information access points at GP offices and schools (Rec 4b)

Measurement
- Conduct ongoing data collection and analysis (Rec 5a)
- Include oversampling of vulnerable / disadvantaged clients and services that target these groups (Rec 5b)

8   Concluding comments

Adolescence is a crucial period in the development of health-related attitudes and behaviours. It is during these years that young people move from dependence on their family and other adults to make their health care decisions to independence, along with a greater reliance on peer-groups. This transition time can be a period of high risk taking and habit forming behaviour, with long-term ramifications on individuals' 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 to promote prevention and early interventions. Yet we know from prior research that young people are less likely to access health services than people of any other age group.

A great deal of emphasis has been placed recently on health in the early years, often defined as ages 0 through 5. Research shows that supporting health during this time is vital for laying the foundations for health and well-being in later years. However, these early efforts can easily become derailed if a similar focus on health during the adolescent years is not implemented.

This project provides a comprehensive understanding of young people's experiences with health services in WA and how the health system in WA could be improved for young people. Based on a thorough review of existing evidence on the topic, both within Western Australia as well as nationally and internationally, it involved extensive consultations with a wide range of more than 1,000 young people aged 13 through 18 years across WA. It is hoped that the findings and recommendations from this study will be used to improve young people's experiences with health services and ultimately, to improve young people's health, thus providing a sound foundation for the rest of their lives.

Appendix 1: Literature Review

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

Roz Walker and Tracy Reibel

December 2013

Telethon Institute for
Child Health
Research

Contents

Acknowledgements

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.

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 2008-201*2'.

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_fs11familie s.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

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.

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 *Framework* 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

- 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

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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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Appendix 2: Participating Organisations

Participating Organisations

Organisation	Type of involvement*
Association for Services to Torture and Trauma Survivors (ASeTTS)	Passively recruit for FGs & OS
Asthma WA	Passively recruit for OS
Billy Dower Youth Centre	Actively recruit for OS
Broome Residential College	Passively recruit for OS
Broome Youth Support Group	Passively recruit for OS
Cambridge Youth Service	Try to form FG; actively recruit for FGs & OS
Carers WA – Young Carers	Actively recruit for FGs & OS
City of Subiaco	Passively recruit for FGs & OS
Cockburn City Council	Passively recruit for OS
Centre for Cerebral Palsy	Passively recruit for OS
Create Foundation WA	Passively recruit for FGs & OS
Cystic Fibrosis WA	Passively recruit for OS
Esperance Residential College	Passively recruit for OS
Freedom Centre / WA AIDS Council	Passively recruit for FGs & OS
Fremantle Street Doctor	Passively recruit for OS
Fremantle City Council	Passively recruit for FGs & OS
Geraldton Residential College	Passively recruit for OS
Halo	Try to form FG; actively recruit for FGs & OS
headspace Albany	Passively recruit for OS
headspace Bunburry	Passively recruit for OS
headspace Fremantle	Passively recruit for FGs & OS
headspace Kimberly	Passively recruit for OS
headspace Midland	Passively recruit for FGs & OS
headspace Osborne Park	Passively recruit for FGs & OS
Helen's Place	Passively recruit for OS
Inclusion WA	Passively recruit for FGs & OS
Katanning Senior High School	Actively recruit for OS
King Edward Memorial Hospital Adolescent Group / Adolescent Mothers Support Service	Passively recruit for OS
Merredin Residential College	Passively recruit for OS
Metropolitan Migrant Resource Centre	Passively recruit for FGs & OS
Mission Australia	Passively recruit for FGs & OS
Northam Residential College	Passively recruit for OS
Outcare	Passively recruit for OS
Perth Street Doctor	Passively recruit for OS
Pindi Pindi National Research Centre	Passively recruit for OS
Princess Margaret Hospital for Children	Actively recruit for FGs & OS
Regional Development Australia (RDA) Wheatbelt	Passively recruit for OS
Reach Out	Passively recruit for FGs & OS
Rockingham Youth Advisory Council	Passively recruit for FGs & OS
Ruah Young Women's Support Service / Moorditj Yorgas Yarning Group (Aboriginal Lifeskills Group)	Passively recruit for OS
Samaritans Crisis Line	Passively recruit for OS
Serpentine Jarrahdale Shire	Passively recruit for OS
SOMAZONE	Passively recruit for FGs & OS (notice on

	website)
St James Residential College Moora	Passively recruit for OS
Stand By Me Youth Services	Put together FG; actively recruit for FGs & OS
Stay	Passively recruit for OS
Telethon Institute of Child Health Research	Actively recruit for FGs & OS
The David Wirrapunda Foundation	Passively recruit for FGs & OS
The Indigenous Communities Education & Awareness (ICEA) Foundation	Passively recruit for FGs & OS
Wanslea / Children with Parents with a Mental Illness WA (COPMI)	Passively recruit for FGs & OS
Youth Affairs Council of Western Australia (YACWA)	Actively recruit for FGs & OS
YMCA Perth	Passively recruit for FGs & OS
Youth Focus	Try to put together FG; actively recruit for FGs & OS
Youth Involvement Council / Lawson Street Youth Centre / YIC Education Programs / Youth Accommodation Program	Passively recruit for OS

*FG = focus group; OS = online survey

Actively recruit = approach young people to participate in the consultations

Passively recruit = display advertising materials about the consultations

NOTE: Other than for the regional Aboriginal focus group, organisations outside the Perth metropolitan area were not asked to try to form a focus group or recruit for the focus groups.

NOTE: Three organisations contacted refused to participate in the study. They are not included in the above list.

Appendix 3: Engagement and Recruitment Information and Advertising Materials

Parent/Carer Consent Form

PLEASE NOTE THAT PARTICIPATION IN RESEARCH STUDIES IS VOLUNTARY AND SUBJECTS CAN WITHDRAW AT ANY TIME WITH NO IMPACT ON CURRENT OR FUTURE CARE.

I .... have read
       Given Names   Surname
the information explaining the research project

YOUNG PEOPLE'S EXPERIENCE WITH USING HEALTH SERVICES IN WA: A REVIEW OF THE EVIDENCE AND CONSULTATION WITH YOUNG PEOPLE

I have read and understood the information given to me. Any questions I have asked have been answered and I am happy with the response.

I agree for my son/daughter …………………………………………………………………….. to participate in the study.   Full name

I understand that my daughter/son may withdraw from the study at any stage and withdrawal will not interfere with his or her routine care.

I agree that research data gathered from the results of this study may be published, provided that names are not used.

Dated .... day of .... 20 ....

Parent Signature ....

I, ... have explained the above to the
               (Investigator's full name)

signatories who stated that he/she understood the same.

               Signature ....

Participant Consent Form

PLEASE NOTE THAT PARTICIPATION IN RESEARCH STUDIES IS VOLUNTARY AND SUBJECTS CAN WITHDRAW AT ANY TIME WITH NO IMPACT ON CURRENT OR FUTURE CARE.

I .... have read

      Given Names   Surname

the information explaining the research project.

YOUNG PEOPLE'S EXPERIENCE WITH USING HEALTH SERVICES IN WA: A REVIEW OF THE EVIDENCE AND CONSULTATION WITH YOUNG PEOPLE

I have read and understood the information given to me. Any questions I have asked have been answered and I am happy with the response. I agree to participate in the study.

I understand I may withdraw from the study at any stage and withdrawal will not interfere with my routine care.

I agree that the focus group will be taped for the purpose of accurately recording the information from the discussion.

I agree that research data gathered from the results of this study may be published, provided that names are not used and no individual is identifiable.

Dated .... day of .... 20 ....

Participants Signature ....

I, ... have explained the above to the

           (Investigator's full name)

signatories who stated that he/she understood the same.

      Signature ....

Young people's experience with using health services in WA

Study being conducted for: Commissioner for Children and Young People Western Australia

Information on focus groups for youth organisations

The following is some information about the FOCUS GROUPS being conducted for this study.

How many focus groups/young people are needed?
We are currently recruiting for a total of 6 focus groups, each with 6-12 young people.

What kinds of young people will make up each group?
We will hold 4 groups with young people from vulnerable or disadvantaged groups, which could include young people currently or previously in out-of-home care; young carers; young people with a disability; young people from multicultural or culturally and linguistically diverse backgrounds; young people who are experiencing or have experienced unstable accommodation; young people who identify as lesbian, gay, bisexual, transsexual, or intersex (LGBTI), and young people with chronic illness. We will also hold 2 groups with 'general population' young people.

How are they being recruited?
Primarily we are contacting youth organisations in WA to ask for their help recruiting young people. Most of these organisations have links to either the Commissioner for Children and Young People, the Telethon Institute or the Social Research Group.

Where and when will the focus groups be held?
Groups will be held Tues-Thurs evenings **22-24 October** at the offices of the Commissioner in Subiaco.

How long will the focus groups go?
Each focus groups should last for 1 ½ -2 hours. Healthy snacks will be provided.

Will the young people be compensated for their time?
Yes. At the end of the group they will be given a choice of $50 vouchers, such as for Coles/Meyer, iTunes, etc. If you have suggestions regarding which types of vouchers would be best please let us know.

Will the young people provide informed consent? Do they need parent/carer consent?
Yes. Once we know they are interested and we have their contact details, we will provide them with an information sheet and consent form. For young people under 18, they will also be given a parent/carer information sheet and consent form. They will be asked to read this information, sign the consent form(s), and either send those back to us prior to the group or bring the signed documents with them on the night.

What topics will be discussed in the groups?
- Types of health services they have accessed
- Experiences in accessing health services
- Types of health services they would like to access if they could
- Barriers young people face in accessing services
- What the health system currently does well

- Where and how service delivery can be improved

Will they be asked about their own health issues?
No. The focus will be kept away from sharing personal information about their own health. Young people will be told at the start of the group that they should not discuss their own personal health issues and moderators will make every effort to keep the discussion focused on the topics of interest.

What procedures are in place should a young person become distressed and/or reveal information indicating they are at risk or have suffered neglect or abuse?
Moderators will follow State and best-practice guidelines regarding duty of care. In the event that a focus group participant becomes distressed, the moderator will assess the situation and either shift the direction of the discussion, or if necessary ask the participant if they would prefer to end their participation in the discussion.

If a focus group participant divulges information indicating that they have been abused or are at risk of being abused, the moderator will, at the end of the focus group and away from other participants, help the young person connect to professional services that can keep them safe and provide support.

All participants in the focus groups will be provided contact details for the following health services in case they have any issues or concerns they wish to follow up: headspace, Kids Helpline, Lifeline.

All moderators and any other research members participating in the groups/coming in direct contact with young people will have current Working with Children checks.

What's in it for the young people?
Young people will have an opportunity to share their views and experiences regarding health services in WA knowing that the report resulting from their discussions will be presented to the Commissioner for Children and Young People in order to improve health services for young people.

In addition, participants will be provided with a list of youth-friendly health services in their area at the end of the discussion. They are also able to receive a summary of report findings if they would like.

What we would like you to do:
Please let as many young people as possible know about these focus groups and encourage them to participate. Please pass on any names and contact details to us, or alternatively have the young people contact us at Market Solutions. Free call: **03 9372 8400** – Email: research@marketsolutions.com.au.

What's in it for our organisation?
This study will allow young people to have a voice in the policy discussion around how to best provide youth-friendly health services. In addition, we will provide all participating organisations with a summary of report findings. Any reports stemming from this work will list and thank participating organisations.

Who should young people contact if they are interested in participating?
We would love it if you could collect contact details of young people interested in participating in a group and send them on to us. Otherwise, young people can contact Lachlan at Market Solutions' Social Research Group. Phone: 03 9372 8400 – Email: research@marketsolutions.com.au

Young people's experience with using health services in WA

Study being conducted for: Commissioner for Children and Young People Western Australia

Information on online survey of young people

The following is some information about the ONLINE SURVEY being conducted for this study.

How many surveys are you trying to do?
We're aiming for a minimum of 200 completed surveys. We are hoping that all young people who participate in the focus groups will also do the survey.

What kinds of young people can take the survey?
All young people aged 13-18 who live in WA can do the survey. We are aiming to include significant numbers of young people who are vulnerable or disadvantaged, including young people who identify as Aboriginal or Torres Strait Islander, young people currently or previously in out-of-home care; young carers; young people with a disability; young people from multicultural or culturally and linguistically diverse backgrounds; young people who are experiencing or have experienced unstable accommodation; young people who identify as lesbian, gay, bisexual, transsexual, or intersex (LGBTI), and young people with chronic illness.

How will they find out about the survey?
We are predominantly working through youth organisations in WA to identify young people who might be interested in doing the survey. We will also post information about the survey on social media sites and encourage young people to pass on information about the survey to other young people who might be interested. If necessary, we may conduct additional recruitment strategies. Any suggestions as to how we might recruit additional young people for the survey would certainly be appreciated.

When can they do the survey?
The survey will go live **14th October.** It will be open for approx. 3 weeks, depending on the number of responses we receive.

How long will the survey take?
The survey should not take any longer than 15 minutes to complete.

What will young people be asked about?
Young people will be asked about the types of health services they have accessed, their experiences in accessing health services, and barriers young people face in accessing services, as well as some demographic questions.

Will they be asked about their own health issues?
No.

How do they access the survey?
Follow this link: www.marketsolutions.com.au/youthhealthsurvey

Will the young people provide informed consent?
Yes. Once we know they are interested and we have their contact details, we will provide them with information about the survey. For young people under 18, they will also be sent a parent/carer information sheet. In addition, when they log on to take the survey they will be asked to read and indicate that they understand the purpose of the survey, what they will be asked to do, that their participation is voluntary, their responses are anonymous, and that they can withdraw from the survey at any time.

Do young people under 18 have to get parent/carer consent to complete the survey?
When young people are sent the link to the survey they will be told they need to discuss their participation in the survey with their parent or carer and will be sent information sheets for both themselves and their parent/carer. When the young person logs on to the survey, they will be asked if they have discussed their participation with their parent or carer. If they tick 'no' they will be asked to discuss their participation prior to starting the survey.

What procedures are in place should a young person become distressed while completing the survey?
We believe this scenario is highly unlikely given the non-personal nature of the questions. However, all respondents will be provided with numbers for the project manager and the ethics committee at the start of the survey, and for headspace, Kids helpline, Lifeline, the project manager, and the ethics committee at the end of the survey.

Will young people be compensated for their time?
At the end of the survey, young people will be asked if they would like to enter a prize drawing (e.g. for an ipod) to thank them for their participation. They are assured that their contact details will be collected only for purposes of awarding the prize and that as soon as the prize is awarded all contact details will be destroyed.

What's in it for the young people?
Young people will have an opportunity to share their views and experiences regarding health services in WA knowing that the report resulting from their responses will be presented to the Commissioner for Children and Young People in order to improve health services for young people.

In addition, participants are able to receive a summary of report findings if they would like.

What's in it for our organisation?
This study will allow young people to have a voice in the policy discussion around how to best provide youth-friendly health services. In addition, we will provide all participating organisations with a summary of report findings. Any reports stemming from this work will list and thank participating organisations.

Who should young people contact if they have any questions?
Phone: **1800 552 163** – Email: research@marketsolutions.com.au.

Information Sheet for Parents/Carers
YOUNG PEOPLE'S EXPERIENCE WITH USING HEALTH SERVICES IN WA

Why are we doing the study?
We want to know what young people think about the health services they receive and what makes it easy or difficult for them to get any services they might need.

Who is carrying out the study?
The study is being carried out by researchers from the Telethon Institute for Child Health Research and the Social Research Group who are working for the Commissioner for Children and Young People.

What will the study tell us?
This information will form part of a report that will include the stories of young people's views and ideas about health services so that more is known about what young people want and need from health services.

What will your child be asked to do if he or she decides to take part in this study?
For the focus groups, we will ask the young person to attend a discussion group with other young people to talk about health services. These discussions will be relaxed and informal. The young person will receive a $50 voucher for their participation. The online survey should take about 15 minutes to complete. Your child will be able to enter a prize drawing to thank them for their participation. **We encourage young people to participate in both the focus group and the online survey if possible.**

Focus groups: Tues-Thurs evenings 22-24 October in Subiaco
Online survey: live starting 14 October. Link: www.marketsolutions.com.au/youthhealthsurvey

Is there likely to be a benefit to other people in the future?
The study will benefit young people in the future because the information can be used to improve health services for young people.

Where is the information kept?
All study information is securely kept at the Telethon Institute for Child Health Research or the Social Research Group, Market Solutions.

What about my child's privacy?
Their privacy is assured, and no personal information will be released to any person or organisation in a way that your child could be recognised.

Who has approved the study?
The study has been approved by the WA Aboriginal Health Information and Ethics Committee and the University of Western Australia Ethics Committee.

Who to contact for more information about this study:
If you would like any more information about this study, please do not hesitate to contact one of the research team. They are very happy to answer your questions. If you are interested in participating in a focus group, please call us (free call): **1800 552 163**

Project Manager: Nina Van Dyke (03 9372 8400)
Researcher: Roz Walker (08 9489 7952)

Who to contact if you have any concerns about the organisation or running of the study?
If you have any concerns or complaints regarding this study, you can contact the Chairperson of the University of Western Australia Human Research Ethics Committee: 08 6488 4703.

What to do next if you would like to take part in this research:
If you would like to take part in a focus group, please contact Market Solutions. Free call: **03 9372 8400** – Email: research@marketsolutions.com.au.

THANK YOU FOR YOUR TIME!!

Information Sheet for Participants
YOUNG PEOPLE'S EXPERIENCE WITH USING HEALTH SERVICES IN WA

Why are we doing the study?
We want to know what young people like you think about the health services you receive and what makes it easy or difficult for you to get any services you might need.

Who is carrying out the study?
The study is being carried out by researchers from the Telethon Institute for Child Health Research and the Social Research Group who are working for the Commissioner for Children and Young People.

What will the study tell us?
This information will form part of a report that will include the stories of other young people's views and ideas about health services so that more is known about what young people want and need from health services.

What will you be asked to do if you decide to take part in this study?
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If you would like any more information about this study, please do not hesitate to contact one of the research team. They are very happy to answer your questions. If you are interested in participating in a focus group, please call us (free call): **1800 552 163**

Project Manager: Nina Van Dyke (03 9372 8400)
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What to do next if you would like to take part in this research:
If you would like to take part in a focus group, please contact Market Solutions. Free call: **03 9372 8400 –**
Email: research@marketsolutions.com.au.

THANK YOU FOR YOUR TIME!!

Are you are a young person aged 13 to 18 years?

We are looking for young Western Australians willing to participate in a 2-hour **discussion group** and/or take a 15-min **online survey** about their experiences with health services and how they could be made better for young people. Participants in the groups will receive a **$50 gift voucher** and participants in the survey can enter a **prize draw** for an **iPad**!! **You can do both!**

Tell us about your experiences with health services!

Focus groups in Subiaco: Evenings of Tues-Thurs 22-24 October
Online survey: Goes live on 14 October
www.marketsolutions.com.au/youthhealthsurvey

Contact Market Solutions for more information or to register your interest

FREE CALL: 1800 552 163

EMAIL: research@marketsolutions.com.au

Commissioner for Children and Young People
Western Australia

socialresearchgroup
a division of market solutions

Telethon Institute for
Child Health
Research

Recruitment blurb for social media

Are you 13 to 18 years old?

Do you live in Western Australia?

Would you like to receive a **$50 voucher** for participating in a group on **Tues-Thurs evenings 22-24 October in Subiaco** discussing your experiences with health services and how things could be made better?

Or take a 15 minute online survey about your experiences with health services and enter a prize drawing for **an iPad**? Please click on the link here: www.marketsolutions.com.au/youthhealthsurvey**.** The survey will be open from **14 Oct 2013** for approximately 3 weeks.

Or do both!?

The Commissioner for Children and Young People wants to hear your views and opinions!

If you're interested in participating in a focus group, please contact Market Solutions on free call: 1800 552 163. Email: research@marketsolutions.com.au.

Please note: if you're 13-17 years old, you will need parent/carer permission to participate.

Appendix 4: Information Sheet

Where can I go for help or information?

We appreciate that you have taken the time to speak with us about your experiences using health services. We understand that this discussion may have brought up some issues for you that you may not have thought about before. Or perhaps you are just wondering where to get more information about a health issue.

For this reason, we are providing this information sheet in case you or a friend needs it now or in the future.

For general information about health and other life issues, you might be interested in visiting:

http://www.somazone.com.au/

Somazone (the body zone) provides an anonymous question and answer service, topical fact sheets, a searchable directory of Australian youth services, and publishes personal stories. Somazone is aimed at 14–18 year old Australians. Somazone is made by young people for young people, and is managed by the Australian Drug Foundation.

If you are feeling anxious or unhappy without understanding why and don't feel ready to speak to someone in person:

http://au.reachout.com/

ReachOut has plenty of information on what to do, where to go, and who can help you if you need someone when life gets tough. There are **help lines** and an **emergency information connection icon** on all pages of the website which is available from 6pm WA time, or 5pm during the summer

If you want information about anxiety and depression, try:

http://www.youthbeyondblue.com/.

Youth Beyond Blue provides general information about anxiety and depression at Or you can speak to someone on the:

beyond blue help line **1300 22 4636**

https://www.eheadspace.org.au/

You can talk to someone at **eheadspace** on **1800 650 890** or online,

If you're interested in visiting a headspace centre, call: **headspace** on **9335 6333 (Fremantle), 9274 8860 (Midland), 9208 9555 (Osborne Park), 9842 9871 (Albany) or 9193 6222 (Broome) or 9729 6800 (Bunburry)**

http://whatworks4u.org/index.html

WhatWorks4U.org aims to improve treatment for young people with mental health problems by gathering information about what works in the real world.

If you are feeling deeply distressed and don't know who to speak to, call:
Lifeline 13 11 14

Lifeline website also has an online one-to-one crisis support chat link and other information
http://www.lifeline.org.au/Find-Help/Find-Help/default.aspx

If you want information about sexual health, try:

http://www.safesexnoregrets.com.au/

Safe Sex No Regrets has info, links and contacts related to safer sex, condom use transmission, treatment and prevention.

http://www.getthefacts.health.wa.gov.au/

Get the Facts site gives young people in WA advice and accurate information on and STI relationships and safer sex.

http://www.quarryhealthcentre.org.au/

Quarry Health Centre supports young people

across Perth to look after their sexual health.

They provide education, counselling and clinic services.

http://www.couldihaveit.com.au/

Further Information

For a list of youth friendly health services in WA go to the Youth Services Directory

http://www.amaats.com.au/Portals/1/page_flip/pdf/237507935.pdf

http://www.yacwa.org.au/

If you would like to become involved in issues affecting youth and to have your voice heard, please consider becoming involved with the Youth Affairs Council of Western Australia

Appendix 5: Focus Group Discussion Guide

Office of the Commissioner for Children and Young People
Young People's Experience with Using Health Services in WA
Revised: Monday, 14 October 2013_Draft V6 (Ref: 2709)

INTRODUCTION
Intro

- **Thank** participants for their time

- **Introduce** MS, moderator and observers

- **Explain the purpose**: The research is being carried out by Telethon Institute for Child Health Research and the Social Research Group, who have been contracted by the Commissioner for Children and Young People.

  The role of the Commissioner under the *Commissioner for Children and Young People Act 2006* and is broadly to advocate for Western Australian children and young people under the age of 18, which includes consulting with children and young people from a broad range of backgrounds and age groups, and promoting the participation of children and young people in the making of decisions that affect their lives.

  The project has **come about** because of concerns about health services for young people and a lack of coordination in the delivery of health services for young people in Western Australia.

  The **aim** of the research is to ensure that the views of young people are considered when decisions about the types of health services and availability of health services are being made.

- **Main topics:** This research is trying to find out what young people's experiences with health services are like. We want to know what kinds of services you have been to, whether it has been easy or hard to use the services, how you have felt about those experiences, and ways to make it easier and better to get the health services you need.

- **Privacy reminder:** The Privacy Act is a government law which protects people from being identified when they participate in research. We will not use any personal information which may identify you and only the information from our discussion is collected to use in the report.

- **Consent:** Before we begin, I need to confirm that we have your written consent to participate, we have signed parental or carer consent for anyone under the age of 18, and you are aware you may withdraw your consent at any time.

Housekeeping
- Inform about **audio** and/or video recording
- Remind to turn off **mobiles** or switch to silent
- Advise of **duration** (1.5 hours)
- Note location of **toilets**

Role of the Participant
- Inform there are no right or wrong answers and we encourage openness and honesty
- Explain that we want to understand opinions. We want to know why opinions are held
- We are not seeking information on personal health conditions, just the services used
- Advise that we want it to be a conversation so they can jump in at any time – just be careful not to talk over people so we don't miss anything important
- Ask participants to introduce themselves – they can just give a short introduction and only share what they are comfortable sharing

TOPIC 1: PERCEPTIONS OF HEALTH SERVICES IN WA

OK, let's start with a quick discussion about health.

- What does it mean to be "healthy"?
- What are the range of possible health issues young people aged 13 to 18 encounter?

There are a range of "health services" that people can use to address their health issues. You may know a lot about health services or you may know very little and we're interested to hear everyone.

- So…what **types of places** do you think of when you hear the term "health service"?
  [SPONTANEOUS RECALL – JOT DOWN ON WHITE BOARD]

Here is a set of cards for each of you [HAND OUT CARD SET]. Each card has a health service written on it:

- ACTIVITY CARD SORT 1: Please put these cards into three piles.

  1. In the first pile put the health services you feel you know pretty well (e.g. you know what they do and for what health issues you would go there)
  2. In the second pile put those you know a little bit about
  3. And in the third pile out those you don't really know much about at all or have never heard of

- Doctor in the community (sometimes called a GP or family doctor)
- Doctor or nurse in a hospital emergency department
- Doctor or nurse in a hospital clinic
- Paediatrician (specialist in medical care for children up to 18 years)
- Mental health doctor
- Counsellor, psychologist or social worker
- Aboriginal Health Worker
- Clinic or school nurse
- Youth health service
- Street Doctor (a mobile medical health service)
- Physiotherapist
- Dentist
- Occupational therapist
- Optometrist
- Speech pathologist
- Dietician
- Sexual health clinic/service
- Family planning service
- Skin specialist
- Other type of health professional (write in on blank card)

[ASK PARTICIPANTS TO RECORD THE CARD NUMBERS FROM EACH GROUP ONTO THEIR FORM]

- So…what services ended up in the first pile? Second pile? Third pile?

- ACTIVITY CARD SORT 2: Now let's sort the cards in a different way. HAND OUT A3 SHEETS. On your sheet there are four boxes, please put these cards onto the sheet accordingly and record the card numbers in each box.

I would know how contact this service BUT I couldn't go there on my own	I would know how contact this service AND I could go there on my own
I wouldn't know how contact this service AND I couldn't go there on my own	I wouldn't know how to contact this service BUT I could go there on my own

- So…what can you tell me about knowing how to contact different health services & your comfort in going there on your own? What might **stop** young people from going to these services?

- If you needed to use any of these types of health services, how would you decide which one to use? What would you factor in to your decision making?
- How did you become aware of these health services?
- Which services are more youth focused or youth friendsly? What do they do that's different to other services?
- Do you have these health services in your local area? IF NO: Which ones aren't available?

- Do you know of any **online sites** where you can get answers to health questions, chat to someone about health issues, or share experiences? IF YES: Which ones have you heard of/used? SPONTANEOUS THEN PROMPT WITH:
  - Reachout
  - Somazone
  - What Works 4 U
  - Safe Sex No Regrets
  - Could I Have It
  - Get The Facts
  - Quarry Health Centre
  - Social networking sites
  - Other
- What are the reasons you might go to some of these sites?
- When would you choose to go to an online site and when would you visit a health service in person?
- IF USED: How helpful have you found them?
- What are the advantages and disadvantages of online websites?

TOPIC 2: EXPERIENCE USING HEALTH SERVICES IN WA

- ACTIVITY CARD SORT 3: Now let's go back to the cards and sort them according to which ones you have used – so just two piles – have used / haven't used. Then taking those you have used...pick the one you have used the most often [RECORD ON FORM].

- Thinking about this health service...

  - How long ago was it that you last used this service?
  - Have you used them more than once? If so, how often?
  - How did you decide you needed to use the service?
  - Did you have a choice of different places you could have gone to?
  - IF HAD CHOICE: How did you originally decide which service to use? Why did choose this one over the other?
  - Thinking about your first visit to the service, how would you describe your first visit? [SPONTANEOUS RESPONSES THEN PROMPTED]: Was it...
    - Welcoming
    - Friendly
    - Comfortable
    - Easy to get an appointment
    - Easy to get to
    - Quick
    - Private
  - Did you feel you could talk openly to the person/people you saw?
  - How did you feel after using the service?
  - Has your experience using the service changed over time? IF YES: In what way?
  - Do you have any other comments regarding your satisfaction with this health service [SPONTANEOUS THEN PROMPTED]:
    - Staff
    - Location
    - Appearance, including waiting rooms
    - Services offered
  - Do you have any suggestions as to how this service in particular could be improved?

TOPIC 3: IMPROVING ACCESS TO HEALTH SERVICES IN WA

We now want you to think about young people in general. Feel free to share your own opinions and to let us know if you've heard of other young people having different experiences or views.

- RECAP FROM TOPIC 1: We said earlier that the range of possible health issues young people aged 13 to 18 are likely to encounter include (…). Are these health issues different for 13-16 year olds compared with 16-18 year olds?

- Are there any particular types of health conditions that young people might be less likely to seek help for? Why is this?

- What do you think stops some young people from using health services? What would need to change to make young people feel more inclined to use the health services they need when they have health issues?

- When young people need to use a health service, what type of service should they expect as a minimum? Ideally?

- Are there any types of services that are not currently available locally that would be really useful for young people?

- What types of information about health services needs to be available to young people?

- What, if anything, makes it hard for young people to get the health information they need?

- What could be done to make it easier for young people to get information on health services?

- Overall, how important are health services to young people like yourself?
    - Which health services are more/less important? [REFER TO CARDS]
    - Why do you say that?

TOPIC 4: WRAP UP

Now, just to wrap up, I would like to go around the group and ask what is the **one** main thing that needs to change to improve health services for young people in WA?

Thank you for your time. It is very important that we hear from young people directly about their needs so we are very grateful you came and were willing to share your views. Please be sure to collect your voucher and sign the payment register before you leave. Thanks again!

Appendix 6: Online Survey Questionnaire

EMAIL INVITATION

We invite you to participate in a survey of young people aged 13-18 to find out about your experiences with using health services in WA and ideas you have about making the system better. The research is being carried out by Telethon Institute for Child Health Research and the Social Research Group, who have been contracted by the Commissioner for Children and Young People to do this research. The role of the Commissioner under the Commissioner for Children and Young People Act 2006 and is broadly to advocate for Western Australian children and young people under the age of 18, which includes consulting with children and young people from a broad range of backgrounds and age groups, and promoting the participation of children and young people in the making of decisions that affect their lives.

The survey will take around 15 minutes to complete. If you are under 18 you will need to first discuss with a parent, carer or responsible adult whether it is okay for you to complete the survey.

The Privacy Act is a government law which protects people from being identified when they do surveys like this. We will not use any personal information which may identify you and only the information from survey questions are collected to use in the report. If you provide your name and contact details to enter the prize draw or request a summary of findings, these will not be linked to your responses to this survey.

The link to the survey is shown below. Please send the survey link onto friends for them to complete it also.

If you have any queries about the survey or encounter any technical difficulties please contact John Roberts at the Social Research Group, Market Solutions: jroberts@marketsolutions.com.au

SURVEY LINK: www.marketsolutions.com.au/youthhealthsurvey

INTRODUCTION

Welcome to the online survey about your experiences using health services wherever you are living in Western Australia.

Once you complete the survey, you can enter a prize draw for an iPad!

This survey is for young people aged 13 to 18. We want to know about the kinds of services you have used, if you have had good or bad experiences when trying to get help with health issues, and how you think health services could be better for young people like you. The survey should take you about 15 minutes to complete.

PRESS ENTER TO CONTINUE

INFORMATION ABOUT THE SURVEY

Why are we doing the survey?
This research is trying to find out what young people's experiences with health services are like. We want to know what kinds of services you have been to, whether it has been easy or hard to use the services, how you have felt about those experiences, and ways to make it easier and better to get the health services you need. The survey is part of a larger study looking at young people's experience with health services in WA.

Who is carrying out the study?
The research is being carried out by Telethon Institute for Child Health Research and the Social Research Group, who have been contracted by the Commissioner for Children and Young People. The role of the Commissioner under the Commissioner for Children and Young People Act 2006 and is broadly to advocate for Western Australian children and young people under the age of 18, which includes consulting with children and young people from a broad range of backgrounds and age groups, and promoting the participation of children and young people in the making of decisions that affect their lives.

What will the survey tell us?
The information we collect will be used by the Commissioner and others so that more is known about what young people want and need from health services.

How long will the survey take?
It shouldn't take more than about 15 minutes.

Will the survey ask me about my own health issues?
No. We will ask you about the kinds of health professionals you have seen, what your experiences were, any problems you had accessing services, and how you think health services for young people in WA could be improved.

Is there likely to be a benefit to other people in the future from this study?
The study will benefit young people like you in the future because the information can be used by the Commissioner for Children and Young People and others to promote improvements to health services for young people.

Where is your survey information kept?
All survey information is securely kept at the Social Research Group at their facility in Melbourne.

What about my privacy?
Your privacy is assured, and no personal information will be released to any person or organisation in a way that you could be recognised.

Who has approved the study?
The study has been approved by the University of Western Australia Human Research Ethics Committee.

Who to contact for more information about this study:
If you would like any more information about this study, or have any questions about completing the survey, please do not hesitate to contact one of the research team. They are very happy to answer your questions:
Project Manager: Nina Van Dyke (03 9372 8400)
Researcher: Roz Walker (08 9489 7952)

Who to contact if you have any concerns about the organisation or running of the study?
If you have any concerns or complaints regarding this study, you can contact the University of Western Australia Human Research Ethics Committee at 08 6488 4703. If you do not feel confident to do this, you can ask someone to help you make contact with these people.

PRESS ENTER TO CONTINUE

CONSENT

Before you begin the survey, we need to make sure that you consent to participating in the survey and that you understand your rights. Please read the statements below and, if you agree, press 'enter' at the bottom of the screen.

I have read and understood the information provided to me about the survey. Any questions I had have been answered and I am happy with the response.

I understand that I may withdraw from the study at any stage and withdrawal will not interfere with any healthcare I may be receiving.

I agree that research data gathered from the results of this study may be published, provided that names are not used.

PRESS ENTER TO CONTINUE

If you are aged 13 to 17, please make sure your parent or carer says it's ok before you start this survey.

I have discussed my participation in this survey with a parent or carer and they have given me permission to participate.

OR

I am 18 years old

PRESS ENTER TO GO TO SURVEY QUESTIONS

AGE AND LOCATION SCREENER

Before we start, we need to ask you a couple of questions to be sure we have a good mix of young people.

S1. How old are you?

12 or younger (CLOSE – NONQUAL – AGE)	1
13	2
14	3
15	4
16	5
17	6
18	7
19 or older (CLOSE – NONQUAL – AGE)	8

S.2 What is your postcode?

WA postcode	1
Outside WA (CLOSE – NONQUAL – LOCATION)	2

S.3 What is your suburb or town?

Suburb or town _____

PRESS ENTER TO CONTINUE

SECTION 1: TYPES OF SERVICES ACCESSED

Q.1. In the past 12 months, about how many times have you seen each of the following people? If you're not sure of the exact number of times, just make your best guess. (Multiple response)

Doctor in the community (sometimes called a GP or family doctor)	1
Doctor or nurse in a hospital emergency department	2
Doctor or nurse in a hospital clinic	3
Paediatrician	5
Mental health doctor...	6
Counsellor, psychologist or social worker	7
Aboriginal Health Worker	8
Clinic or school nurse...	9
Youth health service	10
Street Doctor / a mobile medical service	11
Physiotherapist	12
Dentist	13
Occupational therapist	14
Optometrist	15
Speech pathologist	16
Dietician	17
Sexual health clinic / service..	18
Family planning service	19
Skin specialist	20
Another type of health professional	21

SECTION 2: EXPERIENCES WITH HEALTH SERVICES

INTRO: We'd next like to ask you some questions about each of the types of health professionals you said you have seen. If you saw more than one person or went to more than one service – for example, you saw different counsellors at different locations – please think of whoever you saw most.

Q.2. How true is each of the following statements about the *[insert type of person from previous question]* you saw? Would you say it was always true, sometimes true, or rarely/never true?

If you only saw this person once, please choose either 'always true' or 'rarely/never true'.

[Repeat questions for each health professional seen]

Scale: 1 = Always true, 2 = Sometimes true, 3 = Rarely or never true, 4 = Doesn't apply to me

[Randomise the order in which the below statements appear, except for 'Overall, I was treated very well & Overall, they helped me – which should come at the end.]

a) Overall, I was treated very well.
b) I got enough information about my health issue.
c) Overall, they helped me.
d) They encouraged me to voice my opinions about my own healthcare.
e) They discussed confidentiality with me.
f) I understood what would remain confidential.
g) It was easy to get appointments at times that were convenient for me.
h) I had to wait a long time in the waiting room before I could see someone.
i) They helped me link with other health services that I needed.
j) I felt really comfortable there.
k) It was too expensive.
l) It was a welcoming place for young people.
m) I understood everything that was being said to me.

n) They didn't really listen to me.
o) I was treated with respect.
p) I felt they wanted to help me.

Q.3. Is each of the following statements true about the *[insert type of person from previous question]* you saw? **[Repeat questions for each health professional seen]**

Scale: 1 = Yes, 2 = No, 3 = Don't know

[Randomise the order in which the below statements appear]

a) I was asked how I feel about school or work. **(Do not ask for the following health professionals: 'Doctor or nurse in a hospital emergency department', 'Physiotherapist', 'Dentist', 'Occupational therapist', 'Optometrist', 'Speech pathologist', 'Skin specialist')**
b) I was asked how I feel about family and friends. **(Do not ask for the following health professionals: 'Doctor or nurse in a hospital emergency department', 'Physiotherapist', 'Dentist', 'Occupational therapist', 'Optometrist', 'Speech pathologist', 'Skin specialist')**
c) I was asked how I feel about my mood and general well-being. **(Do not ask for the following health professionals: 'Doctor or nurse in a hospital emergency department', 'Physiotherapist', 'Dentist', 'Occupational therapist', 'Optometrist', 'Speech pathologist', 'Skin specialist')**
d) The place was easy to get to.
e) I could go on my own, without having to have my parent or carer with me if I didn't want to.
f) I was seen on my own for at least part of the visit.

Q.4. Do you know how to access the health services you need?

Always	1
Sometimes	2
Never	3
I don't need any health services	4

SECTION 3: BARRIERS TO ACCESS

Q.5. Are there any health issues you would like to see someone about but haven't?

Yes	1
No	2

Q.6. **Ask if YES to previous question – otherwise go to next question**
What stops you from seeing someone about these issues? (Multiple response)

I don't know how to find out where to go or who to contact	1
It's too hard to get there	2
I'm too embarrassed; I don't want anyone to find out	3
Relationship with parent/carer; not wanting them to find out	4
I don't have access to my own Medicare card	5
I don't think I would be listened to	6
I'm not sure it would really help	7
I'm worried what I say won't be confidential ; that they'll tell someone like my parent	8
It's too expensive / no bulk billing	9
The hours they are open are not convenient	10
It's too hard to make an appointment / need a walk-in service or unbooked appointments	11
Just haven't gotten around to it	12
Other reason (specify)	13

SECTION 4: ONLINE HEALTH SITES

Q.7.   Have you ever accessed any of the following health websites? (Multiple response)

ReachOut 1
Somazone 2
What Works 4 U 3
Safe Sex No Regrets 4
Could I Have It 5
Quarry Health Centre 6
Other (specify) 7
I have not accessed any health websites
(single response) 8

Q.8.   *If accessed any online health websites*
Why did you access this/these sites? (Multiple response)

To get information about a health issue 1
To get help for a health problem (e.g online counselling) 2
To share my story with others or hear others' stories 3
Other (specify) 4

Q.9.   How helpful did you find *[insert website from Q.7]*? **[Repeat question for each website mentioned]**
Would you say it was very helpful, somewhat helpful, or not very helpful?

Scale: 1 = Very helpful, 2 = Somewhat helpful, 3 = Not very helpful

SECTION 5: HOW SERVICE DELIVERY COULD BE IMPROVED

Q.10.   How could health services be made more youth friendly? (Multiple response)

Easier to find out where to go or who to contact 1
More convenient location / easier access by
public transport 2
More outreach or mobile services 3
No/lower cost 4
More convenient hours 5
No waiting for an appointment 6
Longer appointments 7
More flexible or unbooked appointments; just be
able to walk in 8
Friendlier/more welcoming staff 9
Less judgmental staff 10
More knowledgeable staff 11
Know more about my culture 12
Other (specify) 13
Nothing – there is nothing health services could do to be
more youth friendly (single response) 14

Q.11.   Is there anything else you would like to tell us about how health services could be improved for young people in WA?

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SECTION 5: DEMOGRAPHICS

INTRO: Thank you for telling us about some of your experiences with health services. Now we'd like to ask a few questions about you.

Q.12.   Are you…

Male 1
Female 2
Transgendered/intersex/unsure/other 3

Q.13. For each of the following statements, please answer Yes or No.

Scale: 1 = Yes, 2 = No, 3= Don't know

a) Are you a young carer? (By this we mean you have day-to-day responsibilities for another person -- for example, your own child or someone who is chronically ill, has a physical or mental disability, has a drug or alcohol problem, or is elderly)
b) Do you currently or have your previously lived in out-of-home care?
c) Over the past year, have you lived in stable accommodation?
d) Do you consider yourself lesbian, gay, bisexual, transsexual, or intersex (LGBTI)?
e) Do you identify as Aboriginal and/or Torres Strait Islander?
f) Do you speak a language other than English at home?
g) Were you born in Australia?
h) Do you have a disability?
i) Do you have a chronic illness?

Q.14. How would you describe your overall health…?

Excellent 1
Very good 2
Good 3
Fair... 4
Poor 5

CLOSE

Q15.   That's the last question. Thank you for taking this survey. Your responses will help the Commissioner for Children and Young People understand young people's experiences with health services in WA and what might be able to be done to improve them.

This research is carried out in compliance with the Privacy Act and the information you provided will be used only for research purposes. Your answers will be combined with those of other participants; no individual responses will be identified.

If you would like a **summary of the results** from this survey, please provide us with an email address and we will send it to you. This contact information will be used only for the purpose of providing you with this summary report. It will NOT be linked to your responses in any way and it will be destroyed once we have sent you the information.

Email address: _____   1
Not interested in receiving summary of results ...   2

Q16.   If you would like to **enter a prize draw** for an iPad as thanks for the time you have taken to complete this survey, please enter your contact details below. This contact information will be used only for the purpose of the prize drawing. It will NOT be linked to your responses in any way and it will be destroyed once we have awarded the prize.

Email address: _____   1
Not interested in entering the prize drawing   2

Q17.   If you have any questions about this survey please call 1800 552 163 (free call). If you have any questions or concerns regarding the ethics of this survey, please call the University of Western Australia Human Research Ethics Committee at 08 6488 4703

If you would like to talk to someone about a health issue, you can contact the following organisations:

Medicare Local. Medicare Locals work with GPs and other primary health care providers to ensure all Australians, regardless of where they live, can access effective primary health care services. Their website is www.medicarelocals.gov.au/.

headspace. headspace helps young people 12-25 who are going through hard times. They can help you with general health, mental health and counselling, education and employment, alcohol and other drug issues. There are 6 headspace centres located across WA. You can also access online chat and telephone support via eheadspace. Their website is http://www.headspace.org.au/.

Kids helpline. Kids helpline is a free, private and confidential telephone and online counselling service specifically for young people aged between 5 and 25. Their phone number is 1800 55 1800. Their website is http://www.kidshelp.com.au/.

Or see your Family Doctor or School Nurse

Thank you again for your participation.

CLOSE – NON QUALIFYING - AGE

Q18.   Unfortunately, this survey is for young people aged 13 to 18 only. Thank you for your interest.

CLOSE – NON QUALIFYING - LOCATION

Q19.   Unfortunately, this survey is for young people who live in WA only. Thank you for your interest.