



# Youth Health Seminar

## Report on Discussion Themes and Outcomes

### Key Points

In June 2014, representatives of Western Australian health, government and community organisations, and clinicians, researchers and young people, came together to discuss priorities and future directions for youth health and wellbeing in the state. A focus of the discussion was identifying short-to-medium term opportunities and longer-term goals to improve policies, services and research.

There was support for the following actions.

1. Formation of a youth health and wellbeing alliance of stakeholders, with a core working group, which includes young people, to advocate and drive strategies for:
  - a. a more comprehensive approach to youth health and wellbeing policies and services
  - b. raising the profile of youth health in the state
  - c. encouraging young people's involvement in decision-making and governance processes
  - d. expanding training for health practitioners and students
  - e. enhancing health promotion, prevention and early intervention.
2. Submission of a funding proposal to an appropriate agency to establish a 'Centre for Youth Health and Wellbeing' at the Queen Elizabeth II Medical Centre to provide a focal point for youth health research and practice.
3. Consolidation of existing WA youth health data so as to construct a picture of the state of young people's health.

Formation of a WA youth health research network to facilitate information sharing and research collaboration.

### Background

On 18 June 2014, the Telethon Kids Institute and the Commissioner for Children and Young People co-hosted a seminar for around 50 representatives of health, government and community organisations, and clinicians, researchers and young people, to discuss priorities and future directions for youth health in Western Australia.



Participants identified areas of common ground for improving the approach to youth health in WA and discuss short-to-medium term opportunities and longer-term goals to improve policies, services and research.

Three keynote speakers provided the context for the seminar. Youth participant and member of the Child and Adolescent Health Service Governing Council, Ms April Welsh, provided a young person's perspective on current youth health issues in WA and set a challenge for stakeholders to prioritise action in this area.

Professor George Patton, Professor of Adolescent Health Research at the University of Melbourne and Director of Adolescent Health Research at the Royal Children's Hospital Melbourne, spoke about the changing nature of adolescence in recent decades, growing international interest in youth health, the significance of the adolescent years in shaping an individual's long-term wellbeing and broader population health, and recent experiences of increasing the focus on youth health in Victoria.

Dr Rosanna Capolingua, Chair of the Child and Adolescent Health Service Governing Council, spoke about local challenges and opportunities and affirmed youth health as an important issue that all stakeholders need to address.

Seminar participants worked in small groups to discuss the essential components of a comprehensive approach to youth health in WA, strategies to involve young people in policy and service development, and specific considerations around: policy and service reform; collaboration and linkages; workforce development; health promotion, prevention and early intervention; and developing an evidence base to support action in youth health.

The main discussion themes and suggested actions are summarised below.

## **Leadership and advocacy**

Seminar participants supported a greater focus on youth health and wellbeing in WA, recognising the evidence that investment into youth health benefits young people and the broader community. Professor George Patton discussed some of this evidence and the Commissioner for Children and Young People also referred to it in her recent *Position Statement on Youth Health*.

There was consensus that leadership was critical for moving forward on youth health in WA.

Many participants suggested WA Health agencies such as the Department of Health, the Child and Adolescent Health Service (CAHS) and/or the Child and Youth Health Network were best placed to take on a leadership role. However, it was acknowledged that a number of stakeholders have advocated to these agencies for a greater focus on youth health in recent years and there has been little progress.



The CAHS Governing Council has shown recent interest in youth health as a strategic issue and it was agreed that a meeting would be sought to present the seminar outcomes to the council.

Seminar participants also expressed support for the formation of a youth health and wellbeing alliance of stakeholders. The alliance would include a core working group with the authority and legitimacy to drive change and advocate to government and other stakeholders at a senior level, and would include young people.

There was also support for engaging youth health champions in the community, such as high profile community leaders, health experts and young people, who could promote youth health to media and at public events.

## **Involving young people**

There was consensus that young people should play a central role in shaping the future direction of youth health in WA.

Some of the current challenges were discussed, including the need to include young people in decision-making processes, consult young people meaningfully and ensure diversity among young people when their participation is sought.

There was consensus that young people's participation should be meaningful and not tokenistic, and should go beyond consultation to include structured participation in governance and decision-making processes.

There was general agreement that all organisations that impact on young people's health and wellbeing should promote the participation of young people.

Suggestions for encouraging broader and more meaningful participation included:

- providing training and mentoring to build young people's capacity to take part in governance processes
- providing financial compensation to young people being engaged longer-term on boards and committees
- using creative mechanisms to engage young people and increase access, such as social media
- engaging young people from more diverse backgrounds
- encouraging youth leaders in the community to speak up about youth health.

## **Policy and service reform**

There was strong support for the development of a comprehensive approach to youth health and wellbeing in WA.



Many participants supported the development of a state youth health policy, strategy or plan. Participants suggested such a framework could include:

- a set of principles and key messages that underpin the framework
- a definition of “youth” or “adolescent”
- a common set of indicators profiling young people’s health and wellbeing
- an evidence-based focus on strategies and programs that have been shown to work
- an analytical framework for new policies and services, and collaboration and coordination
- particular attention to the needs of vulnerable and disadvantaged young people
- cultural considerations, for example around Aboriginal understandings of adolescence and adulthood
- acknowledgement that families play a fundamental role in youth health
- a long-term focus, and potentially a long-term funding model
- a clear delineation of responsibilities and accountabilities.

It was generally viewed that WA Health was best placed to lead the development of such a framework. The work of the Mental Health Commission in leading the development of the state’s mental health policy was cited as a model.

In the longer term, seminar participants agreed it should be a priority to achieve a cross-sector approach to youth health and wellbeing that involves organisations and practitioners across all sectors and levels of government.

A further suggestion (or potentially a first step towards a state framework) was the development of a youth health charter that outlines a set of principles, priorities and goals, which stakeholders across sectors can sign up to and use as a platform for improving youth health in their work.

An opportunity was highlighted with the upcoming co-location of the new Perth Children’s Hospital, the Telethon Kids Institute, the Sir Charles Gairdner Hospital and a number of research organisations at the Queen Elizabeth II Medical Centre. Discussions are already underway about providing future adolescent and young adult medical (AYAM) services for young people across the two hospitals. It was suggested there may be scope to source a modest amount of funding to develop a ‘Centre for Youth Health and Wellbeing’, similar to the model in Victoria, which would bring together researchers and clinicians, act as a focal point for youth health research and practice, and promote collaboration and linkages.

## **Workforce development**

Building health professionals’ awareness of youth health issues and capacity to respond to young people’s needs was one of the themes in the small group discussions.



One suggestion for improving awareness and understanding was the development of a core knowledge set and a shared approach for applying that knowledge, for both current health practitioners and students, which could be achieved through a common core curriculum or a youth health policy.

There was discussion of existing resources to help practitioners build their capacity to work with young people. Some participants suggested there was a need for more online training suited to busy professionals.

It was noted that the Royal Australasian College of Physicians is developing a speciality AYAM training program, however it is still a few years away.

In relation to vulnerable and disadvantaged young people, there was discussion around trust and cultural security, and the importance of building the capacity of practitioners to engage with specific groups of young people.

Positive comments were made about the approach by youth workers of 'working with' young people and it was suggested this is an appropriate model for all practitioners.

There was also support for involving young people in delivering health services to their peers, particularly in vulnerable and disadvantaged populations. Some of the strategies discussed for increasing young people's involvement were affirmative action (requiring a proportion of services to be delivered by young people), peer-to-peer programs and encouraging health education providers to connect students with young people in a two-way learning process.

## **Collaboration and linkages**

Promoting collaboration and linkages was a common theme in the seminar and the focus of one of the small group discussions.

Service providers who work with vulnerable and disadvantaged young people emphasised the importance of linkages for providing comprehensive support.

Some participants advocated more co-location of services, particularly with primary care and mental health services.

The headspace consortium model, where a lead agency works with multiple service providers, was cited as an example of effective collaboration and coordination.

The 'rapid response' child protection model was also highlighted as an example of effective collaboration in acute circumstances.

There was a discussion about fostering collaboration through a community development model, with a focus on local solutions using local relationships and encouraging community ownership.



Participants discussed the value of having a clear picture of existing youth health programs and services. A mapping project for the youth health and wellbeing sector was suggested as a way of encouraging collaboration, as was a state youth health framework.

## **Health promotion, prevention and early intervention**

Health promotion, prevention and early intervention are major priorities in public health policy. One of the seminar's small group discussions focused on how to better engage young people, their families and their schools in this area. Participants suggested that:

- it was important to emphasise a holistic view of health and wellbeing in strategies
- services should be tailored and flexible in how they are delivered
- young people need skills to navigate the health system and engage with services
- health service usage should be 'normalised' to get young people comfortable with seeking help
- collaboration is necessary to provide young people and families with 'joined-up' information
- strategies should rely on evidence of what works
- better evaluation of programs needs to be a priority
- issues should be targeted that young people say are important to them
- young people should be involved in designing programs
- there is scope to better use technology to achieve program goals
- more research is required to identify gaps in services.

One of the main discussion points was around the critical role of the education system. It was generally agreed that primary and secondary school education provide opportunities to empower young people with knowledge about accessing health services, and more could be done to promote education in this area. A further suggestion was placing more emphasis on life skills, emotional self-regulation and coping with adversity in school programs.

The important role of school nurses and other school-based health professionals in providing information and care was also highlighted.

## **Developing an evidence base**

The collection and use of data to drive the development of policies and services is a fundamental part of good practice in public health. One of the small group discussions focused on identifying opportunities to improve the evidence base in WA.

A priority that emerged is to bring together all sources of existing data, including previous reports and research and active data linkage, to obtain a picture of the state of young people's health in WA. This would form the baseline for future work, help identify gaps in data collection and support the development of longer-term priority areas of work.



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Other research priorities suggested were:

- improving clinical data systems to improve routine clinical research
- working towards more academic appointments and improving research capacity within clinical services
- methodological research on using young people, and new methods of data collection, in research into youth health
- use of social media and other means to tackle issues like self-harm, suicide, bullying and substance misuse

There was support for developing a WA youth health research network to encourage information sharing and collaboration.