



ACT
Government

Health

ACT Healthy Young People Feasibility Study

Final Report
November 2011

Prepared for the ACT Government Health Directorate by



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1 Executive summary

1.1 Background

Canberra is a child and youth-friendly city that strives to support all young people to reach their full potential. To this end, funding from the Australian Capital Territory (ACT) Government's 2009–2012 Healthy Kids, Healthy Future Budget was allocated to undertake the ACT Healthy Young People Feasibility Study.

In 2010, LeeJenn Health Consultants were engaged by the Health Promotion Branch of the ACT Government Health Directorate to undertake the study with the following aims:

- identify key health issues for ACT young people aged 12–25 years
- examine models and programs that could be adapted to meet the health needs of ACT young people, with an emphasis on prevention and early intervention initiatives
- identify the priorities and perspectives of key stakeholders
- examine the feasibility of establishing an ACT Centre for Young People's Health
- formulate recommendations for consideration by the ACT Government on actions to improve the health and wellbeing of young people.

1.2 Methodology for the feasibility study

LeeJenn Health Consultants used the following methodology:

1. **Establish the context:** A comprehensive review of the literature and a scan of best-practice models for young people's health care in Australia and overseas were undertaken.
2. **Identify current health services and systems:** A map of existing ACT young people's health and associated services was drawn, and service opportunities were identified.
3. **Consultation with stakeholders:** Young people aged 12–25 years were consulted via survey and focus groups; parents and carers completed an online survey and a random sample was followed up by telephone; and professional stakeholders were consulted through personal and telephone interviews, focus groups and online submissions.
4. **Formulate recommendations and prepare final report:** All available data were analysed and synthesised to identify the key themes that underpin the recommendations for the ACT Government Health Directorate on actions for improving the health and wellbeing of young people.

1.3 Key findings from the literature

ACT young people are relatively advantaged economically and socially, although it is recognised that some are vulnerable and face considerable disadvantage. ACT young people are relatively healthy compared to those of the same age both nationally and globally, and mortality and morbidity is declining across a range of health indicators.

The primary health issues affecting young people in the ACT are:

- high levels of psychological distress, but relatively modest levels of mental health disorder
- lack of knowledge about sexual and reproductive health and high rates of *Chlamydia* infection
- lower-than-recommended levels of physical activity and fruit and vegetable consumption
- tobacco, alcohol and other drug use, particularly ecstasy and cannabis use, with the rate of daily smoking and regular drinking higher than the national average
- sun over-exposure.

To address these issues, careful consideration of the mix of primary, secondary and tertiary prevention programs is needed, as the literature is mixed in regard to outcomes in these areas. Approaches to improving young people's health must be informed by evidence for its effectiveness, as well as participation by young people themselves and collaboration across health service providers.

Primary prevention, such as mass media campaigns and school-based prevention are effective in raising awareness of an issue, but can have little impact on behaviour. Secondary prevention research shows that early intervention in many areas, including alcohol and drugs, obesity and mental health, can be effective in reducing the likelihood of escalating problems. Tertiary prevention that treats established problems, issues and disorders have more extensive evidence for their effectiveness. Psychological therapies for substance abuse, mental health and obesity are effective for young people, and can be delivered in either generalist or specialist services. Medical interventions for these and other issues, including sexual and reproductive health, are also effective.

Drug education in schools has mixed results for both primary and secondary prevention and requires careful planning, integration into the school curriculum, and adherence to other good practice principles to be effective. Of concern is the ability of some programs to increase the uptake of alcohol and other drugs.

Access to a combination of specialist youth and mainstream services can increase young people's participation in their own health care. Regardless of the service type, common features that engage young people include flexible, responsive, affordable and confidential service delivery; participation of young people in planning and delivery of services; and well-trained staff. There is evidence of a mismatch between what young people expect from their doctor, for example, and what they actually receive. Most prefer someone who will listen and reassure them, but not necessarily offer a pharmaceutical solution to their problem.

For young people with chronic or complex health problems, transitional health programs help them to adapt to an adult health care system and ensure continued engagement with essential treatment.

1.4 Key findings from consultations with young people, parents and carers, and professional stakeholders

Nearly 600 young people, 200 parents and carers, and 100 professional stakeholders offered their perspectives to the study. Key findings are presented here.

WHERE DO YOUNG PEOPLE GO FOR INFORMATION AND TREATMENT?

- The ACT is reasonably well serviced for its relatively small population and the establishment of new health services was not supported, although the expansion of several existing programs, such as the Junction Youth Health Service and the School Youth Health Nurses Pilot Program, was recommended.
- Vulnerable young people have access to specific services such as youth centres and the Junction Youth Health Service, and while both models are reportedly working well for this group, demand for services has resulted in a waiting list for general practitioner (GP) appointments at the Junction.
- The broader group of ACT young people prefer to seek health care from the mainstream health system (76% have seen a GP in the past 12 months) rather than specialist youth services.

WHAT ARE THE MAIN BARRIERS TO RECEIVING HEALTH CARE?

- The high cost of health care, particularly dental and GP care, and lack of access to bulk-billing arrangements, was identified as a considerable barrier to timely health care, particularly for the 18–25–years age group.
- Lack of after-hours services, long waiting lists for an appointment, and long waiting times in hospital emergency departments were also considerable barriers to receiving timely and appropriate treatment.

WHAT IS WORKING WELL?

A number of programs and services were highlighted as working well:

- The Walk-in Centre at the Canberra Hospital
- The ACT Dental Health Program and Medicare Dental Vouchers
- Junction Youth Health Service
- Sexual Health Services and the Sexual Health Lifestyle Information and Referral Program (SHLiRP)
- revised intake and assessment system for Child and Adolescent Mental Health Services
- Mental Illness Education ACT (MIEACT).

WHERE ARE THE MAIN SERVICE AND SYSTEMS OPPORTUNITIES?

- Health education in ACT schools and colleges was frequently raised as an issue, most commonly lack of integration into the broader curriculum and inconsistent delivery. The new National Curriculum will introduce compulsory health and physical education for all students from Years K–10; however, a strong partnership between the ACT Government Health Directorate and the ACT Education and Training Directorate (ETD) would ensure an evidence-based approach to the delivery of health education from now and into the future.
- There are opportunities in prevention and early intervention activities for alcohol, tobacco and other drug use, and to a lesser extent common mental health issues.
- There is a perceived lack of availability of quality health information, health advice and information about existing services and programs.

WHAT ARE THE NEEDS OF SPECIAL GROUPS OF YOUNG PEOPLE?

- While dedicated transitional programs for young people with chronic medical conditions such as diabetes are in place, young people with complex medical problems and other disabilities such as autism are not so well catered for and tend to be lost to follow-up when they reach the age of 18 years. Further investigation of the needs of this group of young people is recommended.
- While some excellent services exist for Aboriginal and Torres Strait Islander young people, all health services must be able to respond to the needs of Aboriginal and Torres Strait Islander young people to ensure equity of access to the mainstream health system for those who choose to access it. Strategies to improve the mainstream system for Aboriginal and Torres Strait Islander young people are recommended in this report.
- Multicultural young people experience significant difficulty navigating the health care system and require culturally appropriate assistance to do so. Strategies to improve the mainstream system for multicultural young people are also recommended in this report.

DOES THE ACT NEED A CENTRE FOR YOUNG PEOPLE'S HEALTH?

There was broad support for the establishment of a Centre for Young People's Health. Few stakeholders supported a clinical or service focus, because that model was not seen as having the capacity to meet the needs of all young people in the ACT.

There was much more support for a model that would be staffed by experts in young people's health; would offer expert advice and leadership; coordinate services and encourage collaboration and networking; assist the mainstream health system to translate research into practice and become 'young people friendly'; and develop a strong research agenda to assist the ACT Government Health Directorate to respond to emerging public health issues.

This study found that the establishment of a Centre for Young People's Health in the ACT is both feasible and recommended.

1.5 Summary of Recommendations – For Consultation

Priority Areas, recommendations and suggested strategies	Short term (1 year)	Medium term (1–2 yrs)	Long term (3+ yrs)
<p>Priority Area 1: School-based health education</p> <p>1.1: Establish a strong partnership between the ACT Government Health Directorate and the ACT Education and Training Directorate (ETD)</p> <p>Memorandum of understanding between the ACT Government Health Directorate and Education and Training Directorate ETD for a partnership approach to health promotion and the delivery of evidence-based health education in schools.</p> <p>1.2: Produce and disseminate best practice guidelines for the delivery of health education in schools</p> <p>Produce guidelines.</p> <p>Develop a dissemination plan and implement widely.</p> <p>Offer training in best practice health education in the school environment to teachers and external facilitators.</p>	<p>✓</p>	<p>✓</p> <p>✓</p>	<p>✓</p>
<p>Priority Area 2: Alcohol and drug and mental health promotion, and early intervention activities</p> <p>2.1 Establish systems for identification and early intervention for alcohol and drug misuse and psychological distress in young people</p> <p>Explore the feasibility of establishing and piloting a specialist ‘youth team’ with a comorbidity focus within the Alcohol and Drug Program (e.g. The Hot House Youth Community Team, Qld Health).</p> <p>Appoint a skilled person to provide subsidised, good-quality training in detection, assessment and brief opportunistic interventions for alcohol, tobacco and other drug use, and mental health first aid for youth workers, general practitioners, nurses, community health workers, school health workers, sporting clubs and other relevant workers who come into contact with young people.</p> <p>2.2 Undertake additional health promotion activities in alcohol, tobacco and other drug use and mental health</p> <p>Ensure that “A Guide to Reviewing and Developing Alcohol, Tobacco and Other Drug Resources for Young People” health promotion quality control checklist is disseminated widely.</p> <p>Initiate alcohol, tobacco and other drug health promotion activities that link with the national binge</p>	<p>✓</p>	<p>✓</p> <p>✓</p>	

Priority Areas, recommendations and suggested strategies	Short term (1 year)	Medium term (1–2 yrs)	Long term (3+ yrs)
<p>drinking campaign, such as hosting information stalls at public events so the broader group of young people who are not at school or university can be targeted. Information about standard drinks and lower risk drinking, and paper and pencil versions of self-screening instruments such as the AUDIT (Alcohol Use Disorders Identification Test), would be suitable.</p> <p>Explore the feasibility of implementing a mental health and wellbeing health promotion campaign such as Act-Belong-Commit.</p>			✓
<p>Priority Area 3: A ‘young-people-friendly’ mainstream health system</p>			
<p>3.1 Promote a ‘young-people-friendly’ mainstream health service system</p>			
<p>Develop a quality-assurance framework for young-people-friendly service delivery, including guidelines and checklists and support with appropriate training.</p>	✓		
<p>Consider a partnership with the ACT Medicare Local to adapt the YouthREACH program for the ACT, and to explore other opportunities to improve access to GPs by young people.</p>		✓	
<p>Increase the use of nurse practitioners within primary health care and community health centres. Consider funding a scholarship scheme for experienced nurses with an interest in young people’s health to become accredited nurse practitioners.</p>			✓
<p>3.2 Respond to the particular needs of Aboriginal and Torres Strait Islander and multicultural young people</p>			
<p>Include specific issues for Aboriginal and Torres Strait Islander and multicultural young people in the quality assurance framework (see Recommendation 3.1) and support with appropriate training.</p>	✓		
<p>In partnership with Aboriginal and Torres Strait Islander services and Multicultural Youth Services, consider a pilot of the Youth Health Navigator Program (see Section 9 for a description of this program).</p>		✓	
<p>Priority Area 4: Coordination of existing services</p>			
<p>4.1 Strengthen coordination of the young people’s health service system</p>			
<p>Deliver a Youth Assembly on young people’s health that is free of charge or low cost.</p>	✓		
<p>Introduce social networking for practitioners and services. The Victorian Dual Diagnosis Initiative offers a model for the use of an online network for service providers (see dualdiagnosis.ning.com).</p>			✓
<p>Develop guidelines for clinical service coordination, especially focused on coordination between multiple service providers, such as case conferencing and coordination, transitioning between services, and case management.</p>		✓	
<p>Consider establishing a peer-support program (similar to the ChIPS (Chronic Illness Peer Support) Program)</p>		✓	

Priority Areas, recommendations and suggested strategies	Short term (1 year)	Medium term (1–2 yrs)	Long term (3+ yrs)
<p>for young people with chronic medical conditions. A moderated chat room could link to the online self-management support for chronic conditions that is currently under development by the ACT Government Health Directorate.</p> <p>Further investigate the need for transitional health programs for young people with chronic medical and other conditions in the ACT.</p>		✓	
<p>Priority Area 5: The role of new technology for young people’s health</p> <p>5.1: Use new technologies to improve health literacy, increase access to quality health information, and engage young people in health care</p> <p>Create an appealing, single web portal with credible health and service information.</p> <p>Involve young people in the design and development of a smart phone application health service directory.</p> <p>Use alternative means of information dissemination in conjunction with a web portal such as touch-screen information kiosks, free mini-cards with services and programs information.</p>		✓ ✓	✓
<p>Priority Area 6: The strengths of the current service system</p> <p>6.1: Expand the services of the Walk-in Centre to focus on young people</p> <p>Consider expanding the service by establishing a ‘young people’s health and wellness team’ that could also include allied health professionals in conjunction with experienced nursing staff. May expand to have an outreach capacity in future.</p>			✓
<p>6.2: Undertake an evaluation of the School Youth Health Nurse program</p> <p>Engage a suitable external evaluator to undertake a methodologically sound evaluation of the School Youth Health Nurse program and review the program where necessary.</p>	✓		
<p>6.3 Expand the outreach capacity of the Junction Youth Health Service</p> <p>In partnership with Anglicare, investigate the feasibility of expanding the Junction’s current outreach program into other geographical areas.</p>		✓	
<p>Priority Area 7: Participation in sports and physical activity and healthy eating</p> <p>7.1 Implement consistent healthy eating options across all ACT schools</p> <p>Use the data gained from the ACT Nutrition and Physical Activity Schools Audit 2011 to develop information on the results to be circulated to ETD and other key stakeholders, followed by delivery of a Workshop in the Medium term.</p>	✓	✓	

Priority Areas, recommendations and suggested strategies	Short term (1 year)	Medium term (1–2 yrs)	Long term (3+ yrs)
<p>In addition to adopting the National Healthy School Canteen Guidelines, ETD could develop and enforce a clear healthy food and nutrition policy to mandate which unhealthy foods and drinks can no longer be served by schools (to include canteens and fundraising activities). Canteen owners, School P&C Associations, and operators would then be bound by this policy.</p>		✓	
<p>Support a broader uptake of a kitchen garden program, based on the Stephanie Alexander Kitchen Gardens program, and trial in schools with older students.</p>			✓
<p>7.2 Increase activity among young people who are not engaged in competitive sports</p>			
<p>Work collaboratively with the Heart Foundation to support and implement strategies identified in the Blue print for an active Australia that are particularly suitable for young people.</p>		✓	
<p>Work collaboratively with ETD to consider how physical activity can be encouraged among students not enrolled in PE (e.g. the Let’s Move in School program).</p>		✓	
<p>Adapt the Festival for Healthy Living model and provide non-students with an opportunity to participate. An adaptation for Aboriginal and Torres Strait Islander and multicultural young people is also recommended.</p>			✓
<p>7.3 Provide opportunities for active (non-motorised) transport</p>			
<p>Include young people in the planning and design of the built environment.</p>	✓		
<p>Develop an Active Travel program in ACT schools to encourage students to walk or ride to school.</p>	✓		
<p>Undertake a household travel survey.</p>			✓
<p>Investigate national TravelSmart activities for feasibility in the ACT</p>		✓	
<p>Advise the Environment and Sustainable Development Directorate on children and young people’s views on establishing additional bicycle paths and safe walking pathways.</p>		✓	

2 Background

2.1 The ACT Healthy Young People Feasibility Study

The health and wellbeing of young people in the ACT is of utmost importance. Funding from the Australian Capital Territory (ACT) Government's 2009–2012 Healthy Kids, Healthy Future Budget was allocated to undertake the ACT Healthy Young People Feasibility Study. This feasibility study complements the ACT Young People's Plan 2009–2014 by offering practical recommendations such that these worthy outcomes might be achieved.

The ACT Young People's Plan 2009–2014 envisions a community in which young people:

- participate in sports and physical activities beyond the Australian norm
- have access to quality information on health and health services
- use available health services
- have access to early identification and intervention if problems arise
- have access to transitional services.

In 2010, LeeJenn Health Consultants were engaged by the Health Promotion Branch of the ACT Government Health Directorate to undertake the study with the following aims:

- identify key health issues for ACT young people aged 12–25 years
- examine models and programs that could be adapted to meet the health needs of ACT young people, with an emphasis on prevention and early intervention initiatives
- examine the feasibility of establishing an ACT Centre for Young People's Health
- formulate recommendations for consideration by the ACT Government on actions for improving the health and wellbeing of young people with emphasis on prevention and early intervention initiatives.

Canberra is a child and youth friendly city that supports all young people to reach their full potential, make valuable contributions and share the benefits of our community.

The ACT Young People's Plan
2009–2014

The feasibility study investigated young people's health from a broad perspective and was not designed to focus on any specific services or programs. However, detailed recommendations have been made that have considerable potential to improve the health and wellbeing of young people in the ACT.

2.2 The vision for young people's health in the ACT

Optimal health, wellbeing and support are priorities of the ACT Young People's Plan 2009–2014. Health is much more than the absence of illness. Health is the foundation upon which young people can perform at their best and participate meaningfully in society. A vision for health in the 21st century is one in which health is the responsibility of individuals, families, the broader community and governments. A whole-of-government approach recognises the social determinants of health and strives to promote equitable access to health services and systems in health education, prevention, early intervention and treatment for all young people.

Young people are often clustered with children or adults in mainstream health care practice and policy. They may be seen as generally healthy individuals with low health care needs and services more often take a social justice approach and focus on marginalised and chronically ill young people. Yet young people are the future as well as the present, and developing a generation of healthy young people ensures a future of healthy adults. A focus both on the most needy in society and on enhancing and maintaining the health of the broader group of young people is paramount.

Young people must have a voice in the development, delivery and review of health systems and services, and must be engaged meaningfully at every stage. Young people are the best judges of what makes the health system 'young people friendly' and their opinions must be actively sought, considered and acted upon.

Young people in the ACT enjoy good health across a number of important indicators, and with the right support can continue to thrive into the future. Particular attention needs to be paid to the issues that most affect the broad range of ACT young people today and that will affect their health in the future. The identification of, and early attention to, these factors will help to prevent the onset of chronic conditions that reduce quality of life and place considerable burden on health systems and resources.

A strong and responsive health system is achieved through cooperative efforts and a shared vision. A health system that supports the wellbeing of young people has multiple entry points and a range of services and systems that account for individual and community differences. It reaches out to young people in their own settings. A modest geographical footprint, small population, broad retention in education and relative affluence combine to make the ACT uniquely placed among Australia's states and territories to embed such a system.

Young people's health in the ACT encompasses primary, secondary and tertiary level intervention, and a focus on early intervention and prevention represents the best return on investment for the future.

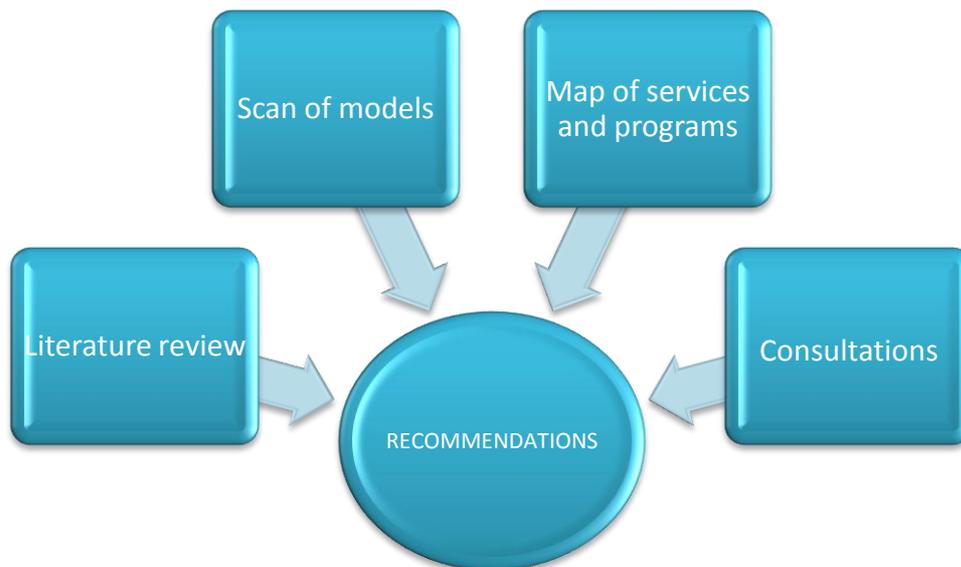
2.3 About this report

This report details the background to the feasibility study and the methods used; provides an overview of the literature in regard to young people's health; presents the key findings of the consultations; describes the recommended model for the proposed Centre for Young People's health, and finally presents detailed recommendations and a range of strategies to improve the service system for young people in the ACT.

3 Data-collection methods for the feasibility study

Four sources of data were used to develop the final recommendations as illustrated in Figure 1: a review of the literature, a scan of models and programs for young people, a map of existing programs and services in the ACT, and extensive stakeholder consultation.

Figure 1: Overview of data collection methods



3.1 Literature review including review of existing data

A comprehensive review of the national and international literature was completed to identify what works best for the prevention and treatment of health problems in young people. The literature review also guided the direction of the consultation component of the ACT Healthy Young People Feasibility Study, and provided a strong foundation for developing detailed recommendations for optimising the health and wellbeing of young people.

A review of the state of young people's health was undertaken by the Epidemiology Branch, Population Health Division, the ACT Government Health Directorate¹ and a summary of the findings is presented in the literature review.

3.2 Scan of national and international models

A scan of national and international models of services and programs to improve young people's health was undertaken, including those focused on prevention and early intervention. The literature review also identified service models that have been examined in the scientific literature and have been found to be effective for young people.

¹ Epidemiology Branch, ACT Government Health Directorate (2011), *Health status of young people in the ACT*.

3.3 Map of existing services and programs in the ACT

The range of existing services for young people in the ACT was examined, including those proposed or under construction. With the assistance of the ACT Government Health Directorate and through advice from stakeholder interviews, the range of public, private and not-for-profit health and related services in the ACT for young people were identified. *The big red book: A handbook and directory for people who work with young people in the ACT*, published by the Youth Coalition of the ACT in 2010, was also used.

3.4 Stakeholder consultation

A broad stakeholder consultation strategy was undertaken. The components of the consultation process included:

1. Individual and group face-to-face meetings and telephone interviews with a range of organisations and individuals who have links to young people's health
2. Online feedback opportunity for service providers and other organisations or individuals that have links to young people's health
3. Online and paper-based surveys of young people (12–25 years)
4. Online survey of parents and carers of young people
5. Face-to-face consultations with young people
6. Youth week live feedback forum.

FACE-TO-FACE AND TELEPHONE INTERVIEWS WITH ORGANISATIONS AND INDIVIDUALS

This component was undertaken between November 2010 and March 2011. There was a list of more than 90 contacts that, through their work, have links to young people's health. They were interviewed individually, in small groups or larger focus groups and over the telephone. The contacts are based in both government and non-government organisations and come from a range of sectors, including health services and policy, research, education, youth, sport and recreation, road safety, Aboriginal and Torres Strait Islander and multicultural organisations.

A list of organisations from which the professional stakeholders were drawn is attached as Appendix 1.

ONLINE FEEDBACK FROM SERVICES, OTHER ORGANISATIONS AND INDIVIDUALS

Written online feedback was also offered to service providers, other organisations and individuals to provide formal or informal input online. The online feedback opportunity was open for approximately three weeks. This enabled those who were unable to provide face-to-face or telephone feedback to contribute their perspectives.

ONLINE SURVEY FOR YOUNG PEOPLE AND PARENTS OR CARERS

Online surveys were developed for young people aged 12–25 years and for parents or carers of young people. The online surveys were advertised to more than 3000 contacts through:

- Chief Minister's Department community organisations database (more than 2000 organisations)
- Generation Next ACT database (more than 900 parents or carers of young people in the ACT)

- ACT Government Health Directorate contacts

Both surveys were circulated to these lists at least once with a request to forward to additional contacts.

Young people were asked about their use of health services and experiences, the barriers to using services and their preferred models of health care. Parents or carers of young people were asked similar questions.

FACE TO FACE AND TELEPHONE INTERVIEWS WITH YOUNG PEOPLE AND PARENTS OR CARERS

Ethical approval to conduct focus groups with students was obtained from the ACT Government Health Directorate Human Research Ethics Committee. Permission to approach school principals about the study and to undertake student focus groups was also obtained from the ACT Education and Training Directorate. All schools in the ACT were contacted to assist with the distribution of the online surveys. In addition, four schools were identified that crossed a broad geographic and socio-demographic area. We recruited 22 young people from the two consenting schools (Melba-Copland and Telopea) and facilitated a discussion about health, health care and the role of new technologies in communicating health messages. Parents were recruited from those who answered the online survey.

YOUTH WEEK FORUM

An open forum was held during Youth Week 2011. Interested stakeholders were invited to attend. At the forum, key findings from the feasibility study were presented, and final feedback was invited to inform the development of the recommendations detailed in this report.

4 Literature review

If it were possible to take a single, global snapshot of young people in 2011, it would capture an image of the best educated, most interconnected, technologically savvy and dynamic young cohort in history.

Young people need *opportunities* to develop through quality education and health services, and to have a voice in how these are developed and administered, the *capability* to be informed and choose well among these opportunities, and *second chances* to change and develop through programs targeted at those who lacked basic resources or made poor choices the first time around [1].

4.1 Health and wellbeing of young people

Young people face a number of challenges in managing their health. Rapid physical changes occur during puberty, such as height, weight and body shape, genital, hormonal and neurological changes. In addition, psychological development, such as desire for autonomy and a more mature understanding of self, contribute to the potential for turmoil during adolescence.

Peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity are prerequisites for achieving a state of good health. Health and wellbeing are also influenced by positive early life experiences, resilience, employment, social support, socioeconomic status and social inclusion [2-6].

Causes of death in young people globally are largely preventable. The leading causes of death in Australia are consistent with those among other developed nations; the most common are deaths due to injury, suicide and poisoning.

Youth are not a homogeneous group; the challenges and opportunities affecting their lives are broadly similar but are characterized by important differences deriving from unique contextual circumstances.

United Nations, 2007

Young people who live in countries with a developed market economy tend to fare much better than young people in developing countries or those undergoing economic transition. The health of Australia's young people compares well with other developed market economies [7].

4.2 Health status of young people in the ACT

A snapshot of young people in the ACT paints a picture of an affluent and relatively healthy population with a few key areas of concern emerging, including alcohol and other drugs, mental health, sexual health, obesity, nutrition and physical

underactivity, and sun exposure. Aboriginal and multicultural young people, and those incarcerated, are particularly at risk.

The ACT has a slightly higher proportion of young people (21% compared to 19%) and they live in relative advantage compared to the Australian average. Of the 20 most advantaged Local Statistical Areas across Australia, the ACT accounts for six.

In 2006, 1.6% of the ACT's young people were Aboriginal and/or Torres Strait Islander, below the national average of 3.4%. In 2006, the ACT had a slightly higher proportion of Australian-born young residents (81.8%) than the rest of Australia (79.3%).

The ACT is a relatively affluent society with a good sense of community, with many indicators higher than the national average, including participation in volunteer work, cultural, political and sporting activities [8]. ACT students perform above the national average for reading, writing and numeracy, and school retention rates are higher than the national average. Unemployment in the ACT is lower than the Australian average. However, the cost of living is high in the ACT and this should be taken into account.

HEALTH OF ACT YOUNG PEOPLE²

Overall, young people in the ACT are healthy and, like the rest of Australia, mortality and morbidity is declining. The good news is that there have been declines in the rates of suicides, road and transport accidents; asthma and the rates of other chronic conditions (such as diabetes), and most communicable diseases (such as whooping cough and HIV/AIDS) is very low among this group [8].

The recently released report, *The health status of young people in the ACT*, shows injury and poisonings (including intentional self harm) still account for two-thirds of the deaths among this age group and are on the increase as they are elsewhere in Australia [8].

Mental health problems, along with long-term physical health conditions and physical, cognitive and intellectual disability can affect young people's well-being and, without adequate supports, can impact on their ability to fully participate in society.

Muir et al, 2009

The primary areas of concern for young people in the ACT (where the territory is showing trends that differ from those in the broader ACT or Australian population) are mental health; sexual health; obesity, nutrition and physical activity; sun exposure; and substance use.

MENTAL HEALTH

Over the period 2007–09, close to 15% of people aged between 16 and 25 years reported to have been diagnosed with a mental health condition. This rate was similar to those 26 years old and over (16.4%). Depression (7.8%) and anxiety (7.3%) were the most common mental health problems.

² The information in section 4.2 is summarised from the Epidemiology Branch, ACT Government Health Directorate (2011), *Health status of young people in the ACT*.

Young people were more likely to report symptoms of high to very high psychological distress (13.6%) compared to adults aged 26 years old and over at 8.3%.

SEXUAL HEALTH

Chlamydia rates are increasing in the ACT, as they are elsewhere in Australia. ACT young people have very poor knowledge about sexual health and reproduction issues. In 2009, 78% of secondary students surveyed had engaged in some form of sexual activity, and only half who were sexually active always used a condom.

OBESITY, NUTRITION AND PHYSICAL ACTIVITY

Based on self-reported body mass index, 19.5% of 12–17-year-olds, 29.1% of 18–25-year-olds and 56.5% of 26-year-olds and older are overweight or obese in the ACT - slightly lower than elsewhere in Australia. In addition, physical activity and consumption of fruit and vegetables is lower than recommended levels, with only half meeting guidelines for fruit and a quarter meeting guidelines for vegetables.

SUN EXPOSURE

ACT young people continue to expose themselves to unsafe levels of sun radiation, with the younger age groups (12–17 years) more likely to report sunburn over the previous summer (76.3%) compared to those aged 18–25 years (61.7%) and those aged 26 years and over (31.8%).

TOBACCO, ALCOHOL AND ESPECIALLY ILLICIT DRUG USE

The proportion of young people reporting to be current smokers (smoked at least once in the past seven days) has decreased between 1996 and 2008. The ACT has a higher proportion of daily smokers (20.2% compared to 17.3%) but a slightly lower proportion of occasional smokers (2.8%) than the rest of Australia (5%).

Alcohol consumption among ACT secondary students aged 12–17 years has remained relatively stable over the years, reflecting Australian population rates for the age group. Among the older age group of 18–25-year-olds, more than half (54.8%) had consumed alcohol in the previous week, compared to 47.9% of young people in this age group across Australia as a whole. In particular, rates of risky drinking, at least weekly, was slightly higher in the ACT (20%) than Australia as a whole at 18% [9].

Young men aged 18–25 years in the ACT showed an increase in the weekly risk of alcohol-related harm in the short term from 2001 (19.7%) to 2007 (25.3%) - higher than the Australian average for those years (16.1% in 2001 and 11.4% in 2007).

Illicit drug use among 18–25-year-olds in the ACT has been decreasing as it has in Australia, (Table 1) but remains higher in the ACT (35%) than the Australian average (27%). Recent cocaine, heroin and steroid use are lower than the Australian average; however, the use of ecstasy, cannabis, inhalants and illicitly obtained methadone in particular are higher [10].

Secondary school students show a very low rate of lifetime use of illicit substances, most of which is accounted for by cannabis use.

Table 1: Illicit drug use in the previous 12 months, residents aged 18–25 years, %, ACT and Australia, 2007 and 2001

	2007		2001	
	ACT	Australia	ACT	Australia
Amphetamines	5.4	5.8	21.3	12.6
Cocaine	2.8	4.5	6.7	4.5
Methadone	0.8	0.1	0.0	0.2
Ecstasy	17.4	11.0	22.4	11.6
Hallucinogens	2.7	2.3	4.9	3.9
Heroin	0.0	0.4	1.1	0.7
Inhalants	2.3	0.6	1.9	1.1
Cannabis	25.3	20.9	35.7	31.8
Steroids for nonmedical purposes	0.0	0.3	0.5	0.2
Tranquillisers	1.0	2.7	3.2	2.9
Any illicit	35.2	27.0	39.5	36.8

ACT = Australian Capital Territory

Source: *AIHW National drug strategy household survey, confidentialised unit record file, ACT and Australia, 2007 & 2001* cited by Epidemiology Branch, ACT Government Health Directorate (2011), *Health status of young people in the ACT*.

4.3 Health of specific groups of young people

ABORIGINAL YOUNG PEOPLE

The Aboriginal population of Australia is young with a median age of 21 years compared to a median age of 36 years for non-Aboriginal Australians [11]. Young Aboriginal people continue to be at a disadvantage in the areas of health and socioeconomic status. They are twice as likely to be of low birth weight, to be hospitalised for chronic conditions and die before the age of 20 compared to non-Aboriginal young people [6]. Aboriginal young people are twice as likely as non-Aboriginal young people to report their health as 'fair' or 'poor' [11].

YOUNG PEOPLE LIVING IN DETENTION

The evidence for the negative impacts of detention on young people is well established. Compared with the general community, prisoners have significantly worse health, with generally higher levels of diseases, mental illness and illicit drug use than Australians overall [12].

Compared with other young people of the same age, juveniles in detention tend to use drugs more often, start using drugs at an earlier age, have a history of familial drug use and have a history of sexual abuse [13].

YOUNG PEOPLE FROM CULTURALLY AND LINGUISTICALLY DIVERSE BACKGROUNDS

More than half a million young people aged 15–24 years living in Australia were born overseas, mostly from non-English speaking countries. Young people from culturally and linguistically diverse (CALD) backgrounds face similar experiences to young people in general, but have the added burden of cultural differences and language barriers that can lead to social exclusion and disaffiliation from vital health services. The experience of racism can adversely affect the health and wellbeing of CALD youth, particularly young women. It is estimated that 70% of secondary students have experienced racism at some time but are reluctant to report it [14].

There are limited reliable data on the health status of CALD youth; however, the following issues have been highlighted as areas for concern [15]:

- CALD youth lack access to appropriate mental health treatment.
- There is a lack of resources and cultural competency in mainstream youth mental health services.
- CALD youth lack quality information about sexual and reproductive health.
- Young people born outside Australia are at greater risk of homelessness than other young people.

Both Indigenous and non-Indigenous adolescents on remand in Australia have poorer mental and physical health, more family problems, greater suicide ideation and greater truancy rates than adolescents in the general population.

Sawyer et al, 2009

4.4 Young people's concerns about their health and wellbeing

Every year, Mission Australia conducts a national survey of young Australians in an effort to identify what young people value, as well the issues of most concern to them. A total of 50240 young people aged 11 to 24 years from all over Australia contributed to the findings of the 2010 survey. Three percent ($n=1488$) of respondents were young people from the ACT, 25 of those were aged 20–24 years [16].

Family conflict was rated the issue of most personal concern for respondents living in the ACT (30.9%) followed by coping with stress (30.1%) and study or school problems (29.5%). Body image was the fourth-most highly rated issue of personal concern for ACT respondents (27%). Data from those aged 20–24 years were not reported for the ACT due to low numbers.

When asked where they were most likely to go for advice and support, ACT respondents across all age groups and genders said that they were most likely to go to friends first (87%), followed by parents (72.9%) or a relative or family friend (56.6%).

The internet is becoming increasingly used as a source of health advice and support - around 25% of young people used the internet for advice in the most recent survey compared with around 10% in the 2002 survey. The likelihood of using the internet as a major source of advice is highest for the 20–25-year-old age bracket (around 40%), although this group represent the lowest proportion of survey respondents (only 2.3%).

The increasing reliance of young people on the internet as a major source of health information raises issues regarding the quality of information available, their health literacy, their ability to discriminate between good and poor quality information, and the risks associated with self-diagnosis.

4.5 Risk factors for young people's health and wellbeing

Risk factors for young people's health include personal factors such as genetics, behavioural factors such as smoking or physical inactivity, and environmental factors such as socioeconomic status.

Specific risk factors that contribute to a young person's level of vulnerability and hence likelihood of poor health and wellbeing include:

- experience of abuse, neglect, conflict or violence within the family
- unsafe accommodation and homelessness, limited or no family support
- significant risk-taking behaviours, such as use of alcohol and other drugs and unsafe sexual practices
- disengagement or exclusion from mainstream education
- association with risk-taking peer group
- unemployment, financial disadvantage and poverty
- offending behaviour and involvement with the criminal justice system.

Many people have more than one risk factor for one or more health problems. The more risk factors, the greater the risk for a particular problem and the greater the overall risk of ill health [12].

4.6 Good practice in young people's health

Good practice in young people's health includes youth-friendly service provision, as well as the application of evidence-based practice and policy.

HEALTH PROMOTION

Population-level prevention and early intervention is cost effective and can positively alter risk and protective factors that impact on children and their families.

Health promotion is the process of enabling people to increase control over, and to improve, their health... health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.

Ottawa Charter, 1986

The Ottawa Charter³ identifies five action areas for health promotion:

- Build healthy public policy
- Create supportive environments
- Strengthen community action
- Develop personal skills
- Reorient health services

A range of strategies is available, but need to be carefully chosen to match the behavioural and environmental objectives to promote better health.

RESILIENCE AND CONFIDENCE BUILDING IN YOUNG PEOPLE

Two key factors are predictive of developmental resilience: children have adults who care for them and children have good self-regulating skills [17]. Learning how to reflect upon and adapt one's own experience, and that of others, is also important [18]. These factors build resilience and self-efficacy, both of which are important individual protective characteristics [19]. An evaluation of a Canadian program designed to improve young people's resilience and engagement in pro-social activities, Project Early Intervention, showed increased social functioning and reduced anxiety, aggression and inattentiveness among participants [5].

ENGAGEMENT IN SPORT

Engagement in sport promotes physical, social and emotional development and develops skills, including goal setting, problem solving, conflict resolution, cooperation, teamwork, persistence, and tolerance for discomfort and losing [20, 21]. Furthermore, participation in sport improves mood, self esteem and school performance; and reduces symptoms of depression, stress and anxiety, offending behaviour, violence and substance misuse [21].

Compared to young women who do not play sport, young women engaged in sports are less likely to smoke cigarettes regularly, less likely ever to have used alcohol, and more likely to have a positive body image [20].

4.7 Health literacy

Health literacy is the ability of an individual to understand health concepts and is an important factor in how well an individual is able to participate fully in society. Studies have shown that people with low health literacy not only have less knowledge of illness management, but have less input into their own health care decision-making, lower adherence to medication, and poorer health outcomes [22, 23]. Low levels of health literacy are associated with lower educational attainment, lower annual income, poorer health status and fewer consultations with a doctor [24].

Health literacy can be improved by promoting plain language, culturally and age-appropriate written materials, and through clear verbal communication that is free of complex language and jargon [22].

³ The *Ottawa Charter for Health Promotion* was developed at the first International Conference on Health Promotion held in Ottawa, Canada, in 1986.

4.8 Improving the quality of young people's health services

HEALTH CARE TRANSITION FOR YOUNG PEOPLE WITH CHRONIC ILLNESSES

Successful transitioning of young people from child and adolescent to adult services can improve not only health outcomes for young people but also their quality of life [25].

Barriers to effective transitional care include [26]:

- **structural barriers** such as lack of interagency planning, cultural differences between paediatric and adult health care systems, and lack of infrastructure
- **individual barriers** such as a reluctance by medical staff, parents or carers and young people themselves to move on from paediatric care
- **system gaps** that allow young people with complex and or chronic illness to fall through the gaps and disengage from treatment entirely
- **ad hoc approach** to transition services that occurs by default or only works intermittently
- **uncoordinated care** such that different rules among services involved in the young person's care create confusion that disrupts health care
- **lack of consultation** with young people and their parents and carers in transition planning
- **developmentally inappropriate services** delivered by health service providers who lack training in the specific needs of young people.

The NSW Greater Metropolitan Clinical Taskforce (GMCT) Transition Care Network [27] identified a number of barriers to providing appropriate continuity of care for young people undergoing transition. The GMCT recommended employing transition coordinators; providing case management for young people with complex chronic illnesses; adopting a multidisciplinary approach to managing young people with chronic conditions in the adult health system and providing equity of access to appropriate services; and increasing the proportion of appropriately skilled medical, allied health and nursing staff by re-skilling the existing workforce and training new clinical staff in transition care to meet service gaps and increasing the role and training of general practitioner (GP) practice nurses.

Successful transition programs share the following elements [25]:

- adequate time for preparation and education for young people, parents or carers and health practitioners
- involvement of young people and their parents or carers in the transition process
- a coordinated transition with no interruption to health care
- a transition service that is individually tailored to meet the needs of a wide range of young people
- ability to respond to the common concerns of young people according to their development and include sexuality, mental health, mood and relationships among other concerns
- support from effective communication and information sharing between paediatric and adult health services

- appropriate managerial and administrative support at both ends of the ‘transfer chain’ to overcome problems associated with ‘casual’ agreements between practitioners involved in the young person’s care.

ACCESS TO SPECIALIST VERSUS GENERALIST HEALTH SERVICES FOR YOUNG PEOPLE

Health services often regard adolescents as a healthy group who do not need priority action, and so provide a minimum subset of adult or paediatric services with no adjustments for their special needs... many young people regard such health services as irrelevant to their needs and distrust them. They avoid such services altogether, or seek help from them only when they are desperate.

McIntyre, 2002

Health behaviours developed in adolescence are carried into adulthood, so attention to the specific health needs of young people is crucial in these developing years.

Adolescence is a critical period for engaging young people in their own health [28]. The question regarding whether these health behaviours are best addressed in generalist versus specialist services for young people is a complex one.

On one hand, young people need to understand and be able to use all the health services available to them. Having youth friendly access to mainstream services, such as GPs, community health centres and hospitals, is important. The successful transition from youth to adult services is also potentially assisted by early familiarity with mainstream systems. During late adolescence and early young adulthood, young people begin to explore ‘adult’ behaviours related to their health [28].

On the other hand, young people often have quite specific health needs in relation to their health and health inequalities develop during this time, often through adolescent-typical behaviours, such as binge drinking, experimentation with other drugs and other risk-taking behaviours [28]. In addition, many of the health conditions that arise in the period from adolescence to young adulthood are highly stigmatised and lead to chronic health conditions if not addressed early. These health conditions can include mental health disorders, drug use issues and obesity.

Generally, mainstream health services are designed to be reactive and address single issues, already identified by the consumer. Yet, for young people, there are multiple common risk factors for poor health that often arise out of the development process [29] and interventions to address these common factors tend to be more effective in reducing common health problems in young people [28]. Viner and Barker [28] highlight the need for a specific focus on these common factors in young people and for young people to be recognised as a distinct group in the development and implementation of health policy.

Services specifically geared towards young people to address youth specific issues such as sexual health and drug and alcohol use can offer continuity of care and a holistic approach to young people’s health. They should ideally be co-located with other young people’s services, particularly in areas of disadvantage. Rickwood, Deane and Wilson [30] note that those most likely to act as

gatekeepers to mental health services for young people, for example, are school counsellors, GPs and youth workers.

The literature in this area suggests the need for access to both specific and mainstream services for young people. Both need to be 'youth friendly' and be able to establish good engagement and a trusted relationship with the young person. Access to these services needs to be coordinated and holistic, linked through and located near services with which young people already interact, such as school or university counsellors, education providers and social services.

IMPROVING ACCESS TO YOUNG PEOPLE'S SERVICES

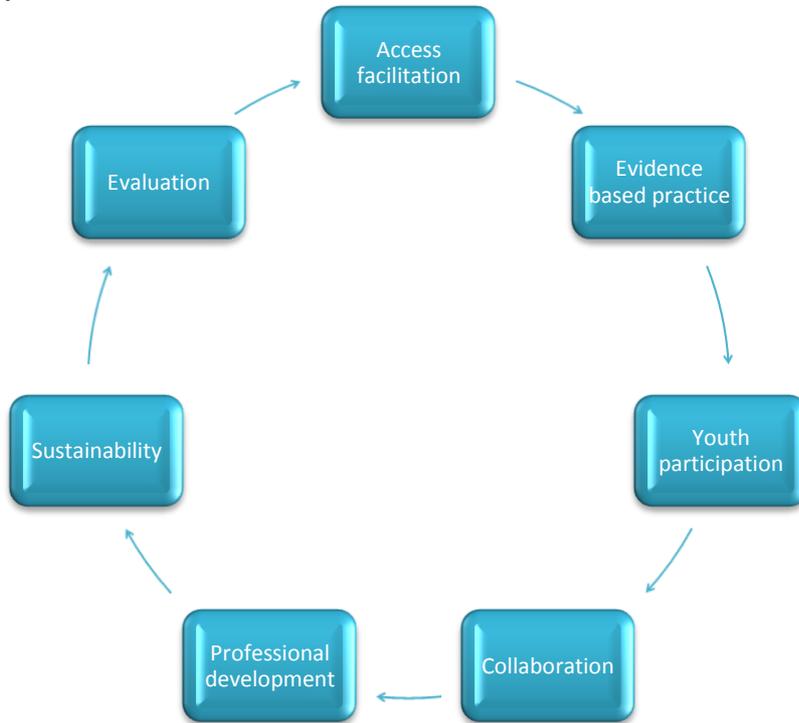
In the context of emerging trends impacting on the delivery of services by practitioners, Silliman [31] argues that there are three key elements that have improved the quality of services delivered to young people in recent years:

- a movement toward consensus in models guiding practice across sectors
- a shift toward science-based practice; that is, the best agency response to demands for accountability, evaluating programs for science-based merit, documenting model prevention programs and disseminating prevention technologies via regional networks
- an increase in resources available to practitioners, such as online training and education.

As a leading example of how these standards can be achieved, in a systematic analysis of service models for young people in Australia, Kang and colleagues [32] identified seven principles of good practice for improving youth access and the quality of primary health care for young people aged 12 to 25 (see Figure 2):

- **Access facilitation:** Services are flexible, affordable, relevant and responsive to the needs of all young people (regardless of age, sex, race, cultural background, religion, socioeconomic status or any other factor).
- **Evidence based practice:** Services and their programs are developed and regularly reviewed according to evidence of best practice from the most reliable and appropriate local, national or international sources.
- **Youth participation:** Young people are involved in the development, implementation, review and evaluation of services and programs in ways that create a sense of ownership of, importance to, influence within and/or belonging to that service or program and a sense of mutual respect.
- **Collaboration:** Service providers within a service, as well as different services within and across sectors, who share common service goals and target groups, network, communicate and/or work together to plan, deliver, review and evaluate their service provision to young people with a clear delineation of responsibilities.
- **Professional development:** Appropriate, adequate and ongoing professional development, support and supervision are available to health service providers working with young people.
- **Sustainability:** Services develop and implement strategies that optimise the longevity and/or recurrent funding for the service or program where appropriate.
- **Evaluation:** Services regularly examine the relevance, quality and results of their programs using appropriate evaluation methods, which include measuring the outcomes of the service for young people and service providers against their program goals, objectives and indicators.

Figure 2: Seven principles of good practice for improving access and quality of primary care for young people



4.9 'Youth friendly' services

Evidence suggests that young people avoid using services that are not youth specific, primarily because they are not perceived to be respectful or confidential [33].

Youth-friendly health services are those that can attract young people, meet their needs and be successful in retaining them in continued care. To achieve these characteristics, however, services must have specially trained staff, be accessible and maintain privacy and confidentiality [34].

In their work within reproductive health services in Zimbabwe, Erulkar and colleagues [35] reported that adolescents rated confidentiality, short waiting time, low cost and friendly staff as the most important characteristics of a health service. Their findings suggest that, even in the most resource-poor settings, clinical services are in a position to improve their level of youth friendliness.

One study of 450 young people reported that there is a clear mismatch between what young people expect to receive from their doctor and what they actually receive [36]. The most common expectations from the consultation were treatment (50%) and good communication (around 40%), while 42% expected advice, reassurance and that the doctor would listen to them. The outcomes of the consultations found that 60% were prescribed a pharmaceutical treatment; however, most did not expect it.

In another study examining the capacity for youth-friendly general practice in Norway, Hetlevik, Haug and Gjesdal [37] found that GPs assigned especially low priority to young people when the workload of the GP was high.

The World Health Organization describes a variety of settings in which services for young people can be provided: health centres, hospitals, youth or community centres, outreach, schools and workplaces. To meet the World Health Organization 'gold standard' of care for young people, services must be [38]:

- effective
- safe
- affordable
- able to meet individual needs
- those to which young people return
- those that young people would recommend to their friends.

Characteristics of youth-friendly health services include [7]:

- **Friendly policies** that fulfil the rights of young people, take into account the special needs of different sectors of the population, do not restrict the provision of health services on the grounds of gender, disability, ethnic origin, religion or (unless strictly appropriate) age, pay special attention to gender, guarantee privacy and confidentiality and promote autonomy so that young people can consent to their own treatment and care, ensure that services are either free or affordable.

- **Friendly procedures** to facilitate easy and confidential registration of patients and retrieval and storage of records, short waiting times and (where necessary) swift referral, and consultation with or without an appointment.
- **Friendly health care providers** who are technically competent in youth-specific areas and offer health promotion, prevention, treatment and care relevant to each client's maturation and social circumstances; have interpersonal and communication skills; are motivated and supported; are nonjudgmental and considerate, easy to relate to and trustworthy; devote adequate time to clients or patients; act in the best interests of their clients; treat all clients with equal care and respect; and provide information and support to enable each young person to make the right free choices for his or her unique needs.
- **Friendly support staff** who are understanding and considerate; treat each young person with equal care and respect; and who are competent, motivated and well supported.
- **Friendly health facilities** that provide a safe environment at a convenient location with an appealing ambience, have convenient working hours, offer privacy and avoid stigma, and provide information and education material.
- **Involvement of young people**, so that young people are well informed about services and their rights, are encouraged to respect the rights of others and involved in service assessment and provision.
- **Community involvement** and dialogue to promote the value of health services and encourage parental and community support.
- **Community-based**, outreach and peer-to-peer services to increase coverage and accessibility.
- **Appropriate and comprehensive** services that address each young person's physical, social and psychological health and development needs, provide a comprehensive package of health care and referral to other relevant services, and do not carry out unnecessary procedures.
- **Effective services** that are guided by evidence-based protocols and guidelines; have equipment, supplies and basic services necessary to deliver the essential care package; and have a process of quality improvement to create and maintain a culture of staff support.
- **Efficient services** that have a management-information system, including information on the cost of resources, and a system to make use of this information.

4.10 Barriers to the delivery of youth-friendly health services

BARRIERS RELATED TO YOUNG PEOPLE

Barriers to young people's access to appropriate health care include a lack of knowledge on the part of the young person, legal or cultural restrictions, physical or logistical restrictions, poor quality of clinical services, unwelcoming services, high cost of services, cultural barriers and gender barriers [38].

In Australia, young people are concerned about confidentiality, embarrassment, lack of awareness about services and lack of service access [32]. Structural factors (such as cost, transport and opening hours) are also significant barriers to help-seeking [39]. These barriers apply to young people across all socioeconomic gradients.

BARRIERS RELATED TO SERVICES

Barriers for GPs include lack of time, the corresponding financial cost of lengthy consultations in the fee-for-service structure of Australian general practice, and a lack of expertise in dealing with health issues specific to young people [32, 40].

Community health centre workers also cite lack of expertise as a barrier to services. Both groups report difficulties in communicating with young people, as well as lack of support and communication with other relevant services, particularly mental health services. Youth health centre workers identify infrastructure and resource issues as the main barriers to providing optimal primary health care [32].

In a study conducted to explore the congruence between the views of service providers and young people regarding access to primary health care, Bernard and colleagues [41] highlighted the differing perspectives of the two groups. Young people prioritised confidentiality, embarrassment and lack of knowledge about services, while service providers prioritised structural or systemic issues such as the need for appointments, designated opening hours and cost.

4.11 Technology and young people's health

New technology has great social, economic and personal benefits for young people, despite documented costs associated with excessive consumption. Most young people are more adept at using new technologies than their older peers and many seem able to negotiate the challenges and potential pitfalls that technology presents.

The small numbers of young people who do not use technology are most likely to be young people from disadvantaged backgrounds and may become increasingly isolated as the importance of technology continues to grow.

Youth services often provide disadvantaged young people with access to computers and other technology, which may help to reduce the disparity. However, as Brown and Bobkowski [42] point out, technology and other media can heavily influence the behaviour of young people, and learning to use technology in thoughtful and healthy ways is of vital importance.

A recent report by Olin and colleagues [43] recommended using smart phone, mobile phone and internet technology already in use for engaging young people in civic and political activity, to engage young people in health promotion and health-related activities.

4.12 What works in young people's health

Not all interventions are equally effective and policy must be based on what works, rather than what is popular. Some interventions, particularly in the alcohol and other drug use area, can increase rather than decrease the problem.

PRIMARY PREVENTION

Primary prevention aims to prevent the onset of diseases and conditions in whole populations or specific groups.

Mass media campaigns, especially one-off or short-term campaigns, are generally effective at raising awareness about a particular issue, but rarely result in significant behaviour change.

A notable exception is Australia's long-running National Tobacco Campaign, which has reduced tobacco smoking, although not among young people [44]. However, the National Tobacco Campaign was accompanied by significant public health policy initiatives, including increased taxation and funded brief intervention initiatives in primary care, and has been running over many years consistently.

Alcohol and other drugs

Although there have been numerous evaluations of primary prevention for alcohol and drug use among young people, there is a lack of evidence for their effectiveness [45]. At a population level, there is evidence from good-quality studies that higher prices for alcoholic beverages, restrictions on hours and days of sale for licensed premises, a reduction in actual numbers of licensed premises, and restrictions on the legal age for purchase and consumption of alcohol reduces overall consumption and associated alcohol-related harms [46]. Results from a range of studies indicate that effective drug use prevention strategies are those that include a mix of programs and program types [47]. Purely information-based strategies or those based on passive participation are largely ineffective [48]. A US family focused intervention, the Strengthening Families Program, has shown promise in reducing uptake of alcohol and the amount of alcohol consumed by young people over four years of the evaluation, and merits further investigation [45].

The features of effective campaigns included thorough research on the audience and targeting of messages to youth audiences; use of creative private sector-based marketing strategies (such as branding positive lifestyles); use of multiple channels (such as television, text or web based promotion and printed resources or giveaways) to increase exposure; and addressing public policy in addition to individual behaviour.

Thornley and Marsh, 2010

Mental health

Effective prevention approaches for depression and anxiety in young people are those that incorporate cognitive-behavioural training, problem solving, building positive peer relationships and enhancing resilience [49].

Skin cancer

Prevention of skin cancers involve protecting the skin from the sun and involves a combination of strategies including sunscreen, wearing protective clothing, wearing a hat and avoiding direct sun exposure – ‘slip, slop, slap’. Despite this, research suggests that although young people, particularly those aged 14 – 18 years, have a high level of knowledge about risk factors and protection practices, they have the lowest skin protection rates of all age groups, especially if they have a positive attitude to tanning [50].

Obesity

The prevention of obesity in young people involves an increase in physical activity and an increase in the dietary intake of fibre, particularly vegetables, fruit, legumes and whole grains [38]. The evidence for the effectiveness of promoting physical activity among young people is variable and in some cases unclear. However, increasing activity by providing free after-school initiatives, providing facilities for safe bicycling, improving physical education facilities at school, providing young people with choices about types of physical activity, and emphasising the fun and social aspects of sport and exercise, may be effective [51].

Australian researchers have highlighted the significant opportunities for promoting healthy eating by young people’s sporting clubs. As only about 20% currently advocate healthy eating and often still rely on confectionary for fundraising, researchers recommend that clubs develop healthy eating policies and actively promote them to young people through healthy options in vending machines and canteens [52]. The Victorian Healthy Club Canteens Project [53] is an excellent example of how easily healthy food can be introduced and marketed.

Sexual and reproductive health

The presence of sexually transmitted infections (STIs) can adversely affect reproductive health. Prevention of STIs in young people can involve increasing knowledge of how STIs are acquired, targeting attitudes to the use of male and female condoms to ensure condoms are used for each and every occasion of sexual activity, addressing the sociocultural contexts of young people’s relationships [54], and providing routine human papillomavirus (HPV) vaccination among pre-sexually active young women [55]. Well-delivered and integrated curriculum-based education has also been shown to help reduce a range of sexual risk-taking behaviours among young people [56].

SECONDARY PREVENTION

Secondary prevention encompasses early intervention and seeks to reverse or limit harm in the early stages of a disorder, or targets those at particular risk.

Alcohol and other drugs

Despite the enduring popularity of drug education in schools, evidence regarding the effectiveness of such education is mixed. Results of a meta-analysis of more than 200 studies of school drug-education programs found that non-interactive, lecture-style programs showed little or no effect on students’ drug use, while those that were interactive and encouraged the practice of drug-refusal skills showed greater effects - particularly those that targeted tobacco specifically [48]. School drug

education can be effective if it is evidence based, interactive, developmentally and culturally appropriate, integrated into the broader school health curriculum, flexible, and delivered by members of the school community who are well trained and supported to do so [44]. Some programs have even been shown to increase drug use, so caution is required and the introduction of a well-tested program is important.

Involving young people in sporting and recreation activities, particularly young people who are not engaged with the education system, also shows promise [44]. An Australian example is the Good Sports Program, initiated by the Australian Drug Foundation, which aims to promote inclusion of young people and families in sporting clubs and to reduce alcohol consumption by accrediting clubs according to their alcohol-management standards.

A small body of evidence suggests that peer education may also help to reduce drug use among young people, although more research is needed [44]. The peers must be carefully selected to ensure they have credibility with the target audience, and the education program must be well planned, developed, implemented and evaluated for each setting [57].

Screening and brief interventions have also demonstrated effectiveness in reducing hazardous and harmful alcohol consumption, both in the general practice setting [58] and via the internet [59].

Mental health

There is some evidence to suggest that early intervention for first-episode psychosis, such as medication and psychoeducation, improves outcomes for this vulnerable group [60], although the effects may not be sustainable in the long term [61]. The prevalence of depression is high among young people; however, little is known about the effectiveness of early intervention for first-episode depression among this vulnerable group. Evidence-based approaches, such as cognitive-behavioural therapy (CBT) and relapse-prevention strategies, are likely to be effective in early intervention [62].

Obesity

Early intervention involves identifying overweight or obese children and young people, and addressing individual, family and other social factors to reduce the risk of obesity and associated health problems continuing into adulthood. Approaches that have shown promise have used multiple components, such as health education, physical activity, family support and behaviour modification, improving access to healthy food choices and exercise in schools supported by school policy and rewards or incentives for healthy behaviour changes [63, 64].

Sexual and reproductive health

Early intervention involves sound education programs designed to encourage young people to practise healthy behaviours and reduce the risk of early pregnancy; ensuring access to sexual and reproductive health services staffed by well-trained and youth-friendly clinicians; and ensuring sound and supportive antenatal and post-partum care and targeted programs for pregnant young women [65]. STI screening of high risk groups of young people, such as those in the juvenile justice system and sexually active young people, has also been recommended [66].

TERTIARY PREVENTION

Tertiary prevention approaches aim to treat the long-term consequences of the illness or disorder.

Alcohol and other drugs

Interventions for alcohol and other drug (AOD) problems in young people are delivered by both youth-specific and mainstream services in Australia, including GPs, and a number of treatment approaches have been recommended as suitable for young substance users.

There is general agreement that family therapy is an important and effective component of youth AOD treatment [67, 68]. CBT and motivational enhancement therapies have also been found to be effective in reducing drug use and preventing relapse, and have shown promise among substance-using youth with comorbid depression [69, 70].

There is little evidence for residential treatment of young people, but a recent study has evaluated an assertive approach to post-residential treatment follow-up for adolescents who are dependent on alcohol and cannabis primarily [71]. Results showed improved participation in after care, improved treatment retention, and sustained abstinence from cannabis use when compared to a more passive treatment-as-usual approach.

Mental health

Interventions for mental health treatment can be delivered by youth-specific services, mainstream services, private psychologists or GPs. Shared care for young people is common. Evidence-based treatment of mental health problems is targeted to specific disorders and can include psychological therapies such as CBT for mood and anxiety disorders; family therapy for eating and conduct disorders; pharmacotherapy for mood, anxiety and psychotic disorders; and complementary therapies, such as the herb St John's Wort, physical activity and light therapy, for depression [72, 73].

Obesity

Interventions for obesity in young people mirror those for prevention and early intervention, namely increased physical activity, increased consumption of fruit and vegetables, reduction in high-fat and high-energy foods, and long-term family-based education and support for healthy behaviour change. Treatment for severely obese young people can also include medications and bariatric surgery, although both pose risks not found in behavioural interventions [74, 75].

Sexual and reproductive health

Interventions for sexual and reproductive health are offered by specialist services, mainstream services and in general practice. Tertiary interventions involve screening and diagnosis; medical treatment of STIs and counselling; provision of contraceptives and pregnancy tests; and provision of counselling, education, support and referral. Staff should be skilled, understand the special needs of young people, observe confidentiality, and be compassionate and nonjudgmental.

4.13 Effective models of service provision for young people

Young people in their teens use mainstream models of health service delivery less than any other age group [32]. Although 70–90% of young people contact primary-care services at least once a year, mostly for respiratory or dermatological reasons [76], most contemporary service models are inherently difficult for young people to navigate, especially when there is more than one health issue requiring attention.

Consistent with findings in Australian studies, Anderson and colleagues [77] noted that:

Youth primarily access health care through their peers, parents, or family physicians. Many youth report that they would not involve parents or consult their family physicians for concerns about substance use, sexual health, or personal and emotional problems (p.780).

The argument for a service system that provides multiple entry points for young people to any service is strong. In short, accessing health services may not be a direct process for an individual young person; rather, they become aware of, or are provided with, information about broader health services indirectly [77]. Such entry points may include the internet, recreational programs run through youth centres, or a telephone counselling service such as Kids Help Line [32].

Many health initiatives for young people have not been appropriately evaluated, and therefore evidence relating to the best models of youth-friendly health provision is limited [76]. However, data from several systematic reviews can be used to identify and describe the contexts for delivery of preferred youth-friendly health services [32, 38, 76, 77].

DROP-IN CENTRE MODELS

Drop-in centres are generally health or community centre-based agencies that operate on a 'drop-in' basis. No appointment is necessary and there may be ongoing activities to engage young people. The Walk-in Centre at Canberra Hospital is an example of a drop-in centre. Anyone with minor illnesses and injuries, such as cuts, bruises, minor infections, strains, sprains, skin complaints and coughs, can walk in without an appointment and be seen by an experienced nurse.

There are many examples of drop-in youth services in Australia, including the Junction Youth Health Service in Canberra and the Brisbane Youth Centre in Brisbane. These services offer a range of community and health programs for marginalised young people through GPs, sexual health nurses, youth workers and child and maternal health nurses.

THE YOUTH HEALTH SERVICES MODEL

Youth health service models are designed specifically for young people, and often target marginalised or homeless young people. The environments are generally informal with appealing decor and engaging reading material. Staff members are drawn from a range of appropriate health and allied health disciplines. To attract and engage young people, there are multiple access points to the service such as arts and music programs, drop-in spaces, and through other affiliated services. The provision of facilities for basic self-care, such as showering and laundry facilities, can also be used as a 'soft-entry' to the service.

SCHOOL-BASED CLINICS

School-based clinics are popular in the United States and have been well evaluated and shown to improve access. This model provides direct clinical services within a school campus and during school hours. It operates on a drop-in basis and is staffed by GPs, nurses and counsellors. The clinic staff members are able to refer young people to 'youth-friendly' doctors, as well as provide health education and resources and referral to other external agencies. The model requires excellent collaboration and formal agreement between the school and health sectors.

School-based clinics in Australia are located on campuses and operate during school hours. Various models exist including those that provide a direct clinical service or offer early intervention, counselling, health education or resources for students and teachers. An evaluation of one program in New South Wales found the clinic to be well used by students [32]. Strong collaboration between health service providers and the school is crucial for success. Youth participation and attendance is encouraged in those clinics that provide a comfortable, nonthreatening, easily accessible environment where students know and trust the staff.

Clinics located in high schools and middle schools are used by 50% to 70% of students, for acute or chronic problems, and are the most likely place for youth to seek help for personal problems, AIDS information and alcohol-related problems.

One such model in Australia, The Gatehouse Project, has been evaluated rigorously and shown to be highly effective at improving certain measures of health and wellbeing. This model 'focuses on the school social environment and the individual student within that context, with benefits across a range of adolescent health risk behaviours' (p. 9) and uses a range of interventions that promote a positive social climate within the classroom or the whole school, integrated curriculum-based education and the promotion of linkages between the school and the broader community [78]. However, in their review, Anderson and Lowen [77] also found that within the school-based model, services such as mental health, substance abuse counselling, and family planning might not be well integrated into school-based clinics. Only about 21% dispensed contraceptives and some school-based clinics required parental consent for students to access services.

GENERAL PRACTITIONERS IN SCHOOLS

In Australia, the GPs in schools model was operated through the DGP, with the aim of improving accessibility of GPs to young people through raising awareness and education about overcoming barriers to access. The model also addresses the issue of young people preferring health providers to meet them in settings in which they feel comfortable. Training GPs increases their confidence and skills in working with young people. Evaluations of the GPs in schools models found they increased help-seeking intentions among students, decreased perceived barriers to help seeking, and demonstrated an actual increase in help seeking [77]. The GPs in schools model is similar to the National Mind Matters Plus GP program.

HOSPITAL-BASED ADOLESCENT HEALTH CENTRES

Hospital-based centres can provide inpatient services as well as a drop-in service for young people. They may operate on a day basis or as a follow-up to inpatient treatment. Additionally, hospital-

based centres can serve as a secondary or tertiary referral centre for nearby health facilities and may provide professional training and research support [76]. The Centre for Adolescent Health based at the Royal Children's Hospital is an example of this model.

COMMUNITY-BASED HEALTH CARE CENTRES AND COMPREHENSIVE ADOLESCENT HEALTH CARE CENTRES

In this model, services to young people are delivered within the context of a community-based health service, such as a GP clinic or a family-planning clinic. This model is not necessarily youth-specific and is usually part of a district health system, but may have specific youth services integrated into the service approach.

These broad-scope multiservice health centres, designed to address diversity, age, and remove barriers to young people's care, have the potential to offer high quality, affordable service to a more diverse catchment of young people who do not attend school.

Australian family practice clinics that were co-located with services already used by young people improved marginalised young people's access to care. Limited, tenuous, or discontinuous financial resources limit the advantages of community-based health care services for youth.

COMMUNITY CENTRES

Community centres are places where people from the local community can go to access a range of services, not necessarily to do with health. Neighbourhood centres, for example, might have internet access, run parenting classes, have a playground for toddlers and children or holiday activities for school aged children and young people. When they include health services, this model also provides information and links to other services to which young people may be referred. They may be youth specific or open to all.

CO-LOCATED GP-RUN CLINICS

This model is operating in some areas of New South Wales. Administered by the Divisions of General Practice (DGP), this model provides the services of a GP within an existing youth service. It aims to increase access to primary health care for marginalised young people. The GPs either bulk bill patients, are remunerated through the DGP or are remunerated through joint funding from the DGP and the area health service [32].

OUTREACH MODELS

This model provides information and services, especially to young people who might be marginalised, in places where young people congregate. Outreach aims to access 'hidden' populations that may not be effectively served by other services. They also act as an intermediary to facilitate client access to existing services, and aim to deliver a flexible service that is able to meet clients in a variety of locations [79].

Outreach can be used to distribute condoms, clean needles or health information; to engage young people and attract them into mainstream services through good assessment processes; or to provide brief interventions for hard-to-reach populations [80].

Outreach has a broad range of functions but can be grouped into three broad categories: peripatetic, domiciliary and detached [80]. Detached work is undertaken outside an agency setting, such as a park, streets, bars, clubs and railway stations. Domiciliary work is undertaken in people's homes. Both detached and domiciliary work focuses primarily on individuals or groups. Peripatetic work is undertaken within other agencies, such as prisons, shelters, youth clubs and schools, and focuses more on organisations to reach a broad range of young people [79].

AREA-BASED YOUTH HEALTH COORDINATORS

The area-based youth health coordinator model works particularly well in rural settings and resembles the state-based youth health coordinator model. Specific aims include:

- participating in and supporting activities and projects to develop youth health
- developing and maintaining a coordinated approach
- working in collaboration with key services to improve access.

The Australian Area-based Youth Health Coordinator model facilitates and supports strategic development of youth health projects in rural areas. While rural areas that are fragmented and geographically isolated benefit most from this model [77], there may be an argument for its application in metropolitan settings. Like the Wraparound Model, the coordinators work collaboratively with stakeholders, agencies, and young people to improve young people's access to services [77]. The model is effective in linking people, resources, training and funding, as well as effectively involving young people in advocacy for change.

THE GATEKEEPER MODEL

Accessing health services via alternative entry points can be further improved by the support of a 'gatekeeper' of information that the young person may come into contact with. Gatekeepers can be youth workers, school-based health nurses or their GP. They help to increase a young person's capacity to navigate the wider health service system.

McCarter and colleagues [81] discuss the concept of the 'gateway provider model', which focuses on the interrelationships of youth services and in particular, the 'gatekeeper' of information. They argue that the role of the person who initiates a referral is significant, given their often extensive knowledge of resources [81]. Furthermore, to increase the gatekeeper's knowledge and connection with resources in the community, policy frameworks should encourage the establishment of mutual relationships among service providers, both government and community based.

THE WRAPAROUND MODEL

Similar to the gatekeeper model, by involving a more participatory approach, McCarter and colleagues [81] also promote the concept of a 'wraparound' model of service provision, which is based on the workings of a team approach to coordinate and deliver services for young people and

their families. The wraparound model usually involves a ‘team facilitator’ who has a number of core responsibilities:

- coordinating ‘team’ meetings
- developing a support plan with all members of the family
- identifying services and helping the child or family to navigate them
- working on a crisis plan with the family
- facilitating unconditional care
- creating and arranging services when needed
- managing funds and fiscal staff, if they do not currently exist
- delivering direct services as needed
- evaluating progress
- preparing the transitional plan at the point at which the youth and family no longer need support from the formal system.

The key elements of the model are that services need to be provided in the community. Services need to be culturally competent, dynamic, individualised and provide support for both the child or young person and their family. There is an active partnership with young people and their families at all levels - including the individual and systemic. The model must also have flexible funding; a community collaborative structure in which sectors of human services agencies are represented, as well as youth and families; and regularly measured outcomes for continuous quality improvement.

OPPORTUNISTIC MODELS

Opportunistic models do not usually provide health interventions. However, these settings sell health products, such as condoms and the morning-after pill. They are often the first point of call for young people accessing health care, especially for products and medicines available over the counter. There is an important opportunity for pharmacists to offer brief interventions at the point of contact. For example, training pharmacists in screening and intervention techniques has been suggested as an important resource in reducing hazardous drinking levels [82] and a pilot project involving pharmacists in opportunistic *Chlamydia* screening is currently underway in the ACT.

5 Key findings from the consultations

This section reports the key findings from the consultations⁴. Direct quotations from young people and parents and carers obtained via the online surveys are italicised throughout and are illustrative of the issues raised (n.b. many contain typographical errors).

5.1 About the participants

THE YOUNG PEOPLE

Almost 600 young people aged 12–25 years from the Australian Capital Territory (ACT) offered their perspectives to the feasibility study. Of those who completed the online or paper version of the survey, 284 were aged 12–17 years and 277 were aged 18–25 years. Sixty three percent were female, 5% were Aboriginal or Torres Strait Islander, and 11% came from households where English was spoken as a second language. Twenty-two young people participated in three focused discussion groups in schools, and five young people transitioning from care offered their ideas through a focus group conducted by the CREATE Foundation. The ACT Youth Advisory Council also provided valuable information.

THE PARENTS OR CARERS

Two hundred parents or carers participated in the online survey. The average age of respondents was 47 years; 82% were female; 94% were parents, step-parents or adoptive parents; 76% were born in Australia; 2% were Aboriginal or Torres Strait Islander; and 12% spoke English as a second language. Collectively, they had 356 young people in their care, of whom 44.5% had at least one physical or mental health problem or other disability.

THE PROFESSIONALS STAKEHOLDERS

Nearly 100 professional stakeholders were consulted through individual interviews, focus groups and an online survey. The consultation process was iterative with open-ended questioning focusing on the stakeholders' area of expertise. Stakeholders were service providers, policy makers, health and medical experts, researchers, health advisers, and young people's advocates. They were drawn from a wide range of fields and service settings, such as the ACT Government Health Directorate, sexual and reproductive health, mental health, alcohol and other drugs, specialist medical services, general practice, health education, health prevention and promotion, environmental planning, universities, school health, youth services, juvenile justice, Aboriginal and Torres Strait Islander services, multicultural services, and a range of other special health and support programs for young people.

⁴ Detailed findings accompany the detailed literature review, which forms a separate, companion document to this report.

5.2 Key issues in young people's health in the ACT

This section highlights the key issues that were identified by young people, parents and carers and professional stakeholders in relation to the health of young people in the ACT.

Parents and carers were asked to rate their level of concern about a range of health issues for young people, while professional stakeholders were asked the open ended question: *What are the key issues in young people's health as you see them?* The issues identified by young people were raised during the focus groups and via the online survey and are presented here in conjunction with findings from the Mission Australia National survey of young people report (2010).

The issues raised most frequently were mental health, alcohol, tobacco and other drug use, weight, physical activity, and sexual and reproductive health. Table 2 shows the top five concerns for all groups.

Table 2: Key issues for young people, parents or carers and professional stakeholders

Young people ⁵	Parent/carer	Professional stakeholders
Mental health	Mental health	Mental health
Drinking alcohol, cigarette smoking or using other drugs	Friendships and relationships	Drinking alcohol, cigarette smoking or using other drugs
Sexual and reproductive health	Eating unhealthy food	Overweight and obesity
Personal safety (walking home at night, using public transport)	Drinking alcohol, cigarette smoking or using other drugs	Physical underactivity
Body image	Personal safety (walking home at night, using public transport)	Sexual and reproductive health

Through the online survey and during focus groups, young people raised concerns about mental health and suicide; alcohol, tobacco and to some extent other drug use; sexuality and sexually transmitted infections; and personal safety. This reflects the findings of the Mission Australia national survey of young people in the ACT in 2010. Although body image was not raised as an issue by young people during the consultations, it was a concern for 27% of young people who completed the Mission Australia national survey.

Parents and carers reported largely similar levels of concern over these issues. Only 9% of parents or carers were unconcerned about mental health (61% concerned 'a lot'), and 53% were concerned 'a lot' about alcohol and other drug use. Other issues of concern for parents were young people being overweight or underweight (48% concerned 'a lot'), and bullying although a greater proportion of parents and carers of 12–17-year-olds were concerned 'a lot' about bullying than parents with older children, while a greater proportion of parents and carers are worried 'a lot' about dental health of those aged 18–25 years.

⁵ Survey data combined with Mission Australia (2010) *National survey of young people, ACT results*.

Professional stakeholders were asked to identify the main issues in young people's health as they saw them and mental health, substance use, overweight and obesity, physical underactivity, and sexual and reproductive health were identified most frequently.

5.3 What works for young people and their families

Young people valued services that:

- were helpful
- were welcoming
- were understanding
- had knowledgeable staff
- were nonjudgmental
- maintained privacy and confidentiality.

They listened, tried to help me and understood me. They didn't judge me, or tell anyone about how I felt... and I could trust them and felt comfortable talking to them [Young person, 14 years].

Health professionals are aware now of my child's need to take on her own health care, because of her age, and are more willing to address questions to her rather than me as was the case in the past [Parent of 17 year old].

I liked that the university services were free of charge, and the doctors weren't judging in any way. I had to call the Health direct hotline when I injured myself, and the nurse whom I spoke to was very friendly and helpful - and didn't seem in a rush to palm me off [Young person, 23 years].

Dentist - I liked that it was free because I have health insurance. I wouldn't have gone otherwise, as it's just too ridiculously expensive [Young person, 25 years].

Young people indicated the following services were helpful:

- general practitioners (GPs) with whom the young person has a relationship
- university medical and counselling services
- the Walk-In Centre at the Canberra Hospital
- sexual health services.

The GP I go to is nice and seems very qualified. He's been my GP since I was a baby and so I trust what he says because he's been right all the time so far [Young person, 16 years].

I like the entire idea of the Walk-in Centre, letting trained professionals do what they are supposed to do, freeing up GPs to deal with more complex chronic conditions, etc

instead of having to deal with writing sick certificates for the flu. The fact that it doesn't cost anything is also a bonus [Young person, 20 years].

Really great service at uni counsellor and sexual health clinic - they were understanding and very qualified. Also great that it was Medicare bulk-billed [Young person, 22 years].

Parents and carers indicated the following services and programs were helpful:

- the Walk-in Centre at the Canberra Hospital
- the ACT Child and Youth Dental Service and Medicare Dental Voucher
- GPs when there is an established relationship with parents or carers and the young person
- the Junction Youth Health Service
- hospital emergency departments (although long waiting times was an issue for many)
- school vaccination programs.

The Junction Youth service was very engaging with support for the 18 year old, offer free and fluid support around a range of issues and in collaboration with parental support. They did not exclude the young person from the family which many youth services tend to do but equally and professionally maintained her privacy. They also suggested various other options for her needs and provided accessibility as they are well located and a very youth friendly space [Parent of two aged 12 and 18 years].

Hospital emergency department was excellent after my son had a minor accident. Drug information line was very sympathetic and provided helpful practical advice [Parent of 17 year old].

While two of my children have ongoing health concerns (one only medical and the other medical and mental health), by taking advice and acting on it we have been able to manage the conditions and have not ended up in any crisis situations. I am also lucky that I am able to have confidence in the services provided by my GP [Parent of three, aged 19, 15 and 13 years].

5.4 Barriers to young people receiving health care in the ACT

The online survey presented young people were with a range of issues that are known barriers to receiving health care and asked: *Do any of these things stop you from getting help for your health when you need it?* The main barriers for young people were cost, lack of after-hours services and lack of awareness of existing services and programs.

Professional stakeholders identified barriers during the consultations and parents and carers highlighted barriers during the online survey. The most commonly identified barriers by these groups were cost of health services (dental and GP services in particular); difficulty accessing GPs, particularly those who will bulk bill young people; and the lack of services available outside normal business hours.

Parents and carers, and young people also identified the lengthy waiting times for appointments, and lack of awareness of existing services as considerable barriers to receiving health care.

The difficulty navigating the health system for those with complex medical conditions and other disabilities, and lack of comprehensive transitional programs for young people leaving the paediatric care system, were also highlighted by some parents and stakeholders. The key barriers are summarised in Table 3 and percentages are shown if available.

Table 3: Key barriers to help seeking

Barrier	Young people		Parent/carer	Professional stakeholders
	12–17 yrs	18–24 yrs		
High cost of health services such as dental, medical and allied health services	36%	61%	✓✓✓	✓✓✓
Lack of GPs particularly bulk-billing general practitioners	✓	✓✓✓	✓✓✓	✓✓✓
Lack of after-hours services	30%	54%	✓✓✓	✓✓✓
Access to services (lengthy waiting times for appointments, or wait for services)	✓✓	✓✓	✓✓✓	✓✓✓
Lack of transport	29%	16.5%	✓	✓✓✓
Lack of awareness of existing services and the programs on offer	26%	33%	29%	✓✓✓
Concerns about privacy and confidentiality	25%	16%		✓✓
Difficulty navigating the health system and lack of comprehensive transitional programs for young people leaving the paediatric health care system			✓✓	✓✓

✓ = issue identified by a small number, ✓✓ = issue identified by a moderate number, ✓✓✓ = issue identified by a large number of stakeholders

So many people I know (Including myself) don't go to Doctors... 'cause they cost so much. If I get a Doctor's certificate because I'm sick it costs half a day's wages. But I don't want to go to the Junction or another free service 'cause they're only for people who really need it and people find it hard enough to get an appointment there 'cause they don't have enough people/doctors working there to deal with everyone. I also don't go to the doctor's 'cause I don't want to get the time off work but it cost so much to go on weekends. My friend is a tradie, so if he gets the day off not only does he loose a day's wages, but he also has to pay the doctor almost half a day's wages [Young person, aged 24 years].

I've had some trouble with GPs (who I have to see regularly) understanding my need to be treated like an adult and accepting that I'm now in control of health not my parents [Young person, aged 17 years].

Complete lack of ongoing support for carers of high functioning autistic teenagers in terms of mental health. If there isn't a crisis you simply manage alone. Once they get to about 14- 15 no-one wants to know. The system is happy to let them drop out of school and sit at home as long as they don't cause trouble [Parent of 16 year old].

5.5 How and when young people seek health information and treatment

By far the most popular way of accessing information about physical or mental health problems is via the internet. Nearly 80% of 18–25-year-olds and 45% of 12–17-year-olds would look online for physical health information before they would do anything else. Parents and carers are also important sources of information, as around 22% of 12–17-year-olds would seek advice from these adults first.

For treatment of physical problems, almost half the young people surveyed would consult a GP in the first instance, while around 25% of the younger age group would turn to parents first. Around 15% of young people would look online for treatment in the first instance.

Parents and carers reported that only 24% of the 345 young people in their care receive preventative health care, while 48% wait until the issue gets in the way of other things or becomes severe before they seek treatment.

5.6 Best way to receive (unsolicited) health advice and service information

Young people were very clear that the preferred option for receiving unsolicited health messages was in person from a trusted source (73% 'best option'). Television, radio and email were also identified as 'best' or 'ok' options.

Despite the popularity of new technologies and social networking sites like facebook and Twitter, young people did not want to receive health unsolicited information via those media.

When you start using social networking sites it makes the service look unprofessional and the information unreliable [Young person, 18 years old].

A website with information of all services within the ACT and info on health issues and the best places to go for information. Not facebook or myspace [Young person, 24 years old].

5.7 Opportunities in health initiatives and health care for ACT young people

The opinions of stakeholders in regard to service needs in health initiatives and health care were gained by open-ended questioning. The major service opportunities identified by stakeholders were access to affordable dental care and bulk-billing GPs, after-hours services, early intervention for alcohol tobacco and other drug use, and, to a lesser extent, mental health issues and quality health information and advice. In particular, timely access to affordable primary care services was highlighted as a gap.

While the national headspace model was supported by many stakeholders, the consultations highlighted some opportunities with the implementation of headspace in the ACT. One issue raised by parents was the location at Canberra University, which is difficult to access and can be overwhelming for young people. Ensuring that services meet 'youth friendly' standards is of vital importance for engagement and treatment retention of young people.

Table 4 summarises the opportunities in key systems and services.

Table 4: Key system and service opportunities

Need	Young people	Parent/carer	Professional stakeholders
Access to affordable dental health care and bulk-billing general practitioners	✓✓✓	✓✓✓	✓✓✓
Readily available, quality information on health and health related services for young people	✓✓✓	✓✓✓	✓✓✓
Access to after-hours services	✓✓✓	✓✓✓	✓✓✓
Prevention and early intervention for alcohol, tobacco and other drug use and to a lesser extent mental health issues	✓	✓✓✓	✓✓✓
Health education integrated into broader school curriculum	✓	✓✓✓	✓✓✓
Under-coordination of existing services and systems	✓	✓✓✓	✓✓✓
Access to affordable and relevant training in youth health for professional and mainstream workers		✓	✓✓✓
Quality longitudinal data on young people's development and the antecedents to poor physical and mental health			✓✓

✓ = issue identified by a small number, ✓✓ = issue identified by a moderate number, ✓✓✓ = issue identified by a large number of stakeholders

Young people need to have their health care needs managed by one person who oversees all the care they are receiving, but access to this person (assuming it is a GP) should be timely and cheap. At the moment, this is prohibitively expensive and patients often have to wait weeks for an appointment [Parent, 42 years].

5.8 Specific issues for multicultural young people

The ACT is culturally diverse. Multicultural young people face the same issues as their Australian-born peers in addition to:

- language barriers
- social isolation
- discrimination
- economic hardship
- difficulty accessing services due to fear, stigma, and differing cultural interpretations of health and mental health
- lack of familiarity with local food.

Cost was a barrier to seeking help for 43% of multicultural young people in our survey, and a greater proportion identified lack of private health cover and lack of transport as barriers to help seeking than their peers.

The ACT considers the needs of multicultural young people in its *ACT Multicultural strategy 2010–2014*, and several programs exist including Multicultural Youth Services, Companion House, and CatholicCare Canberra. Should the ACT establish a Centre for Young People’s Health, the health needs of multicultural young people could be examined in more detail, with the aim of building the capacity of the mainstream health system to respond to their special needs. A health navigation program for multicultural young people - Youth Health Navigator Program - in place in Canada, may be useful in the ACT (see Section 9 for a description).

5.9 Specific issues for Aboriginal and Torres Strait Islander young people

Stakeholders identified the following as key issues for the health of Aboriginal and Torres Strait Islander young people:

- high levels of tobacco and alcohol use
- poor nutrition
- poor health literacy
- poor sexual and reproductive health and high rates of STIs
- strong influence of family on behaviours and attitudes of young people that do not always support their health and wellbeing (e.g. alcohol and tobacco use by parents and adult relatives, family discord)
- inadequate housing and long waiting lists for supported accommodation
- estrangement from mainstream health services.

In our survey, a greater proportion of Aboriginal and Torres Strait Islander young people reported barriers to receiving help than other young people, particularly in regard to transport, lack of culturally appropriate services, worrying about privacy and confidentiality, and lack of private health cover.

More than 40% of Aboriginal and Torres Strait Islander young people indicated that they did not know what services could do for them, and were less likely to opt for an online health information model than other young people. This indicated that a range of information options should be made available to increase health literacy among this group, with particular emphasis on face-to-face information sharing.

The Indigenous health and welfare sector are doing an excellent job. However, some Aboriginal and Torres Strait Islander young people are reluctant to go to these services due to privacy and confidentiality concerns. Transport is also an issue, particularly for those in the north of Canberra. Stakeholders from the Indigenous health and welfare sector stated that mainstream health services are not particularly attractive to Aboriginal and Torres Strait Islander young people and tend to over-rely on the assistance of specialist services to engage these young people. Yet with minor adjustments, such as displaying culturally appropriate written materials, and an increase in basic

cultural awareness, mainstream services could increase their appeal for Aboriginal young people and improve the equity of access to care.

Stakeholders would also like to see greater collaboration between mainstream and Aboriginal and Torres Strait Islander services, which the proposed Centre for Young People's Health could facilitate.

5.10 Age-specific needs for health

Young people are not a homogeneous group and health education and service needs change as young people develop and grow.

Results from our consultations suggest that 12–17-year-olds should have access to:

- an education system in which age-appropriate health education is integrated into the broader school and college curricula
- timely and age-appropriate early interventions for health and mental health problems in the settings in which they are engaged
- age-appropriate information and health advice through a range of channels
- paediatric specialists for specific medical and mental health problems
- transitional health care programs
- specialist programs for at-risk and marginalised young people.

Parents and carers are also important sources for health advice for the younger age group; hence they require information and support to assist young people to make sound decisions about their health.

Young people aged 18–25 should have access to:

- affordable physical, mental and dental health care
- after-hours services
- quality health information, advice and services directory through a range of channels, with emphasis on new technologies such as the internet and smart phone applications
- early intervention for health, alcohol and other drug, and mental health problems.

5.11 The role of the built environment in young people's health

Obesity was among the key issues for young people's health in the ACT identified by stakeholders during consultation. The built environment has an important role here. Key stakeholders noted that Canberra was built in a time when people lived and worked within a small local area. However, the current norm is for people to live in one area and travel to work or school in another.

Key priorities that were identified included the need for:

- walkable spaces and cycle paths
- improvements to the public transport system
- services that are built within local communities
- a reduced road toll among young people.

Several stakeholders raised the need to use advanced marketing strategies, such as those used by many national companies; individualised marketing strategies, such as those used in the TravelSmart program in Western Australia⁶; and social networking strategies, such as a facebook page to engage young people and to encourage the view that walking, cycling and other exercise is 'cool' for young people. Improving education about active (non-motorised) transport options, such as how to ride a bike, and understanding the road rules, was also seen as potentially helpful.

Other suggestions included:

- being opportunistic in providing spaces to be active (such as structured activities for parents at sports venues)
- improving data collection, including a household travel survey to better understand how people use cars and non-motorised transport
- looking at speed limits, which in Australia are high in residential areas by international standards, to make it safer and more attractive to use non-motorised transport.

The ACT Heart Foundation's Active Living project organised, with assistance from the ACT Government, a two-day event focusing on 'planning and designing for and with youth' on 25 and 26 July 2011, which was an excellent initiative.

⁶ <http://www.transport.wa.gov.au/14890.asp>

6 Service provision for young people in the ACT

6.1 Snapshot of current programs and services

YOUTH ADVOCACY

Coverage: This area appears to be quite well covered by Youth InterACT, the Australian Capital Territory Children and Young People Commissioner, and the Youth Coalition ACT.

Opportunity: Advocacy with a specific health focus.

PRIMARY PREVENTION

Coverage: There is a wide range of primary prevention activities in place in the ACT.

Opportunity: School-based prevention activities have inconsistent uptake, particularly for sexual health, mental health and alcohol and drugs.

SECONDARY PREVENTION

Coverage: There is a wide range of secondary prevention services available in the ACT. The Walk-in Centre is an excellent adjunct to existing services and the School Youth Health Nurses pilot program shows promise.

Opportunity: Early identification and early intervention for alcohol and drug use is lacking, and to a lesser extent, so is early identification and early intervention for psychological distress and common mental health problems. Currently, young people who are experimenting with drug use and are vulnerable to drug-related harms are usually referred to nongovernment alcohol and other drug (AOD) agencies whose core business is tertiary treatment and not early intervention. Access to general practitioners (GPs) can be difficult, particularly those who will bulk bill; access to affordable dental care is limited.

TERTIARY INTERVENTION

Coverage: There is a wide range of treatment services available in the ACT.

Opportunity: Structured transitional programs that assist young people with chronic or complex medical problems or disabilities to be eased into the adult health care system (transitional care).

RESEARCH

Coverage: There are a number of academic research centres that are conducting high quality studies, including applied research in the area of young people's health. These include the Australian Primary Health Care Research Institute, the Australian National University (ANU) Medical School and the University of Canberra. The Medicare Local also plans to undertake research into young people's health.

Opportunity: Research efforts could be better coordinated, particularly in a small geographical area such as the ACT.

Table 5: Snapshot of issue-specific health frameworks, programs, services and organisations in the Australian Capital Territory

	Primary prevention	Secondary prevention or early intervention	Tertiary intervention
Mental health	<ul style="list-style-type: none"> • <i>Building a strong foundation: A framework for promoting mental health and wellbeing 2009–2014</i> • ACT Suicide Prevention Strategy • <i>Lets Talk</i> Suicide Prevention campaign • MindMatters • Mental Illness Education ACT (MIEACT) (including Any Body’s Cool body image program) 	<ul style="list-style-type: none"> • CAMHS Early intervention program • ANU Psychology Clinic & MoodGym • School and university counsellors • GPs • Private psychologists • headspace • LifeLine • ACT Government Health Directorate Employee Assistance Scheme 	<ul style="list-style-type: none"> • CAMHS • Hospital inpatient unit • Private psychologists • GPs
Sexual health	<ul style="list-style-type: none"> • Sexual Health Lifestyle Information and Referral Program (SHLiRP) • Stamp out <i>Chlamydia</i> project • School-based education 	<ul style="list-style-type: none"> • Family Planning ACT • Sexual health clinics • GPs • Improving access to <i>Chlamydia</i> testing, pharmacies pilot study 	<ul style="list-style-type: none"> • Family Planning ACT • Sexual health clinics • GPs
Alcohol and other drugs	<ul style="list-style-type: none"> • The Youth Smoking Prevention and Cessation Resource Pack (Cancer Council ACT) • School-based drug education 	<ul style="list-style-type: none"> • ACT <i>Alcohol, tobacco and other drug strategy 2010–2014</i> • Alcohol and Cannabis Diversionary Programs (ACT Early Intervention Pilot Project, Simple Cannabis Offence Notice Scheme) • Nongovernment organisations’ smoking-cessation programs 	<ul style="list-style-type: none"> • Alcohol, Tobacco and Other Drug Program, ACT Government Health Directorate • Ted Noffs Foundation • Directions ACT • Canberra City Addiction Support Service
Obesity, nutrition, physical activity	<ul style="list-style-type: none"> • Go for 2&5 campaign • Find 30. It’s Not a Big Exercise campaign • Nutrition Australia • Health promoting schools grants, community funding and health promotion sponsorship • Physical Activity Foundation • ACT Government Health Directorate Healthy School Canteens Program • Get Healthy information and coaching service • Swap it, Don’t Stop it national campaign • Heart Foundation’s Jump Rope for Heart campaign and walking programs 	<ul style="list-style-type: none"> • Get Healthy information and coaching service • Nongovernment organisation programs (e.g. YWCA, Youth Centres) 	<ul style="list-style-type: none"> • Family weight management program • Public and private nutrition and dietetics services • GPs

Dental health	<ul style="list-style-type: none"> • ACT Government Health Directorate Child and Youth Dental Clinic • Private dental clinics 	<ul style="list-style-type: none"> • ACT Government Health Directorate Child and Youth Dental Clinic • Private dental clinics 	<ul style="list-style-type: none"> • ACT Government Health Directorate Child and Youth Dental Clinic • Private dental clinics
Sun exposure	<ul style="list-style-type: none"> • Cancer Council ACT • National SunSmart Schools Program (ACT) • Sun Protection Policy, DET 	<ul style="list-style-type: none"> • GPs • Private clinics 	<ul style="list-style-type: none"> • GPs • Private clinics
Chronic diseases	<ul style="list-style-type: none"> • ACT Chronic Diseases Strategy • ACT Heart Foundation • Diabetes ACT 	<ul style="list-style-type: none"> • The ACT Government Health Directorate Chronic Disease Telephone Coaching Service 	<ul style="list-style-type: none"> • Diabetes Transitional Program, Canberra Hospital

6.2 New and existing local and Australian Government health initiatives of relevance to the feasibility study

NATIONAL STRATEGY FOR YOUNG AUSTRALIANS

The National Strategy for Young Australians, released in 2010, details the Australian Government's vision 'for all young people to grow up safe, healthy, happy and resilient and to have the opportunities and skills they need to learn, work, engage in community life and influence decisions that affect them' (p.2). It prioritises the health and wellbeing of young people aged 12–24 years, with early intervention, education, and a safe and reliable online environment representing three of the strategy's eight pillars. Recommendations offered in this report are consistent with the national agenda.

A NATIONAL FRAMEWORK FOR HEALTH PROMOTING SCHOOLS 2000–2003

The *National framework for health promoting schools 2000–2003* was developed by the Australian Health Promoting Schools Association for the Australian Government Department of Health and Family Services. It aims to 'provide a framework to guide interaction between the health and education sectors in order to promote health gains for children and young Australians' (p.6). The framework recognises the importance of curriculum, teaching and learning methods; school ethos and environment; and partnerships and services. Recommendations in this report are aligned with the spirit of this framework.

ACT YOUNG PEOPLE'S PLAN 2009–2014

The ACT Young People's Plan 2009–2014 identifies strategies to facilitate a partnership among the ACT Government, young people and others to improve outcomes for ACT young people aged 12 to 25 years. It sets out five priorities for young people, with the first encompassing health, wellbeing and support. The recommendations in this report are consistent with the plan.

YOUR HEALTH - OUR PRIORITY INITIATIVES

Under the Your Health - Our Priority initiatives, the ACT and its young people will benefit from a considerable redevelopment of the health system over the next decade, including a new women and children's hospital at the Canberra Hospital, an adult mental health acute inpatient unit, an adolescent and young adult mental health inpatient unit, and new community health centres at Gungahlin, Belconnen and Tuggeranong. The new health centres would provide highly suitable venues for the improved outreach services recommended in this report.

DEPARTMENT OF DISABILITY, HOUSING AND COMMUNITY SERVICES SERVICE DELIVERY FRAMEWORK 2011–2014

The new *DHCS Service delivery framework 2011–2014* represents a considerable change in the way that the youth support and family support sectors do business in the ACT. It aims to align these

sectors and improve collaboration, strengthen the sectors' integration into the mainstream service sector, and improve outcomes for vulnerable young people and families. The framework is based on a public health model and aims to offer primary, secondary and tertiary interventions that complement the health needs of young people identified by this study. However, the framework does focus on young people under 18 years. The planned Centralised Information, Engagement and Coordination Service will have strong links with services both inside and outside the funding program, and would ideally be involved in any overarching service coordinating activities undertaken by the proposed Centre for Young People's Health.

PROPOSED GP SUPER CLINIC FOR THE ACT

A new GP super clinic funded by the Australian Government is proposed for the ACT and formal applications closed on 15 March 2011. To meet funding criteria, the clinic must be staffed by a multidisciplinary team, provide some after-hours services, cater to the needs of Aboriginal and Torres Strait Islander and multicultural people, undertake some primary prevention initiatives, and be responsive and affordable. There is no requirement for bulk-billing arrangements to be available. The clinic would make a highly suitable partner for the proposed Centre for Young People's Health and is likely to meet some of the primary health care needs of some young people in the ACT, although to what extent cost barriers can be overcome by the super clinic is yet to be seen.

NATIONAL MEDICARE LOCALS SCHEME

The Medicare Local network aims to build a substantial national primary health program that provides integrated care and improves navigation of health services at a local level. Although primary health care of older Australians is a focus of Medicare Locals, making young people's health issues (such as psychological distress) a focus of the ACT Medicare Local would make the scheme a strong partner for the proposed Centre for Young People's Health.

7 Spotlight on ‘youth-friendly’ programs

This section highlights some examples of good practice in the area of young people’s health outside the Australian Capital Territory (ACT), some of which may be adapted for the local context. The list of programs is not exhaustive but designed to highlight examples of innovative programs.

7.1 Primary prevention campaigns

To ensure some measure of behaviour change beyond simple knowledge transfer, primary prevention measures must be consistent with best practice, have longevity, be appealing and accessible to young people, and be supported by multiple public health and policy measures.

SMARTER THAN SMOKING, WESTERN AUSTRALIA

Smarter than Smoking was a multifaceted, state-wide smoking intervention targeting young people aged 10–15 years. It ran for nine years between 1995 and 2005. Funding comprised \$4.2 million, plus \$10.6 million for branding and sponsorship of campaign-supporting events and programs.

Campaign elements included:

- extensive mass media campaign
- school-based education, as well as grants and resources
- training for school nurses in smoking cessation interventions
- sponsorship of sports and arts events and activities involving young people to promote the campaign
- youth-oriented publications, merchandise and websites.

Extensive evaluation showed a decrease in self-reported smoking among 14–15-year-olds and an increase in young people reporting never having smoked from 40% in 1996 to 61% in 2005. Although national smoking rates also showed a (smaller) reduction over this time, researchers reported that improvements in Western Australia (WA) smoking rates could be mapped against the inception and delivery of the campaign [83].

This was a successful campaign that could be considered for the ACT, given the relatively high rates of smoking among young people; however, funding would be an issue.

7.2 Improving health literacy

DR YES (YOUTH EDUCATION SESSIONS), WA

Dr YES is a program run by the WA branch of the Australian Medical Association (AMA), which aims to ‘help break down the barriers preventing young people from accessing health care and overcome some of the common misconceptions about doctors’⁷. Trained volunteer medical students visit high

⁷ <http://www.dryes.com.au>

schools and engage students in conversation about important health and social issues, particularly alcohol and drugs, mental health and sexual health.

The Dr YES program is supported by a website that promotes health literacy of young people, including how to find a bulk-billing general practitioner (GP) and how to obtain a Medicare card, and includes a guidebook for teachers.

This is an excellent health initiative that is suitable for the ACT in conjunction with the AMA or the ACT Medicare Local. It would improve health literacy among students and encourage more effective use of mainstream services among young people.

YOUTH HEALTH NAVIGATOR PROGRAM, CANADA

Multicultural young people often serve as bridges between their families and the wider community. This Canadian program trains young people from newly arrived families to be Youth Health Navigators with the aim of assisting their families and other young people to become aware of services, to navigate the health system, and to increase exposure to health-promotion programs.

Stakeholders in the feasibility study identified a number of barriers that multicultural young people face in navigating the health care system and this innovative program shows promise. It could be undertaken as a joint initiative between the ACT Government Health Directorate and Multicultural Youth Services.

Consideration could also be given to adapting the program for Aboriginal and Torres Strait Islander young people, particularly for those who would like to access the mainstream health service system but need support to do so. A joint project between young people, Aboriginal and Torres Strait Islander health services and mainstream health services could also serve to increase cultural awareness, the lack of which was identified as a barrier to health service access by Aboriginal young people.

7.3 Transitioning support and programs for chronic illnesses

CHRONIC ILLNESS PEER SUPPORT (CHIPS) PROGRAM, VICTORIA

The Chronic Illness Peer Support (ChIPS) program provides peer support for young people aged 12–25 years and who have a chronic illness or condition that adversely affects their daily life. Based at the Royal Children’s Hospital in Melbourne, the program provides young people with opportunities to ‘share common experiences, learn from each other and engage in leadership roles through social, recreational and educational activities including our annual camp, leadership training and reference committee’⁸.

This is a program that could be easily adapted to the ACT context and could be incorporated into the new women and children’s hospital at the Canberra Hospital.

⁸ http://www.rch.org.au/chips/index.cfm?doc_id=295

TRANSITIONAL CARE MODEL, VICTORIA

Following a review of paediatric services in 2002, Victoria has established a number of transition clinics for young people with complex needs. The clinics have referral processes and pathways; protocols and standard documentation; specialist assessment and management services; client and family or carer consultation and engagement systems; active follow-up; and linkages with other services.

The ACT has a diabetes transition program and the development of programs and pathways for young people with other chronic and complex conditions is required. However, this is a highly specialised area and detailed investigation of the needs of these young people is recommended.

7.4 Health promotion in schools

STEPHANIE ALEXANDER KITCHEN GARDENS, NATIONAL

The kitchen gardens scheme is a school-based, interactive, food-education model that encourages young people to grow, pick, cook and eat a range of seasonal, healthy foods. The program also encourages teamwork and social competence, and establishes a foundation for healthy eating.

Canberra has one participating school, Majura Primary School in Watson, and expansion of a similar kitchen - gardens program to other ACT schools is feasible.

FESTIVAL FOR HEALTHY LIVING, VICTORIA

The Festival for Healthy Living, which is auspiced by the Royal Children's Hospital Mental Health Service, is a school-based mental health promotion strategy that aims to build the capacity of schools and communities to promote mental health and wellbeing. Students, teachers and performing artists work together to explore mental health issues through dance, drama, music, movement, role play, circus, puppetry and poetry. The festival culminates in a combined performance with other school teams for an audience of parents, friends and the wider community.

Stakeholders recommended that alternatives to team sports be identified for students who are not interested in competitive activities, and the Festival for Healthy Living is a good example. The ACT MindMatters program hosts a Wellbeing Festival of Drama and Dance each year, which seems to be modelled on the Festival for Healthy Living program. As opportunities for physical activity must also be made available for young people who are not in school, this model could be adapted for non-students.

LET'S MOVE IN SCHOOL, UNITED STATES OF AMERICA

Let's Move in School is an initiative announced in 2010 by United States of America First Lady, Michelle Obama, to reduce the obesity epidemic. The goal of Let's Move in School is to ensure that every school provides a comprehensive school physical activity program with quality physical education as the foundation so that young people will develop the knowledge, skills and confidence

to be physically active for a lifetime and participate in the recommended 60+minutes a day of physical activity. The initiative includes:

- physical education
- physical activity during school
- physical activity before and after school
- staff involvement
- family and community involvement.

This or a similar program would be feasible to implement in the ACT, particularly for those students who do not take physical education as an elective beyond Year 9. However, the upcoming changes to the National Curriculum, which will make physical education compulsory for all students from Year K-10, may account for at least some of these aims from 2013.

NATIONAL HEALTHY SCHOOL CANTEENS PROJECT, NATIONAL

Funding has been provided for a National Healthy School Canteens Project under the Australian Better Health Initiative. This project helps school canteens to provide healthy food choices, and consequently promote good health through healthy eating to reduce levels of obesity and chronic diseases later in life. Flinders Partners has been contracted by the Australian Government Department of Health and Ageing to undertake the project, which will see the development of a nationally consistent approach to making healthy food available in school canteens.

The National Healthy School Canteens Project consists of three components: a national food-categorisation system for school canteens; training materials for canteen staff; and an evaluation framework. The project will build on existing models that are currently being implemented by a number of state and territory governments and will encourage a nationally consistent approach to promoting healthy food through Australian school canteens. The program is not compulsory.

The ACT currently has a less well developed healthy canteens program that is overly focused on the needs of the canteen owners. Consideration could be given to the further support of the National Healthy School Canteens Project by the ACT Government Health Directorate.

THE VICTORIAN HEALTH PROMOTING SCHOOLS PROJECT, VICTORIA

Deakin University and the Victorian Department of Education, Employment and Training collaborated on a project that aimed to establish a network of health-promoting schools and to support health promotion initiatives across Victoria. The project recruited 100 schools and commenced with a health-promotion audit. Schools were assisted to set goals and implement health promotion activities. Outcomes included greater awareness of services and systems available to schools and students, and stronger partnerships between the health and education sectors⁹.

⁹ Victorian parliamentary inquiry into the potential for developing opportunities for schools to become a focus for promoting healthy community living (2010)

http://www.parliament.vic.gov.au/images/stories/committees/etc/SH_Report/Ch2_HPS_framework.pdf

7.5 Early and brief intervention

ADVICE CLINICS, UNITED KINGDOM

In the United Kingdom (UK), mental health advice clinics have been trialled in Glasgow as part of a stepped care approach to mental health - known as the STEPS program [84]. These advice clinics offer a 30-minute appointment with a clinician one afternoon and one evening a week. Although there is an appointment system, the appointment may be made immediately and the clinics operate on a rapid-access basis without requiring a National Health System (NHS) medical record to be generated. They offer brief assessment and advice, risk assessment and referral. Mental health walk-in and advice clinics have also been trialled in the United States of America.

Advice clinics have been highly successful as part of a stepped care model. Appropriateness for the ACT would depend on available resources and referral options being assembled. However, advice clinics would be feasible for young people's mental health services and community health services to adapt and trial as an adjunct to tertiary mental health programs - particularly if they are placed near major public transport hubs and are easily accessible to young people.

THE SCHOOL-LINK TRAINING PROGRAM, NEW SOUTH WALES

The New South Wales (NSW) School-Link Training Program is an excellent example of a partnership between health and education. The program aims to improve the mental health of children, adolescents and young people in NSW, and is coordinated by a partnership between the Centre for Mental Health and the NSW Department of Education and Training. The program promotes collaboration between schools and mental health services to prevent, identify and support students with mental health problems; and link schools and TAFE colleges with child and adolescent mental health services. The program also offers training to school-based counsellors in the assessment and management of young people's mental health problems, and has led to the development of local depression action plans, such as the Mount Druitt Emergency Wheel for identifying and managing students with depression and substance use [85].

This type of partnership will be important for applying best practice in school health education in the ACT, which is a recommendation of this feasibility study.

JUSTASKUS WEBSITE, NATIONAL

JustAskUs is a website that offers evidence-based information and self-help advice about mental health and wellbeing, and drug and alcohol use specifically tailored for university students. Self-assessment for alcohol and mental health are also available online. The site also offers links to various information, support and treatment services nationally¹⁰.

This is a national website and ACT young people already have access; however, the site could be advertised through universities in the ACT.

¹⁰ <http://www.justaskus.org.au>

7.6 Youth services and primary care

THE SECOND STOREY, SOUTH AUSTRALIA

The Second Storey is run by the Youth Division of the Children, Youth and Women's Health Service and is funded by the South Australian (SA) Department of Health. It offers free and confidential health services to young people aged 12–25 years and is staffed by doctors, nurses and counsellors. It undertakes prevention and early intervention activities, and provides treatment and outreach services, as well as a 24-hour advice line for mainstream workers.

The Junction Youth Health Service offers a similar, although abbreviated model. Exploring the feasibility of extending the outreach capacity of the Junction is a recommendation of this feasibility study.

7.7 Treatment for young people

ORYGEN YOUTH HEALTH, VICTORIA

Orygen is an integrated treatment, research and training organisation for youth mental health. It has inpatient and outpatient facilities, as well as assessment and crisis services. It also aims to build the capacity of mainstream services to respond to the mental health needs of young people.

CENTRE FOR ADOLESCENT HEALTH, VICTORIA

The Centre for Adolescent Health responds to the health needs of young people aged 10–24 years. It is affiliated with the Royal Children's Hospital, the University of Melbourne and Murdoch Children's Research Institute. It offers specialist inpatient and outpatient programs targeting eating disorders, respiratory problems, mental health, and sexual and reproductive health. It also offers programs for marginalised young people through the Front Yard Youth Service. The centre also has research capacity and produces resources for workers.

This centre is recognised nationally and internationally. While it is an excellent model, stakeholders did not support a clinical service focus for the proposed Centre for Young People's in the ACT.

7.8 Education, training and quality assurance

YOUTHREACH, NSW

YouthREACH (Referral, Education, Access, Communication about Health) was an initiative of the Central Sydney DGP [32]. The project provided GPs with a list of youth agencies in the area to facilitate appropriate referrals and created a list of GPs who have a particular interest in helping young people with their health. All GPs who participate in the program go through the division's 'Youth Interested Doctor Process', which involves:

- a survey of young people who attend their practice to see if they are satisfied with the service provided to them

- a visit to their practice by a youth consumer and the Central Sydney DGP's Youth REACH Project Officer to assess the practice's accessibility, billing procedures and friendliness to young people
- feedback on their practice, ongoing professional training and development of youth health resources.

The list of youth interested doctors includes practice details, whether the practice is prepared to bulk bill young people, languages spoken by the doctors and directions to find the practice.

A similar initiative would be highly desirable for the ACT to increase young people's access to GPs and has been suggested as a strategy in this report's recommendations.

YOUTHEALTH PROJECT, NSW

The Youthealth Project was initiated by Northern Sydney Area Health Service in 1999 to improve 'youth friendliness' of health services. The three main aims of the project (developed in 1999) were:

- to develop evidence-based guidelines on how health services can be youth friendly
- to develop a youth website
- to establish youth consultants in the area.

The project organisers employed and trained a diverse group of young people (14–20 years) as youth health consultants. The youth health consultants provided:

- presentations, training and information to service providers
- a one-hour consultation interview with services to suggest ways to improve the 'youth friendliness' of these services and provide resources to staff
- information about access to health services to young people at youth events and through a fun and interactive youth access workshop designed for schools.

The guidelines¹¹ developed for the Youthealth project may be useful as a basis to develop guidelines for ACT Government Health Directorate services to ensure they are young-people friendly.

YOUTH FRIENDLY DOCTOR PROGRAM, WA

The Youth Friendly Doctor training program is available to GPs in WA and is delivered by GPs with specific skills in the area of young people's health. Topics covered include communicating with young people; ethical and legal issues; alcohol and other drug use; sexual health; mental health; and overweight and obesity. GPs who graduate from the program are able to advertise as 'youth friendly' on the AMA website.

This is an important training and quality-assurance measure that could be adapted for the ACT.

YOUNG INSPECTORS PROGRAM, YOUTH4U, UK

The UK national Young Inspectors program recruits, trains and supports young people, particularly marginalised young people, to visit local services, assess them for youth friendliness and report back

¹¹ www.sprc.unsw.edu.au/.../Report9_04_YouthHealth_Evaluation.pdf

to the services on how they could improve. The program offers young people and their peers the opportunity to have a voice in the development and delivery of services; to influence planning and policy; and engage meaningfully with local services. Young people are accredited as a Young Inspector through the program.

This is potentially a highly suitable initiative that could be adapted for the ACT and delivered by the Centre for Young People's Health, or the Health Promotion Branch in collaboration with the Youth Coalition or other stakeholders.

7.9 Transport initiatives for young people

BEGA VALLEY SHIRE YOUTH COUNCIL SUMMER BUS PROGRAM, NSW

The Bega Valley Shire, on the NSW far south coast, covers a large geographical area and public transport was an issue for young people, because buses did not run at night. The Bega Valley Shire Youth Council began a special bus service for young people between 7 pm to midnight on weekends during the summer school holidays. Fares were capped at \$2. The council indicated that the number of road accidents and related trauma was reduced when the summer bus was in operation.

While there is no separate local council in the ACT, this model deserves consideration, particularly if it enables young people from outlying areas of Canberra to attend health promotion and cultural events or access venues for physical activity.

DUBBO TAXI VOUCHER TRIAL, NSW

Funded by the Dubbo City Council, young people aged 12–17 years are eligible to purchase taxi vouchers for \$5 each, which they can use towards a maximum fare of \$15 within the 60 km speed limit zone of Dubbo.

A subsidy of taxi vouchers is feasible for the ACT, but costs could be substantial.

8 Centre for Young People's Health

8.1 Is a Centre for Young People's Health feasible for the ACT?

There was broad agreement among professional stakeholders that establishing a Centre for Young People's Health in the ACT is both desirable and feasible. Very few stakeholders felt that the ACT needs new services for young people, and many argued against a service-driven model for the centre. The most popular model was a hub-and-spoke model, with the central coordinating hub staffed by experts in young people's health, and the spokes receiving education and training, support to translate research to practice, and possibly secondary consultation from the centre's experts. Most agreed that the centre should also drive research and collaborate with other research centres of excellence.

There was also broad support for the development of a virtual centre that could offer information, advice and referral:

We are at a place in the health and university sector where bringing together clinical services, research and education are all critically important to delivery of high quality and sustainable health services going forward ...strongly advocating for consideration for a centre or network that emerges from this process, from its beginning explicit thought needs to be given to not just service delivery but imbedded in the idea that research and education for other health professionals, that the centre will support the three functions, then sustainable youth health will be easier to realise. If we don't focus on the three areas, we lose the capacity for innovation and lose the capacity to excite the coming generation of health providers to engage them in youth health as a field which will be an opportunity lost [Professional, academic].

8.2 Potential roles for a Centre for Young People's Health

There are a number of established centres in Australia and elsewhere that can act as potential models for the ACT Centre for Young People's Health. In Table 6, and in the subsequent sections, we describe a number of models and provide examples; explore the pros and cons of each model; and make recommendations about the best fit for the for the proposed ACT Centre for Young People's Health.

Table 6: Summary of pros and cons of potential centre models

Function	Examples	Pros	Cons
Centre for service excellence	Spectrum (Victoria)	Can concentrate on service excellence without the distraction of other activities	Single focus service centres can lack the cutting edge afforded by research and may not add value to other services through training or dissemination activities; most in operation tend to be focused on very specific issues
Centre for research excellence	ADF Centre for Youth Drug Studies (Victoria)	Can concentrate on research excellence without the distraction of other activities; can generate funds through grants and tenders	Can lack clinical credibility; may not add value to other services through training or dissemination activities
Centre for workforce development	Evidence-based Therapies Training Unit, University Centre for Rural Health (NSW)	Can concentrate on dissemination without the distraction of other activities; can generate funds through user-pays training	Can lack clinical credibility and the cutting edge information that involvement in research brings
Clearinghouse	Australian Clearing House for Youth Studies (Commonwealth)	Provides a central repository for all resources related to young people	Can be complex to keep up with the vast amount of information; is more limited in ability to provide proactive quality improvement across the sector
Network or advocacy	Youth Coalition (ACT)	Can draw services and workers together and help to generate new ideas, and improve transitions between services organically	Lacks a specific brief to develop service capacity through research
Integrated service, training and research	Centre for Adolescent Health, Royal Children's Hospital (Victoria), Orygen Youth Health (Victoria)	Can provide real translation of research to practice and practice-based research	Can be complex to manage effectively and can result in a silo effect of the three arms as the service grows; the service arm can be in competition with other services if not established as a specialist centre
Consortium model, sector capacity building	Dovetail (Queensland)	Can draw services and workers together, can disseminate evidence-based materials widely, and build service sector capacity	Can lack the cutting edge information that involvement in research brings, requires strong and credible drivers in the lead agency
Integrated research, sector development and advocacy	NSW Centre for the Advancement of Adolescent Health (NSW)	Provides large value add to practice-based services; is not in competition with clinical service providers, which may increase acceptability; can generate funds through user pays and grants; can provide expert policy advice to government; can drive strong research agenda	May lack the clinical credibility that comes with incorporating a clinical practice component

CENTRE FOR SERVICE EXCELLENCE

Background: A centre of excellence for service provision is often the first thing that comes to mind when thinking about a Centre for Young People's Health. Many stakeholders suggested the expansion of the Junction Youth Health Service, for example, as the designated Centre for Young People's Health.

Considerations: Services that focus on one function can become centres for service excellence, but may lack the cutting edge afforded by integrating research or training into the model. Those that function well typically incorporate research and training or focus on a very specific area of expertise.

Example: Spectrum Personality Disorders Service in Victoria has two primary functions: to support state mental health services to improve treatment strategies for people with borderline personality disorder, and to provide specialised intensive assessment and treatment services for clients with particularly complex needs. The Spectrum model is effective as a stand-alone service provider model, at least partly because it is specifically focused on one area: borderline personality disorder. Its main focus is supporting other services and it treats only the very severe cases that cannot be managed effectively within mental health services.

Recommendation: Conversion of the Junction Youth Health Service to a Centre for Young People's Health is not recommended, because the Junction Youth Health Service provides an appropriately broad-based primary care and specialist service for a range of issues related to young people's health and wellbeing, particularly for marginalised young people. Support for the expansion of the clinical functions of the Junction Youth Health Service is recommended in conjunction with the establishment of an independent Centre for Young People's Health.

CENTRE FOR RESEARCH EXCELLENCE

Background: Many stakeholders highlighted the need for a research function within the Centre for Young People's Health to improve the leadership capacity of the centre.

Considerations: Services that focus on one function can become centres for research excellence, but can become isolated from the 'coalface' services they are meant to be supporting. It is important that a centre for research excellence is embedded in a context of clinical practice and dissemination even if it is not providing services itself.

Example: The Australian Drug Foundation (ADF) in Victoria hosts the Centre for Youth Drug Studies. Its function is to both evaluate ADF programs (such as the Good Sports program) and undertake applied innovative research to improve health promotion for young people.

Recommendation: A stand-alone research-only centre is not recommended. An integrated model (see below) will deliver better value, both in terms of use of limited funds and for the sector development.

CENTRE FOR WORKFORCE DEVELOPMENT

Background: The youth sector comprises a variety of practitioners with a wide range of training, qualifications, experience and expertise. Workforce development may include strategies to improve the translation of research to practice, such as training and professional development, as well as clinical support, such as consultation liaison services, case conferences, grand rounds and supervision. Establishing a centre with workforce development function would enable the sector to develop and maintain momentum towards providing high-quality services across the sector.

Considerations: A workforce development focus provides a broad base and large added value to practice-based services, is not in competition with other clinical service providers (which may increase acceptability), and can generate funds. However, this focus can be at risk of reduced clinical and research credibility.

Example: The Evidence based Therapies Training Unit, University Centre for Rural Health, is collaboration between the University of Sydney and Southern Cross University. The purpose of the centre is to foster the dissemination of evidence-based psychological therapies for the prevention and treatment of mental health problems. The unit offers a comprehensive training calendar, each year as well as training resources and online training.

Recommendation: A stand-alone training-only centre is not recommended. Workforce development, including the development of resources for practice and training, should be part of the Centre for Young People's Health specific function.

CLEARINGHOUSE

Background: A clearinghouse is a central repository for resources on a particular topic.

Considerations: There is an excellent clearinghouse related to young people's health and wellbeing already in existence.

Example: The Australian Clearinghouse for Youth Studies provides support for youth organisations, youth workers, youth researchers, policymakers and young people with a mission to provide comprehensive and up-to-date information about key issues and practices in the youth field for access by the community. It offers a journal, *Youth Studies Australia*, a monthly newsletter, *Youth Field Xpress*, and holding books and other publications on contemporary youth issues, as well as online resources and a help desk service.

Recommendation: Duplicating the functions of the Australian Clearinghouse for Youth Studies by establishing a new ACT clearinghouse is not recommended. The existing clearinghouse already provides comprehensive youth-related resources. Better engagement with these resources could be helpful for the ACT youth sector and this could be facilitated through the Centre for Young People's Health.

NETWORK OR ADVOCACY

Background: The consultation process highlighted the lack of coordination of existing services as an issue. Formal transitions for young people between services are not well established and there are few opportunities for youth-related services to come together to assist this process.

Considerations: A network of youth services can draw services and workers together, and help to generate new ideas and improve transitions between services organically, but can lack a specific brief to develop service capacity through research and training. Such a function would be ideally placed within another type of service rather than stand alone.

Example: The ACT Youth Coalition describes its focus as policy development and advocacy; sector development (especially assisting services to access the tools they need), including the development of directories; a weekly e-bulletin; and advocacy and representation, especially in policy issues. The services that belong to the Youth Coalition are primarily those that cater for marginalised or young people with complex needs. A network should have the potential to link all young people's services and to engage those who work with young people but do not consider themselves youth-sector focused.

Recommendation: Incorporating a networking function into the Centre for Young People's Health is recommended. Although the network functions of the ACT Youth Coalition appear to be effective, the coalition members are both broad (beyond health) and focused nearly exclusively on tertiary-end services for marginalised young people. These functions are important and should be encouraged; however, a health-related network should be coordinated by the new Centre for Young People's Health that draws together representatives from the Youth Coalition, mainstream and primary care services for young people and researchers. The reach should be broad with a focus on drawing multiple disciplines together to improve young people's health.

INTEGRATED SERVICE, TRAINING AND RESEARCH

Background: A number of integrated models of service provision in the health sector operate multiple program streams.

Considerations: An integrated model offers the best opportunity to develop leadership in the area of young people's health in the ACT; however, services running under these models can become complex to manage and create silos among the various streams that are meant to be integrated. It can be difficult to find staff with the right mix of clinical, research and training skills.

Example: There are many examples of the integrated model, including the Centre for Adolescent Health, the Royal Children's Hospital Melbourne and Orygen Youth Health. The Centre for Adolescent Health operates a number of specialist inpatient and outpatient services and programs, including the Chronic Illness Peer Support program and a primary health service for marginalised young people. It also has a strong research agenda, produces clinical resources, offers training and has a clinical placement program. Orygen Youth Health operates three separate arms. The research centre works with the Orygen Clinical Program and external services to recruit participants for

research. Training and clinical support services are offered through a training and communications section.

Recommendation: Service provision is not a recommended function of the Centre for Young People's Health in the ACT.

CONSORTIUM MODEL, SECTOR CAPACITY BUILDING

Background: A wide range of organisations and service types from the government, nongovernment and not-for-profit sectors are directly and indirectly involved in the advancement of young people's health. Opportunities for collaboration, innovation and collective planning tend to be few.

Considerations: A consortium model can build capacity to respond to emerging issues in young people's health, up-skill the workforce, and improve service collaboration; however, the consortium model requires strong and credible drivers in the lead agency to ensure the momentum is maintained. The model also lacks capacity for undertaking research, although it can assist with translating research to practice.

Example: *Dovetail* is a recently established initiative that draws together a consortium of government and nongovernment organisations from the youth alcohol and drugs sector with the aim of building its capacity to respond effectively to the needs of young people in Queensland. *Dovetail* produces and disseminates evidence-based materials, facilitates training, offers professional development grants, facilitates networking and assists organisations with the development and implementation of relevant projects. Queensland Health's Alcohol and Drugs Service is the lead agency and four staff members comprise the project team.

Recommendation: This model could be adapted to provide the entry point for the ACT Government Health Directorate to draw together the hub and spokes that will comprise the future Centre for Young People's Health.

INTEGRATED RESEARCH, SECTOR DEVELOPMENT AND ADVOCACY

Background: A number of integrated models of service provision in the health sector operate multiple program streams.

Considerations: An integrated model offers the best opportunity to develop leadership in the area of young people's health in the ACT. However, practice-based services running under these models can become complex to manage and create silos among the various streams that are meant to be integrated. It can be difficult to find staff with the right mix of clinical, research and training skills.

Example: The NSW Centre for the Advancement of Adolescent Health (CAAH) does not provide a clinical service, but works to support existing young people's services to implement best practice. CAAH aims to improve young people's health in four main areas:

- *developing resources:* including developing and converting training manuals, evaluation, production and dissemination strategies

- *professional development*: including presentations and workshops and tailored training programs for services
- *applied research*: including project design and support for services, service evaluation and other research
- *advocacy and policy development*: including advisory support to NSW Health, nongovernment organisations and the private sector; participating in policy committees, youth services networks and advocacy working groups and media; providing information and referral services to service providers, government departments, media and the general public.

Recommendation: To reduce the issues associated with integrating clinical service provision, we recommend **an integrated research, training, networking and policy support service, without clinical services** as the ideal model for the proposed ACT Centre for Young People's Health.

8.3 Recommendations for a Centre for Young People's Health

It is recommended that the role of the proposed Centre for Young People's Health should focus on building the capacity of health services and other sectors to respond to the needs of young people in the ACT, rather than the delivery of clinical services as this role was not widely supported by stakeholders during the consultations.

The ideal model is a hub-and-spoke model, with the centre providing expert guidance and support to stakeholders from health and other sectors. The potential stakeholders should include government and nongovernment health services and programs, specialist youth health services (e.g. the Junction Youth Health Service and headspace), Aboriginal and Torres Strait Islander services (e.g. Winnunga Nimmityjah), the ACT Multicultural Council, the ACT Medicare Local, the ACT Education and Training Directorate (ETD), the ACT Community Services Directorate, researchers, existing networks (e.g. the Youth Coalition and ACT Government Health Directorate Children's and Young People's Health Reference Group), and young people's representatives (e.g. the Youth Advisory Council or similar and the ACT Children and Young People Commissioner).

As the hub, the centre would:

1. **Draw together key groups, services and programs and promote active networking and information sharing.** An active network can improve collaboration across sectors, highlight service opportunities and identify needs, and build on existing strengths. It can also provide crucial information to the centre on emerging issues in young people's health, thus the centre would act as a sentinel and provide timely advice to the ACT Government Health Directorate on appropriate responses and policy directions. This activity is consistent with Priority Area 4 in the recommendations.
2. **Foster professional development.** This could include the development and facilitation of training and guidelines for ongoing supervision, the identification of core skills and competencies for those working with young people, youth engagement guidelines for services, the hosting of an annual Young People's Health Symposium, and assistance with the translation of research to practice. These activities are consistent with Priority Areas 3 and 4 in the recommendations.
3. **Promote health literacy and community engagement.** The centre should assist with the development of resources and campaigns. The centre's activities could be supported by a dedicated website that would offer evidence-based materials and advice on accessing health services. These activities are consistent with Priority Area 5 in the recommendations.
4. **Develop a research agenda.** Professional stakeholders highlighted the need for high-quality longitudinal research to identify the risk and protective factors for ill health among ACT young people, and better coordinate research activities. Research could be undertaken within the centre or in collaboration with other research centres, such as those at the Australian National University (ANU) and the University of Canberra. The centre would focus ideally on research and translating research to policy and practice, as well as offering support and mentorship for health service providers in project design and implementation, and program evaluation.

While the ideal model is an independent and branded Centre for Young People's Health, it is recognised that such a centre would require time to establish, as well as considerable financial and human resources. Therefore, a phased approach to the establishment of the centre is described for consideration and is summarised in Table 7.

PHASE 1: ESTABLISH A CONSORTIUM WITH THE ACT GOVERNMENT HEALTH DIRECTORATE AS LEAD AGENCY

The aim of this phase is to begin the process of collaboration and networking among key stakeholders in the sector who represent the potential spokes of the proposed Centre for Young People's Health. The ACT Government Health Directorate could adapt the *Dovetail* model used by Queensland Health in this phase, and the responsibility for oversight of the consortium could rest with the Healthy Children and Young People team in the Health Promotion Branch. Outcomes such as increased opportunities for networking, information sharing and collaboration across government and nongovernment sectors, and the identification of professional development needs, can be expected. To maintain the momentum generated by the ACT Healthy Young People Feasibility Study, it is recommended that Phase 1 is initiated as soon as possible.

PHASE 2: APPOINT A SENIOR PROJECT OFFICER FOR YOUNG PEOPLE'S HEALTH

The aim of this phase is to consolidate the consortium activities begun in phase 1, and to respond to workforce development needs by facilitating training and workshops, developing resources, and convening the inaugural Young People's Health Assembly, which was recommended by stakeholders during the consultations. As the importance of engaging young people in the health system is well established, consultations with young people should be undertaken in this phase. Resources would need to be secured to appoint a Project Officer. The project officer would operate in a similar fashion to the Area Based Youth Health Coordinators model (see page 31 for a description). Outcomes such as a more confident and skilled workforce and greater engagement of young people can be expected. Ideally, this phase would occur in years 2 and 3. Explore funding options and resource commitment for the development of a Centre for Young People's Health.

PHASE 3: APPOINT A SUITABLY QUALIFIED DIRECTOR FOR THE CENTRE FOR YOUNG PEOPLE'S HEALTH

The aim of this phase is to build on previous achievements, and to establish the identity and credibility of the future centre among stakeholders and the wider ACT community. At this stage, the centre is 'virtual' and would probably be located within the ACT Government Health Directorate. Ideally, the director will have demonstrated experience in youth health, have extensive health and/or clinical practice experience, and an established track record in research, with a commitment to the translation of research to practice. The director would develop the strategic direction for the centre in consultation with young people and professional stakeholders. Increased capacity of the service sector to respond to young people could be expected. This phase would occur in year 3.

PHASE 4: APPOINT ADDITIONAL SUITABLY QUALIFIED STAFF MEMBERS

The aim of this phase is to provide professional support to the director to execute the strategic direction of the centre. Ideally, these staff members would also have expertise in young people's

health and be experienced researchers. The promotion of health literacy and continued workforce development are key elements of this phase. Additional funding through research and project grants could be secured leading to partial financial self-sustainability. This phase would occur in year 4.

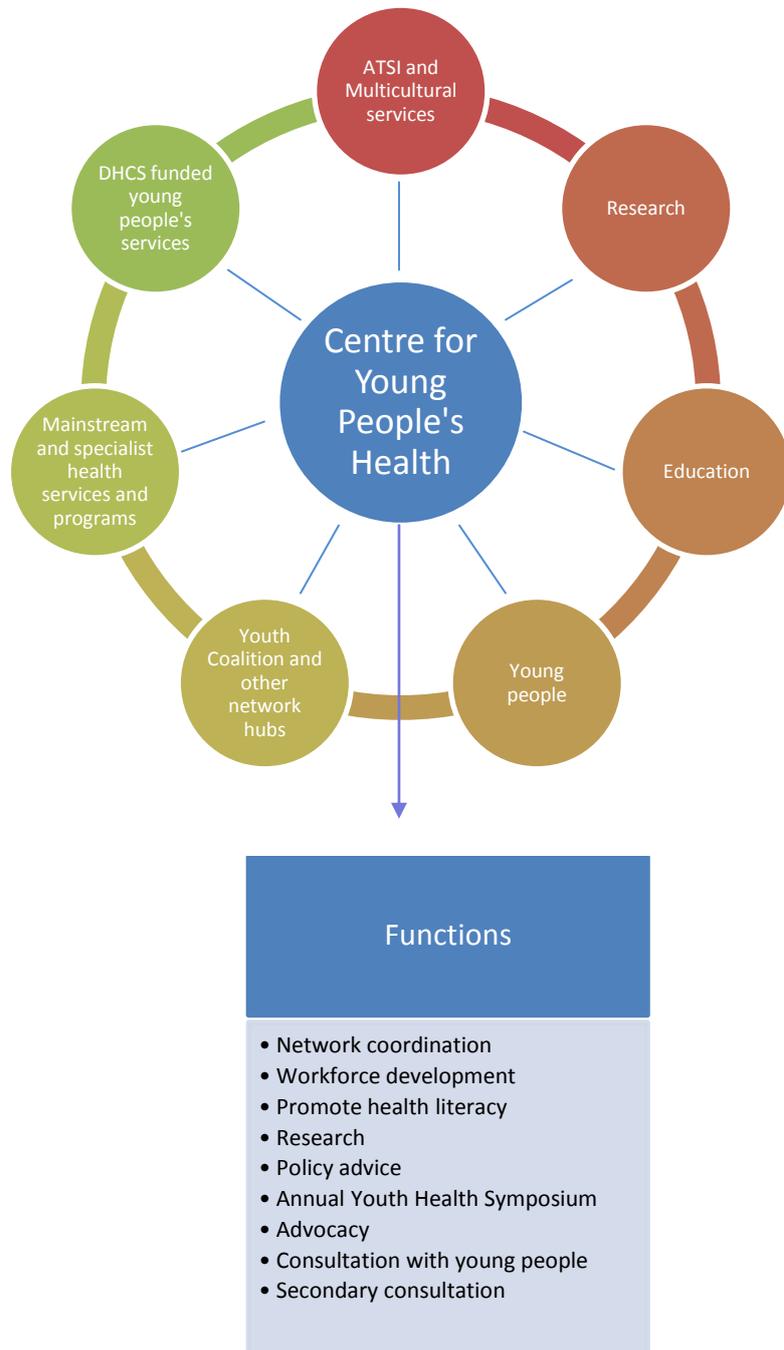
PHASE 5: ESTABLISH AN INDEPENDENT CENTRE FOR YOUNG PEOPLE'S HEALTH

The aim of the final phase in year 5 is to establish an independent Centre for Young People's Health in the ACT at a suitable location, such as a university, community health centre, hospital (e.g. the future Women and Children's Hospital) or alternative premises. The independent centre would consolidate and expand the activities previously undertaken and have the capacity for future growth. The independent centre should receive funding to be adequately staffed and to provide a range of pre-agreed activities each year on a three-to-five-year cycle; however, partial financial self-sustainability through external research and project funding can be anticipated. Likely outcomes include the establishment of a flagship to promote the health of young people in the ACT; a comprehensive and coordinated research agenda; service coordination and stronger collaboration between service sectors resulting in a young-people-friendly service system; support for innovative services and programs; and expert advice on policy for the ACT Government Health Directorate.

Table 7. Phased establishment plan for a Centre for Young People’s Health

Phase	Activity	Roles	Responsibility	Timeframe	Expected outcomes
1	Establish a consortium with ACT Government Health Directorate as lead agency	<ul style="list-style-type: none"> Identify and draw together key stakeholders, including young people Coordinate and drive the activities of the consortium and maintain momentum, engagement and focus 	ACT Government Health Directorate	Year 1	<ul style="list-style-type: none"> Increased opportunities for networking, information sharing and collaboration across government and nongovernment sectors Identification of professional development needs
2	Appoint at least one senior project officer for young people’s health	<ul style="list-style-type: none"> Oversee activities of the consortium Respond to identified professional development needs through facilitated training and resource development Convene the Young People’s Health Symposium Consult actively with young people and families 	ACT Government Health Directorate	Years 2 & 3	<ul style="list-style-type: none"> Increased skills and confidence of workforce through training and professional development opportunities Increased availability of educational and clinical resources Increased engagement of young people in health-related issues
3	Appoint a suitably qualified director for the centre	<ul style="list-style-type: none"> Develop a strategic direction for the centre in consultation with young people and professional stakeholders Identify research and other professional partners Secondary consultation to service sector 	ACT Government Health Directorate	Year 3 and ongoing	<ul style="list-style-type: none"> Established identity of the centre within the ACT community Increased capacity of the service sector to respond to young people’s health needs
4	Appoint additional suitably qualified staff members	<ul style="list-style-type: none"> Promote health literacy through resources and community engagement activities Direct research activities Develop the workforce 	Director of the Centre for Young People’s Health	Year 4 and ongoing	<ul style="list-style-type: none"> Increased health literacy of young people, parents and carers and the wider ACT community External funds generated through research grants and user-pays training and resources, if appropriate
5	Establish an independent Centre for Young People’s Health	<ul style="list-style-type: none"> Provide strong leadership for the youth health sector Develop the workforce and capacity Lead a research agenda in young people’s health, including research to practice Provide advocacy, engagement and consultation Contribute to the development of policy 	ACT Government Health Directorate and centre director	Year 5 and ongoing	<ul style="list-style-type: none"> A comprehensive and coordinated research agenda A skilled youth health sector Established networks and service coordination Support for innovative services and programs Expert advice on policy for ACT Government

Figure 3: The Centre for Young People's Health recommended model and potential functions



9 Detailed service system recommendations

This section details the recommendations for the service system for consideration by the ACT Government. The recommendations are based on a synthesis of all data sources, and were developed in response to the following questions:

- a) What constitutes good and best practice in young people's health?
- b) What are the main health issues for young people in the ACT?
- c) What are the needs of young people, their families and the wider community and what are their service preferences?
- d) What are the views of professional key stakeholders?
- e) What is currently offered by the service system in the ACT, what are the strengths, and where are the opportunities?

This section examines the seven main areas for improvement that were identified by the feasibility study and presents them in order of priority. For each area, the issues are discussed and detailed strategies to address the issues have been recommended. Table 6 summarises the recommendations and suggests timeframes for achievement. Multiple ticks indicate that short and long-term strategies have been suggested.

Priority Area 1: School-based health education

Priority Area 2: Alcohol and drug and mental health promotion and early intervention activities

Priority Area 3: A 'young-people-friendly' mainstream health system

Priority Area 4: Coordination of existing services

Priority area 5: The role of new technology for young people's health

Priority Area 6: The strengths of the current service system

Priority Area 7: Participation in sports and physical activity and healthy eating

While each of these priority areas is important for improving the health of young people in the ACT, it is recommended that investment be channelled initially to the following enablers:

- 1) A formal partnership with ACT Education and Training Directorate, which has the potential for greatest impact on the wellbeing of students across a range of areas, including the delivery of evidence-based health education, healthy eating, increased physical activity, and improved integration of the School Youth Health Nurse pilot program
- 2) Addressing the gap in early intervention activities for alcohol and drug use to reduce the risk of long term harm
- 3) Exploring opportunities for strengthening the capacity of the mainstream health system to respond to the needs of young people, which has the potential for greatest impact on the wellbeing of young people outside the education system
- 4) Improving the coordination of existing services to link people, resources and training, and to actively include young people in the process.

Priority Area 1: School-based health education

THE ISSUES

The role of health education in schools was raised by most by stakeholders and was identified as important for improving health-related knowledge and establishing healthy behaviours that would continue into adulthood. Health education includes alcohol and other drugs, mental health and resilience, sexual health, healthy eating, sun safety, bullying and body image. This area deserves particular attention, because the literature review showed that inappropriate delivery of health education can increase, rather than decrease, problems, and some drug-education programs in particular have increased drug use among students.

Stakeholder consultations indicated that the delivery of health education, although guided by a curriculum framework, is highly inconsistent between and even within schools. Health education is delivered as a strand within the subject of physical education (PE). Stakeholders reported that the quality and emphasis of health education largely depends on the confidence and commitment of individual teachers, some of whom reportedly invite untrained youth workers to facilitate drug education - which is contrary to best practice and may do more harm than good. Training is available to teachers, including that offered by the drug education officer, but strategies are required to ensure health education in general and drug education in particular is delivered effectively.

Sexual health knowledge - particularly among school attendees - is poor, despite many school attendees being sexually active. *Chlamydia* infection rates are high. Excellent evidence-based programs are available, including MindMatters for mental health (which is being integrated voluntarily into certain schools and colleges). However, the highly regarded SHLiRP (sexual health) program is user-pays and stakeholders report that many schools lack the necessary funds. Furthermore, many public school students are no longer exposed to health education in Year 9 and beyond if they do not take PE as an elective.

The school curriculum for all Australian schools is currently under review by the Australian Curriculum, Assessment and Reporting Authority. Of most significance for this study is that, from 2013, health education/PE will be part of the core curriculum for all students in each year from K-10. While this is excellent news, it is important that current health education in the ACT is delivered appropriately and according to the evidence for success. The ACT Government Health Directorate is well placed to assist ETD with implementing the new health education curriculum in 2013.

THE RECOMMENDATIONS – FOR CONSULTATION

1.1 Establish a strong partnership between the ACT Government Health Directorate and ACT DET

Progress has already been made in establishing links such as the executive officer, Healthy Schools, who works across both ETD and the ACT Government Health Directorate, a joint-funded drug education officer, and the School Youth Health Nurses pilot project. However, to facilitate a solid and enduring partnership that emphasises the importance of health in the education setting, a more formalised approach is recommended.

How could this be achieved?	Responsibility	Expected benefits
Memorandum of understanding between the ACT Government Health Directorate and ETD for a partnership approach to health promotion and the delivery of evidence-based health education in schools.	ACT Government Health Directorate to initiate this action.	<ul style="list-style-type: none"> The project is aligned with the National Framework for Health Promoting Schools. Joint activities to improve outcomes for students are more easily facilitated. The new health education element of the National Curriculum is implemented using a partnership approach.

1.2 Produce and disseminate best-practice guidelines for the delivery of health education in schools

Although training is available from the drug education officer to assist schools deliver health education according to best practice, information gained through consultations suggests that drug education remains an area that requires considerable attention. The ACT Government Health Directorate, in collaboration with ETD, should produce and disseminate best-practice delivery guidelines. The guidelines would include a review of the health education literature (with particular emphasis on drug education); detail how health education is best delivered; identify the skills required to deliver it and when it should be delivered; and explain how health education can be evaluated. A dissemination plan should also be developed to ensure distribution to all schools and to raise awareness. Uptake of the guidelines should also be supported by training.

How could this be achieved?	Responsibility	Expected benefits
<ul style="list-style-type: none"> Produce guidelines. Develop a dissemination plan and implement widely. Offer training in best-practice health education in the school environment to teachers and external facilitators. 	ACT Government Health Directorate in collaboration with ETD	<ul style="list-style-type: none"> Teachers and external facilitators have an increased awareness of best-practice approaches to health education. There is consistent, well-delivered health education in schools. External facilitators are trained. ETD is helped to implement new health education element of the National Curriculum.

Priority Area 2: Alcohol and drug and mental health promotion, and early intervention activities

THE ISSUES

The use of alcohol, tobacco and other drugs, and mental health problems among young people were highlighted as issues of concern by most professional stakeholders. These issues were also raised by young people themselves during school focus groups and via the online survey. Of 17 areas of potential concern for parents and carers, mental health was the uppermost concern (61% concerned 'a lot') and alcohol and drug use was also of major concern (53% concerned 'a lot'). Data from the *Health status of young people in the ACT* report indicate that risky alcohol use, and cannabis and ecstasy use among young people in the ACT is slightly higher than that national average, and around 14% of young people experience significant psychological distress.

The literature supports the use of primary and secondary interventions, including early and brief interventions for young people for alcohol and drug use and psychological distress or mental ill health. Early intervention is a key focus of the National Action Plan on Mental Health 2006–2011, as well as for the ACT, as detailed in *Building a strong foundation: A framework for promoting mental health and wellbeing 2009–2014*.

In mapping the ACT service system, a specific gap in the provision of alcohol and other drugs (AOD) early intervention for young people was identified. Alcohol and drug treatment services are primarily focused on the tertiary end of the intervention continuum (e.g. detoxification and residential rehabilitation) and headspace partners are also drawn from these tertiary services.

Currently, the ACT Government Health Directorate Alcohol and Drug Program (ADP) focuses on clients aged 18 years and over, although - following an external review of the ACT Alcohol and other Drug service system in 2007 - a small number of younger clients may be referred by Juvenile Justice. The same review recommended that young people be given access to the full range of evidence-based services, including tertiary services unavailable to them in the ADP.

Young people in the ACT would benefit from access to good quality, evidence-based formalised and opportunistic early intervention for alcohol and drug use and psychological distress. Additional health-promotion activities in both of these are also recommended. For example, Act-Belong-Commit is an evidence-based, community-based health-promotion campaign that encourages people to 'keep physically, mentally and socially active (*Act*); keep involved in family and community activities and participating in community events (*Belong*); and take on challenges or causes that provide meaning and purpose in their lives (*Commit*)¹². Originally developed by Curtin University in Western Australia it has recently been introduced into Queensland.

¹² <http://www.actbelongcommit.org.au>

THE RECOMMENDATIONS – FOR CONSULTATION

2.1 Establish systems for identification and early intervention for alcohol and drug misuse and psychological distress in young people		
Mainstream health and other services that come into contact with young people are well placed to recognise emerging problems and intervene early; however, they require training to do so, and must be supported by opportunities for referral to specialist services.		
How could this be achieved?	Responsibility	Expected benefits
<p>Explore the feasibility of establishing and piloting a specialist ‘youth team’ with a comorbidity focus within the ADP (e.g. The Hot House Youth Community Team, Qld Health).</p> <p>Appoint a skilled person to provide subsidised, good-quality training in detection, assessment and brief opportunistic interventions for alcohol, tobacco and other drug use, and mental health first aid for youth workers, general practitioners, nurses, community health workers, school health workers, sporting clubs and other relevant workers who come into contact with young people.</p>	<p>Alcohol and Other Drug Policy Unit</p> <p>Health Directorate, ADP in conjunction with CAMHS and nongovernment agencies such as the Mental Health Foundation ACT</p>	<ul style="list-style-type: none"> • Young people have access to evidence-based services with a youth focus. • The team provides training, support and secondary consultation to mainstream health services as needed, as well as clinical services to young people and their families. • Emerging issues are recognised and interventions initiated before problems become severe. • Opportunities for networking and collaboration are provided.

2.2 Undertake additional health-promotion activities in alcohol, tobacco and other drug use and mental health		
Evidence suggests that health promotion and prevention campaigns are most effective when supported by a range of activities. For example, the ANU Health Service trialled an online alcohol self-assessment (<i>e-CHUG</i>); however, young people outside the school and college system also require exposure to health promotion initiatives. The Alcohol and Other Drug Policy Unit has recommended a checklist for quality control for the development of information, which is now available for use by those involved in alcohol and drug health promotion among young people. This has been developed by the Australian Drug Foundation and the Alcohol Tobacco and Other Drug Association ACT.		
How could this be achieved?	Responsibility	Expected benefits
<p>Ensure that “A Guide to Reviewing and Developing Alcohol, Tobacco and Other Drug Resources for Young People” health promotion quality control checklist is disseminated widely.</p>	<p>Alcohol and Other Drug Policy Unit and Health Promotion Branch</p>	<ul style="list-style-type: none"> • Quality of AOD health promotion is improved.
<p>Initiate alcohol, tobacco and other drug health-promotion activities that link with the national binge drinking campaign, such as hosting information stalls at public events so the broader group of young people who are not at school or university can be targeted. Information about standard drinks and lower risk drinking, and paper and pencil versions of self-screening instruments such as the AUDIT (Alcohol Use Disorders Identification Test), would be suitable.</p>	<p>Health Directorate</p>	<ul style="list-style-type: none"> • There is increased awareness of recommended levels of alcohol consumption. • Young people have an opportunity to self-assess their alcohol use with validated instruments rather than rating themselves against their peers.
<p>Explore the feasibility of implementing a mental health and wellbeing health-promotion campaign such as Act-Belong-Commit.</p>	<p>Health Directorate</p>	<ul style="list-style-type: none"> • The campaign focuses on the role of physical activity in mental health (even if it is not developed specifically for young people).

Priority Area 3: A 'young-people-friendly' mainstream health system

THE ISSUES

Specialist youth services in the ACT focus primarily on marginalised young people. The services are specifically designed to be appealing to their target client group: they are inviting, responsive, physically comfortable, free of charge, and offer flexible delivery of a range of services.

Information gained during the consultations suggests that the broader group of young people in the ACT are reluctant to access specialist services and look to the mainstream health service system for health care. Of more than 500 young people who completed the online survey, 76% had seen a general practitioner (GP) in the previous 12 months, while only 3% had visited the Junction Youth Health Service, for example.

The consultations highlighted a general lack of 'youth friendliness' in the current mainstream health system, with problems that include long waiting lists for appointments, costly services, lack of after-hours services, feeling embarrassed about discussing personal information, and lack of awareness among young people, parents and carers of available services and programs.

To ensure equity of access to health care for all ACT young people, mainstream health services should be supported to improve their appeal to young people.

THE RECOMMENDATIONS – FOR CONSULTATION

3.1 Promote a ‘young-people-friendly’ mainstream health service system		
Although many of the recommendations in this report will improve the mainstream health system for young people, some specific strategies are recommended. A general practice workforce shortage has been identified in the ACT and recommendations for strengthening the workforce were explored in detail by the ACT GP Taskforce in 2009. Strategies to increase young people’s access to GPs and other primary care services are required.		
How could this be achieved?	Responsibility	Expected benefits
Develop a quality-assurance framework for young-people-friendly service delivery, including guidelines and checklists and support with appropriate training.	Health Directorate	<ul style="list-style-type: none"> • Services are assisted to rate themselves against set criteria and make improvements accordingly.
Consider a partnership with the ACT Medicare Local to adapt the YouthREACH program for the ACT, and to explore other opportunities to improve access to GPs by young people.	Health Directorate and ACT Medicare Local	<ul style="list-style-type: none"> • Young people are increasingly engaged in primary care, and have increased health literacy. • Youth-specific training for GPs is provided. • Linkages between general practice and young people’s services are improved.
Increase the use of nurse practitioners within primary health care and community health centres. Consider funding a scholarship scheme for experienced nurses with an interest in young people’s health to become accredited nurse practitioners.	Health Directorate	<ul style="list-style-type: none"> • Specialist nurses in community health centres and primary care services are employed to relieve pressure from general practice. • Some of the barriers that GPs currently face in bulk billing young people (e.g. time constraints, long waiting lists) are removed.

3.2 Respond to the particular needs of Aboriginal and Torres Strait Islander and multicultural young people		
Specific strategies to improve the friendliness of mainstream health services for these groups of young people is also required.		
How could this be achieved?	Responsibility	Expected benefits
<p>Include specific issues for Aboriginal and Torres Strait Islander and multicultural young people in the quality-assurance framework (see Recommendation 3.1) and support with appropriate training.</p> <p>In partnership with Aboriginal and Torres Strait Islander services and Multicultural Youth Services, consider a pilot of the Youth Health Navigator Program (see Section 9 for a description of this program).</p>	<p>Health Directorate, Aboriginal and Torres Strait Islander and Multicultural Youth Services</p> <p>Health Directorate, Aboriginal and Torres Strait Islander and Multicultural Youth Services</p>	<ul style="list-style-type: none"> • Services are assisted to rate themselves against set criteria and make improvements accordingly. • Mainstream services are more appealing to young people. • There is improved access to mainstream services for multicultural and Aboriginal and Torres Strait Islander young people. • Young people are involved in networking and partnerships for health. <p>Health literacy is improved.</p>

Priority Area 4: Coordination of existing services

THE ISSUES

The young people's health and welfare arena is diverse, and a number of well-functioning reference groups and networks exist. These groups and networks include the ACT Children and Young People's Health Reference Group, which comprises professional representatives from a range of service portfolios across the ACT Government Health Directorate and elsewhere; and the Youth Health network and the Multicultural Youth Affairs network, which are both facilitated by the Youth Coalition. The newly implemented *DHCS service delivery framework 2011–2014* also plans for coordination of DHCS-funded community programs within four geographical networks.

However, stakeholders reported a lack of overarching coordination of services and programs, resulting in 'silos' of operation, inappropriate referrals leading to service system 'blockage' in some areas, lack of awareness of services leading to occasional program replication, inconsistent collaboration, and competitiveness between services (particularly nongovernment services) for a limited resources pool.

A Young People's Health symposium is recommended to provide an opportunity to showcase innovative programs, present results of program evaluations, and provide training. Options for young people and parents should be available, including sessions to improve health literacy. Models for the symposium include the Turning Point (Victoria) Annual Symposium and the annual Victoria Health Alcohol and Drug Service Providers Conference.

Specific programs for young people with chronic conditions to transition from paediatric to adult health services are also needed, in addition to the existing diabetes transitioning program. However, examining this specialised area in detail was beyond the scope of this feasibility study. Further investigation of the needs of these young people is strongly recommended.

Should the ACT establish a Centre for Young People's Health, it would be well placed to provide overarching coordinating activities and strengthen links and partnerships across all service sectors in the ACT, and draw together existing network hubs. If a phased approach to establishing the centre is taken, then Phase 1 would enable this recommendation. However, if government does not support the establishment of a Centre for Young People's Health, then the Youth Coalition's 2010 proposal to establish a Youth Health Network should be considered.

THE RECOMMENDATIONS – FOR CONSULTATION

4.1 Strengthen coordination of the young people’s health service system		
<p>Strong links and networks not only improve relationships among services and individual providers, but can also improve access to care for young people, and those with chronic or complex conditions in particular. Networks can take advantage of new technologies as well as traditional face-to-face meetings. The needs of young people with chronic conditions require further detailed investigation.</p>		
How could this be achieved?	Responsibility	Expected benefits
<p>Establish a Youth Assembly on young people’s health that is free of charge or low cost.</p>	<p>Health Directorate or Centre for Young People’s Health</p>	<ul style="list-style-type: none"> • Young people’s health is established as a priority for the ACT. • Programs are showcased, emerging issues are identified, research and innovation is encouraged, and links and partnerships are strengthened.
<p>Introduce social networking for practitioners and services. The Victorian Dual Diagnosis Initiative offers a model for the use of an online network for service providers (see www.dualdiagnosis.ning.com).</p>	<p>Health Directorate</p>	<ul style="list-style-type: none"> • Health workers interact online, ask questions and respond to queries. • Health workers receive information quickly and easily and are supported by their peers.
<p>Develop guidelines for clinical service coordination, especially focused on coordination between multiple service providers, such as case conferencing and coordination, transitioning between services, and case management.</p>	<p>Health Directorate, key clinical and policy stakeholders</p>	<ul style="list-style-type: none"> • Approach to care is coordinated. • There is seamless transitioning between services and programs.
<p>Consider establishing a peer-support program (similar to ChIPS) for young people with chronic medical conditions. A moderated chat room could link to the online self-management support for chronic conditions that is currently under development by the ACT Government Health Directorate.</p>	<p>Health Directorate, paediatric health specialists</p>	<ul style="list-style-type: none"> • Young people with chronic conditions are supported to maintain engagement with the health care system.
<p>Further investigate the need for transitional health programs for young people with chronic medical and other conditions in the ACT.</p>	<p>Health Directorate, paediatric health specialists, researchers</p>	<ul style="list-style-type: none"> • The support needs of this special group of young people are identified and used to inform appropriate responses.

Priority area 5: The role of new technology for young people's health

THE ISSUES

Health literacy is vital to the health of the community. A good understanding of the use of health services, rights and responsibilities, and how to negotiate with the health care system is crucial for young people and their families. During the consultations, 30% of parents or carers, and young people themselves, indicated that they were unaware of what health services were available and what programs were on offer. Given the relatively small geographical size of the ACT, there is potential for the community to be highly health literate.

The consultations also showed that most young people would access the internet first to find information about health issues and services, and may also use the internet for treatment if the source was considered reliable. The use of these technologies can vastly increase the reach of primary prevention and early intervention activities beyond what is possible face to face. Examples include beyondblue, the depression initiative¹³, Just Ask Us¹⁴ and the Mental Health Services Navigation Tool¹⁵. However, young people also preferred to receive information in person from a trusted source, so a balance between 'live' and virtual information dissemination is required.

Many young people now have 'smart' phones. Professional stakeholders suggested that a smart phone application be developed to link young people with health services, to benefit local as well as newly arrived young people. For example, this could be an interactive 'app' that allows young people to review, rate and promote health services. Young people should be involved in the design and development, for example through a competition run by the ACT Government Health Directorate, which could also be used as a health-promotion opportunity to disseminate health information and raise awareness of services and programs.

The use of 'information kiosks' (see Figure 4) placed strategically for greatest exposure, such as in large shopping centres, could also raise community awareness of services. Information kiosks use touch-screen technology and can be loaded with information about health services and programs, locations, and opening times.

Another, non-technical, alternative is a mini-card rack (see Figure 5) which could also provide information about a range of services and cards can be kept for future use.

¹³ <http://www.beyondblue.org.au>

¹⁴ <http://www.justaskus.org.au>

¹⁵ <http://www.gephmhtool.com>

Figure 4: Example of an information kiosk



Figure 5: Example of a mini-card rack



THE RECOMMENDATIONS – FOR CONSULTATION

5.1 Use new technologies to improve health literacy, increase access to quality health information, and engage young people in health care		
<p>A portal that contains ACT-specific service information and focuses on the high priority areas for the ACT is important, although the portal could link to existing sites and programs where appropriate - particularly those that have opportunities for alcohol use and psychological distress self-assessment. The site must be funded sufficiently to allow for regular updates and oversight. Maintenance of the site could be a specific function of the proposed Centre for Young People’s Health. Information development and dissemination could be a function of the proposed Centre for Young People’s Health.</p>		
How could this be achieved?	Responsibility	Expected benefits
<p>Create an appealing, single web portal with credible health and service information for – and with - young people.</p>	<p>Health Directorate Information Technology Department, in consultation with young people in the ACT</p>	<ul style="list-style-type: none"> • Community awareness of services and programs is increased. • Quality and evidence-based health information is made available, and other quality sites are recommended.
<p>Involve young people in the design and development of a smart phone application health service directory.</p>	<p>Health Directorate Information Technology Department, in consultation with young people in the ACT</p>	<ul style="list-style-type: none"> • Community awareness of services and programs is increased. • Young people are engaged in health care. • There are considerable opportunities for linked health-promotion activities.
<p>Use alternative means of information dissemination in conjunction with a web portal. Consider:</p> <ul style="list-style-type: none"> • touch-screen information kiosks • a free mini-card with services and programs information 	<p>Health Directorate Information Technology Department</p>	<ul style="list-style-type: none"> • There is increased awareness of services and programs among young people with no access to new technologies.

Priority Area 6: The strengths of the current service system

THE ISSUES

The strengths of the current health service system can be built upon. Four services were highlighted specifically during consultations: The Walk-in Centre at the Canberra Hospital, School Youth Health nurse pilot program, The Junction Youth Health Service, and headspace.

The Walk-in Centre received considerable praise and was highlighted as a responsive and accessible service. In the last 12 months, 9% of young people surveyed had accessed the Walk-in Centre, and nearly 10% of parents or carers surveyed had used its services. Comments suggested that it is a well-functioning, young-people-friendly; professional service with a holistic, health promotion focus that also has the advantage of being free of charge. Stakeholders identified it as a popular alternative to the busy emergency department.

The School Youth Health Nurse pilot program was also commended during the consultation process. A number of improvements were suggested through anecdotal reports; for example, expanding the program into additional schools and colleges. However, it is difficult to make improvements, or to argue for continued funding, without a well-conducted external evaluation. An internal evaluation is currently being conducted, and this can provide some data for a more formal evaluation.

The Junction Youth Health Service received widespread praise from stakeholders. Demand exceeds its current capacity to respond, because it operates with only one GP (which is a concern for its sustainability). However, it is considered to be a well-functioning centre for the young people it is designed to serve and expansion of the Junction Youth Health Service was recommended during the consultations. Options included:

- decentralising the model by funding similar independent services in outer areas
- semi-decentralising the service using a hub-and-spoke model, where the current service maintains operational responsibility for additional drop-in centres in outer areas
- maintaining the centralised model by expanding the outreach capacity of the service.

THE RECOMMENDATIONS – FOR CONSULTATION

6.1 Expand the services of the Walk-in Centre to focus on young people		
<p>The Walk-in Centre is appealing to young people for a number of reasons: no appointment is necessary, it is free of charge, the services are provided by credible professionals, and it provides after-hours services. It is recognised that the Walk-in Centre is designed for ‘one-off’ treatment, hence this recommendation will require careful consideration.</p>		
How could this be achieved?	Responsibility	Expected benefits
<p>Consider expanding the service by establishing a ‘young people’s health and wellness team’ that could also include allied health professionals in conjunction with experienced nursing staff. May expand to have an outreach capacity in future.</p>	<p>Health Directorate and Walk-in Centre</p>	<ul style="list-style-type: none"> • Young people’s health is established as central to the services provided. • Young people are helped to develop autonomy in creating their own health care plan. • Timely and affordable access to a range of health care providers is provided. • Linkages with other services and programs, such as School Youth Health Nurses, are promoted.

6.2 Undertake an evaluation of the School Youth Health Nurses program		
<p>This pilot program has considerable promise and school nurse programs are active in most states and territories. A well conducted evaluation should be done to measure progress, make a case for broader implementation and expansion, and to maintain quality.</p>		
How could this be achieved?	Responsibility	Expected benefits
<p>Engage a suitable external evaluator to undertake a methodologically sound evaluation, including numbers and types of presentations seen, satisfaction of teachers students and nurses, and student outcomes. Barriers to implementation, including views and attitudes of teachers to the program, should also be examined.</p>	<p>Health Directorate, School Youth Health Nurses, ETD</p>	<ul style="list-style-type: none"> • A methodologically sound evaluation of the pilot program is undertaken. • Information is collected for planning purposes.

6.3 Expand the outreach capacity of the Junction Youth Health Service

Of the three models suggested by stakeholders, an expansion of the outreach capacity of the Junction Youth Health Service offers the best reach for the cost, promotes networking, and maintains quality control through management within a single organisation. It also has the benefit of linking young people with mainstream services, particularly GPs and community health centres.

How could this be achieved?	Responsibility	Expected benefits
In partnership with Anglicare, investigate the feasibility of expanding the Junction's current outreach program into other geographical areas.	Health Directorate, in collaboration with Anglicare.	<ul style="list-style-type: none"> • Young people's access to mainstream services is improved. • Access to primary care services is improved. • Health literacy among marginalised young people is improved. • Health autonomy is promoted. • The capacity of mainstream services to care for young people is improved.

Priority Area 7: Participation in sports and physical activity and healthy eating

THE ISSUES

Young people in the ACT have the same high rates of overweight and obesity as young people across Australia. Many young people do not reach the recommended levels of physical activity, and many do not eat the recommended portions of fruits and vegetables.

School environments and family role models that promote health are both vital for establishing life-long patterns of healthy behaviours. The Healthy School Canteens strategy is a good initiative, but is not consistently taken up. All school canteens should have only healthy food options, and school vending machines should not contain unhealthy foods or high-sugar drinks, such as soft drinks and so-called 'energy drinks'. The Executive Officer, Healthy Schools is currently undertaking an audit of all schools and colleges in the ACT (the ACT Nutrition and Physical Activity Schools Audit 2011) to map healthy eating and physical activity initiatives that will provide a strong foundation for future planning.

Support a kitchen –gardens program, similar to the Stephanie Alexander Kitchen Gardens program, in schools to support embed healthy eating into the school curriculum.

Many young people who are not at the elite or sub-elite level of physical activities drop out of organised extra-curricular sporting activity during or after leaving school, because those activities are designed and funded for competition rather than fun.

Stakeholders during the consultations emphasised the need for young people to have opportunities to participate in a wide range physical activities that were appealing, enjoyable, affordable, and focused on the joy of movement rather than 'exercise'. This is supported in the literature.

The National Heart Foundation of Australia published *A blueprint for an active Australia 2010–2013*, which describes steps that can be taken to increase engagement in physical activity at a population level.

THE RECOMMENDATIONS – FOR CONSULTATION

7.1 Implement consistent healthy eating options across all ACT schools		
Not all schools have a healthy foods policy, and as many canteens are privately owned and operated, unhealthy food continues to be available to many students.		
How could this be achieved?	Responsibility	Expected benefits
Use the data gained from the ACT Nutrition and Physical Activity Schools Audit 2011 to develop information for schools and a workshop at which the results can be presented to ETD and other key stakeholders.	Health Directorate, Executive Officer, Healthy Schools, ETD	<ul style="list-style-type: none"> Existing strengths and weaknesses are clearly articulated. Improvements can be planned collaboratively.
In addition to adopting the National Healthy School Canteen Guidelines, ETD could develop and enforce a clear healthy food and nutrition policy to mandate which unhealthy foods and drinks can no longer be served by school canteens or at fundraising activities. Canteen owners, School P&C Associations, and operators would then be bound by this policy.	ETD with assistance from the Health Directorate, and Executive Officer, Healthy Schools	<ul style="list-style-type: none"> Healthy eating behaviours are not only taught in schools but are also established as a norm.
Support a broader uptake of the kitchen-gardens approach, similar to the Stephanie Alexander Kitchen Gardens program, and trial in schools with older students.	Health Directorate, Executive Officer, Healthy Schools, ETD	<ul style="list-style-type: none"> Students have an opportunity to engage with healthy food at a foundation level and take pride in their achievements.

7.2 Increase activity among young people who are not engaged in competitive sports		
Strategies to increase affordable activities among young people should be explored, including opportunities for indoor winter activities and non-traditional activities for those not interested in competitive sport (e.g. dancing, hip hop, skateboarding, rock climbing, yoga). Although physical education (PE) will become compulsory for students from 2013, effort is required to promote physical activity in schools in the meantime.		
How could this be achieved?	Responsibility	Expected benefits
Work with the Heart Foundation to support and implement strategies identified in the <i>Blue print for an active Australia</i> that are particularly suitable for young people.	Health Promotion Branch, Heart Foundation, and others such as the Physical Activity Foundation.	<ul style="list-style-type: none"> Young people's levels of physical activity are increased.
Work collaboratively with ETD to consider how physical activity can be encouraged among students not enrolled in PE (e.g. the Let's Move in School program).	Health Promotion Branch, ETD.	Students are engaged in extra physical activity before the introduction of compulsory PE in 2013.
Adapt the Festival for Healthy Living model and provide non-students with an opportunity to participate. An adaptation for Aboriginal and Torres Strait Islander and multicultural young people is also recommended.	Health Promotion Branch, Aboriginal and Torres Strait Islander service providers, Multicultural Youth Services.	<ul style="list-style-type: none"> Non-students are engaged in non-competitive physical activity. Aboriginal and Torres Strait Islander and multicultural young people are engaged in culturally appropriate health-promotion activities.

7.3 Provide opportunities for active (non-motorised) transport		
The importance of the built environment to enable the integration of activity into everyday life is well established. Bicycle paths, walking tracks, well-maintained open spaces and safe environments enable communities to become more physically active.		
How could this be achieved?	Responsibility	Expected benefits
Undertake a household travel survey.	Health Directorate, ACT Department of Territory and Municipal Services, Heart Foundation, Physical Activity Foundation	<ul style="list-style-type: none"> There is an improved understanding of how people use cars and non-motorised transport for future planning. Increased numbers of children and young people walking or riding to school. A conducive and engaging environment is created for young people. Innovative programs promote non-motorised travel in the ACT.
Develop an Active Travel program in ACT schools to encourage students to walk or ride to school.		
Include young people in the planning and design of the built environment.		
Investigate national TravelSmart activities for feasibility in the ACT.		

Support the ACT Department of Territory and Municipal Services to establish more bicycle paths and safe walking pathways.		<ul style="list-style-type: none">• A community-wide culture of physical activity is encouraged.
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Table 8: Summary of priority areas and recommendations – For Consultation

Priority Areas, recommendations and suggested strategies	Short term (1 year)	Medium term (1–2 yrs)	Long term (3+ yrs)
<p>Priority Area 1: School-based health education</p> <p>1.1: Establish a strong partnership between the ACT Government Health Directorate and the ACT Education and Training Directorate (ETD)</p> <p>Memorandum of understanding between the ACT Government Health Directorate and Education and Training Directorate ETD for a partnership approach to health promotion and the delivery of evidence-based health education in schools.</p> <p>1.2: Produce and disseminate best practice guidelines for the delivery of health education in schools</p> <p>Produce guidelines.</p> <p>Develop a dissemination plan and implement widely.</p> <p>Offer training in best practice health education in the school environment to teachers and external facilitators.</p>	<p>✓</p>	<p>✓</p> <p>✓</p>	<p>✓</p>
<p>Priority Area 2: Alcohol and drug and mental health promotion, and early intervention activities</p> <p>2.1 Establish systems for identification and early intervention for alcohol and drug misuse and psychological distress in young people</p> <p>Explore the feasibility of establishing and piloting a specialist ‘youth team’ with a comorbidity focus within the Alcohol and Drug Program (e.g. The Hot House Youth Community Team, Qld Health).</p> <p>Appoint a skilled person to provide subsidised, good-quality training in detection, assessment and brief opportunistic interventions for alcohol, tobacco and other drug use, and mental health first aid for youth workers, general practitioners, nurses, community health workers, school health workers, sporting clubs and other relevant workers who come into contact with young people.</p> <p>2.2 Undertake additional health promotion activities in alcohol, tobacco and other drug use and mental health</p> <p>Ensure that “A Guide to Reviewing and Developing Alcohol, Tobacco and Other Drug Resources for Young People” health promotion quality control checklist is disseminated widely.</p> <p>Initiate alcohol, tobacco and other drug health promotion activities that link with the national binge drinking campaign, such as hosting information stalls at public events so the broader group of young</p>	<p>✓</p>	<p>✓</p> <p>✓</p>	

Priority Areas, recommendations and suggested strategies	Short term (1 year)	Medium term (1–2 yrs)	Long term (3+ yrs)
<p>people who are not at school or university can be targeted. Information about standard drinks and lower risk drinking, and paper and pencil versions of self-screening instruments such as the AUDIT (Alcohol Use Disorders Identification Test), would be suitable.</p> <p>Explore the feasibility of implementing a mental health and wellbeing health promotion campaign such as Act-Belong-Commit.</p>			✓
<p>Priority Area 3: A ‘young-people-friendly’ mainstream health system</p>			
<p>3.1 Promote a ‘young-people-friendly’ mainstream health service system</p>			
<p>Develop a quality-assurance framework for young-people-friendly service delivery, including guidelines and checklists and support with appropriate training.</p> <p>Consider a partnership with the ACT Medicare Local to adapt the YouthREACH program for the ACT, and to explore other opportunities to improve access to GPs by young people.</p> <p>Increase the use of nurse practitioners within primary health care and community health centres. Consider funding a scholarship scheme for experienced nurses with an interest in young people’s health to become accredited nurse practitioners.</p>	✓	✓	✓
<p>3.2 Respond to the particular needs of Aboriginal and Torres Strait Islander and multicultural young people</p>			
<p>Include specific issues for Aboriginal and Torres Strait Islander and multicultural young people in the quality assurance framework (see Recommendation 3.1) and support with appropriate training.</p> <p>In partnership with Aboriginal and Torres Strait Islander services and Multicultural Youth Services, consider a pilot of the Youth Health Navigator Program (see Section 9 for a description of this program).</p>	✓	✓	
<p>Priority Area 4: Coordination of existing services</p>			
<p>4.1 Strengthen coordination of the young people’s health service system</p>			
<p>Deliver a Youth Assembly on young people’s health that is free of charge or low cost.</p> <p>Introduce social networking for practitioners and services. The Victorian Dual Diagnosis Initiative offers a model for the use of an online network for service providers (see dualdiagnosis.ning.com).</p> <p>Develop guidelines for clinical service coordination, especially focused on coordination between multiple service providers, such as case conferencing and coordination, transitioning between services, and case management.</p> <p>Consider establishing a peer-support program (similar to the ChIPS (Chronic Illness Peer Support) Program) for young people with chronic medical conditions. A moderated chat room could link to the online self-</p>	✓	✓	✓

Priority Areas, recommendations and suggested strategies	Short term (1 year)	Medium term (1–2 yrs)	Long term (3+ yrs)
<p>management support for chronic conditions that is currently under development by the ACT Government Health Directorate.</p> <p>Further investigate the need for transitional health programs for young people with chronic medical and other conditions in the ACT.</p>		✓	
<p>Priority Area 5: The role of new technology for young people’s health</p> <p>5.1: Use new technologies to improve health literacy, increase access to quality health information, and engage young people in health care</p> <p>Create an appealing, single web portal with credible health and service information.</p> <p>Involve young people in the design and development of a smart phone application health service directory.</p> <p>Use alternative means of information dissemination in conjunction with a web portal such as touch-screen information kiosks, free mini-cards with services and programs information.</p>		✓ ✓	✓
<p>Priority Area 6: The strengths of the current service system</p> <p>6.1: Expand the services of the Walk-in Centre to focus on young people</p> <p>Consider expanding the service by establishing a ‘young people’s health and wellness team’ that could also include allied health professionals in conjunction with experienced nursing staff. May expand to have an outreach capacity in future.</p>			✓
<p>6.2: Undertake an evaluation of the School Youth Health Nurse program</p> <p>Engage a suitable external evaluator to undertake a methodologically sound evaluation of the School Youth Health Nurse program and review the program where necessary.</p>	✓		
<p>6.3 Expand the outreach capacity of the Junction Youth Health Service</p> <p>In partnership with Anglicare, investigate the feasibility of expanding the Junction’s current outreach program into other geographical areas.</p>		✓	
<p>Priority Area 7: Participation in sports and physical activity and healthy eating</p> <p>7.1 Implement consistent healthy eating options across all ACT schools</p> <p>Use the data gained from the ACT Nutrition and Physical Activity Schools Audit 2011 to develop information on the results to be circulated to ETD and other key stakeholders, followed by delivery of a Workshop in the Medium term.</p>	✓	✓	

Priority Areas, recommendations and suggested strategies	Short term (1 year)	Medium term (1–2 yrs)	Long term (3+ yrs)
<p>In addition to adopting the National Healthy School Canteen Guidelines, ETD could develop and enforce a clear healthy food and nutrition policy to mandate which unhealthy foods and drinks can no longer be served by schools (to include canteens and fundraising activities). Canteen owners, School P&C Associations, and operators would then be bound by this policy.</p>		✓	
<p>Support a broader uptake of a kitchen garden program, based on the Stephanie Alexander Kitchen Gardens program, and trial in schools with older students.</p>			✓
<p>7.2 Increase activity among young people who are not engaged in competitive sports</p>			
<p>Work collaboratively with the Heart Foundation to support and implement strategies identified in the Blue print for an active Australia that are particularly suitable for young people.</p>		✓	
<p>Work collaboratively with ETD to consider how physical activity can be encouraged among students not enrolled in PE (e.g. the Let’s Move in School program).</p>		✓	
<p>Adapt the Festival for Healthy Living model and provide non-students with an opportunity to participate. An adaptation for Aboriginal and Torres Strait Islander and multicultural young people is also recommended.</p>			✓
<p>7.3 Provide opportunities for active (non-motorised) transport</p>			
<p>Include young people in the planning and design of the built environment.</p>	✓		
<p>Develop an Active Travel program in ACT schools to encourage students to walk or ride to school.</p>	✓		
<p>Undertake a household travel survey.</p>		✓	
<p>Investigate national TravelSmart activities for feasibility in the ACT</p>		✓	
<p>Assist the ACT Department of Territory and Municipal Services to establish additional bicycle paths and safe walking pathways.</p>			✓

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11 Appendix A

Professional stakeholder organisations invited to participate in the consultations

ACT Chief Minister's Department
ACT Children and Young People Commissioner
ACT Council of Social Services
ACT Department of Disability, Housing and Community Services
ACT Department of Education and Training
ACT Department of Education and Training and ACT Government Health Directorate - School Youth Health Nurses
ACT Department of Territory and Municipal Services
ACT Department of Disability, Housing and Community Services
ACT Division of General Practice
ACT Government Health Directorate Aboriginal and Torres Strait Islander Health Unit Policy Division
ACT Government Health Directorate Alcohol and Other Drug Policy
ACT Government Health Directorate Chief Health Officer and Executive Director
ACT Government Health Directorate Child and Adolescent Mental Health Services
ACT Government Health Directorate Child at Risk Health Unit
ACT Government Health Directorate Child, Youth and Women's Health Program
ACT Government Health Directorate Clinical Operations
ACT Government Health Directorate Community Health Policy Unit
ACT Government Health Directorate Corrections Health
ACT Government Health Directorate Dental Health Program
ACT Government Health Directorate Epidemiology Branch
ACT Government Health Directorate Health Services Planning Unit
ACT Government Health Directorate Health Promotion Branch
ACT Government Health Directorate Healthy Schools
ACT Government Health Directorate Mental Health Policy Unit
ACT Government Health Directorate Paediatrics and Neonatology
ACT Government Health Directorate Policy Division GP Advisor
ACT Government Health Directorate The Canberra Hospital
ACT Government Health Directorate Nutrition, Asthma services
ACT Government Health Directorate Services Planning
ACT Government Health Directorate Mental Health Services
ACT Government Health Directorate, Paediatric Research and Clinical Trials Unit
ACT Government Health Directorate Young Mums Program
ACT Planning and Land Authority
ACT Youth Advisory Council
Alcohol, Tobacco and Other Drug Association ACT
ANU Medical School
Archdiocese of Canberra Goulburn Catholic Education Office
Australian Catholic University
Australian Federal Police
Australian Primary Health Care Research Institute
Billabong Aboriginal Corporation
Calvary Hospital
Canberra College

Cancer Council ACT
Children's Physical Activity Foundation
CREATE Foundation
Diabetes ACT
Directions ACT
Gugan Gulwan Youth Aboriginal Corporation
Gungahlin Youth Services
headspace ACT
Heart Foundation
Junction Youth Health Service
Majura Youth Centre
Multicultural Youth Services
Nutrition Australia
Pedal Power
Sexual Health and Family Planning ACT (SHFPACT)
Ted Noffs Foundation
Tuggeranong and Weston Creek Youth Resource Centre
U-Turn Youth Services Belconnen
University of Canberra
Winnunga Nimmityjah Aboriginal Health Service
Woden Youth Centre
Young carers program, Carers ACT
Youth Coalition of the ACT
YWCA

12 Appendix B

Policy documents reviewed

- *The ACT Chief Health Officer's report, 2010*
- *The ACT Young people's plan, 2009–2014*
- *The ACT Children's plan, 2010–2014*
- *The ACT Alcohol, tobacco and other drug strategy 2010–2014*
- *The ACT Government Health Directorate: Children and young people's justice health services plan 2008–2012*
- *The ACT Chronic disease strategy 2008–2011*
- *HIV/AIDS, hepatitis C, sexually transmitted infections - a strategic framework for the ACT, 2007–2012*
- *The ACT Government Health Directorate: Building a strong foundation - a framework for promoting mental health and wellbeing 2009–2014*
- *The ACT Government Health Directorate: 2005 ACT Secondary school student drug and health risk survey (2007)*
- *The ACT Government Health Directorate: Managing the risk of suicide – a suicide prevention strategy for the ACT 2009–2014*
- *The ACT Women's plan 2010–2015*
- *The ACT Human Rights ACT 2004, Republication No 7 (2010)*
- *The ACT Government Health Directorate: General practice and sustainable primary health care - the way forward (2009)*
- *The ACT Department of Education and Training: Improving ACT public high schools and colleges (2010)*
- *The ACT Government: Every chance to learn: curriculum framework for ACT schools. Preschool to year 10. Later adolescence. Essential learning achievements*
- *The ACT BSSS health, outdoor and physical education framework (2006)*

Other data sources reviewed

- Alcohol and Other Drugs Treatment National Minimum Data Set
- Annual schools surveys
- Australian Institute of Health and Welfare's report, *Young Australians: their health and wellbeing 2007*
- Australian Bureau of Statistics
- *Longitudinal survey of Australian youth database*
- *National drug strategy household survey reports*
- *National survey of mental health and wellbeing report*
- *NSW students health behaviours survey report*
- NSW Government Health: *The health of the people of NSW – report of the Chief Health Officer 2010*

- NSW Government Health: *The health of the people of NSW - report of the Chief Health Officer 2005*
- Research Centre for Injury Studies
- The Foundation for Child Development: *Child and youth well-being index project - 2007 special focus report on international comparisons*
- The United Nations: *World youth report (2007)*
- The Bureau of Rural Sciences: *Country matters: social atlas of rural and regional Australia 2008*

13 Appendix C

Abbreviations

ACT	Australian Capital Territory
ADF	Australian Drug Foundation
AMA	Australian Medical Association
ANU	Australian National University
AOD	alcohol and other drugs
CAAH	Centre for the Advancement of Adolescent Health (NSW)
CALD	culturally and linguistically diverse
CBT	cognitive–behavioural therapy
BMI	Body Mass Index
DET	Department of Education and Training (ACT)
DGP	Division of General Practice
DHCS	Department of Disability, Housing and Community Services (ACT)
GMCT	Greater Metropolitan Clinical Taskforce (NSW)
GP	general practitioner
HPV	human papillomavirus
NSW	New South Wales
PE	physical education
SA	South Australia
SHLiRP	Sexual Health Services and the Sexual Health Lifestyle Information and Referral Program
STI	sexually transmitted infection
UK	United Kingdom
USA	United States of America
WA	Western Australia