



Our Healthy Young People

Auckland City Youth Health Improvement Plan 2010–2014

*Enhancing health and well-being for
young people in Auckland District Health Board*

Our Healthy Young People. Our Community. Our Vision.



Young people participating in ADHB focus group on Youth Health 2008

Whakatauki

Hütia te rito o te harakeke

Kei hea te komako e kö?

Ki mai ki au

He aha te mea nui i te ao?

Måku e kī atu

He tangata, he tangata, he tangata

Pluck the core shoot of the flax plant
Where will the bellbird sing? How will growth begin?

If you should ask me
What is the main element in the universe?

I will reply
It is people, it is people, it is people.

Thought piece: “Life is an occasion, rise to it”

In year 7, the quote “don’t sweat the small stuff” were simply pointless words strung together in a phrase. Now in year 12, I have begun to appreciate its meaning. Inundated by study - including learning a new language, aiming for a scholarship award so I can afford to extend my studies - leaves me with little time for much else, like having fun!

But “for a man to conduct an orchestra, he must turn his back on the crowd” reminds me of living in a youth culture that is demanded by society to ‘fit in’, and the reality is I often find myself so desperately wanting to. Yet this only adds to my pressures – the desire to do well in my studies. Either way I run the risk of disappointing the people I want to impress the most - my family, my friends, my teachers, my peers.

There are many things that can add stress to my teenage life, it’s a relief to know I have emotional outlets and support from people who care about me. My family and friends, and all the different people I’ve met and worked alongside at school, church and in my community. Having different connections has also given me a wider view on life.

Teenage life is exhilarating. It’s important to be encouraged and loved. These are the things that help me overcome any feeling of inadequacy I have from time to time. The mind frame I hold now, I know, is the foundation for my future. So in times of trial, ‘not sweating the small stuff’ is easier when you’re optimistic about the future!

Roland Lafaele-Pereira, 16 year old student

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Executive Summary

Most young people enjoy good health. They are happy, healthy, resilient and poised to become vibrant adults participating in the Auckland community and further afield. However, we know that the years between 12 and 24 are when young people are more likely to be caught up in risk taking behaviour - and that the consequences can be life-long. We also know that when compared with other age groups, young New Zealanders have high rates of mental illness, alcohol and drug abuse, suicide and suicide attempts, sexually transmitted diseases, unplanned pregnancies and exposure to violence. Many of our high risk youth do not engage with health service providers.

Healthy young people will become healthy adults. It is in the community's interest to find effective ways of engaging with young people to keep them safe and well. The focus of this plan is on strategies which will enhance participation of young people and their families/whanau in activities to maintain or improve their health status, and on the development of services and supports for young people to ensure their transition to healthy adulthood.

This plan to improve the health status of young people in Auckland aligns with other Auckland District Health Board strategies and plans and is consistent with the goals and objectives of key stakeholder organisations throughout the health, education and social service sectors.

The development of the Plan has been informed by:

- ✦ An extensive interview process of key informants and providers from the health and other relevant sectors
- ✦ A review of youth consultation literature completed in the Auckland district within the last four years
- ✦ A review of strategies and plans published by the Ministries of Health and Youth Affairs, and the Auckland District Health Board
- ✦ Youth focus groups
- ✦ Stakeholder Hui
- ✦ Formal consultation on a draft Plan.

The key priorities identified are:

- ✦ Provision of health services that are integrated, youth friendly, knowledgeable about youth health and relevant
- ✦ Encouraging young people to engage with health services
- ✦ Workforce development
- ✦ Engagement with young people and their families/whanau in the design, development and delivery of health services.

The Plan has seven key goals:

- Goal 1:** Increase availability of high quality, youth friendly, accessible health services
- Goal 2:** Reduce health inequalities for young people
- Goal 3:** Achieve a measurable improvement in young people's physical health
- Goal 4:** Achieve a measurable improvement in young people's emotional and mental health and well-being
- Goal 5:** Increase the level of knowledge about youth health and youth health services
- Goal 6:** A safer, more supportive environment for Auckland's young people
- Goal 7:** Achieve a greater level of participation of young people in the development of youth health policies and services.

Each goal is supported by a set of objectives and actions, designed to achieve an improvement in the status of youth health in Auckland City.

We will

- ✘ Provide leadership and advocacy for youth health
- ✘ Work to reduce health inequalities for young people
- ✘ Work with others in supporting stronger and more resilient families and communities – to nurture and guide young people
- ✘ Provide opportunities for young people and their families/whanau to participate in the design, development and delivery of health services
- ✘ Improve the capacity and capability of our workforce to better respond to youth
- ✘ Work with others to increase the availability and accessibility of youth friendly health services
- ✘ Encourage the development of services and programmes which recognise the cultural diversity of the youth population in ADHB
- ✘ Continue to provide secondary and tertiary health services for the youth population of ADHB as well as other DHBs
- ✘ Improve the range and responsiveness of youth specific health services for young people with disabilities and long term conditions and their transition to adult services
- ✘ Support the ongoing development of health services in schools
- ✘ Encourage primary health care providers to engage more effectively with young people and to offer anticipatory guidance on health issues and risks
- ✘ Increase services including early intervention for young people experiencing mental health problems and further reduce youth suicide
- ✘ Extend the availability and scope of eating disorders services for young people
- ✘ Continue to support the delivery of nutrition and physical activity interventions to reduce obesity levels for youth
- ✘ Encourage healthy sexual development to build positive relationships and reduce the incidence of sexually transmitted infections and the number of unintentional pregnancies
- ✘ Improve young people's access to oral health services
- ✘ Support the development of programmes for smoking cessation

Section One: Introduction

Auckland District Health Board (ADHB) has made steady progress with the implementation of its Child Health Improvement Plan (CHIP) and is now turning its attention to the needs of youth aged 15 – 24 years. The Plan presented here incorporates the views of young people and others on youth health, and considers youth well-being along the whole continuum of keeping healthy young people healthy, to caring for those with serious ill health, long term conditions and disabilities.

Intrinsic to the Plan is ADHB's commitment to working with young people and their families/whanau and to shifting from a deficit to a positive youth health development model. The following table, which appears in the Ministry of Youth Affairs' Youth Development Strategy Aotearoa (2002), outlines what it means to make this shift.

MOVE BEYOND ...

- ✦ Focusing on 'at risk', negative labels, problems
- ✦ Blaming teachers, parents, TV
- ✦ Reacting in an ad hoc manner to youth issues
- ✦ Fixing particular youth problems in isolation

MOVE TOWARDS ...

- ✦ Understanding young people as partners in their development
- ✦ Encouraging adults to be supportive mentors
- ✦ Planning being intentional, having a plan and setting high goals
- ✦ Achieving an inclusive economy/society - where young people are innovative and energetic participants

The Plan describes the direction which needs to be taken to change service provision models. We need to work with young people in our district so that they will access healthcare services in a timely and effective manner, relate to health promotion messages, and experience better health. The Plan is intended to assist health service providers to respond to needs in ways that are more likely to:

- ✦ Result in positive outcomes for young people
- ✦ Build better links between primary and secondary health care, and
- ✦ Create improved linkages and collaboration between the health, education, justice and social service sectors.

Implementation of the Plan may be limited by available funding in the current financial climate. No new funding is anticipated at the start of the Plan, however it is expected that benefits will accrue to youth as a consequence of stating youth health priorities, clarifying expectations and encouraging youth friendly service provision. Additional funding may become available through the term of the Plan.

Most young people in New Zealand are mentally, physically and socially healthy. They are thriving in their home, school and community lives and are free from serious health conditions, behavioural disorders or addictions. However, youth is a time of transition and risk and a small but significant number of young people experience serious emotional, physical and behavioural problems. All too often these young people will be on a pathway to poor outcomes and a lifetime of disadvantage. They are frequently unable to access the health services, social supports and resources which would support them to become adults who are well and free from harm - despite the fact that the majority of problems faced by young people are preventable (Denny, 2004).

Definition of Youth

Youth is the age of transition from childhood to adulthood. Definitions of 'youth' vary in different sectors and in different communities. There are no common age boundaries between the child and the young person, or between the young person and the adult. How a young person is defined and regarded depends on their culture, their individual personality and choices, and their social and financial circumstances.

There are many terms that describe this period, for example, 'youth', 'rangatahi', 'teenagers', 'adolescents', 'taitamariki', 'taiohi', 'tupulaga talavou' and 'young people'. These terms are often used interchangeably to describe both the whole group and various sub groups in the age range from 12 – 24 years.

The World Health Organisation (WHO) defines youth as those aged 15 to 24 years and young people as those aged 10 to 24 years. There is evidence to support the argument that the boundaries of these age groups are extending at both the younger and older limits (Watson 2007). For the purpose of this plan, we accept the WHO definition and focus primarily on youth, i.e. those aged 15-24 years, however the terms 'young people' and 'youth' are used interchangeably throughout the document, irrespective of the WHO definitions.

What has informed this plan

Planning Context

A key goal for ADHB, identified in the District Strategic Plan 2006-2010, is "lifting the health of the people of Auckland City", in line with its vision of "Healthy Communities, Quality Healthcare". ADHB has initiated the development of this plan with a view to achieving gains and reducing inequalities in youth health. The objectives are aligned with health and other relevant sector strategies and plans - indeed it is crucial for its success that they are. The key policy and planning documents which have informed the Plan's goals, objectives and actions are listed in the Bibliography section.

Methodology

This plan is based on the Ministry of Health (MoH) youth health strategy, Youth Health: A Guide to Action (2002). To complement that over-arching strategy, we embarked on an extensive engagement process with young people and adults in Auckland to gain their views on youth health and well-being in this district. We also reviewed Auckland City youth health status data, relevant literature, local and national strategies, and plans published by the Ministries of Health and Youth Affairs, all of which are listed in the Bibliography section at the end of the document.

Section Two: Auckland Youth

Who are our young people?

Overview

Auckland City has a young and ethnically diverse population which is expected to become even more diverse over the next decade. The 2006 Census data tells us that young people (aged 15-24 years) represent 16.8% (71,820) of the Auckland population.

The Ethnic Mix

Auckland has a much more diverse ethnic mix than other cities in New Zealand. Of the 71,820 young people in Auckland City in 2006, 27,960 (38.9%) identified as European, 6,950 (9.8%) as Maori, 8,572 (11.9%) as Pacific people, 23,581 (32.8%) as Asian or Indian, 1,338 (1.9%) as Middle Eastern/Latin American/African and 3,117 (4.3%) as Other (see Figure 1).

Youth Population by Ethnicity

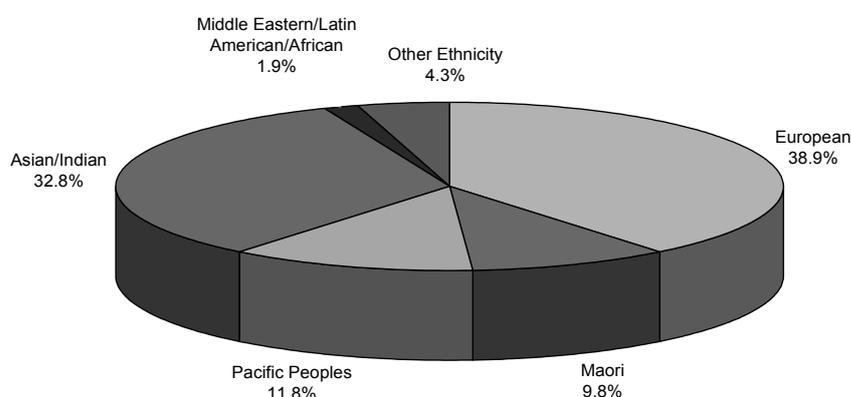


Figure 1: Ethnicity of Youth Population (15-24 years) (Census 2006).

Projections point to continuing changes in the ethnic mix in Auckland City, with an anticipated reduction in the percentage of Europeans and a substantial increase in the percentage of Asians. The increase in the Asian population is primarily due to an increase in Asian students studying in Auckland in addition to the general increase in Asian immigration.

Where our youth live

The Health Status of Children and Young People in Auckland DHB Report (Craig, Anderson, Jackson, 2008) identifies that more young people in Auckland City live in urban areas compared with New Zealand as a whole. However, a higher proportion of young people lived in very deprived areas (Decile 10) relative to the rest of New Zealand. Consequently, higher than average rates of health conditions associated with socio-economic disadvantage can be expected.

There are significant differences between wards. Avondale-Roskill and Tamaki-Maungakiekie are the two most populated and deprived wards in the city. They have the highest concentrations of Maori and Pacific people and other ethnic minorities within their boundaries. These wards also have disproportionately high rates of hospital admissions.

What is our health data telling us?

What we know

It is important for ADHB to understand the needs of its youth population. The feedback gained during the development of this plan provides important information when considered alongside the analysis of current health data. We note that there are gaps in the data. For example, although there is a considerable amount of information about chronic diseases and long term conditions, the incidence and prevalence of chronic health conditions specifically among young people is unknown. We know that chronic diseases and long term conditions have an impact on young people in our communities.

Young people's health and well-being are closely linked with what is going on in their families, whanau, schools, workplaces and communities. Stable relationships with parents/caregivers, a sense of belonging and achievement, and a feeling of connectedness with other people and the community, are critically important for young people's well-being. For this reason a plan for youth health improvement must aim to build on existing resiliencies and strengths, draw on all factors that relate to good health, and ensure a strengths-based approach is maintained.

Most young people are healthy most of the time. However, while most appear to deal successfully with the developmental challenges which occur during this period, a significant proportion does not. The evidence for this is clear. Compared with other age groups in New Zealand young people have:

- ✦ higher rates of mental illness,
- ✦ higher rates of alcohol and drug use and abuse, particularly among young men,
- ✦ higher rates of suicide and suicide attempts, and
- ✦ higher rates of sexually transmitted infections.

Compared with their counterparts in other OECD countries, young people in New Zealand have:

- ✦ higher rates of suicide,
- ✦ higher rates of teenage pregnancy and abortion, and
- ✦ suffer more injuries.

These comparisons with other age groups, and with young people in other countries, suggest that as a community we need to pay more attention to the health of our young people and the creation of a healthier environment for youth development.

Health Status of Young Aucklanders

There is considerable evidence to show that more than 80% of young people living in Auckland City are doing extremely well. However there is a small but significant number who require additional services and support.

Young people aged 15-24 years make up 17% of the ADHB population. In the calendar year 2008, 20% of all mental health inpatient admissions in ADHB were young people aged 15-24 years. Of all of the community cases opened during 2008, 20% were for young people in this age range.

Action on Smoking and Health (ASH) surveys suggest that the proportion of New Zealand young people aged 14-15 years who were daily smokers has declined from 16% in 1999 to 7% in 2007. There are marked ethnic and socio-economic differences. Smoking rates are highest for those students who attend schools in the least affluent areas. Rates are highest for Maori followed by Pacific, then European/Other, then Asian.

The Alcohol Advisory Council (ALAC) 2005 survey reports that 53% of young people aged 12-17 years were current drinkers, and that 44% of males and 30% of females in the same age group binge drank. Alcohol related hospital admissions were highest for those in their late teens/early 20s.

At 13 years approximately 20% of students have tried cannabis, rising to 50% of students by age 16. Nearly 80% of a sample of young people between the ages of 15-25 years born in Christchurch were using cannabis by age 25, and over 40% were using other illicit drugs.

There is no routine surveillance of overweight and obesity in young people in New Zealand hence information relating to incidence and associated factors for young people is limited. The proportion of obese adults increased progressively during 1977-2000, from 9% to 20% for males and 11% to 20% for females. While estimates vary from study to study, data collected since 2000 suggests that 20% of New Zealand children are overweight and 10% are obese.

Nutrition and physical activity are widely recognised factors which play a major role in the maintenance of healthy weight. The New Zealand National Children's Nutrition Survey reported that the

proportion of children/young people who brought food from home to school declined significantly with age – and with socio economic deprivation. Fewer Maori and Pacific children/young people aged 5 – 14 years brought most of their food from home. Households in the most deprived areas were significantly less likely to eat well, with Maori and Pacific households significantly less likely to eat well, when compared with households from less deprived areas, and European/Other populations.

Notwithstanding the focus on teenage suicide the data suggest that the majority of youth deaths actually occur amongst those aged 19-24 years. Suicide mortality was lower than the New Zealand average during 1990-2004 however a total of 144 Auckland young people (15-24 years) died as the result of suicide in this period.

The leading reasons for hospital admission of young people in Auckland City during 2002-2006 were pregnancy and childbirth. While teenage pregnancies have remained almost constant, the teenage birth rate has declined, due to the gradual increase in the number of teenagers seeking therapeutic abortions.

During 2000-2004, the leading cause of death for young people in Auckland City was motor vehicle accidents. Non accidental injuries (self inflicted and those arising from assault) also make a significant contribution.

Sexually transmitted infections (STIs) are relatively common amongst young people. The high rates of STIs are of concern, as they can lead to the development of pelvic inflammatory disease, ectopic pregnancy and infertility, as well as facilitating the transmission of HIV.

Determinants of Health

Health status is determined by a complex and varied combination of factors. Each factor influences health outcomes in a variety of ways. The conditions in which young people live, go to school, work and play have a powerful influence on their health. There is a growing body of evidence which demonstrates the significance of factors such as income and employment, education, urban design and housing conditions on the health of populations. Inequalities in these conditions lead to inequalities in health. The complex interplay of factors influencing the young person is represented graphically in Figure 2.

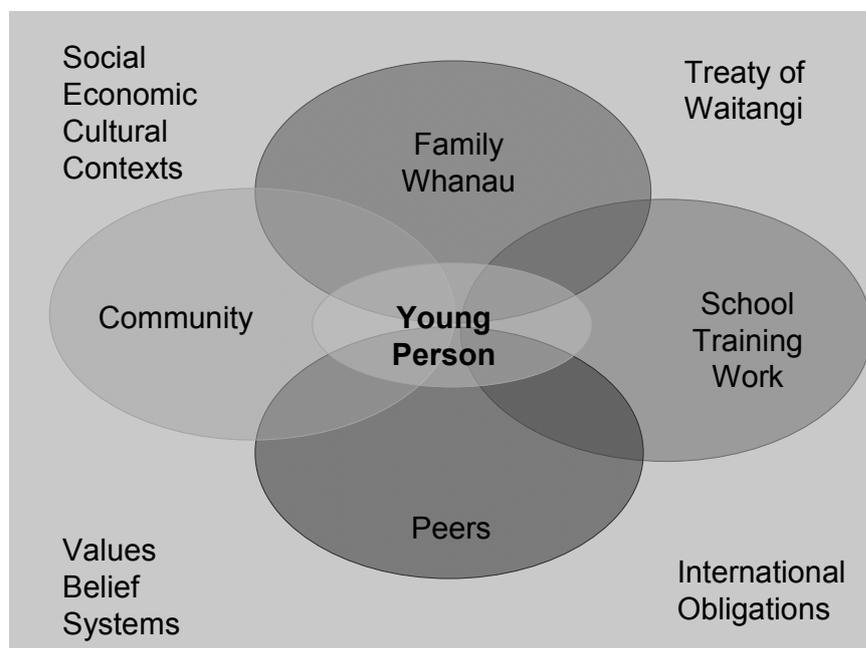


Figure 2: The Where – The Social Environments that Shape Youth Development (Ministry of Youth Affairs, 2002)

Health Inequalities

A major challenge for ADHB is the inequality in health status between Maori and Pacific and non-Maori and non-Pacific youth. For example Maori and Pacific youth living in Auckland City not only have higher obesity and smoking rates than their non-Maori and non-Pacific peers, they also have higher obesity and smoking rates than Maori and Pacific youth throughout the rest of New Zealand. This has serious implications for adult health status and well-being as obesity and smoking create higher risks of chronic disease and poor life expectancy. Both of these risks also impact on the health and well-being of families and communities.

It is well documented that people of Maori and Pacific ethnicity and people of low socio-economic status (as indicated by their income, education, occupation and housing), have consistently poorer health outcomes in comparison with the rest of the population. In Auckland City inequalities also exist for other groups such as people from new migrant and refugee backgrounds, and teenage parents.

What people are telling us

Engagement process

A process of engagement with young people and adults in Auckland City was undertaken to obtain views on issues concerning youth health and well-being. The key themes which emerged from this exercise are outlined in Table 1. Further detail is presented in Appendix 1.

Table 1: Summary of key themes arising during engagement process with young people and adults in Auckland City 2008

Key Themes	Summary
More specific services and programmes	There is a lack of youth specific services . Young people, parents and service providers are unaware of existing services. Young people need, but do not have, equal access to services.
A more co-ordinated health system	There needs to be greater emphasis on coordination, collaboration and integration .
More workforce development	No overall leadership . There is a lack of staff trained to work with young people. There is a knowledge deficit, for example around issues such as consent. Staff need to be youth-friendly, visible and credible.
Greater participation	Young people and their families want to be part of the solutions and to participate in a meaningful way in the design and delivery of health services.
Inter-sectoral action	A wider perspective is required to address young people's health needs. There is a need for sectors to work together.
Better communication and information	There is a need for better communication with young people and better information about young people.

Section Three: Our Youth Health Plan for Auckland City

ADHB is committed to the development and support of youth health services which will improve the health status of young people living in Auckland City – within the constraints of the resources available. The priorities for action will align with the priorities agreed for related service developments within ADHB, and with the priorities for action determined by the Ministries of Health, Education, Justice and Social Development.

This section of the Plan sets out the goals, objectives and actions for improving the health of young people and their families/whanau living in Auckland City. It is underpinned by the following principles and approaches, developed with young people during consultation:

- ✘ Treaty of Waitangi
- ✘ Reducing inequalities
- ✘ Providing for those with high needs
- ✘ Youth owned, family/whanau focused
- ✘ Youth and families/whanau being part of the solution
- ✘ Enhancing participation by young people and their communities
- ✘ Population health approaches
- ✘ Interdisciplinary/interagency service delivery models
- ✘ Not losing sight of what works i.e. evidence-based
- ✘ Continually improving quality
- ✘ Encouraging resilience and generational strength-building
- ✘ Encouraging connectedness including young people having a sense of belonging.

The goals are to:

1. Increase the availability of high-quality, youth-friendly, accessible health services
2. Reduce health inequalities for young people
3. Achieve a measurable improvement in young people's physical health
4. Achieve a measurable improvement in young people's emotional and mental health and well-being
5. Increase the level of knowledge about youth health and youth health services
6. Contribute to the provision of a safer, more supportive environment for Auckland's young people
7. Achieve greater participation of young people in the development of youth health policies and services

The proposed actions are categorised as follows:

- Actions which are fully within the remit of ADHB's Planning and Funding team (f)
- Actions which require commitment and collaboration from other sectors, with ADHB leadership and co-ordination (c)
- Actions which are fully within the remit of other agencies to address, with ADHB support (s)

Goal 1: Increase the availability of high-quality, youth-friendly accessible health services

Objective 1: A wider range of health service choices, particularly youth specific services, is available and accessible to young people.

- Explore ways of reaching those young people who do not use existing services, for example by supporting the availability of and enhancing school-based health and wellness centres in high schools (f)
- Identify innovative means to enhance provision of health care in traditional and non-traditional settings, such as primary provider clinics in areas with high numbers of youth, Integrated Family Health Centres, One Stop Shops, mobile teams and in vocational and/or employment centres (f)
- Investigate the feasibility of creating youth specific spaces in Auckland City Hospital (f)

Objective 2: The health sector's capacity to respond to the diversity of young people's health care needs is enhanced.

- Establish access to youth health specialist consultation, education and training across primary, secondary and tertiary health services (f)
- Work with the Ministries of Education and Health to ensure a co-coordinated approach to school health services and the school health curriculum (c)
- Support the development of interdisciplinary approaches by multidisciplinary health teams who work with young people in primary healthcare (including all Auckland school health services) and secondary and tertiary health services (f)
- Support community action and community development projects which address youth health

needs (c)

Objective 3: Implementation of nationally agreed quality standards in youth health.

- Implement Successful School Health Services for Adolescents: Best Practice Review 2006 as the standard for ADHB school healthcare providers, including the screening of all year nine students (f)
- Implement youth health standards such as the Draft Standards for Youth Health Services, 2006 for all ADHB providers across the sector, including primary, secondary and tertiary (f)
- Develop referral processes, shared policies and protocols and memoranda of understanding to support collaboration between ADHB and other sector providers (c)

Objective 4: The number of health professionals trained in youth health is increased.

- Ensure that health professionals within primary, secondary and tertiary health services, who work with significant numbers of young people have access to education in youth health (f)
- Ensure that health professionals within primary, secondary and tertiary health services have access to education in cultural competency, particularly in relation to young people from Maori, Pacific, Asian and other new migrant and refugee backgrounds (f)
- Engage with education and healthcare providers from Maori, Pacific, new migrant and refugee backgrounds to develop a more culturally responsive workforce and a set of cultural competency and best practice guidelines for all providers (c)
- Support the current focus on youth health within the existing education and workforce development

initiatives and advocate for a focus on youth health in the course content of all health undergraduate studies (s)

- Support the recruitment of appropriately qualified young people into the health sector who reflect the diversity of the ADHB population (s)

Objective 5: A more coordinated approach to the development and delivery of youth orientated initiatives is achieved.

- Investigate the feasibility of co-locating youth specific services (e.g. One Stop Shop) (f)
- Advocate for the development of information systems which facilitate sharing of client information (a) within the health sector and (b) between sectors, to facilitate the co-ordination of care (c)
- ADHB services providing services to young people participate in key local, national and international youth organisations to ensure up to date knowledge of youth related research, resource development, sector and provider activity (f)
- Collaborate with the Ministries of Health, Education, Social Development and other DHBs, to support youth specific policy development (c)
- Support the development and maintenance of effective liaison between school based health teams, specialist education services and youth focused mental health services (s)

Goal 2: Reduce health inequalities for young people

Objective 1: Services are prioritised for those with the greatest health needs and capacity to benefit.

- Develop and maintain effective intersectoral relationships to ensure comprehensive, well co-ordinated services are available for young people (c)
- Develop youth health services to meet the multiple, high and complex health needs of young people in specific environments such as Alternative Education schools, Teen Parent Units, Residential Care facilities and young people on the street and/or homeless (f)
- Support constructive working relationships between co-located health care teams and other providers such as Auckland Alternative Education Consortium, Teen Parent Units, Schools and Special Education Services (s)
- Increase health participation in youth offending teams as appropriate and implement the health-related recommendations in the *Youth Offending Strategy* (2002) (c)
- Support improved access to interpreting services for young people in health settings for whom English is a second language (f)
- Utilise the Pacific Healthy Village Action Zone Framework for the development and delivery of services to Pacific youth (f)
- Encourage the development of programmes which are culturally appropriate and accessible and which reflect the diversity of the youth community (s)

Objective 2: A measurable improvement in the health of disabled young people and young people with long term health conditions is achieved.

- Support the creation of youth appropriate environments within hospitals, clinics and rehabilitation facilities (f)
- Ensure that health providers caring for disabled young people and young people with long term health conditions have access to a clinical specialist youth health team to provide consultation, education and support (f)
- Advocate to MoH for the establishment of effective programmes for disabled young people and youth with long term health conditions (f)
- Ensure disabled young people and young people with long term conditions transition smoothly from paediatric to adult services, and from hospital to primary/community care (f)
- Ensure that all disabled young people and young people with long term health conditions are able to identify a designated key worker who case manages and coordinates the involvement of health and other sectors (c)
- Support the development of resources for disabled young people and young people with long term health conditions and their families which provide information on youth health issues (f)
- Support the development of programmes for disabled young people and young people with long term conditions, which encourage the participation of families and peers e.g. social events, camps (s)
- Support the development of internet based support for families (c)
- Support the development of appropriate models for respite care and support for families of disabled young people and young people with long term conditions (s)

Goal 3: Achieve a measurable improvement in young people's physical health

Objective 1: The harm associated with smoking, alcohol consumption and illicit drug use is reduced.

- Support the development and evaluation of youth focused programmes and health promotion initiatives for effective smoking cessation interventions (s)
- Continue to work with Auckland City Council to actively promote Smokefree environments throughout the Auckland community (c)
- Support legislative options for tobacco and alcohol control such as the Controlled Purchase Operations (s)

Objective 2: Obesity rates are lowered and physical activity rates are increased.

- Support HEHA initiatives - particularly those which are led, designed, developed and delivered by young people - to implement and evaluate community action programmes which promote healthy eating and physical activity among young people (c)
- Continue to support initiatives to reduce the intake of low-nutrient, energy-dense foods and sugary beverages in schools (c)
- Support nutrition and physical activity interventions and initiatives, particularly those which are led, designed, developed and delivered by young people and are targeted at Maori, Pacific and other high needs groups (c)
- Collaborate with community organisations and secondary schools to promote and encourage increased physical activity among young people in schools and community settings (s)

- Ensure that young people who are overweight have access to appropriate weight management programmes (f)
- Encourage all schools to participate in the Health Promoting Schools Programme (s)

Objective 3: Injury-related harm among young people is reduced.

- Maintain inter-sectoral linkages and cooperation (e.g. between Ministry of Health, Accident Compensation Corporation and Land Transport Safety Authority) to reduce road traffic and other injury rates among young people (c)
- Identify effective injury prevention programmes and promote their use with targeted groups of young people (f)

Objective 4: The rates of sexually transmitted infections and unintended pregnancies are lowered.

- Support health promotion programmes that encourage healthy sexual development (f)
- Review national and international literature on what works for youth in terms of reducing sexually transmitted infections (STI) and unintended pregnancies and evaluate existing programmes with a view to improving service delivery (f)
- Explore effective ways of reaching out to those young people who do not use existing sexual health services (f)
- Ensure that sexual and reproductive health services recognise the needs of Rangatahi, and young people from Pacific, new migrant and refugee backgrounds (f)
- Ensure that sexual and reproductive health services meet the particular needs of disabled young people (f)

- Support programmes that reduce the cost to young people of accessing sexual health care (f)

Objective 5: Oral health care is available and accessible for young people.

- Develop a strategy for the promotion of oral health services available for young people (f)
- Investigate and address barriers to accessing oral health care for young people (f)
- Support the development of systems for the seamless transfer of young people from school dental health services to adult dental services (c)

Goal 4: Achieve a measurable improvement of young people's emotional and mental health and well-being

Objective 1: Young people have a greater choice of mental health programmes and support which focuses on wellness and well-being.

- Support the development of and contribute to community and inter-sectoral activities that foster greater understanding of mental health problems and promote youth mental health and well being (s)
- Advocate for and encourage best practice in school based health education and pastoral care that reinforces positive emotional well-being and resiliency (s)
- Increase the availability and accessibility of services and support for young people experiencing mild to moderate mental health problems (f)
- Support the development of better links between primary care, NGOs and specialist mental health services for young people experiencing mental health problems (c)
- Support youth 'violence-free' health promotion initiatives (c)
- Ensure that mental health services are included in any development of youth specific services such as One Stop Shops (c)

Objective 2: Earlier identification of emotional distress and mental illness is achieved.

- Support education programmes for young people, parents and teachers to achieve earlier recognition of emotional distress and mental illness (c)
- Ensure access to resources which assist families and

caregivers to identify early signs of depression and other mental health problems in young people with chronic illness (c)

- Support the development of youth focused best practice guidelines to assist in the early recognition of co-morbid mental illness and drug and alcohol abuse (f)
- Provide information to providers of services for young people to increase their awareness and understanding of the criteria for admissions to Child & Adolescent Mental Health Services (f)

Objective 3: The youth suicide rate declines.

- Work with Mental Health Services, primary care and others to support the ongoing implementation of the NZ *Youth Suicide Prevention Strategy* (2002) (c)
- Develop and implement best practice guidelines for the hospital Emergency Department, on the identification, management and follow up of young people at risk of suicide (f)
- Ensure that funded services and programmes are evidence-based and in line with advice in the Suicide Prevention Toolkit for DHBs (2001) on suicide prevention, and that these services are well publicised and accessible (f)
- Ensure that primary health care and NGO mental health service providers are supported to identify and respond effectively to behaviours associated with suicide (f)
- Support the availability of programmes which provide information and support for families/whanau in the area of youth suicide (s)

Objective 4: More youth specific mental health services, including services for alcohol and other drug abuse, gambling

and eating disorders are available.

- Advocate for the development of best practice guidelines for youth alcohol and drug treatment services (c)
- Advocate for the development of youth specific services for the treatment of co-morbid mental illness and alcohol and drug abuse (c)
- Identify gaps in programmes to prevent problem gambling among young people (f) and support the development of treatment services for young people who are experiencing problem gambling (s)
- Advocate for the implementation of service improvement objectives identified in the Future Directions for Eating Disorders Services (2008) (s)

Goal 5: Increase the level of knowledge about youth health and youth health services

Objective 1: Information on resources and health services is available and accessible to young people and their families/whanau.

- Support the development of materials and resources specifically for young people on youth health issues such as sexual health, substance abuse, mental health, nutrition, activity and parenting; make materials available to all youth health providers (s)
- Support the use of interactive tools and communication devices to promote and enhance the availability of information and knowledge for young people through:
 - web-based technology e.g. educational chat rooms
 - texting to promote healthy activities and appointment reminders (c)

Objective 2: A comprehensive data set on the health status of young people is developed.

- Identify and address any gaps in the data available to describe the health status of youth in Auckland City (c)
- Continue to support existing sources of data such as the New Zealand Child & Youth Epidemiology Service (f)
- Investigate opportunities to gather additional data on youth health and well-being from community and primary healthcare providers, and phone line services (c)

Goal 6: Contribute to the provision of a safer, more supportive environment for Auckland's young people

Objective 1. Inter-sectoral collaboration increases.

- Work collaboratively with the Ministries of Education and Youth Development, NGOs and other sectors to better meet the needs of young people in Auckland.

Goal 7: Achieve a greater level of participation of young people

Objective 1: Youth are participating in the development and review of health services.

- Access youth advice to support:
 - implementation of the ADHB Youth Health Improvement Plan
 - identification of emerging youth health trends and issues, and
 - development of appropriate strategies to address issues (f)
- Ensure that all ADHB strategies take account of the needs of young people (f)
- Support primary care to engage youth in development of more youth friendly facilities and services (f)
- Encourage the establishment and maintenance of youth health councils in all ADHB secondary schools (f)
- Advocate for the involvement of community and/or school based youth councils in relevant service development projects (f)
- Ensure that youth health services funded by ADHB encourage and facilitate the meaningful involvement and participation of youth (f)

Objective 2: Young people are participating in managing and making decisions about their own health.

- Ensure that all health providers inform young people of their rights concerning confidentiality and consent (f)
- Ensure that young people, when accessing health care, are well informed and encouraged to make decisions about their health (f)
- Ensure that young people are well informed about specific health issues e.g. mental health, sexual health, and supported to make informed choices (f)

Section 4: Outcome Indicators

Outcome indicators

Outcome measurement

Consultation feedback recommended that outcome measures presented in the outcomes framework needed to be more specific, measurable and directly related to the goals. A small number of indicators have been developed in response to that feedback. The indicators are considered a first step requiring further refinement and benchmarking before more definitive measures and targets are applied. An overview of expected outcomes and an outcomes framework can be found in Appendix 4.

The indicators express key outcomes or processes. They relate to the first five Goals but not to Goals 6 and 7 as they are 'enabler' goals. Key domains expressed in the outcomes framework are covered. The Plan recognises that the indicators need further refinement, this is reflected through indicator 13.

Indicators and measures for Goal 1:

Increase the availability of high-quality, youth-friendly accessible health services

Indicator 1: By 2012, primary care delivers effective youth friendly services through Integrated Family Health Centres in areas of highest need.

Indicator 2: By 2013, ADHB contracts reference Standards for Youth Health and encourage training in youth health.

Indicator 3: School based health services deliver more services to more young people year on year.

Indicator 4: Ambulatory sensitive hospital admission rates for youth begin to decline from 2013.

Indicators and measures for Goal 2:

Reduce health inequalities for young people

Indicator 5: All youth health outcome indicators measure progress toward equity by ethnicity and by deprivation.

Indicator 6: Disabled youth evaluate health services at least biennially and inform service development across a range of service areas.

Indicators and measures for Goal 3:

Achieve a measurable improvement in young people's physical health

Indicator 7: The percentage of Auckland youth who have never smoked increases year on year.

Indicator 8: Hospitalisation associated with alcohol related harm decreases year on year from 2013.

Indicator 9: The average age of teen parents increases year on year from 2013.

Indicator 10: Youth sexually transmitted infection rates decrease each year from 2013.

Indicators and measures for Goal 4:

Achieve a measurable improvement of young people's emotional and mental health and well-being

Indicator 11: By 2013, all identified 'at risk' Year 9 students can access a HeaDSSS assessment and can access effective mental health programmes on referral.

Indicator 12: The youth suicide rate continues to decline year on year.

Indicators and measures for Goal 5:

Increase the level of knowledge about youth health and youth health services

Indicator 13: By 2012, systems to report youth health outcomes are refined.

Indicator 14: By 2013, young people report that they can readily access appropriate health and health services information that meets their needs.

Measuring progress

Performance monitoring

Systems to measure these indicators will be established and refined in the early years of this Plan. This will include establishing benchmarks, refining the indicators, monitoring performance in a systematic way and using this information to improve services delivered to young people.

Section Five: Appendices

Appendix One: Effective Approaches to Youth

Introduction This section presents some of the requirements for working effectively with young people. It also expands upon the context for the actions recommended in this plan by identifying the health related issues which specific subgroups of young people confront, and which may not be recognised in current health care planning and delivery.

Making a difference Over the past decade increasing understanding of what is required to improve youth health and access to services has developed. Research has reinforced the importance of an early identification and prevention focus. Youth is a critical time of development during which there is the potential to establish healthy patterns of living and positive engagement with services that will impact on the individual and family/whanau for many years to come.

What works for Young People? **Effective Programmes and Approaches**
Recent reviews (Denny, 2004) of effective programmes and approaches have identified nine critical principles to consider when planning youth health services:

- ✦ Promote and strengthen close and caring relationships between parents and youth
- ✦ Youth need support from and opportunities at school
- ✦ Youth need opportunities to contribute and participate
- ✦ Interventions need to be intensive and sustained
- ✦ Alliances and partnerships with other agencies are essential
- ✦ Look for existing programmes which have been well evaluated and have clear implementation procedures
- ✦ Build evaluation into programmes
- ✦ Involve young people in the Planning and delivery of programmes
- ✦ Make special efforts to attract and engage hard to reach young people

Health Care Access

According to the Youth 2000 National Secondary School Youth Health Survey, published in 2003, a significant majority (approximately 75%) of Auckland secondary school youth identify their general practitioner as the person to whom they go with health issues. However, over half of Auckland youth identify issues which compromise their willingness to engage:

- ✦ not wanting to make a fuss
- ✦ cannot be bothered
- ✦ too expensive
- ✦ don't feel comfortable with the person
- ✦ too scared
- ✦ worried that information will not remain private.

ADHB's Primary Mental Health and Addictions Plan (2007) notes that some people never join a PHO and that the enrolment system does not work for the young and/or mobile population groups in particular.

The Ministry of Health Youth Health Action Plan (2002) and the Ministry of Youth Affairs Youth Development Strategy (2002) recommend effective approaches to improve the accessibility of services for young people:

- ✦ access and utilisation of health services by young people are increased by youth-targeted settings (for instance in schools or community centres)
- ✦ young people who use youth targeted services are likely to be those who are most vulnerable (low socio-economic status, chronic health conditions and high risk health behaviors)
- ✦ when young people participate in the design, planning or delivery of a service, the uptake of that service by young people is increased.

Encouragement and support for the transition from youth specific health services to enrolment and engagement with a chosen general practice is an important component of youth health service delivery.

Population Health Programmes

Population health programmes play an important role in keeping young people well. Some public health programmes are long-term investments in young people's health, for example fluoridation of the water supply and legislation to set age limits for the sale of harmful products such as tobacco, alcohol and gambling. Some address new health risks, for example the development of vaccines to immunise against meningococcal disease and cervical cancer. The objective of other programmes is to change attitudes and behaviour, for example the anti-smoking Why Start? campaign, or the Like Minds, Like Mine programme which encourages a change in attitudes toward people with a mental illness.

Successful population health programmes can reduce the risk and impact of injury and disease, improve the quality of life, prolong life and reduce the need for health care services over time.

Specific factors

When implementing this plan consideration needs to be given to the ethnic and cultural make-up of young people within the Auckland population. This section describes specific groups within the wider youth population and highlights some of their health issues.

Maori Rangatahi

ADHB's Maori Health Plan, Te Aratakina (2006-2010) describes the key themes of a Treaty-based approach:

- ✦ Maori health is the business of everyone
- ✦ Positive development of whanau, hapu and iwi contributes to a dynamic nation and the advancement of national well-being and wealth, and
- ✦ Maori whanau, hapu and iwi have an inherent treaty right to define Tino Rangatiratanga and be part of the solutions that ensure the wellness of all Maori and the unborn Maori child.

Health services which work for Maori recognise the five principles identified by Mason Durie as being associated with successful outcomes:

- ✦ choice – ensuring that mainstream and kaupapa Maori options are available for Maori consumers
- ✦ relevance – providing services which address

actual needs and are culturally meaningful

- ✦ integration – ensuring that health services are connected and there are links with other sectors, in line with an holistic approach to health
- ✦ quality – providing high quality of care and evidence-based treatment linked with good outcomes
- ✦ cost-effectiveness – considering economies of scale and value for money.

The Youth 2007 survey reports that compared to Maori students in 2001, Maori students in 2007 are happier and less likely to drink alcohol, use cigarettes and marijuana. Notwithstanding these results, compared with NZ European students Maori students continue to come from lower socio-economic environments, be exposed to violence in their communities and homes, have mental health concerns, lack access to effective family planning and support with to ensure consistent contraception, be overweight and not be able to access the health care they need. Despite these challenges, almost 97% of Maori youth are proud to be Maori and over a third speak or understand te reo Maori fairly well or better. Seventy-five percent wish to stay at school until Year 13 and nearly 90% say that their families care about them very much.

Pacific/Tupulaga Young People

Most young Pacific people living in Auckland City were born in New Zealand. These young people face the challenge of developing their identity in the context of two or more cultures, often with conflicting attitudes and values. Research confirms that the wider social, economic and cultural factors remain important influences on the health of Pacific youth. Many Pacific youth experience health issues associated with living in the most deprived areas of the city. Some Pacific youth will already have compromised health as a consequence of childhood disease.

Many Pacific young people are reluctant to use conventional health services, suggesting that there is a need to develop dedicated youth health services that are Pacific-specific or acceptable to Pacific youth . Pacific youth health workers working alongside and through church and community networks, for example Healthy Village Action Zones, may be a way of addressing risky behaviours, improving uptake of health care services, engaging with Pacific young people and

promoting good health.

Greater awareness of the need to ensure that health messages and strategies are framed in ways which recognise Pacific values and the specific tensions and issues faced by Pacific youth is required. Recognising young Pacific people in the context of their families is important, as is acknowledging the differences between Pacific communities.

Young People From New Migrant Communities

There are over 180 different ethnic communities in Auckland City, making it uniquely different from other regions in New Zealand. In New Zealand one out of 15 young people is of Asian ethnicity. In Auckland City, Asian young people represent almost 33% of the youth population, with the majority born overseas. A high proportion of each year's new migrants comes from non-English speaking backgrounds. The needs and views of young people vary according to ethnic backgrounds, and the time spent in New Zealand.

Young people from Refugee backgrounds

Young people who have entered New Zealand as refugees frequently have health needs which relate to experiences prior to their arrival in the country. Issues for these young people may also include:

- ✦ language barriers
- ✦ difficulties associated with making the transition to adulthood in a new and sometimes alien culture
- ✦ lack of community connections
- ✦ lack of knowledge about how to access health services
- ✦ being caught between two cultures - their own and that of their new country
- ✦ bullying and fear of racism.

Feedback from the youth health sector indicates that there is an urgent need for the Ministries of Education and Health, in consultation with ethnic communities, to find appropriate ways of meeting the health needs of new young migrants and their families.

Chronically Ill and Disabled Young People

Youth with long term health conditions and/or disabilities face special challenges. The developmental transitions experienced by all youth as they move from childhood to adolescence to adulthood, from living at home with family to independent or group living with peers, and from school to tertiary education or work, may be prevented or disrupted by the presence of a chronic health condition. These young people also need to negotiate the healthcare transitions which occur during this time - the transfer from paediatric to adult, from a parent healthcare benefit to personal options, and possibly from parental to attendant care.

The needs of young people in transition are not well understood within the health care system. Young people do not respond to management of their condition in the same way as children within the context of their family, nor do they necessarily behave as adults do and assume personal responsibility for their care. Neither the paediatric nor adult approach is completely effective in the management of a young person with a chronic health condition. Primary care has a particularly important role in providing care for young people with long term conditions. Services for young people with long term health conditions need to manage their physical functioning and transfer of care, and also provide anticipatory guidance for social functioning. Easily accessible psycho-social support is needed for young people with disabilities and long term health conditions, and their families. This group of young people need to be recognized as a group with distinct needs, different from those of children or adults.

Lesbian, gay, bisexual and transsexual young people

Young people whose sexual identity sets them apart from their peers often face a less than supportive environment. Many lesbian and gay young people report having to deal with bullying and discrimination in schools and in their workplaces. For some of them the sense of exclusion can be overwhelming and may result in depression and self-harm. The primary need of this group is support. Teachers, school counsellors, school based health professionals and tertiary student health workers are likely to be the first to identify pressure points for these young people, but families and whanau and primary healthcare workers also need to be alert to the signs of bullying or discrimination and ensure that appropriate support and pastoral care is available.

Young Parents

Young parents, particularly young mothers, are potentially under greater pressure and with less support today than in previous generations. Many of their peers now postpone childbearing until their late 20's, and the young parents' support network has shrunk. Grandparents may still be in the workforce, and family and whanau are often scattered. Young parents may also be under financial stress. Young parents, and in particular young mothers, need:

- ✦ supportive communities, families and whanau
- ✦ support groups and income support
- ✦ opportunities for continued education and personal development.

Appendix Two: The Health Status of Young Aucklanders

There is considerable evidence to show that more than 80% of young people living in Auckland City are doing extremely well. However there is a small but significant number who require additional support.

Young people's mental health needs present along a mild/moderate to serious continuum. At one end of the continuum the issues being dealt with by youth telephone counselling services reflect the everyday issues and concerns experienced by most young New Zealanders. Analysis of the calls received by both the 0800WHATSUP telephone counselling service and Youthline's Youth Help Line service during 2006 suggests that many of these concerns relate to issues with peer relationships and bullying. Relationships with family and partners (girlfriends and boyfriends) also feature prominently.

Applying the results of New Zealand studies it is predicted that approximately 12,540 (17.5%) of young people aged 16-24 years who live in Auckland City will experience a mental health disorder within a one year period. The findings of Te Rau Hinengaro: The New Zealand Mental Health Survey (2006) indicated that nearly all mental health disorders were most common in the 16-24 year age group

Young people aged 15-24 years make up 17% of the ADHB population. In the calendar year 2008, 20% of all mental health inpatient admissions in ADHB were young people aged 15-24 years. Of all of the community cases opened during 2008, 20% were for young people in this age range.

Parental smoking is a key predictor of adolescent smoking and adolescent smoking is one of the key predictors of adult smoking behaviour. Action on Smoking and Health (ASH) surveys suggest that the proportion of New Zealand young people aged 14-15 years who were daily smokers has declined from 16% in 1999 to 7% in 2007. There are marked ethnic and socio-economic differences. Smoking rates are highest for those students who attend schools in the least affluent areas and rates are higher for Maori > Pacific > European/other > Asian.

The Alcohol Advisory Council (ALAC) 2005 survey reports that 53% of young people aged 12-17 years were current drinkers, and that 44% of males and 30% of females in the same age group binge drank. A significant minority of secondary school students who had ever drunk alcohol had got into trouble or fights, had an injury or accident, driven while potentially drunk or had sex while drunk and later regretted it. Alcohol related hospital admissions were highest for those in their late teens/early 20s.

At 13 years approximately 20% of students have tried cannabis, rising to 50% of students by age 16. Nearly 80% of a sample of young people between the ages of 15-25 years born in Christchurch were using cannabis by age 25, and over 40% were using other illicit drugs. In the great majority of cases the use of cannabis precedes the use of other illicit drugs. Research into patterns of amphetamine use suggests that over 10% of men aged 18-29 years had used amphetamines during a one year period and that poly drug use was common in this group.

There is no routine surveillance of overweight and obesity in young people in New Zealand hence information relating to incidence and associated factors for young people is limited. The proportion of obese adults increased progressively during 1977-2000, from 9% to 20% for males and 11% to 20% for females and while estimates vary from study to study, data collected since 2000 suggests that 20% of New Zealand children are overweight and 10% are obese. There is strong evidence to suggest that being obese as a child increases the risk of adult obesity and that adult obesity in turn is linked to adverse outcomes – ischemic heart disease, stroke, diabetes and cancer. The New Zealand Children's nutrition survey notes a modest correlation of overweight and obesity with socioeconomic status, with higher rates amongst those living in the most deprived areas. Despite the paucity of evidence it is reasonable to expect that the rates of obesity and overweight for young people are at concerning levels.

Nutrition and physical activity are widely recognised factors which play a major role in the maintenance of healthy weight. The New Zealand National Children's Nutrition Survey reported that the proportion of children/young people who brought food from home to school declined significantly with age – and with socio economic deprivation. Fewer Maori and Pacific children/young people aged 5 – 14 years brought most of their food from home. Households in the most deprived areas were

significantly less likely to eat well, with Maori and Pacific households significantly less likely to eat well, when compared with households from less deprived areas, and European/Other populations.

Hospital admissions for self-inflicted injuries have declined in Auckland City in recent years (1990-2006), and have been lower than the New Zealand average throughout this period. Notwithstanding the focus on teenage suicide the data suggest that the majority of youth deaths actually occur amongst those aged 19-24 years. Suicide mortality was lower than the New Zealand average during 1990-2004 however a total of 144 Auckland young people (15-24 years) died as the result of suicide in this period.

The leading reasons for hospital admission of young people in Auckland City during 2002-2006 were pregnancy and childbirth. While teenage pregnancies have remained almost constant, the teenage birth rate has declined, due to the gradual increase in the number of teenagers seeking therapeutic abortions. Teenage birth rates in Auckland are highest in the Maori population, however the rates are also significant within the populations of Pacific, European and Asian / Indian young women.

In terms of other admissions, for this same period accidental injuries were the leading cause of admissions to hospital for young people. Dental procedures were the leading cause for waiting list admissions. Admissions for abdominal/pelvic pain, cancer/chemotherapy and skin procedures also featured.

During 2000-2004 the leading cause of death for young people in Auckland City was motor vehicle accidents. Non accidental injuries (self inflicted and those arising from assault) also make a significant contribution. Risk factors for injury related death include gender, ethnicity and age, with rates being highest amongst males, Maori young people and those in their late teens and early 20's.

Sexually transmitted infections (STI) are relatively common amongst young people. Chlamydia is the most frequently diagnosed STI, followed by genital warts, non specific urethritis, genital herpes and gonorrhoea. Chlamydia and gonorrhoea are more common amongst Maori and Pacific groups, however viral conditions such as genital warts and genital herpes are more common amongst Europeans. The

high rates of STIs are of concern, as they can lead to the development of pelvic inflammatory disease, ectopic pregnancy and infertility, as well as facilitating the transmission of STIs to others.

Appendix Three: Engagement - Summary of Feedback

Approach

The development of this plan has been informed by:

- ✦ An extensive interview process of key informants and providers from within the health sector and other relevant sectors,
- ✦ A review of youth consultation literature completed in the Auckland district within the last four years,
- ✦ Youth focus groups
- ✦ Stakeholders Hui
- ✦ Formal consultation on a draft Plan.

Key Informant Interviews

Hearing from key informants and providers commenced in the early stages of this plan. A variety of key people were targeted for interviews, which included those from within the health sector and within other sectors. As this phase progressed other key informants were organically identified and approached.

Youth Consultation Literature Review

A literature review was undertaken of Youth consultations done within the last 4 years. The criteria also included literature with a focus on youth health and development.

Youth Focus Groups

Three Youth focus groups were held on 11 March, 18 March and 12 April 2008. Two of these were targeted at young people who were identified in the youth consultation literature as having generally been under-represented. Overall the youth focus groups were well attended and included a wide variety of young people of different ethnicities and cultures, ages, genders and Auckland communities. They also involved young people from a variety of educational settings including mainstream high school (public and private), alternative education settings and tertiary institutions, along with fulltime employed young people and others in neither.

Youth Health Stakeholder Hui

A stakeholder hui was held on 19 March 2008 as part of the engagement process. The Hui was well attended by young people, parents, and representatives from health and other sector groups.

Summary of Key Issues

A wide range of issues emerged from the interviews, reviews, youth focus groups and the stakeholder hui. The key issues are summarised as follows.

Services and Programmes

- ✦ There is a lack of youth-specific services
- ✦ Young people, parents and service providers are unaware of existing services
- ✦ Young people need, and do not have, equal access to services
- ✦ There are gaps, for instance in the areas of: Drugs and alcohol, oral health; life skills, mental health programmes and services, youth friendly programmes delivered by competent providers
- ✦ Young people particularly missing out on services include: those over 16 years, high risk, high and complex needs, Maori, Pasifika and Asian young people
- ✦ University students want immediate service and for the services to be confidential
- ✦ Transitions between services are difficult to navigate
- ✦ On-going funding is an issue
- ✦ There needs to be a long term vision for youth services
- ✦ Services need to be safe and reflect youth culture and be strengths-based in approach
- ✦ Young people want to be involved in the development, design and delivery of services
- ✦ Young people would like to see clinical services located with recreational facilities, for example sports / arts / entertainment / cooking / health education / WINZ all based in the same location.

Suggested solutions include the introduction of specialised services, attractive services that appeal to young people, more services based in schools, a youth funding stream where dollars follow young people, case managed transitions, and on-going funding, particularly for programmes that are evidence-based, evaluated and working well.

Hospital Services

- ✦ Hospitals need to provide spaces, resources and recreational activities for young people
- ✦ Parents need more support in terms of parent accommodation and parking subsidies
- ✦ Discharge processes do not provide enough information about medicine and follow-up procedures.

Access to Services and Programmes

- ✦ Access to services is a key issue. Cost, transport and location are key issues, along with language. Some young people don't know where to go or who to contact
- ✦ Health services need to be local or school-based, low cost or free (even \$3.00 is an issue for some young people), and in a multi-purpose space e.g. where student support is located in the same place as the Doctors, Nurse and Counsellors – so no-one knows where they are going. Interpreter services would help some to access services
- ✦ Services need to be disability-friendly and child-friendly for young parents with children
- ✦ Lack of access to specialist adolescent consultants and clinical care hospital services for both in- and out-patients is an issue.

Coordination of Services and Programmes

- ✦ Services need to be coordinated. Currently services are fragmented and there is a lack of consistency and direction. Referral pathways need to be enhanced
- ✦ There are three different DHBs, multiple PHOs, primary, secondary and tertiary services, and young people themselves are undergoing

transitions (e.g. leaving school)

- ✦ Information needs to be shared and coordination improved through a case management approach. Projects need to be funded for a coordination component.

Collaboration

- ✦ Collaboration emerged as a key issue
- ✦ Agencies need to collaborate with each other, with communities and with NGOs, and DHBs need to collaborate and integrate their systems and tools
- ✦ A lack of collaboration leads to gaps in continuity of care and the flow of information. As an example, clinicians need time to collaborate and communicate (e.g. through multi-disciplinary meetings) about clients who have multiple high and complex needs
- ✦ The transition from child to adult services is also difficult.

Young People

- ✦ Young people are not a homogenous group. Different groups have different needs, and they want to be treated as individuals with their own dreams, goals and aspirations
- ✦ There are complex and contradictory pressures on young people. For example, there are pressures to succeed and peer pressures to conform in other ways. Pressures change with ages and stages e.g. in relation to alcohol and binge drinking
- ✦ Pasifika young people feel they are still treated like children and have expectations upon them that their non-Pasifika peers don't have (and sometimes don't understand), such as being expected to look after younger siblings and elders
- ✦ Programmes should be developed and targeted to different population groups. All groups (including ethnic groups) should have access to programmes that meet their needs.

Youth Development

- ✦ Young people are not currently involved in planning, governance, consultation, or service development of health services. They feel they are largely invisible – yet they can offer a different perspective and are an untapped resource. Peer support/educators should be developed and leaders identified.

Communication

- ✦ There needs to be better communication with young people. They are currently invisible in the services as a group and have no 'voice'. No-one is talking to young people
- ✦ They are also unaware of many of the services available. They need to know where to go and who can help
- ✦ Young people are computer literate. To communicate with young people tap into Bebo, Facebook etc. and use chat rooms and the internet.

Health Promotion

- ✦ Use teens and role models to promote health messages. Advertise to young people so that they know the services available. Use channels such as Flava radio station
- ✦ Services need on-going marketing. For example, it is not enough to market services in orientation week only.

Parents and Family/Whanau

- ✦ There was debate over the involvement of parents and family/whanau in the provision of health services to young people. It was acknowledged that there is a balance between family/whanau involvement and privacy and that family/whanau should be involved where appropriate
- ✦ Not all young people experience a mutually supportive relationship with their parents. This should be taken into account when dealing with young people and their parents and family/whanau.

Workforce

- ✦ Workforce development is a key issue. There is a lack of staff trained to work with young people. There is a knowledge deficit, for example, around issues such as consent. Staff need integrity, visibility and credibility
- ✦ Young people want to be cared for in a non-judgemental and respectful fashion. They would like staff to advocate on their behalf and to understand (and support) their choices
- ✦ Staff shortages include doctors in schools who can develop relationships with students, nurses working with high risk groups and counsellors
- ✦ As a career choice, health needs to be an appealing choice for students, i.e. it needs to be de-stigmatised. To recruit, start mentoring students in Year 9.

Lifestyles

- ✦ Promote healthy eating, healthy food, and healthy lifestyles. Make healthy food fashionable, encourage shops to promote healthy food, develop skills of parents and youth, and teach people how to cook. Remove the GST from vegetables. Limit access to fast food, alcohol and cigarettes e.g. by ensuring no dairies or liquor outlets within 200 metres of schools
- ✦ Promote healthy activities. Phys-ed sounds boring but dancing is fun
- ✦ Older youth want pro-social places to connect with other students (especially at smaller campuses) with sports, ethnic and other groups to build peer support and decrease stress around the everyday things about being (for example) Pasifika or a student.

Specific Issues

Home and Family

- ✦ There is acknowledgement that some young people lack boundaries, often have difficult relationships with parents (to the extent that they do not feel safe at home), and are often

quick to react (sometimes violently)

- ✦ Overcrowding and lack of affordable housing remains an issue for many young people and their families.

Mental and Emotional Health

- ✦ Young people find it difficult to articulate their mental and emotional needs. Increasing numbers of 12 and 13 years olds are presenting with depression, eating disorders and suicide threats
- ✦ Many young people lack positive role models. Their desire to “belong” often leads to poor decisions
- ✦ A sense of disconnection may be exacerbated by the city environment, which highlights anonymity and lack of identity.

Other issues

- ✦ In older age groups alcohol and binge drinking is identified as an issue
- ✦ For tertiary students, stress is an issue
- ✦ Schools need to be more proactive in providing students with evidence-based initiatives for smoking prevention and smoking cessation
- ✦ Generally there is still a lack of basic knowledge among young people around issues like contraception and healthcare
- ✦ Gambling is a growing problem, particularly from the ease of access to on-line betting and gambling for under 18 year olds
- ✦ Pregnancy
- ✦ Self Image
- ✦ Drug use.

Priorities

- ✦ Healthy eating
- ✦ Sexuality/Pregnancy/STIs
- ✦ Drugs
- ✦ Social connectedness e.g. Sense of belonging, being understood, social support, relationships/friends, understanding and

acceptance, knowing about resiliency i.e.
knowing about your strengths and your
weaknesses, social interactions

- ✦ Strong connections with family/ whanau and support
- ✦ Increasing self esteem
- ✦ Those with high and complex need, outside the mainstream, children in care
- ✦ Stress and anxiety
- ✦ Early intervention – especially among high risk young people
- ✦ Mental health
- ✦ Coordination of services
- ✦ Collaboration amongst services.

Appendix Four: An Overview of Expected Outcomes

Measureable results Within the next five years time ADHB expects to see:

- ✦ More young people and their families/whanau participating in the development of youth health programmes and services
- ✦ More young people have issues detected within health care settings at an earlier stage
- ✦ Better management of issues across the health sector for young people
- ✦ Better prevention of issues where we can most influence prevalence rates
- ✦ More data about what works and what doesn't for young people
- ✦ Improved collaboration between Primary Care Services, Secondary Care Services, Non Government Organisations, Allied Health and other health and support services
- ✦ Evidence that we are reaching our high needs groups and reducing service access inequalities
- ✦ Evidence that we have quality youth health services working within a youth development framework.

Our outcomes framework provides indicators which link to the goals, objectives and actions of the Plan.

Outcomes Framework

Outcomes	Improved Physical Health	Improved Mental Health	Minimized Risk Taking Behaviors	Increased Resiliency	Reduced Inequalities
Medium Term Outcomes	<ol style="list-style-type: none"> 1. Increased accessibility to a wider range of health services for young people 2. Reduction in overweight and obesity 3. Improved oral health 4. A reduction in skin infections 5. Services which meet the specific health needs of young people which include improved 	<ol style="list-style-type: none"> 1. Reduction in hospital admissions for alcohol related harm 2. Reduction in youth suicide 3. Decrease in substance and drug abuse 4. Earlier identification of emotional and mental unwellness 5. Increased youth-focused / specific mental health services, including alcohol and drug abuse, 	<ol style="list-style-type: none"> 1. Reduction in unintentional injury admissions related to substance abuse 2. Reduction in unintended pregnancy rates 3. Reduction in sexually transmitted infections. 4. Reduction in termination of pregnancy rates 5. Reduction in smoking rates 6. Decrease in substance and 	<ol style="list-style-type: none"> 1. All year eleven students included in expanded health screening in ADHB schools 2. Interdisciplinary health service provision. 3. Initiatives that promote family and social connectedness 	<ol style="list-style-type: none"> 1. Reduction in youth health inequalities for Maori, Pacific, Asian and people from refugee and new migrant backgrounds 2. Interpreting services provided for young people with English as a second language 3. Increased service utilisation by high needs youth

			gambling and eating disorders	drug abuse		
	programmes and pathways of care for disabled young people and those with long term conditions	6. A greater choice of mental health programmes which focus on wellness/ well-being 7. Improvement in the emotional well-being of young people	Improved Mental Health	Minimized Risk Taking Behaviors	Increased Resiliency	Reduced Inequalities
Outcomes	Improved Physical Health	Improved Mental Health	Minimized Risk Taking Behaviors	Increased Resiliency	Reduced Inequalities	
Short Term Objectives	<ol style="list-style-type: none"> Increased youth specific services, and those that promote engagement with primary health care Interventions developed on nutrition and physical activity specifically targeted at Maori, Pacific, 	<ol style="list-style-type: none"> Increased availability of quality mental health assessment, treatment and support Increased awareness and understanding of the criteria for admission acceptance to Children and 	<ol style="list-style-type: none"> Prevention of smoking initiation in young people and improved access to evidence based smoking cessation initiatives Improved linkages between youth specific service providers who work with youth to address risk taking issues 	<ol style="list-style-type: none"> Assessments of all year nine students utilising such tools as HeadSSS Support provision of leadership training for young people and /or peer support programs 	<ol style="list-style-type: none"> Services are prioritised for those with the greatest health needs and capacity to benefit Young people participate in the development of health policies and services affecting them 	

	<p>and people from refugee and migrant backgrounds, and those attending low decile schools</p>	<p>Adolescent Mental Health Services (CAMHS)</p>	<p>3. Identification of effective injury prevention initiatives</p> <p>4. Improved access to evidence based sexual health services</p>	<p>3. Relevant and appropriate resources available for parents and families on youth health issues</p> <p>4. Support provided for community action and development projects</p>	<p>3. Youth from high needs groups, including Maori, Pacific, Asian, new migrant and refugee backgrounds have an input into service planning and delivery</p>
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Common Systems/Process System Outcomes

Youth and Family/ Whanau Participation

- ✦ Young people are influencing health policy, service and resource development and delivery
- ✦ Young people are participating in management of and decision making for their own health and well-being
- ✦ ADHB involves parents, families/whanau in solutions to address health issues and enhance family resiliency
- ✦ Health service information and resources are available and easily accessible for young people and their families/whanau.

Leadership

- ✦ Clinical leadership available to support the current workforce offering consultation, education and training, service development and specialist care.
- ✦ All ADHB strategies take account of the needs of young people.
- ✦ Youth are encouraged and supported to take a leadership role in health initiatives.
- ✦ A working party is established to oversee the implementation of the youth health plan.

Research/ Evidence Based Services

- ✦ Youth focused research, including the collection of information about what works for young people is supported
- ✦ Services are based on best practice guidelines and are evaluated regularly
- ✦ ADHB participates in and supports nationally driven initiatives
- ✦ Youth specific data is collected and analysed and gaps in data are identified and addressed
- ✦ An increase in the availability and application of nationally agreed quality standards.

System and Process Outcomes

Workforce Development

- ✦ An increase in health professionals working with young people who have accessed training in:
 - how to assess and address the psychosocial, psychological and behavioural needs of youth
 - the importance on relationship building with young people and their whanau
 - delivery of cultural competent services
- ✦ A well connected workforce that supports the development of interdisciplinary approaches by multidisciplinary health teams
- ✦ More youth recruited into the health and disability workforce with the aim of reflecting the diverse cultural mix of our population
- ✦ Youth health professionals have support to access to ongoing training.

Working Inter-sectorally

- ✦ ADHB works in partnership with other sectors to ensure cohesion, coordination and collaboration
- ✦ ADHB participates in the membership of key local, national and international youth organisations
- ✦ Networks exist for youth health professionals to support staff development, dissemination of information, and research outcomes
- ✦ ADHB works with other sectors to support strategies that will improve youth health by addressing the wider determinants of health.

Comprehensive Youth Friendly Services

- ✦ Services are developed in multiple settings to reach young people who are not currently accessing services.
- ✦ Flexible youth orientated care is provided - free or low cost services, extended appointment times / hours, mobile and/or visiting services, reminder systems such as texting and youth spaces in health care settings
- ✦ Youth specific services are co-located and care co-ordination is improved
- ✦ Effective youth appropriate tools and resources are used
- ✦ Seamless systems developed to enable a flow of client information across the health sector and also

inter-sectorally for example CYFS, education to support case management

✦ Improved co-ordination of care.

Appendix Five: Those involved in formulating this plan

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