

TOWARDS THE NEXT YOUTH HEALTH POLICY CONSULTATION PAPER



Health



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Contents

Foreword	4
Introduction.....	5
State and national priorities relevant to youth health.....	5
Why young people's health is important	7
Health of young people in NSW	9
Health services used by young people	13
Building on what has been learnt from the current Policy.....	15
Proposals for the NSW Youth Health Policy	17
Responding to the consultation	21
Young People and Health NSW infographic and service map.....	22
Sources for infographic and service map data	25
References	26

Foreword

A focus on the health of adolescents and young adults aged 12 to 24 years (called young people in this paper) is crucial if we are to improve the health of the community overall. The World Health Organisation¹, the United Nations² and a recent Lancet Commission into Adolescent Health³ all highlight the need for a strategic policy approach for young people and identify significant opportunities for improving health in the 'second decade'. They call for global and national action and investment to protect the gains made in infant and child health and to promote healthy trajectories into adulthood.

NSW has been a leader in promoting young people's health and wellbeing. Since 1999, NSW Health has had Youth Health policies, which recognise the unique developmental and health needs in adolescents, and the significant health, social and economic benefits of having a strategic approach to meeting these needs.

The NSW Government has also recognised the importance of young people's health through the Premier's Priority areas of childhood obesity, youth homelessness and protecting our kids.

The current *NSW Youth Health Policy*⁴ ("the Policy") ends in 2016. This Policy provides guidance on how the NSW Health system meets the health needs of young people aged 12 to 24 years as a population group. It has led to some important changes, such as better systems to transition children with chronic conditions from paediatric to adult care, a more coordinated approach to the delivery of healthcare to vulnerable young people, and a health workforce that has improved access to professional development to build their capacity to engage with and respond to the needs of young people. The Policy has also supported young people to be engaged in their own healthcare, consistent with the *Charter on the Rights of Children and Young People in Healthcare Services in Australia*⁵.

In 2014, the Chief Health Officer described a detailed picture of how key health issues are experienced by young people in NSW⁶; the [infographic](#) on pages 22 and 23 presents some of the highlights using the most recent data available. Risk behaviours for health, including use of alcohol and drugs and unsafe sexual practices, as well as experiences of trauma from exposure to violence and abuse, continue to contribute to increased risk of harm for young people. Mental health concerns and injuries are more common in young people.

This consultation paper outlines what is known about young people's health and wellbeing in NSW and invites your feedback on what should be included in the next NSW Youth Health Policy. We welcome input from across NSW Health, from non-government organisations, partner agencies and other stakeholders, and are keen to hear how the policy can add value across the health system, for youth services and 'mainstream' services.

We ask you to provide comments on the questions posed in this consultation paper using the accompanying [response form](#). The consultation will close on **Friday 14 October 2016**. Instructions for how to respond are found on [page 21](#).

The feedback we receive will contribute to the development of a *NSW Youth Health Policy* that effectively responds to the contemporary health concerns and experiences of young people.

Clinical Professor David Bennett AO
Senior Clinical Adviser Youth Health and Wellbeing
Chair, Youth Health and Wellbeing Advisory Group, NSW Health

Introduction

The current Policy, *NSW Youth Health Policy 2011-2016: Healthy Bodies, Healthy Minds, Vibrant Futures* identifies goals and actions for NSW Health services, non-government organisations (NGOs) and partner agencies to improve access to health services and promote better health outcomes for young people aged 12 to 24 years⁴. Local Health Districts (LHDs) and Specialty Health Networks (SHNs) are responsible for local implementation of the Policy. The NSW Ministry of Health provides state-level leadership and guidance to help services achieve their responsibilities under the Policy. It also monitors and reports back to the system about implementation.

Scope of the NSW Youth Health Policy

The next Policy will build on the achievements of the current Policy and reflect NSW Health strategic priorities. It will continue to focus on how young people's needs are met by and across the health system.

The proposed objectives of the Policy aim to address:

- Service planning and evidence-informed service models, pathways and partnerships to meet the needs of young people as a population group
- The approach to meeting the health needs of vulnerable young people and those with complex needs
- The approach to prevention, health promotion and early intervention
- Improved access to health services for young people
- Capacity among staff and services to protect and promote the safety, welfare and wellbeing of young people where child protection issues are identified
- The role of technology
- Support and transition services for young people with chronic illness and disability
- Engagement of young people in health services
- Improved monitoring and system incentives for health services for young people.

An implementation plan and a range of tools and resources will support the Policy.

The latest evidence about youth health will inform the Policy, including the *Access 3 Study*⁷. The Office of Kids and Families has commissioned the University of Sydney to complete this research about the contemporary experiences of young people in NSW when accessing and navigating health services, including how technology supports access. The *Access 3 Study* particularly considers experiences of young people who are:

- Aboriginal and/or Torres Strait Islander
- Living in rural/remote areas
- Homeless or at risk of homelessness
- Refugee or vulnerable migrants
- Identifying as gender or sexuality diverse.

Developing the NSW Youth Health Policy

This consultation paper gives stakeholders a formal opportunity to contribute to the development of the next Policy. Further feedback will be sought through events with young people, visits to health services, a knowledge translation workshop for the *Access 3 Study* and stakeholder engagement.

A reference group has been established to provide advice and oversight on the development of the Policy. The group is chaired by Clinical Professor David Bennett, Senior Adviser on Youth Health. It includes representatives from LHDs, SHNs, the NSW Youth Health Council, Mental Health and Drug and Alcohol and other NSW Health Pillars. The group has provided significant input into this consultation paper and questions.

State and national priorities relevant to youth health

The *NSW Youth Health Policy* will not be implemented in isolation. The Policy will complement and contribute to a wide range of other NSW and national priorities, strategies and reforms that promote young people's health and wellbeing or identify young people as a priority population. The table below identifies the relevant priorities in four key statewide strategies.

Key NSW strategies	Priorities relevant to the NSW Youth Health Policy
NSW Premier's Priorities	<p><i>Tackling childhood obesity:</i> Reduce overweight and obesity rates of children by 5% over 10 years.</p> <p><i>Reducing youth homelessness:</i> Increase the proportion of young people who successfully move from Specialist Homelessness Services to long-term accommodation by 10%.</p> <p><i>Improving service levels in hospitals:</i> 81% of patients through emergency departments within four hours.</p> <p><i>Protecting our kids:</i> Decrease the percentage of children and young people re-reported at risk of significant harm by 15%.</p>
NSW Health Plan: Towards 2021	<p><i>Direction One: Keeping People Healthy</i> – Supporting people to live healthier, more active lives and reducing the burden of chronic disease.</p> <p><i>Direction Two: Providing World-Class Clinical Care</i> – Providing timely access to safe, quality care in hospitals, emergency departments and in the community.</p> <p><i>Direction Three: Delivering Truly Integrated Care</i> – Creating a connected health system, so that patients get the care they need, where and when they need it.</p>
Healthy, Safe and Well: Strategic health plan for children, young people and families 2014-24	<p><i>Strategic direction 1: Caring for women and babies</i> Improve access to high-quality, woman-centred care from early pregnancy</p> <p><i>Strategic direction 2: Keeping children and young people healthy</i> Improve health literacy Reduce risk taking and minimise harm</p> <p><i>Strategic direction 3: Addressing risk and harm</i> Improve identification and triage care for those at risk of harm Build capacity to appropriately respond to victims of violence, abuse and neglect Reduce the incidence and health impact of accidents, injuries and self-harm</p> <p><i>Strategic direction 4: Early intervention</i> Act early to help children and young people with chronic health conditions Engage with young people at risk of poor health or absence from school</p> <p><i>Strategic direction 5: Right care, right place, right time</i> Deliver best-practice care as close to home as possible Deliver integrated, connected healthcare Provide inclusive, family centred, culturally respectful and age appropriate care</p>
NSW Strategic Plan for Children and Young People 2016-19	<p><i>Safe</i> – children and young people are free from abuse, neglect, violence and serious injury</p> <p><i>Respect</i> – children and young people are treated with respect</p> <p><i>Wellbeing</i> – children and young people are healthy and well through the provision of affordable, accessible and timely services</p> <p><i>Voice</i> – children and young people are empowered to be involved in the decisions that affect them</p>

The policy will also take account of other state and national strategies, reforms and initiatives, such as:

- **NSW Health:** *A Strategic Plan for Mental Health 2014–24*⁸ and its associated health reforms⁹; the *NSW Rural Health Plan*¹⁰; the *NSW Aboriginal Health Plan*¹¹; the *NSW Sexually Transmissible Infections Strategy*¹² and the *NSW HIV Strategy*¹³; the *NSW Service Plan for People with Eating Disorders*¹⁴; and programs which address use of drugs and alcohol by young people¹⁵.
- **NSW Government:** child protection and out-of-home care reforms; wellbeing in schools; and early intervention and other responses to young people at risk of long-term involvement in the criminal justice system.
- **The Australian government:** the *National Safety and Quality in Health Services Standards*, particularly standard 1 on Governance and standard 2 on Partnering with Consumers¹⁶; the National Disability Insurance Scheme (NDIS); *Healthy, Safe and Thriving: National Framework for Children and Young People's Health*¹⁷; and federal health policy relating to primary care and mental health including the role of Primary Health Networks (PHNs) in planning and commissioning services for local populations.

Why young people's health is important

This section gives an overview of what is known about the physical, cognitive, emotional, social and economic experiences of adolescents, and how they can shape the health and wellbeing of young people. Key messages include:

- As a group young people have distinct health needs and face particular barriers when using health services.
- Some young people experience or are at higher risk of poor health.
- Aboriginal young people continue to have the poorest health and wellbeing outcomes.
- The health and behaviours of young people have implications both now and in the future for their long-term health, and the economic and social contributions they make¹.

Information and discussion about the health and wellbeing ([pages 9 to 12](#)) of young people in NSW and their experiences of health services ([see pages 13 to 14](#)) are set out in the next two sections; key data are also highlighted in the [infographic](#) presented at the end of this paper.

The trends, challenges and opportunities relating to adolescent health provide the context for the *NSW Youth Health Policy*. To improve their health and wellbeing and reduce costs of poor health, NSW Health will consider young people as a population group when planning and delivering service and interventions. The main focus of the Policy is to facilitate this approach.

What the evidence tells us

- Young people experience significant physical, emotional, psychological, cognitive and social development. Young people progress through three main stages of early, middle and late adolescence at different rates. For all young people, it is a time when they experience new things, develop their sense of self and sexual identity, define their values, gain new skills, develop future goals, and become more independent¹⁸. They must also find their way through a range of life changes, such as starting high school, puberty, leaving school, higher education and employment, leaving home, new relationships, and becoming a parent.
- Rapid brain development affects the behaviours, feelings, impulses, relationships and resilience of young people. Experimentation and risk taking is a normal and important part of a young person's development, although these behaviours have potential to cause harm. This plays out, for example, in higher rates of sexually transmissible infections, increased prevalence of injury, and increased use of alcohol and illicit drugs. Mental health concerns, such as depression and anxiety, eating disorders, self-harm behaviours and suicide, are also relatively common compared to other age groups. These issues contribute to mortality and morbidity for this age group and may lay the foundation for future burden of disease, including chronic illness¹.
- A range of factors can have a protective influence for young people against the increased risks at this time; these include supportive family and peer relationships, connections to education and community, active and healthy lifestyle, and financial and housing stability. Conversely, a deficit of protective factors can have a negative impact on health and wellbeing, increase risks of harm, and increase health inequalities.
- Young people who are more vulnerable or disadvantaged (eg. through poverty, neglect, domestic and family violence, homelessness, family breakdown, exposure to alcohol or substance abuse, other trauma, time in out-of-home care, low education and literacy, caring responsibilities, or experiences of the justice system) face particular challenges which can have an ongoing health impact. Young people who are homeless, for example, experience a range of health concerns, including mental health conditions and self-harm, to a greater extent than the general population. The average annual cost of health services associated with a young person experiencing homelessness is around \$8500¹⁹. Vulnerable young people who receive support from multiple agencies or move between services risk a poorer health outcome. Without sufficient focus on safety and wellbeing in these circumstances, it is more likely that a young person's needs will not be met or risks of harm increase.
- Trauma experienced in adolescence can have severe and lifelong effects on health. For example, violence against young people is associated with increased risk of homelessness, early involvement in the criminal justice system and gambling, as well as increased alcohol and drug use, self-harm, suicide, chronic pain, and mental health problems²⁰. Effective prevention, early intervention and trauma-informed care targeted at young people who are at greater risk of harm are crucial for addressing the health needs of young people and reducing the medium and long-term costs of associated poor health.
- Risk factors for obesity rise in adolescence, including reduced physical activity, increased sedentary behaviour and greater autonomy over food choices³. Prevention and early intervention to address overweight and obesity during adolescence is therefore a key priority for tackling obesity and chronic illness in later life.

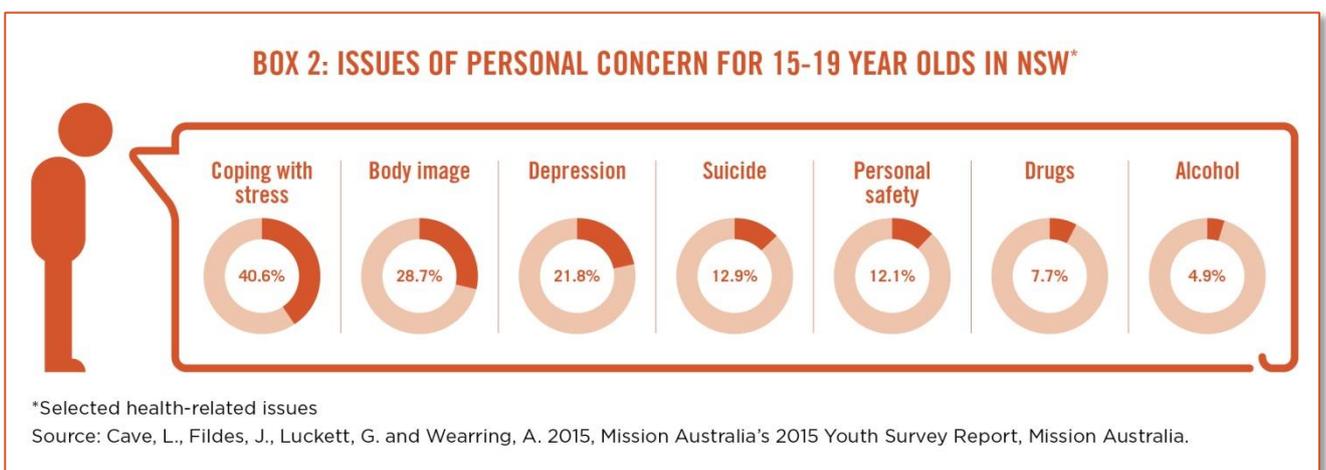
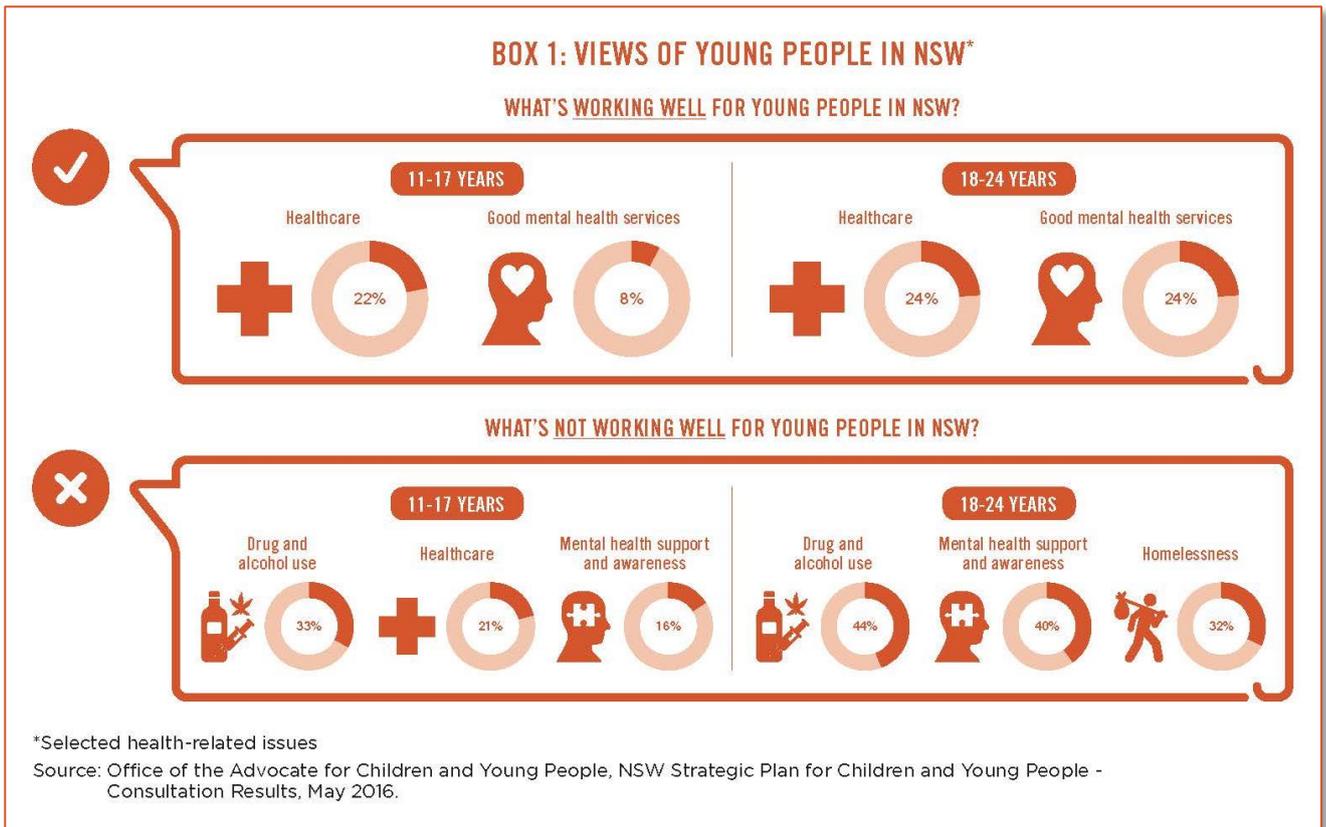
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- Chronic conditions that are more common among young people, either because they are congenital or emerge before or during adolescence include, but are not limited to, asthma, diabetes and cystic fibrosis. Young people with chronic illness or disability can be vulnerable and at increased risk of comorbidities, particularly mental health concerns. Alongside the normal challenges of adolescence, these young people may experience episodes of ill health, have to learn to manage their care, and must navigate the transition from paediatric to adult services. It is crucial that young people are adequately supported and that transitions are managed effectively to maintain engagement, promote independence and to give young people a say about their own health wherever possible.
 - Increased independence and engagement beyond the family is an important part of young people's development. Modern economic, social and technology changes bring different experiences compared to previous generations. The potential negative influence of social media on wellbeing is an important issue to consider. Technology, however, also provides significant opportunities to connect and engage young people in their own health and wellbeing, in decision making, and in service improvement³.
 - To maximise the health of young people it is also necessary to improve health literacy, address barriers to accessing services and adapt service models. Young people may be reluctant to seek help, may not recognise the need to seek help or may lack knowledge about what services are available^{21, 22}. They may also have concerns about costs of services or, for example, may not understand the Medicare system where they have previously been supported by family. A national survey about the mental health of children and adolescents highlights that poor health literacy and fear of stigma among young people and their parents are real barriers to seeking help; it also identified poor knowledge of services and affordability as being important²³. Young people also report concerns about confidentiality, lack of flexibility, poor communication and unwelcoming health services²¹.
 - Barriers to accessing health services may be heightened for those at higher risk of poor health or young people from diverse backgrounds, including culturally and linguistically diverse (CALD) backgrounds, refugees, or young people who identify as sexuality or gender diverse²⁴. Where services and staff recognise and respect diversity, and respond appropriately to the needs of different groups' young people will have a more positive experience and be more likely to access services²⁵. Where there is a specific health need or access difficulties for a group, targeted services, clinics and online resources can add value and improve engagement in healthcare. A key challenge is to ensure these are promoted effectively and are responsive to changing needs and service gaps.

Health of young people in NSW*

There are around 1.26 million young people aged 12 to 24 years in NSW which is 16.5 per cent of the population²⁶. This section highlights how the key health issues experienced at a state level by this population group are relevant to the new Policy. The discussion is supplemented by the infographic and services diagram on [pages 22 to 24](#) which includes details of the relevant data and references.

Young people's views

Most young people in NSW report that they are in good or excellent health. Young people across NSW, however, identify a range of important issues that affect their health and wellbeing. The report of a recent consultation by the NSW Advocate for Children and Young People highlights a number of health issues (see Box 1). Each year, *Mission Australia* runs a large national survey of young people's views; some of the health-related issues identified by young people in NSW in the 2015 survey are summarised in Box 2.



* See [infographic](#) on page 22 and 23 for additional data and references relevant to this section.

Vulnerable young people

Many young people in NSW face challenges, experience disadvantage or are affected by trauma which can make them more vulnerable to increased risks of harm and of poor health now and in the future.

- Young people account for one in four of all homeless people in NSW.
- The numbers of young people in out-of-home care have increased in recent years. Each year, around 1000 16 and 17 year olds leave out-of-home care, a transition process which can be destabilising and should involve health assessment and planning of necessary support. Aboriginal young people are over-represented in this group.
- Young people who enter the Juvenile Justice system often experience significant disadvantage, trauma, and a range of complex health needs. Later this year, the results of a health survey of adolescents by the Justice and Forensic Mental Health Network will identify the needs for this group.
- Around 9000 young people are the primary carer of an older person or someone with a disability or long-term condition; more broadly over eight per cent have some caring responsibilities.
- Around one in four young people in NSW were either born overseas (excluding English-speaking countries) or have at least one parent who was born in a non-English speaking country. This group includes around 16,000 refugee young people, who have often experienced significant trauma in addition to facing cultural differences.

Aboriginal health

The Aboriginal population in NSW is younger than the non-Aboriginal population. Around one in three Aboriginal people in NSW are aged 12 to 24, compared to one in six non-Aboriginal people.

- A number of health issues are more prevalent for Aboriginal young people, including high rates of suicide, injury related hospitalisation, rates of some sexually transmissible infections, drug use, obesity and a higher rate of young pregnancies.
- Compared to their non-Aboriginal peers, Aboriginal young people are more concerned about drug and alcohol use (57% Aboriginal young people; 29% non-Aboriginal young people) and domestic violence (31% Aboriginal young people; 4% non-Aboriginal young people)²⁷.

Rural health

Young people in regional and rural parts of NSW are more likely to experience certain health issues.

- They are more likely to be hospitalised as a result of interpersonal violence and alcohol use.
- Forty-five per cent of children and young people outside Sydney are concerned about drug and alcohol use, compared to 21 per cent of those in Sydney²⁷.

Smoking, alcohol and drug use

While there have been some reductions in risky behaviours, significant areas of concern remain.

- Smoking rates have reduced significantly over the last 20 years; around 20 per cent of 16 to 24 year olds currently smoke cigarettes.
- Around 40 per cent of 16 to 24 year olds drink alcohol at levels which pose a risk to their health, and around a third of 18 to 24 years olds have recently used illicit drugs.
- Smoking, alcohol use and use of illicit drugs are all higher among young males compared to young females.
- Cannabis continues to be the most commonly used illicit drug. Use of methamphetamines is less widespread, but the recent increase in use has been substantial among young people. There has been a significant rise in emergency department presentations (more than sixfold increase from 2009 to 2014 for 16 to 34 year olds)²⁸ and hospitalisations (fivefold increase from 2009/10 to 2013/14 for 16 to 34 year olds)²⁹ related to methamphetamine use.

Injury

Injury is a substantial cause of morbidity and mortality among young people.

- Injury and poisoning is the most common cause of hospitalisation for young people aged 13 to 17 and for males aged 17 to 24.
- Road transport accidents, interpersonal violence and self-harm are all significant causes of injury.

Overweight and obesity

Young people in NSW show patterns of unhealthy living and are experiencing higher levels of overweight and obesity. Health surveys show that:

- Around one in five young people at secondary school and one in four young adults are either overweight or obese
- Most young people do not meet nutritional guidelines^{30, 31}. For example, very low proportions of young people eat the recommended amount of vegetables (10% for 12 to 17 year olds and 3% for 16 to 24 year olds) and many do not eat enough fruit (46% for 16 to 24 year olds)
- There is high consumption of 'junk food' and high-sugar drinks
- Only one in five (21%) secondary school children do the recommended amount of physical activity³⁰. For older ages this is 58 per cent, although the guidelines are lower³¹.

Chronic disease conditions and disability

In NSW, around six per cent of young people have a disability, and two out of 100 young people have disabilities that cause severe or profound limits on their activity. Health data shows:

- Approximately 10 to 20 per cent of adolescents have one or more chronic conditions (excluding mental health conditions). Around 10 to 12 per cent may be considered to have complex chronic illness³². These young people often require more significant health service support and intervention and face challenges when transitioning to adult services
- Type 1 diabetes is more common than type 2 diabetes among young people as it usually starts in childhood. However, while numbers are still relatively low, health services are starting to see more cases of type 2 diabetes in younger people, which is related to higher levels of obesity
- Cancer is relatively uncommon for young people; there were around 950 cases of cancer among 15 to 24 year olds from 2010 to 2012³³. However, many health behaviours which increase the risk of cancer are set in adolescence; the *NSW Cancer Plan* identifies priorities for reducing smoking, reducing alcohol consumption and improving sun protection behaviours among young people³⁴.

Mental health

Evidence shows the high prevalence²³ and impact of psychological distress and mental health concerns among young people. Mental health concerns are experienced by many young people, although the nature of concerns varies for different groups.

- Young women are more likely to experience depressive disorder whereas behaviour disorders, such as ADHD, are more common among males.
- Young women, particularly older adolescents, are more likely than any other to self-harm or have an eating disorder.
- According to a recent study in Australia, 16 per cent of young people who identify as lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ) have attempted suicide and 33 per cent have harmed themselves²⁵.
- Suicide is a significant cause of mortality among young people and is higher for young men and for Aboriginal young people. Targeted suicide prevention is a priority for the health system and across government.

Sexual assault and interpersonal violence

- Young men aged 15 to 24 years experience the highest rates of hospitalisation due to interpersonal violence of any group. For young women who are hospitalised due to interpersonal violence, the perpetrator is a spouse or domestic partner in more than a third of cases.
- Young women aged 15 to 19 years are seven times more likely to be sexually assaulted compared to the general population³⁵.

Sexual and reproductive health

Young people are a priority population in the strategies to address sexually transmissible infections and improved reproductive health outcomes.

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- The prevalence of chlamydia shows that more can be done to increase safe sex practices. However, the increase in chlamydia notifications for young people is primarily linked to increased levels of testing, which suggests that lessons may be learned from successful recent sexual health policy and programs¹².

Sexual and reproductive health, including contraception, sexually transmissible infections testing and treatment and unwanted pregnancies and maternity care are key reasons why young women use health services. It is significant that:

- For young women up to 24 years, maternity is the leading reason for hospitalisation
- The birth rate among teenagers has fallen in recent years
- Data shows that more can be done to address some issues which can lead to poor maternal and infant health, including supporting young women to engage in health services as early as possible when they are pregnant and reducing smoking in pregnancy, which is much higher among young women compared to older pregnant women.

Question 1: *Are there health issues that need to be particularly considered in the development of the NSW Youth Health Policy? (Please consider any recent feedback from consultation or engagement with young people)*

Health services used by young people[†]

Young people in NSW use a variety of health and wellbeing services ([see page 24](#)). A range of issues are raised by the complexity of services available and patterns of service use.

Use of emergency departments by young people has increased in recent years, for example:

- In 2002, 16 per cent of young people aged 16 to 24 had used an emergency department in the last year. In 2012, this had increased to 25 per cent³⁶. Other than children under four years old, young people aged 15 to 24 years are the most common age group seen in emergency departments in NSW. In 2014/15 there were over 350,000 presentations for this age group³⁷
- Anecdotal feedback suggests that convenience and limited access to 'youth-friendly' GP services may divert young people away from primary care to use emergency departments.

There are a range of services which provide healthcare specifically for young people, including specialist services, holistic primary care services and early intervention services. Some are targeted at vulnerable young people or provide early intervention for young people at higher risk of poor health. However, most services used by young people are not specifically targeted at this population. It is therefore important that:

- 'Mainstream' services are youth-friendly and staff have the skills and understanding to respond to young people's needs
- Appropriate mechanisms are used to promote access for young people
- There are clear pathways and entry criteria when a young person needs a more specialist response and that 'mainstream' services know about these.

Less consistent service provision and greater distances in rural and remote areas create inequity of access for young people and may change the patterns of demand for services. For example:

- Rural and remote areas have greater need but more limited resources to provide outreach services
- Seven out of 10 rural and remote LHDs do not have a specific Youth Health Service to provide holistic primary care and early intervention to the most vulnerable young people. Youth Health Services are concentrated in six, mainly metropolitan, LHDs
- In many areas, there may be greater expectation on services such as primary care and, where they are available, *headspace* to manage more complex cases for young people
- In Sydney, only 12 per cent of young people identify concerns with access to healthcare, compared to 29 per cent for the rest of NSW²⁷.

Online health information and support is an increasing and important part of the landscape. Young people access online information so:

- They need to be assured that online services are trusted, credible and up to date
- Online information should be evaluated and reviewed to help ensure a balance between online and face-to-face services
- NSW Health could make greater use of technology as a means to engage young people.

A range of health promotion and education programs are targeted at young people. These are provided by NSW Health, NGOs and other sectors, including NSW Education and NSW Police. The Policy will support LHDs to coordinate the range of programs and to prioritise programs for local needs. Programs include:

- Education and support to help young people to minimise the risks of harm associated with some behaviours, including alcohol and drug use, safe sex and safe road use
- Promotion of physical and mental wellbeing, resilience and health literacy in young people
- Developing life skills and coping strategies for vulnerable young people.

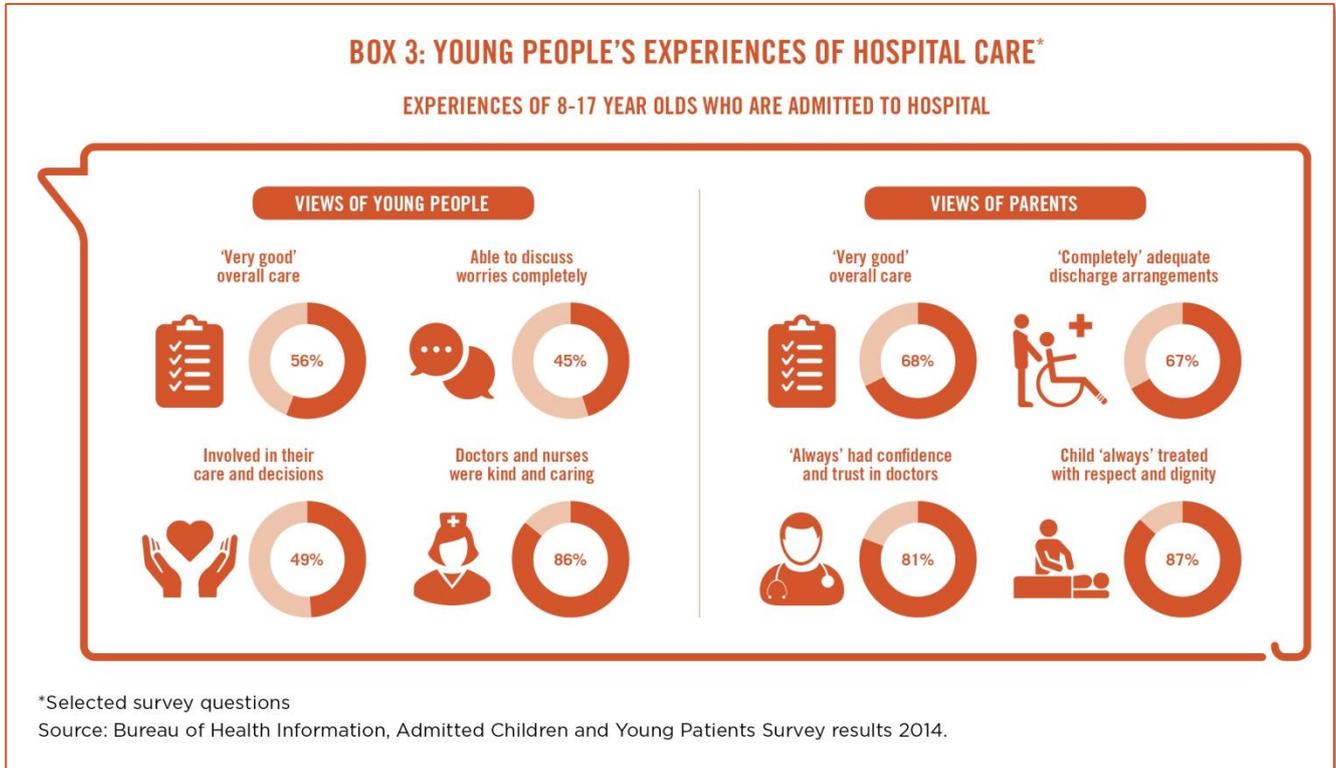
Young people's experiences of health services

- There is limited information captured on young people's experiences of health services. However, NSW Health (through the Bureau of Health Information) has recently undertaken a survey of young people in NSW public hospitals which overall showed positive experiences. For example, a survey of people who used NSW emergency departments found 58 per cent of 13 to 17 years olds rated overall care as 'very good'³⁸. For

[†] See [service diagram](#) on page 24 for additional information, data and references relevant to this section.

patients admitted to hospital, young people and their parents are also generally satisfied with the care they receive. However, feedback directly from young people shows that almost half would like to be more involved in their care and able to discuss their worries more (see Box 3).

- A particular benefit of the *Access 3 Study* is that it will provide contemporary qualitative and quantitative evidence about young people’s experiences accessing health services and navigating the health system in NSW.



Question 2: *What approaches do you think provide opportunities to improve access to health services for young people?*

Building on what has been learnt from the current Policy

This section provides a summary of learning from and achievements of the current *NSW Youth Health Policy*⁴ and reflects initial stakeholder feedback about how the Policy can promote health and wellbeing for young people.

Goals of the current NSW Youth Health Policy

NSW Youth Health Policy 2011-16: Healthy Minds, Healthy Minds, Vibrant Futures is a guide for NSW Health and partner agencies for how to be more responsive to the needs of young people. It has three main goals:

- **Goal 1: Young people are encouraged and supported to achieve optimal health and wellbeing.**
 - The first goal is to adopt a holistic approach to meeting the needs of young people through planning, service design and delivery which is focused on wellbeing, risk behaviours, improving access and supporting marginalised and more vulnerable young people.
- **Goal 2: Young people experience the health system as positive, respectful, supportive and empowering.**
 - Providing youth-friendly services, adopting innovation and technology, and youth participation are covered by the second goal which is focused on engaging young people.
- **Goal 3: Responses to the health needs of young people are evidence-based, promote prevention and early intervention and are delivered efficiently and effectively.**
 - This goal supports capacity building, education and training for NSW Health staff working with young people, and promotes research and evaluation of health services for young people.

Evidence about young people's health needs and feedback from stakeholders suggests that, in general, the policy intentions of these goals remain relevant and should feature in the next Policy.

Achievements and challenges of the current NSW Youth Health Policy

For the last three years (2013 to 2015), an annual report about the progress and barriers to implementing the Policy has been published. These provide learning about how the next Policy can be strengthened³⁹.

- Overall, the Policy raises the profile of youth health and supports a more structured and holistic approach to providing services to young people.
- All LHDs and SHNs have made progress in implementing the Policy. However, implementation is variable across the State.
- Employing a Youth Health Coordinator, or a role which includes oversight of youth health, facilitates implementation of the Policy. These roles are important to: develop a strategic approach to meeting the needs of young people; utilise opportunities to improve service planning and coordination; build staff capacity; and adopt innovative approaches to engaging young people.
- Some LHDs, particularly rural and remote LHDs, either do not have a Youth Health Coordinator at all or have limited capacity for the role.
- A range of approaches have been developed and adopted at state and local levels during the current Policy and to improve youth engagement and support services and staff to work more effectively with young people. These include: the *Youth Friendly Checklist*, holistic youth psychosocial risk assessment, using electronic communication, social media and online apps, and use of youth consultants and participation groups. These approaches are most successful when they can be adapted for different health settings and appropriate support and guidance is available. In some LHDs, young people have been successfully involved in the design, implementation and review of tools.

Stakeholder feedback

The following preliminary feedback from the Youth Health and Wellbeing Advisory Group and the Youth Health Coordination Group (LHD Youth Health contacts) has been gathered on priorities for the next Policy.

- The Policy should have a focus on supporting the health system to address inequality and to meet the needs of young people most at risk of poor health outcomes, including those who have experienced trauma.
- Service models which promote holistic healthcare, early intervention and outreach are very important.
- More consistent and coordinated approaches, which focus on safety and wellbeing, are needed when young people experience a period of transition.

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- The needs of homeless young people, young people experiencing domestic violence and abuse, young people leaving out-of-home care, transgender young people and young refugees should be given particular attention.
 - The implementation plan should include collaborative working with Aboriginal health services.
 - The Policy should support opportunities to develop healthy living interventions for young people, particularly for some groups with higher rates of overweight and obesity.
 - Service planning needs to take account of the time required to provide care to the most vulnerable young people who may have complex needs and lead chaotic lives which increase the level of support they need and can mean they are more likely to miss appointments or require outreach services.
 - The Policy should focus on improving access to services for young people, particularly as stakeholders reported that:
 - Practical, psychosocial and system barriers affect access to health services for young people.
 - Poor coordination, awareness and restrictive entry criteria also create complex pathways so that many young people may not be referred or have access to the specialist support and services they need.
 - Even more complexity exists when services in other sectors are also involved, such as the Department of Family and Community Services, NSW Education, Specialist Homelessness Service.
 - Stronger links are needed between the NSW Youth Health Policy and NSW Child Protection Policies and Procedures. All relevant staff across NSW Health, NGOs contracted by NSW Health and primary care need to be well informed about information sharing provisions, such as Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998* to ensure the safety, welfare and wellbeing of young people (aged under 18 years) is paramount in service responses.
 - Improved data collection is needed to monitor service provision to young people.
 - The Youth Health Training Initiative, which includes a range of activities to build staff capacity based on the Youth Health Competency Framework is highly valued and should be expanded under the next Policy.

Proposals for the NSW Youth Health Policy

This section sets out proposals for the NSW Youth Health Policy which reflect learning from the current Policy and the background material above.

- The overall vision for the Policy is aligned with *Healthy, Safe and Well: Strategic Health Plan for children, Young People and Families 2014-24*.
- The proposed Policy goals and youth outcomes describe the health and wellbeing outcomes for young people that the Policy will aim to promote.
- The suggested objectives describe what should be in place *across the NSW Health system* to achieve the outcomes for young people. Some objectives, such as effective health planning to meet the needs of young people and improved workforce capacity, contribute to more than one goal.
- A range of tools, resources and support will be developed for the Policy and implementation plan to deliver the objectives.

The purpose of the consultation is for stakeholders to provide comments that will:

- help to refine and strengthen the proposed framework
- identify priorities for action to be included in the Policy
- identify opportunities at state and local levels and necessary support for NSW Health, NGOs contracted by NSW Health, PHNs and other agencies
- inform the implementation plan for the Policy.

Policy proposals

Vision: Young people are healthy, safe and well

Goal 1: The health system responds to the health needs of young people at higher risk of poor health

Goal 2: Young people experience health services as accessible, engaging and respectful

Goal 3: Young people are supported to optimise their health

Question 3: *Do you support the three proposed policy goals? Please outline any changes to the Goals needed to promote a stronger health response for young people in NSW.*

Goal 1: The health system responds to the health needs of young people at higher risk of poor health

Outcomes for young people

The health needs of young people at risk of harm or poor health are **identified and responded to as early as possible**.

Young people who are homeless or at risk of homelessness have their health needs assessed and supported.

The **safety, health and wellbeing of vulnerable young people** are addressed when they use, enter or exit health services.

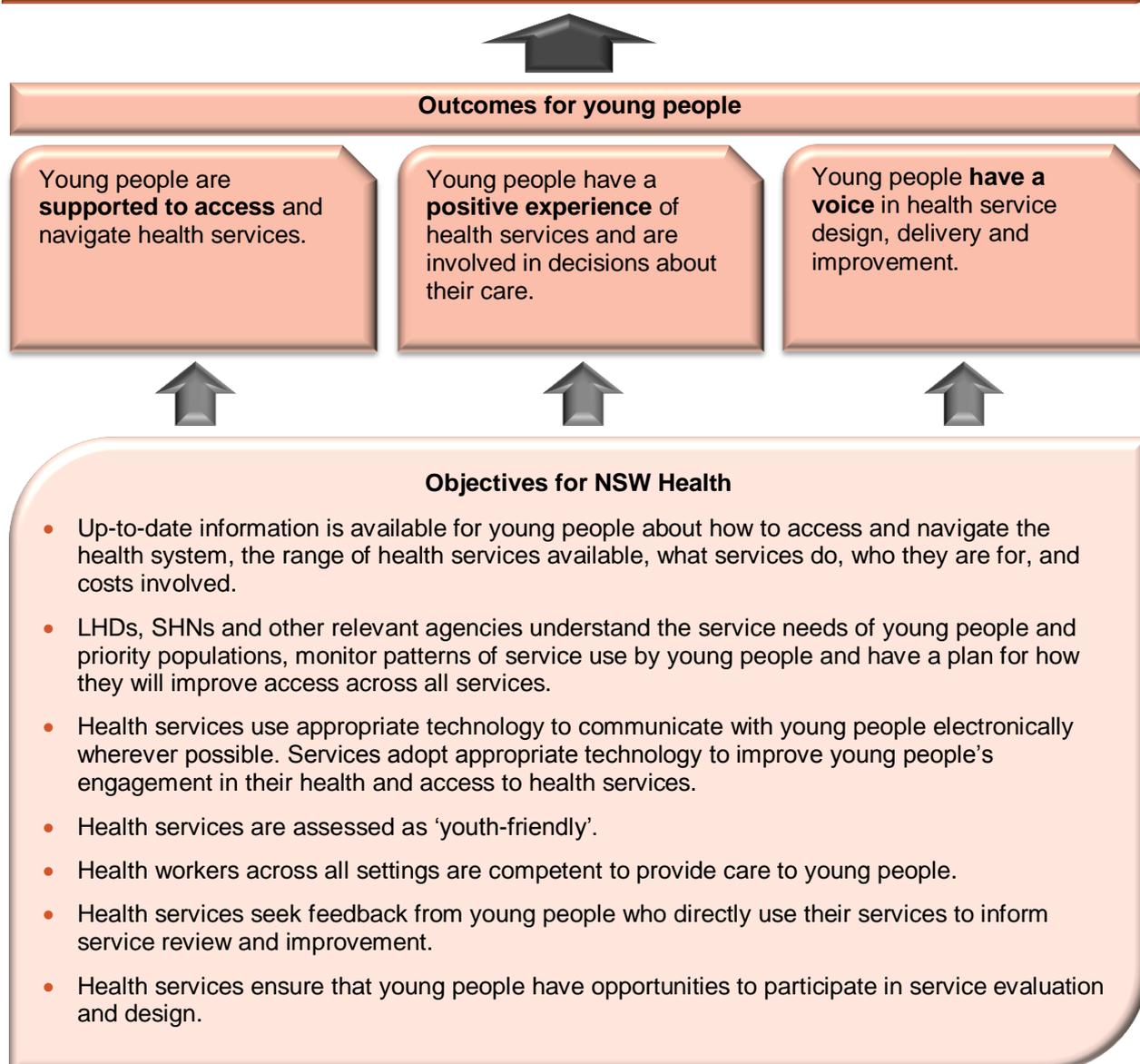
Objectives for NSW Health

- LHDs and SHNs have a plan for how they will meet the needs of young people, including those at high risk of poor health. There is an identified lead and agreed accountability for implementation of these plans.
- Health services respond to the needs of young people at higher risk of poor health. Service models promote:
 - Care as close to home as possible
 - Holistic care, early intervention and outreach for young people
 - Trauma-informed health responses
 - Family-focused interventions
 - More integrated care for young people.
- Partnerships between NSW Health, NGOs, and partner agencies support assessment, case management and coordinated healthcare for young people with complex needs. This includes when young people:
 - Leave Juvenile Justice services
 - Are homeless or at risk of homelessness
 - Enter and exit out-of-home care
 - Experience or are exposed to family or domestic violence.
- Service pathways and referral protocols are in place when young people need specialist health services or additional support.
- Health workers across all settings conduct psychosocial assessment to identify and respond to the holistic health needs of young people.
- Health workers are competent to provide care to young people, and participate in training to develop skills and knowledge where needed.
- Health services use data to identify young people at higher risk of poor health and to monitor and evaluate their experiences of health services.

Question 4:

- Will the proposed objectives and outcomes under Goal 1 support health services to meet the needs of vulnerable young people in NSW? If not, what changes are needed?*
- What new and existing strategies are needed to achieve the objectives and outcomes under Goal 1? (Please consider tools, service models, training, systems, resources and guidance needed by youth specific and mainstream services)*

Goal 2: Young people experience health services as accessible, engaging and respectful



Question 5:

- Will the proposed objectives and outcomes under Goal 2 help to improve young people's access to and experience of health services? If not, what changes are needed?*
- What new and existing strategies are needed to achieve the objectives and outcomes under Goal 2? (Please consider approaches, tools and resources that may be used at a local and/or statewide level)*

Goal 3: Young people are supported to optimise their health

Outcomes for young people

Health services provide targeted **health promotion and education** programs that support young people to make healthy choices.

Appropriate and timely support and services are available to address health concerns and promote better health for young people.

Young people with **chronic illness or disability receive effective care** and are supported to manage their care and be as independent as possible.

Objectives for NSW Health

- LHDs and SHNs work with Primary Health Networks to monitor the health and health behaviours of young people in their area on priority health issues.
- Programs for young people that promote health and health literacy for young people are provided or coordinated by LHDs and SHNs in line with local and state priorities.
- Clear pathways and referral protocols to age- and developmentally-appropriate services and resources are in place to address health concerns and health risk behaviours in young people.
- Health services provide necessary support to young people in relation to applications to or other interactions with the National Disability Insurance Scheme.
- All young people with a chronic illness or disability have a transition plan and necessary support to promote their health and independence as they move from paediatric to adult health services.

Question 6:

- Will the proposed objectives and outcomes under Goal 3 help the NSW Health system to support young people to be healthy? If not, what changes are needed?*
- What new and existing strategies are needed to achieve the objectives and outcomes under Goal 3? (Please consider resources, programs and guidance that may be used at state and local levels)*

Responding to the consultation

NSW Health and other interested stakeholders are invited to submit a response to the consultation questions and have their say in shaping the next NSW Youth Health Policy.

Health of young people in NSW

1. *Are there health issues that need to be particularly considered in the development of the NSW Youth Health Policy? Please identify and give brief reasons. (Please consider any recent feedback from consultation or engagement with young people)*

Health services used by young people

2. *What approaches do you think provide opportunities to improve access to health services for young people?*

Proposals for the next NSW Youth Health Policy

3. *Do you support the three proposed policy goals? (Yes/No/Unsure) Please outline any changes to the goals needed to promote a stronger health response for young people in NSW.*

4. *Policy Goal 1*

- a) *Will the proposed **objectives and outcomes under Goal 1** support health services to better meet the needs of vulnerable young people in NSW? (Yes/No/Unsure) If not, what changes are needed?*
- b) *What new and existing strategies are needed to achieve the objectives and outcomes under Goal 1? (Please consider tools, service models, training, systems, resources and guidance needed by youth-specific and 'mainstream' services)*

5. *Policy Goal 2*

- a) *Will the proposed **objectives and outcomes under Goal 2** help to improve young people's access to and experience of health services? (Yes/No/Unsure) If not, what changes are needed?*
- b) *What new and existing strategies are needed to achieve the objectives and outcomes under Goal 2? (Please consider approaches, tools and resources that may be used at a local and/or statewide level)*

6. *Policy Goal 3*

- a) *Will the proposed **objectives and outcomes under Goal 3** help the health system to support young people to be healthy? (Yes/No/Unsure) If not, what changes are needed?*
- b) *What new and existing strategies are needed to achieve the objectives and outcomes under Goal 3? (Please consider resources, programs and guidance that may be used at state and local levels)*

7. *Do you have any other feedback to be considered for the next NSW Youth Health*

Please provide feedback using the [response form](#), available at:

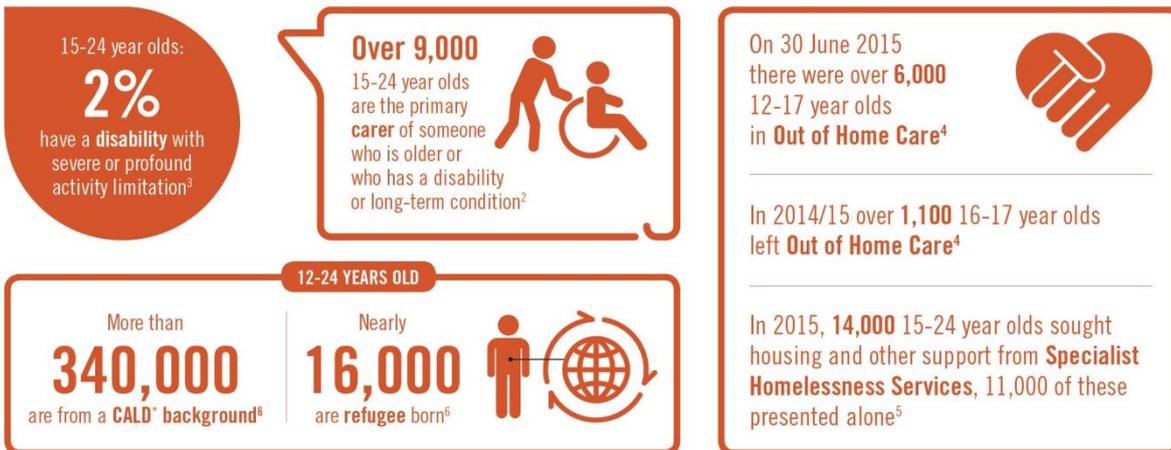
www.kidsfamilies.health.nsw.gov.au/current-work/youth-health-and-wellbeing/nsw-youth-health-policy

Please direct any queries and send responses **by email** to: gemma.rafferty@health.moh.nsw.gov.au

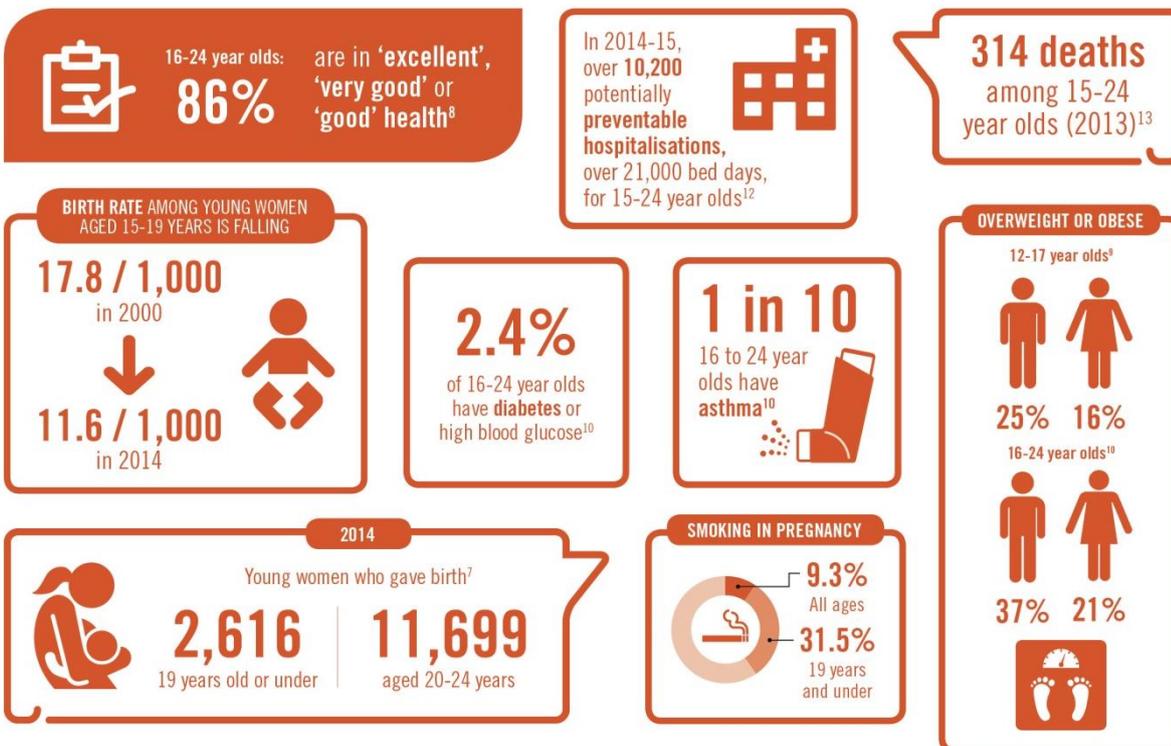
The consultation will close on **Friday 14th October 2016**.

Young People and Health NSW infographic and service map

YOUNG PEOPLE IN NSW



YOUNG PEOPLE'S HEALTH AND WELLBEING IN NSW



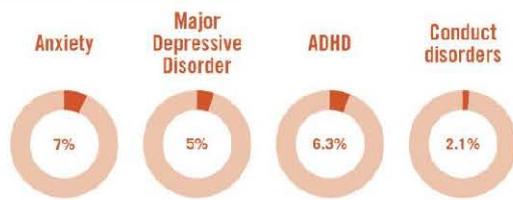
* Includes those born in a Culturally and Linguistically Diverse (CALD) country or with at least one parent who was born in a CALD country.

12-17 YEAR OLDS IN AUSTRALIA¹¹

16% Males and 13% Females



experienced a mental health disorder in the last 12 months:



12-17 year olds: High psychological distress
Males 9.6%
Females 17.2%⁹

SUICIDES IN 16-24 YEAR OLD¹³

78 suicide deaths in 2013

Suicide rates for males 2x higher than females

Suicide rates for Aboriginal young people 2x higher than non-Aboriginal young people



In 2014-15, hospitalisations due to intentional self-harm for 15-24 year olds¹²:

Female 2,188
Male 893

Self-harm hospitalisation rate has increased by

↑ 35% for young women since 2008/09²⁰

16-24 year olds: High or very high psychological distress
Males 12.2%
Females 21.6%¹⁰

INJURY AND POISONING IS THE LEADING CAUSE OF DEATH AND HOSPITAL USE



68% of deaths for 15-24 year olds¹³

41% of emergency department presentations for 13-17 year olds¹⁴



25% hospitalisations for 17-24 year old males¹²

23% hospitalisations for 13-17 year olds¹⁴

CURRENT SMOKER

12-17 year olds⁹:
2005, 10.3%
2014, 6.7%
16-24 year olds¹⁰:
2005, 25.0%
2015, 16.6%

12-17 year olds drinking in the last 7 days⁹:
25% 2005 > 14% 2014

16-24 year olds consume alcohol at levels posing a lifetime risk to health⁸:
50% 2005 > 41% 2014

15-24 year olds: nearly 5,000 alcohol-related hospital admissions in 2013-14

Chlamydia notifications, 15-24 year olds:
Female 6,895
Male 3,620 (2013-14)¹³

RATE OF HOSPITALISATION DUE TO INTERPERSONAL VIOLENCE, 15-24 YEAR OLDS¹⁵

Males 4x higher than Females

Remote and very remote areas 5x higher than in major cities

Females in remote and very remote areas 11x higher than Females in major cities

Used illicit drugs in the last 12 months¹⁶
12-17 year olds: 11%
18-24 year olds: 30%

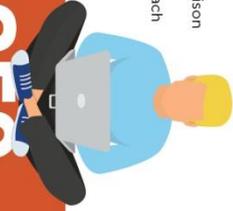
TREATMENT EPISODES FOR DRUG AND ALCOHOL USE IN 2014-15¹⁷
10-19 year olds: 3,070
20-29 year olds: 10,370
Cannabis, alcohol and amphetamines are the leading drugs of concern.

Cannabis is the most common illicit drug used by 12-24 year olds

IMMUNISATIONS FOR YEAR 7 STUDENTS¹⁵

HPV:
Females 72%
Males 67% (2015)
DTPa:
86% (2015)¹⁸

HEALTH SERVICES USED BY YOUNG PEOPLE IN NSW



PRIMARY CARE

- Health centres and GP practices provide a wide range of primary care to young people.
- Around 86% of GP consultations are for 15-24 year olds.²²

SEXUAL AND REPRODUCTIVE HEALTH

- Primary care and Aboriginal Health services provide sexual and reproductive health care to many young people.
- 50 public sexual health clinics provide testing and treatment for STIs and HIV/AIDS, particularly for those at higher risk.
- 43,400 occasions of service for 16-24 year olds in 2013.²⁶
- NGO providers of sexual and reproductive health services include Women's Health Centres and Family Planning NSW.

DRUG AND ALCOHOL

- Specialist drug and alcohol services provide community and inpatient treatment and support.
- 19 NGO drug and alcohol services specifically for young people in NSW.

ONLINE SUPPORT

- A variety of online health and wellbeing information and support is available for young people.

For example:

- yourroom.com.au (alcohol and drugs)
- ReachOut.com: eheadspace.org.au; youthbeyondblue.com (mental health)
- playsafe.health.nsw.gov.au (sexual health)
- kidshelpline.com.au (online counselling)

SPECIALIST MENTAL HEALTH

- Services provide specialist assessment, care planning, clinical intervention and consultation-liaison
- Specialist community adolescent and youth mental health services include home, school and community-based services, clinics and day programs co-located with inpatient services, outreach and hospital in-reach.
- Delivered across a spectrum from prevention to tertiary treatment, in the context of recovery, using a family focused approach.

EMERGENCY DEPARTMENTS

- 25% of 16-24 year olds attended an Emergency Department in the last 12 months in 2012.²³
- Over 350,000 public hospital emergency department visits by 15-24 year olds in 2014/15.²⁴

JUSTICE HEALTH AND FORENSIC MENTAL HEALTH

- This Network provides a range of health services in custodial and community settings. These include a specific adolescent health unit for Juvenile Justice.

REFUGEE HEALTH

- A state-wide refugee health service provides health assessment, screening and referral to primary care and specialist services.

HEALTH EDUCATION

- LHDs, NGOs and partner agencies, including Education, run health promotion and education programs for young people. These may be state-wide or locally developed.
- Topics covered include: respectful relationships, sexual health, mental wellbeing and resilience, safe drinking and driving, life skills, nutrition and active living.

HOSPITAL CARE

- Paediatric services provide care up to 16 years.
- 3 specialist children's hospitals provide tertiary paediatric care.
- Some hospitals provide specialist adolescent services and clinics, such as: complex chronic illness, addiction medicine, adolescent gynaecology, weight management and eating disorders, youth liaison and advocacy service.
- Over 165,000 hospitalisations of 15-24 year olds in 2014/15.¹²

HEADSPACE

- Early intervention mild to moderate mental health services for ages 12-25 years.
- 4 platforms offered in all centres: mental health, general health, education and vocation, alcohol and other drugs.
- 31 headspace services in NSW, 3 more planned.

YOUTH HEALTH

- Youth Health Services provide holistic needs assessment and multi-disciplinary primary care to young people.
- Include face-to-face and community outreach services and are targeted at young people who are most at risk of poor health.
- 9 services funded by NSW Health.

COMMUNITY HEALTH

- A range of public and private community health services and allied health services are available including physiotherapy, occupational therapy, counselling and dietetics.

TRANSITION

- Two transition services work together to support young people with chronic illness/disability moving from paediatric to adult services - Trapeze supports young people transitioning from the Sydney Children's Hospitals Network and the ACI Transition Care Network has a state-wide responsibility.

DOMESTIC AND FAMILY VIOLENCE AND SEXUAL ASSAULT

- A range of health and counselling services are available for people who experience domestic or family violence or sexual assault.
- 55 state and NGO-run sexual assault services.

Sources for infographic and service map data

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