

2019

NSW Youth Health Showcase Report

The Youth Health Showcase is a forum to celebrate achievements of the *NSW Youth Health Framework 2017-24*



“The most striking observation for me was that there was a roomful of really committed people who are doing great work. I hope the collaboration built at the Showcase will drive the youth health agenda forward.”



**WELLBEING
HEALTH &
YOUTH**
NHMRC Centre of
Research Excellence
in Adolescent Health

NSW MINISTRY OF HEALTH
Level 2, 100 Christie Street,
ST LEONARDS NSW 2065
Tel. (02) 9391 9000
Fax. (02) 9391 9101
TTY. (02) 9391 9900

For information on this document please contact:
Health and Social Policy Branch, NSW Ministry of Health
Email: moh-hspb@health.nsw.gov.au
W. www.health.nsw.gov.au

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1. Overview of the 2019 Showcase

Introduction

The *NSW Youth Health Framework 2017-24* (the Framework) is designed to support the planning and delivering of services that directly or indirectly improve the health and wellbeing of young people. The vision set out in the Framework is to ensure that young people in NSW are healthy, safe and well.

The three goals in the Framework are:

- **Goal 1:** The Health system responds to the needs of young people, including targeted responses for vulnerable young people
- **Goal 2:** Health services are accessible, and young people are engaged and respected
- **Goal 3:** Young people are supported to optimise their health and wellbeing.

A commitment was made under the Framework to hold a biennial showcase to share examples of innovative projects and evidence-based approaches in youth health.

The NSW Youth Health Showcase 2019 was held on 1 April 2019, at The Crystal Ballroom, Luna Park, Milsons Point. This year the showcase was organised in collaboration with the NHMRC funded Wellbeing Health & Youth, Centre for Research Excellence in Adolescent Health, an Australia-wide network of researchers committed to driving progress in the wellbeing and health of young people.

The 2019 Showcase objectives were to:

- Bring together clinicians, policy and project health staff, researchers and young people to share innovative ideas in tackling youth health issues.
- Provide an opportunity for networking.
- Provide a mechanism for Districts and Specialty Health Networks to report back on progress against priorities for implementation of the Framework.

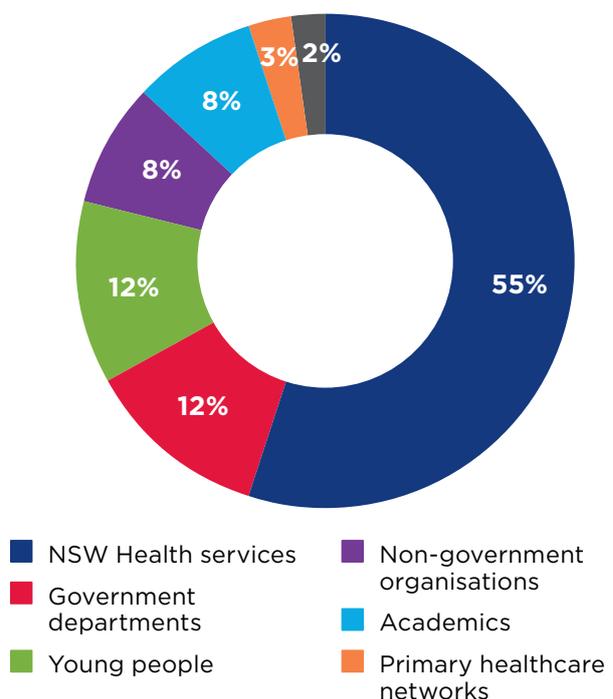
Natasha Mitchell, journalist and broadcaster, was the facilitator. She created a lively, interactive forum with frequent opportunities for questions and comments.

There was a strong focus on youth participation in the planning and delivery of the Showcase. This was achieved through -

- young people's representation on the Showcase Advisory Group
- a youth perspective in the opening and closing sessions
- young people speaking alongside workers in presentation on services and program
- a performance by young people
- a workshop on how to engage young people in research on adolescent health
- briefings for young people prior to and on the morning of the Showcase
- a youth space at the Showcase
- the use of zeetings to enable online questions and comments (see Appendix 4)

One hundred and eighteen people attended the Showcase including participants from NSW Health services (65), government departments (14), young people (14), non-government organisations (10), academics (9) Primary healthcare networks (3), headspace (2) and a peak body (1)(figure 1). All NSW Local Health Districts attended the forum with over a third of NSW Health staff from rural LHDs (23).

Figure 1: Showcase participants



2. Showcase program

The Showcase program was designed to engage the audience through a variety of formats including panel discussions, presentations, workshops, small group presentations and audience participation. Speakers were encouraged to co-present with young people who were involved in the project or who were able to speak about their experience of the service.

In 2018, Local Health Districts and Specialty Health Networks provided a snapshot of initiatives that demonstrated innovative or best practice. The Ministry of Health received 65 project snapshots. Of these, 15 were selected by the Showcase Advisory Group to be included in the NSW Youth Health Showcase 2019 program. See Appendix 1 for membership of the Showcase Advisory Group and Appendix 2 for an overview of the program.

Welcome to country

Aunty Ann Weldon, Metropolitan Local Aboriginal Land Council

Aunty Anne Weldon gave an inspiring and heartfelt welcome to country. She reminded the audience of the NACCHO definition of Aboriginal health (2006):

Aboriginal health means not just the physical wellbeing of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life.

Walk together, walk beside us, to empower Aboriginal people... Let there be joining as one as we collectively come together

- Aunty Anne Weldon

Setting the scene - action needed to improve health outcomes for young people

This panel set the scene for the day by considering what we are doing well and what more could be done to engage with young people to promote their health and wellbeing.

Panel members

- Dr Nigel Lyons Deputy Secretary, Health System Strategy and Planning, NSW Health
- Prof Kate Steinbeck, Director, Wellbeing Health & Youth (WH&Y), Centre for Research Excellence (CRE) in Adolescent Health
- Oscar van Niekerk, Peer Leader for the Chronic Illness Peer Support (ChIPS) Program

Some areas where we are doing well were-

- Achieving better health outcomes for young people with chronic diseases
- Better support for transitioning for paediatric to adult services
- Increased immunisation coverage that has had a positive impact on the health of young people
- NSW Health's strong commitment to engaging young people in their healthcare and in designing services
- Increased funding for research with a focus on adolescent health
- A wider range of services are now available but this can also present a problem for young people to know about these services and then find their way to the right service.

Some areas for improvement were-

- Services that see young people but aren't youth specific need to reorient to respond to the needs of young people
- More work is needed to translate Frameworks on suicide and mental health into actions
- More targeted attention on adolescents and young people in recognition of the importance of this second decade
- More support for young people with a chronic illness who often feel isolated and alienated from peers.

We are committed to involving people in designing [their] care. It's [the Framework] got to translate into services, resources, activities - things that make a difference. We need to reorient what we do and how we do things.

- Nigel Lyons

I really think there is a need to support the parents of young people. Intergenerational change has never looked like this before.

- Kate Steinbeck

There are heaps of services out there, but not all young people know about them. We need to improve the transparency of health and support services that are available. We need more health and wellbeing education in schools. Apps can be helpful if young people know about them... and parents need more support.

- Oscar van Niekerk

Health4life: taking prevention and early intervention to scale

The keynote presentation was delivered by Professor Maree Teesson, Director of The Matilda Centre for Research in Mental Health and Substance Use; Director of the NHMRC Centre of Research Excellence in Prevention and Early Intervention in Mental Illness and Substance Use (PREMISE).

Professor Teesson highlighted that mental disorders and substance use are leading causes of burden of disease in Australian youth. Early intervention and prevention are critical and young people name these issues as their top concerns. This presentation reviewed the evidence on prevention and early intervention of alcohol and drug harms.

The evidence from recent nationally evaluated Australian prevention programs, including Climate Schools, co-designed and using internet delivery to facilitate implementation were presented.

Professor Teesson then presented a novel program Health4life which tackles the “big six” risk factors for chronic disease and poor mental health.

Multiple risk factors cluster together in adolescence. Alcohol use, smoking, physical inactivity and poor diet are consistently identified as key risk factors for poor health and predict poor mental health. More recently, unhealthy sleep and passive recreational screen time have emerged as key risk factors. There is a huge opportunity to intervene and change their trajectory...

[To develop the Climate Schools program] we spent a lot of time, especially with young males working out what concerned them most about being drunk.

- Maree Teesson

Youth Health Literacy Project, Youth Action

Speakers

- Ruth Waterman, Projects Coordinator, Youth Action
- Cindy Vo, youth representative on the *Youth Health Literacy Project* reference group

The Youth Health Literacy project was funded by NSW Ministry of Health to support implementation of the *NSW Youth Health Framework 2017-24*. The resulting resource '*Ask for health*' will be released later in 2019.

Youth Action's *Youth Health Literacy Project* will simplify access to health information and services for young people aged 12 to 24 years in NSW. Youth Action is creating an interactive web platform, delivering information to young people in a format that they will relate to and use. By providing vulnerable young people and youth workers easy to read health information, the web platform will:

- Increase young people in NSW's confidence to understand and navigate the health system
- Empower young people to make informed decisions about their health
- Increase youth workers in confidence to support their clients to understand and access the NSW healthcare system

Contact: ruth@youthaction.org.au

We are aiming to boost confidence in young people

- Cindy Vo

Health and school partnerships

This panel about Health and school partnerships comprised five short presentations followed by discussion.

Speakers providing a broader academic and government perspective

- Prof Fiona Brooks, Assistant Deputy Vice-Chancellor Research, University of Technology Sydney
- Katrina Worrall, Principal Psychologist, Psychology and Wellbeing Services, NSW Department of Education

Speakers on project snapshots

- Nicola Rabbitte (Nikki), Wellbeing Health In Reach (WHIN) Nurse, WHIN Project, Cooma, Southern NSW Local Health District (SNSWLHD)
- Julie Roberts, Nurse Manager Primary Healthcare, Far West Local Health District (FWLHD)
- Jessica Durand, youth representative and Stephanie Vasiliou, National Program Manager; batyr

The panel commenced with an overview of the research on wellbeing and schools, by Fiona Brooks, highlighting that wellbeing is core business for education. In her presentation, *The Links Between Attainment and Child Well-being - Why Does It Matter?*, Professor Brooks highlighted that research evidence shows promoting the health and wellbeing of pupils and students within schools and colleges has the potential to improve their educational outcomes and their health and wellbeing outcomes. The presentation drew on international evidence to underline the value for schools of promoting health and wellbeing as an integral part of a school effectiveness strategy and highlighted the important contribution of a whole-school approach.

Katrina Worrall, NSW Department of Education, gave an overview of the approach taken to health and wellbeing in secondary schools which includes a range of projects covering physical and mental health. Programs described in Katrina's presentation included:

- Healthy schools canteen
- Promotion of cancer prevention (sun safe)
- Immunisation in schools
- Healthy Kids website
- Anti-bullying strategies
- Support for parents and carers
- Youth Aware of Mental health (YAM)
- Partnership with NSW Health on School Link.

The panel also highlighted examples of current projects being implemented in schools.

Project snapshots

Wellbeing Health In-reach Nurse project - Murrumbidgee and Southern NSW Local Health Districts

This school Wellbeing Health In-reach Nurse initiative involves a pilot across three sites in Murrumbidgee and Southern NSW. This project aims to improve student wellbeing and health-seeking behaviours, emotional and physical safety, and health and social services pathways.

Partners: NSW Ministry of Health, NSW Department of Education, Snowy Hydro (funding partner), Department of Premier and Cabinet

Contact: WHIN Coordinators: nicola.rabbitte@health.nsw.gov.au; brendon.scifleet@health.nsw.gov.au; caitlin.larter@health.nsw.gov.au

Primary Healthcare Registered Nurse in school service, FWLHD

This initiative involves a partnership and aims to improve the health of children and young people in Far West via implementing an integrated care model. It involves the establishment of Primary Healthcare Registered Nurses working in six schools to provide health promotion and early intervention strategies to improve health literacy and prevent illness. Outcomes to date include engaging health service partners and school communities, a project launch, refinement of the service design and integrated service model, and workforce extension.

Partners: FWLHD (clinical), Public Schools NSW Far West (school education), Catholic education (Sacred Heart Parish), University Department of Rural Health (UDRH)

Contact: julie.roberts@health.nsw.gov.au

batyr@school

batyr@school programs aim to remove the stigma around mental health and engage, educate and empower young people to reach out for support when they need it. Trained young speakers share their lived experiences with mental ill health, alongside trained facilitators who deliver educational information in a fun, safe and engaging way. batyr will be working with some of the WHIN nurses on a new project and are currently working with Mental Health - Children and Young People on a virtual peer-led resource.

Contact: hello@batyr.com.au

The health and well-being of children and young people contributes to their ability to benefit from good quality teaching and to achieve their full academic potential

- Fiona Brooks

Evidence-based mental health promotion is a priority, and mental health is an issue of national importance.

- Katrina Worrall

As a nurse, we can provide respectful, free care that is responsive to diversity.

- Nikki Rabbitte

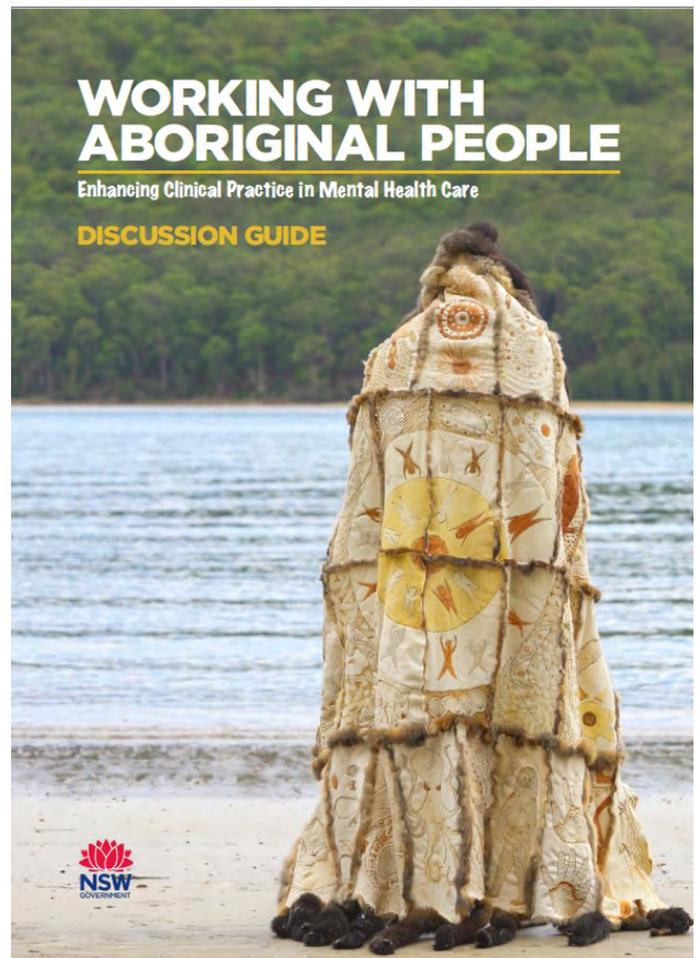
In Broken Hill, we partner with schools to provide services. We provide health promotion and education to schools, the community and the teachers... We want to empower students to make informed choices.

- Julie Roberts

The relatability of the youth educators is why we have such an impact. Through my stories, students are able to reflect on their own lives. I am valued for my thoughts and what I have to say.

- Jessica Durrand

Working with Aboriginal people: enhancing clinical practice in mental health care



Mental Health - Children and Young People, NSW Ministry of Health has produced a newly created educational resource, *Working with Aboriginal people: enhancing clinical practice in mental health care*. In this session, Tania Waitokia provided an overview of the resource and shared a moving short promotional video.

The video and the discussion guide are designed to assist your service in gaining knowledge and skills in working with Aboriginal people. Understanding the significance of culture, family, community and spirituality in the healing journey for Aboriginal people is important. It can assist services in designing, delivering and evaluating care that improves mental health and wellbeing outcomes for Aboriginal children, youth and their families.

Dance performance



The Pioneers Megacrew performed to create a high energy and entertaining program that celebrated creativity following/after lunch

Youth engagement in research workshop - WH&Y, CRE in Adolescent Health

This workshop was facilitated by Professor Rachel Skinner, Betty Nguyen, Gerard- Lachlan Abadines, and Dr Teresa Swist from the WH&Y, CRE in Adolescent Health.



Showcase participants working at the Youth engagement in research workshop

The CRE has three research streams

- **Stream 1 - The ethics of engagement**
What are the conditions, ethics and modalities of adolescent-engaged health services research and health care delivery in the digital age?
- **Stream 2 - Health trajectories**
What are the key characteristics of modern health risk pathways in adolescence, and what are the economic cost of these health risk pathways?
- **Stream 3 - Policy and practice**
What is required to improve coordinated and integrated care delivery for adolescents at a local health service level?

The Adolescent Health Research Commission (AHRC) supports implementation of Stream 1. The Commission is an independent organisation that creates ethical and meaningful ways for young people to engage in health research and translation. The AHRC focuses on applying a youth-engaged approach to all aspects of adolescent health research and its translation and place young people's views and aspirations for health at the centre of new research.

Participants at the Showcase were asked to identify the ways the AHRC could support services and young people to use research more effectively to address young people's health needs. Feedback received is below. For further information about the AHRC contact t.swist@westernsydney.edu.au

What value could the AHRC add to you as a professional/young person	Priority areas	What support and resources would organisations need to engage with the AHRC
<ul style="list-style-type: none"> • Consultation framework that assists professionals to effectively research with young people • Flexibility • Enhance research outcomes and processes • Implementation of services • Empower young people's voice • Flexibility - commitment and practice • Youth engagement in areas such as advocacy, training, lived experiences, health research • Practical guidelines that influence patient experience and outcome measures • Co-design • Access to research • Navigating ethics committees 	<ul style="list-style-type: none"> • Meet the demand for research of underrepresented groups LGBTI, CALD and English as second language. • Evaluation of existing programs/services • Transition from adolescent healthcare to adult services • Telehealth • Physical health e.g obesity • Young person's quality of life • Mental illness • Parent's engagement from a young person's perspective • How to use clinical tools practically and effectively for young people • Adolescents in ethics decisions 	<ul style="list-style-type: none"> • Continual commitment from AHRC • Incentives • Regional/rural areas • Communication not just internet based; clearer points of contact and who you can contact • Linking sectors • Funding resources • Centralise information • Awareness and promotion • Clarification of the difference between AHRC and youth advisory groups

This is the first CRE in adolescent health. We are making services work for adolescents in the digital world. Most of the health issues that arise in this decade are quite preventable.

- Rachel Skinner

The AHRC is really exciting because we currently have no national organisation which coordinates adolescent health research organisations and activities across different sectors. The Commission will have multiple roles. These include contributing to an adolescent health research agenda, which involves defining what and how to advance young people's role in adolescent health research and translation. The Commission will advise, guide and co-create research and inform policy discussions and events. The Commission also aims to grow a youth participation platform in adolescent health and collaborate with sector partner projects.

- Betty Nguyen

Enhancing the response to young people in emergency departments

Speakers on projects

- Cathy Grahame, Nurse Manager Ambulatory Care, Hunter New England Local Health District (HNELHD)
- Caroline Wraith, Manager, Community Partnerships and Youth Health, Northern Sydney Local Health District (NSLHD)
- Brenda Armstrong, Youth Health Care Navigator, Western Sydney Local Health District (WSLHD)

This panel comprised of three short presentations and discussion about youth health initiatives within Emergency Departments (EDs). The three initiatives featured in this panel aimed to improve the response to young people presenting to EDs, especially in providing holistic treatment and connecting them with the services they need within the broader health system.

Project snapshots

Youth Engagement Service, HNELHD

The Youth Engagement Service aims to improve access, service delivery, patient experience of care and patient outcomes for vulnerable young people with complex health issues to reduce the need for young people to present to the ED on multiple occasions to get the help they need. Twelve months after implementation, the outcomes include a reduced number of presentations to the ED for the previous top 25 presenting adolescents, high patient satisfaction, the establishment of care plans and ED plans, increased collaborative partnerships, and increased engagement with services by young people.

Project partners: John Hunter Children's Hospital, HNE Child and Adolescent Mental Health Services, HNE Adult Mental Health Services

Contact: cathy.grahame@hnehealth.nsw.gov.au

HEEADSSS at Ryde ED, NSLHD

Trial routine psychosocial HEEADSSS assessment for young people aged 12-24 years presenting to an NSLHD ED. Through engaging and partnering with the ED, use of the [NSW Health guideline](#) and training resources, and determining the best approach to psychosocial assessment in an ED, routine HEEADSSS assessment is being trialled. The project also involved education for ED staff, identifying local referral pathways, collocating a Youth Health Nurse in the ED, and monitoring implementation to evaluate outcomes.

Project partners: NSLHD Youth Health Service, Ryde ED, Ryde Social Work, Ryde Adult Mental Health Services, Child and Youth Mental Health Service, Ryde Drug and Alcohol Service, Northern Sydney Child Protection Service

Contact: caroline.wraith@health.nsw.gov.au

Youth Health Navigator Project, WSLHD

This project will pilot and evaluate a Health Care Navigator intervention for marginalised young people presenting to EDs. The project also explores the service support and professional development needs of those working with the target group. The project aims to reduce the number of inappropriate and/or frequent presentations to ED; increase young people's access to, engagement with and navigation around appropriate primary and other healthcare; and improve overall health and wellbeing of young people.

Speaker - Brenda Armstrong, WSLHD

Project partners: University of Technology Sydney, WentWest Primary Health Network

Contact: graeme.pringle@health.nsw.gov.au

We found they weren't engaging with the service where they were referred, and they would re-present to the emergency department.

- Cathy Grahame

HEEADSSS has revolutionised practice in youth health, but it is yet to revolutionise generalist services and that's where we need to take it.... In our mainstream services, there is a lot of anxiety about working with young people. We are winning hearts and minds to get people on board. Now we have other EDs asking. "Why isn't this happening in our ED?"

The [Ministry of Health] guidelines have allowed us to go to senior people in the LHD and say this is a priority. The biggest challenge was to get the ED to partner with us. What it took was executive level support.... It all comes down to relationships and collaborating with people. Identifying champions, especially clinician champions in the ED, is important and builds momentum.

- Caroline Wraith

The hard and tricky questions are often not attended too [in the ED], and this young person comes from a difficult background. Often, they are couch surfing and don't have a place they call home. I talk with them about what their priorities are and where they need help.

- Brenda Armstrong

Showcase of youth health initiatives

Following afternoon tea, this session involved presentations and interactive discussion at individual tables to explore examples of good work with young people to promote their health. Ten project snapshots were presented and participants chose which table/project to go to. Over the hour there were four sessions of ten minutes each. After each session, participants moved tables to hear about a different topic.

The ten initiatives included in the afternoon Showcase session are listed below.

Project snapshots

1 - Social Media, WSLHD

In this project, Youth Health extends an online presence to social media. Young people and service providers to access information about youth health issues and options around support and care at any given moment using an alternative to the Youth Health Homepage. They recommend consulting the Corporate Communications team for procedure and approval as well as guidance around limitations.

Project partners: WSLHD Corporate Communications

Contact: christian.sanjuan@health.nsw.gov.au

2 - Digital Psychosocial Assessment for Young People, The Sydney Children's Hospitals Network

This project examines the usefulness and efficiency of a digital platform in conducting a psychosocial assessment in the context of a hospital-based transition service. This project aimed to compare data collected from the digital survey platform, TickiT, to data recorded in the hospital eMR after a face-to-face HEEADSSS interview, to understand the benefits and limitations of the two collection and documentation methods. This project also explores the suitability of the use of a digital survey in a clinical setting.

Project partners: Academic Department of Adolescent Medicine and the Discipline of Child and Adolescent Health at the University of Sydney

Contact: jane.ho@health.nsw.gov.au

3 - Young Adult Diabetes Clinic Northern Beaches Health Service, NSLHD

Young people with diabetes often disengage from healthcare and are at high-risk of adverse health outcomes. This project aims to improve access to diabetes care, engage young people, support transition, reduce hospital admissions and minimise the risk of diabetes complications. The multidisciplinary clinic was established within limited existing resources. Young people who had previously disengaged from healthcare are now attending the clinic regularly.

Project partners: Staff Specialist Endocrinologist, Northern Beaches Diabetes Service, NSLHD Youth Health Service

Contact: darshika.christie-david@health.nsw.gov.au

4 - Improving referral pathways for young people experiencing adverse mental health, Mid North Coast Local Health District (MNCLHD)

This project aims to improve referral pathways for young people with mental health concerns, their carers/families, community and school counsellors and GPs. The project will ensure young people get timely access to the right service, ensure referral pathways to the appropriate services and engage young people in healthcare.

Project partners: MNCLHD Mental Health Service, headspace Port Macquarie

Contact: ruth.reynolds@health.nsw.gov.au

5 - Bankstown Koori Youth Space, South Western Sydney Local Health District (SWSLHD)

To create a safe place for Aboriginal and Torres Strait Islander young people aged 12-24 where they feel comfortable to access a range of health services and to increase their knowledge of health and wellbeing through a cultural perspective. Young people are mentored by the Aboriginal health practitioners facilitating the program.

Contact: greta.kretchmer@health.nsw.gov.au

6 - Expression for Inclusive Minds, SWSLHD

This project provides a platform and a safe space that empowers young GLBTIQAI+ people to express their creativity through visual arts, music and drama, promoting social connectedness, diversity, inclusiveness and sense of belonging. The project raises awareness about “Wear it purple day”, through workshop facilitation to students and teachers at local schools.

Project partners: Canterbury Bankstown City Council & headspace Bankstown

Contact: slavica.risteska@health.nsw.gov.au

7 - Youth Drug and Alcohol Service - The Burton Street Clinic, St Vincent's Hospital

This project involves establishing a dedicated drug and alcohol service for young people (16-25 years) at St Vincent's Darlinghurst. This service provides timely evidence-based treatment for young people and their families relating to drug and alcohol abuse - targeting early intervention, reduced risk taking and harm minimisation and promoting healthy relationships between young people who are affected by drug and alcohol issues and their family/carers. Young people are engaged and respected via service approaches that are informed by young people.

Project partners: NSW Health, St Vincent's Hospital Program for Early Intervention & Prevention of Disability (PEIPOD), headspace Bondi Junction, Weave and Oasis

Contact: elizabeth.knock@svha.org.au

8 - Down to Test Festivals Project - NSW STI Programs Unit & Central Coast Local Health District (CCLHD)

The NSW Music Festival Project – Down to Test (DTT) – normalises and de-stigmatises STI testing for young people. The DTT VIP area attends festivals across NSW and includes great incentives – young people have an STI test to enter! The project trains local young people to be peer educators, engaging young people within festivals to join the program. The Mountain Sounds festival in 2018 was a great example of the successful program, over 800 young people getting tested!

Project partners: CCLHD HIV & Related Programs; CCLHD Drug and Alcohol Service; CCLHD Youth Health; NSW STI Programs Unit; Family Planning NSW; Holden Street Clinic

Contact: marty.janssen@health.nsw.gov.au

9 - Youth Health Wayfinding, Illawarra Shoalhaven Local Health District (ISLHD)

This project aims to improve health literacy in ISLHD. The project works with local young people aged 12-24 who are consumer representative to identify and eliminate healthcare access barriers. Youth Health Wayfinding audits have been completed, identifying improvements so young people can successfully identify and reach the health services they need. The next stages will include the development and implementation of individual service action plans.

Project partners: ISLHD; Drug and Alcohol, Oral Health, Diabetes, Sexual Health and NGO grant funded Youth Health Service

Contact: damian.castles@health.nsw.gov.au

10 - Peer Education and Youth Advisory Committee (PEYAC), South Eastern Sydney Local Health District (SESLHD)

The SESLHD PEYAC provides sexual health and alcohol and other drug peer education to young people through outreach activities with a focus on reaching marginalised young people, and a youth advisory function to the LHD to improve service engagement and access for young people. Since 2017, PEYAC has employed 19 young people from diverse backgrounds, engaged over 1,000 young people in health-promoting conversations, engaged in youth-friendly service audits and health resource development.

Project partners: SESLHD HARP Unit, Youth Health Program, Kirketon Road Centre, headspace Bondi Junction & Multicultural Health Service.

Contact: sarah.smith2@health.nsw.gov.au

Youth-specific Way Finding...was quite easy to do and replicable. Way Finding is part of accreditation governance. You have to have an action plan to be implemented before your next accreditation.

- Damian Castles

3. Reflections on the day



The concluding session revisited the participant responses (using sticky notes) to the following questions:

- In terms of young people’s health in NSW, in what areas are we doing well?
- What more could be done to engage with young people to promote their health and wellbeing?
- If there was one change you could make to improve the delivery of healthcare to young people, what would it be?

Youth representatives summarised some of the key themes under each question. These were -

In terms of young people’s health in NSW, in what areas are we doing well?

- Greater collaboration and youth participation opportunities
- Increased training and development opportunities
- A wide range of resources and services for young people
- Leadership for responding to young people’s health and wellbeing needs

What more could be done to engage with young people to promote their health and wellbeing?

- Greater recognition of the needs of young people, including those who identify as LGBTIQ
- More opportunities for young people to have meaningful engagement in their own healthcare
- Expansion of youth friendly health services, particularly in rural areas.
- Greater use of social media and technology
- The use of innovative service models to address health concerns earlier

- More services for young people with complex mental health issues
- Expansion of adolescent medicine to Districts
- More opportunities for young people to get together to discuss their own issues

If there was one change you could make to improve the delivery of healthcare to young people, what would it be?

- Enhance the service response for Aboriginal, culturally diverse and marginalised young people
- Greater focus on prevention and harm minimization
- Increased funding for services in rural and regional areas
- More opportunities for doing things *with* young people not *to* young people
- Greater collaboration between schools and health including expansion of nurses who can link to schools
- More primary care clinicians for young people and Commonwealth funding that supports this
- Increased mental health and alcohol and other drugs service provision particularly for those with moderate to severe needs
- Greater leadership and investment at a District level for youth health
- Increased family focused service responses
- More support for young people and families to navigate health services and transition between service

See Appendix 3 for a full list of participant responses.

4. Closing and evaluation

At the close of the Showcase, the facilitator asked youth participants to reflect on the day, asking what ideas stood out to them and what they wanted people to take away. Young people were positive about the opportunity to be part of the Showcase, noting that it's important that this then translates into real change for young people.

Clinical Professor David Bennett then provided reflections on the day, particularly young people's involvement, the development of youth health and the need to remain passionately engaged.

Once you start an idea, keep rolling with it.

- Youth participant

The young people today have been spectacular... As young people, it is their job to challenge the status quo. Young people will thrive when they have the unconditional support of adolescents. We have policy support for young people's health... however, we need to watch carefully how young people are being supported. We are interested in holistic health... and youth arts is an important part of the healthcare system.

- David Bennett

Participants were invited to complete an online evaluation of the Showcase. Thirty-four participants answered a brief online questionnaire. Most participants (85%) felt the balance between presentations and discussion was 'about right', with 12% wanting more discussion and 3% wanting more presentations. All sessions were rated positively, with the showcasing of youth health projects from across the State the most valued session. Most agreed the Showcase demonstrated active youth participation (88%). The majority of participants (97%) rated the Showcase as good, very good or excellent and 97% said the Showcase was relevant to their role.

The Welcome to Country was powerful and insightful, and set the tone for the Showcase. Natasha did an excellent job to facilitate, encourage discussion and challenge responses. The breadth of projects presented ensured a high level of interest. The frequent involvement of young people in a range of roles was refreshing and obviously more than just tokenistic.

The discussions and the presentations. There was a good representation from across NSW Health which was good to see. Great to have the youth participation.

Ideas to bring back to my LHD, update on research being undertaken, and the opportunity to network.

Youth presence in the room and their active voice expressed.

It would have been great to hear more young people offer their perspectives - perhaps in a panel.



Natasha Mitchell (left) and young people at the Showcase

Appendix 1 – Showcase Advisory Group

The role of the Showcase Advisory Group was to provide advice on the vision for the Showcase structure and process, content, and strategies for ensuring the Showcase was inclusive and attracted a wide range of participants including young people. Professor Rachel Skinner, Senior Clinical Advisor, Youth Health and Wellbeing was the reference group Chair.

Members of the reference group included –

- Sally Gibson and Ken Yap – Youth Health and Wellbeing, Health and Social Policy Branch
- Marc Reynolds and Andrea Ching - Mental Health - Children and Young People, Mental Health Branch
- Carolyn Murray - Sexually Transmitted Infections Programs Unit, Centre for Population Health
- Marisa Ronsisvalle and Liz Kelly, Alcohol and Other Drugs, Centre for Population Health
- Joshua Harvey – Dubbo Mental Health Alcohol and Other Drugs, Western NSW Local Health District
- Prof Rachel Skinner, Sharon Medlow and Teresa Swist - Wellbeing Health & Youth (WH&Y), Centre for Research Excellence (CRE) in Adolescent Health
- Ruth Waterman – Youth Action
- Jess Durand, Danielle Villafaña-Pore and Betty Nguyen - Youth Consultants
- Fiona Robards – Independent Consultant/ Project Coordinator

Appendix 2 - Program overview

2019 NSW Youth Health Showcase

1 April 2019, Crystal Palace Ballroom, Luna Park, 1 Olympic Dr, Milsons Point

Facilitator: Natasha Mitchell, ABC journalist and broadcaster

8:45	Registration and networking
9:30	Welcome to Country - Aunty Ann Weldon
9:45	Setting the scene - action needed to improve health outcomes for young people Dr Nigel Lyons, Deputy Secretary, Strategy and Resources, NSW Health; Professor Kate Steinbeck, Director, Wellbeing Health & Youth, Centre for Research Excellence (CRE) in Adolescent Health; Oscar van Niekerk, Peer Leader for the Chronic Illness Peers Support (ChIPS) program
10:15	Keynote speaker - Health4life: Taking prevention and early intervention to scale, Professor Maree Teesson, Director, The Matilda Centre for Research in Mental Health and Substance Use, The University of Sydney
10:45	Morning tea
11:10	Youth Health Literacy Project, Youth Action - Ruth Waterman, Projects Coordinator and Cindy Vo, youth representative
11:20	Panel - Health and school partnerships - examples of current collaborative approaches
12:20	Working with Aboriginal people: enhancing clinical practice in mental health care - Mental Health - Children and Young People
12:30	Lunch
1:15	Dance performance - The Pioneers Megacrew
1:30	Youth engagement in research workshop - Wellbeing Health & Youth, Centre for Research Excellence in Adolescent Health
2:30	Panel - Enhancing the response to young people in Emergency Departments
3:00	Short break - afternoon tea
3:15	Showcase of youth health initiatives
4:15	Concluding remarks and youth report
4:45	Close and thanks

Appendix 3 - Improving young people's health: Responses

Question 1. In terms of young people's health in NSW, in what areas are we doing well?

Theme	Participant responses
Education and resources available to young people	<ul style="list-style-type: none"> • Education on maintaining physical health (diet, exercise, sleep)* • Getting doctors and nurses into schools where they are youth-focused* • The language around youth health* • NSW Health has shifted a lot of their attention on youth health services and developing adolescents centres in the hospital. It is really nice to see that young people are respected and that their problems are being met* • NGOs* • Some great youth health services and medical care in NSW • Having educated and open-minded youth workers doing programs within schools and engaging young people • School nurses in rural and remote areas a great idea • Websites: Reachout.com, youth beyond clue, your room, Playsafe • Down to test; sexual health promotion at music festivals • Clinical services
Increased mental health awareness	<ul style="list-style-type: none"> • Mental health awareness* • Increased conversations around mental health*
Youth participation	<ul style="list-style-type: none"> • Starting to engage youth through advisory committees (LHDs starting to create youth councils)* • Doing more co-design work • Youth advisory councils • Taking youth participation seriously • Establishment of youth health committees
Collaboration	<ul style="list-style-type: none"> • Interagency collaboration • Connection cross service sectors • Having forums like this to allow interdisciplinary awareness and engagement • As services, we are good at sharing resources through partnerships, collaboration and knowledge sharing • Interagency • Australia Association of Adolescent Health (AAAH)
Youth framework and youth-focused approach	<ul style="list-style-type: none"> • Some great leaders in adolescent health • The Framework • Use of HEEADSSS
Training available	<ul style="list-style-type: none"> • Youth mental health and first aid courses available* • RACP Adolescent and Young Adult Medicine (AYAM) training program • Trauma-informed practice • Supporting the training and professional development of GPs.

*Young people's responses

Question 2. What more could be done to engage with young people to promote their health and wellbeing?

Theme	Participant responses
Make young people feel important	<ul style="list-style-type: none"> • Give them importance and recognise their input • Young people are important too. Young people are too often invisible, forgotten in mainstream services • Reimbursing youth participation • Feeding research back to the youth and evaluating whether it truly benefits young people* • Avoid tokenism • Meaningful engagement of young people that isn't tokenistic • Outlaw the terms kids as its condescending to young people • Focus on empowerment
Celebrate diversity	<ul style="list-style-type: none"> • Celebrate diversity and culture • In every policy, activity and program include Aboriginal Medical Services • A program in NSW secondary schools that supports young LGBTIQ+ people's health and wellbeing • Consultation with trans and gender diverse young people • Engage with young people from diverse groups: refugees, culturally diverse, indigenous, LGBTIQ+
Educate young people	<ul style="list-style-type: none"> • Increase young people's knowledge on how to navigate the health system • Strengthen health in schools curriculum • Seminars/talks in schools* • Explain my health record* • Communicating the available resources to young people* • Teach young people how to manage their commitments: social, school, work* • Seriously get sexual health taught in schools and reinstate sexual health on the Dept of Education website
Education on working with young people	<ul style="list-style-type: none"> • Core adolescent training in medical schools and RACP paediatrics/addiction • Specific drug and alcohol skills for school counsellors to screen and assess risk • Generalist staff understand the particular issues of young people • More emphasis on drug and alcohol promotion workforce skills
Information sharing	<ul style="list-style-type: none"> • Great resources a repository is needed • An awareness campaign about youth health, so the wider community becomes informed • It's about relationships and collaboration

Theme	Participant responses
Youth-friendly services	<ul style="list-style-type: none"> • Consider marginalised young people in service delivery. Not all young people can keep their appointments. Offer more flexible service models such as drop-in to meet the needs of these young people • Services that are on after hours* • Youth-friendly spaces – a few youth-focused posters do not make a space youth friendly! • Ask don't assume you know! • Start a conversation. Just talk with your colleagues • Youth audits of services (e.g. hospitals, school counsellors), waiting rooms, so they are youth-friendly* • A developmental perspective looking at the whole young person • Engage young people with creative arts, sports and food
Utilise social media and technology	<ul style="list-style-type: none"> • Utilise social media • Social and digital media has a very big impact on young people. Providing reliable resources that schools, doctors, hospitals and pharmacies via digital media to young people would be helpful* • Conducting advertising with online influencers – it will reach a wider audience* • Better use of social media for marketing and promotion. Also marketing that challenges stigma against young people • Investment in technology within health outside of hospitals. Apps and online programs are inaccessible due to a lack of Wi-Fi or other technology
Innovative service models	<ul style="list-style-type: none"> • Mental health early intervention • Improved access to services for young people with complex mental health issues • Introduce mindfulness training everywhere • Work with agencies that already have the trust and relationships with young people and their communities – we need to reach disengaged youth • Prevention work with primary care • Bring together mental health, sexual health and physical activity • Strengthen youth arts in health • Capacity to have GPs within youth services • Transition care workers in mental health services • Adolescent medicine in all LHDs • Make the HEEADSSSS assessment standard practice for admission

Theme	Participant responses
Sustained investment in effective models	<ul style="list-style-type: none"> • Ongoing funding to sustain and support what works • Ongoing funding. Sustained effective models. • The projects are endless; the themes are similar. The funding ends – time to bring it all together. • Invest in community services for young people – youth-focused health services that can provide coordinated care, with health workers that are trained and qualified. • Discovery, connection and collaboration is not enough resources to help long term are needed
Youth participation	<ul style="list-style-type: none"> • Having guidelines developed for use by organisations wanting to establish a youth advisory group. This will help manage consent, risks etc. • Formal streamlined engagement and consultation mechanism • Support from MoH/WH&Y CRE to identify appropriate young people for LHDs to engage in planning and consultation in rural areas • More opportunities for young people to learn how to share their stories safely to help create change. • Young people only youth conference – holding these youth conferences where more young people can attend, give their ideas and voice concerns. I think as a youth it is a valuable experience to see important people discuss ways to help youth.*

Question 3. If there was one change you could make to improve the delivery of healthcare to young people, what would it be?

Theme	Participant responses
Focus on marginalised young people	<ul style="list-style-type: none"> • Awareness and responsiveness to different target groups, i.e. Marginalised vulnerable young people* • The inclusion of CALD and refugee population and indigenous • Trans health services, not just a clinic • Transgender services that offer a multidisciplinary team support approach • Dedicated transgender services that have a multidisciplinary approach with mental health services incorporated. • Streamlined pathways for young trans and gender diverse folks to access puberty blockers and other essential health services • A dedicated health clinic for trans, gender diverse folks in NSW • Sexual health issues and diverse sexuality should be part of practice • Support post grad course in youth health to increase knowledge and skill capacity for staff. Develop career pathways for nurses. • Health professionals educated and informed on LGBTIQ+ issues, especially on transgender, non-binary and gender diverse issues* • Greater consideration for youth from culturally diverse backgrounds* • Engage young people that are more disengaged by involving them in the conversation*

Theme	Participant responses
Prevention and harm minimisation	<ul style="list-style-type: none"> • Have a greater focus on harm minimisation rather than harm prevention (especially with drugs and alcohol)* • Time to shift focus from harm reduction to harm minimisation* • Targeted preventative intervention for vulnerable young people • Safe practices should be promoted
Rural	<ul style="list-style-type: none"> • Youth health in rural and regional areas • Review regional funding • Remember that rural and remote areas have very limited services accessible face to face, despite access to website and apps • School link coordinators in Southern NSW LHD • Increasing upskill and education in rural settings – so youth are focused • All services should be complemented with telehealth or transport for rural and remote locations • Being able to link with bigger facilities for rural clinicians – training/supervision • Specific youth, RNs or youth workers, health services in school or health in rural areas that are holistic • Initiatives rolled out throughout the state/regional areas
School nurses	<ul style="list-style-type: none"> • More dedicated youth health nurses • School nurses* • Bring back school nurses in high schools • School nurse at Moruya and Bega High Schools • Registered nurse in schools in Western NSW in partnership with other agencies for early intervention • More youth health nurses – training, support, jobs • Regular checkup with school nurses, this would remove stigma
Schools	<ul style="list-style-type: none"> • More focus on mental health in schools. Education and health are not separate they affect each other* • Teachers to have increased support • A school link Coordinator in Southern NSW LHD to connect Health and Education • Support a whole of school approach to change the culture of schools, skills of teachers and students to be strengths-based and positive • Equip young people with life skills to manage wellbeing will have a ripple effect in all aspects of their future and our health system • There needs to be a greater emphasis on health services in schools (e.g. Medicare cards, what to expect at clinics and hospitals)* • More support for young people in high school*

Theme	Participant responses
Developing a deeper understanding of young people	<ul style="list-style-type: none"> • Ensure young people are involved in consultation and collaboration of series delivery within districts • Consult more marginalised youth at risk, many of whom would not elect to join advisory groups • More interaction between young people and policy makers/advisory committees (particularly more disadvantaged/vulnerable youth who might not have access to these opportunities) • Having youth management of youth services (i.e. not managed by adult services) • Provide funding for youth consumer engagement both for ongoing consumer advisory committee members as well as for one-off events or consultations • Allow young people to dictate their healthcare journey • Greater education for clinicians about the needs of adolescents both in paediatrics and adult • Every youth service should have a youth advisory committee to oversee all activity* • What adults think is an issue, may not be an issue to young people* • We are doing things <i>to</i> and <i>for</i> young people, but we need to start doing things <i>with</i> young people* • Don't shove resources in our faces. It makes a lot of us pull away and not even look at the resource* • Working in true partnership allow true decision making* • Sensitivity and respect from all staff at hospital during a youth crisis situation* • More holistic care and self-determination*
GPs/primary care	<ul style="list-style-type: none"> • More primary care clinicians for young people (e.g. salaried Medical Doctors and partnerships with GPs that are funded and sustainable) • GP Medicare item numbers for adolescent consults • Lobby the Commonwealth to have a youth MBS item so doctors can focus on it. • Routine holistic assessment in primary care and support and intervention for issues identified (since most young people go to a GP) • Need to financially encourage GP clinics to recruit GPs with youth health skills • GP practices need to make more structured changes to support young people as clinic patients – e.g. bulk billing services

Theme	Participant responses
Service and structural reform	<ul style="list-style-type: none"> • Funding for transition services from kids to adults • Developmentally appropriate health services for the issues that impact the age cohort most • Client appropriate holistic services, not just by a clinical diagnosis • Have a child and youth stream in the LHD • More youth friendly hubs for mental health for CAMHS to deliver support for young people and their families • Separate adult and youth services. Increase CAMHS to 24 years. • Mental health clinicians employed in ED for young people • Transition workers in mental health for young people moving from youth to adult services • More adolescent psychiatrists in the public sector, or who bulk bill, to reduce waiting lists • We need more youth-friendly psychiatrists • Health partners with education to provide school mental health support • Provision of multidisciplinary services for young people with moderate to severe obesity • More clinicians available for moderate mental health issues (to fill the gap between services for mild and severe mental health problems) • Greater investment in sub-acute mental health services that are trauma-informed (i.e. more counselling staff in youth health services). • Assertive outreach for mental health services for young people in the Hunter • Support across clinical management structures for youth health strategic initiatives • More inclusive drug and alcohol for youth that links with mental health • More funding for free counselling services targeted to young people with moderate to severe mental health needs especially for marginalised and disadvantaged young people • Every level needs engagement with Aboriginal Medical Services* • Promote a touch point service for youth who have recently left school* • An increased focus on community-based health services, not hospitals or NGOs • Specialised youth health clinicians and positions
Family involvement	<ul style="list-style-type: none"> • Recognise young people's support network while they are hospitalised for mental health problems – they will be important supports after discharge. • Build more therapies, services and supports that are family focused • Recognise that not all young people have involved or caring parents/carers/other adults so access to services should not require adult involvement.
Prevention focus	<ul style="list-style-type: none"> • Make cycling and walking easier to access through better infrastructure to increase physical activity • Comprehensive sex education in schools

Theme	Participant responses
Leadership and investment in young people's health	<ul style="list-style-type: none"> • Engagement of LHD CEs to view young people as a priority and invest in youth health • The health of young people to be a high priority for funding • Resources for people working in youth health • NSW Minister for Children Youth and Families • Funding - disparity significant across the LHDs • Health funding is skewed toward hospitals, surgery waiting lists and ED wait times - need measures that reflect the health and wellbeing of the community and make young people visible • Strong leadership from NSW Health and the Department of Education to ensure health and wellbeing programs are rolled out statewide or targeted where needed • More specialist youth health services across acute and community settings • Investment to technology such as Wi-Fi and notebooks/iPad to enable social media use. • Increase the profile of healthcare needs for young people - remains a hidden population • LHDs collect data on young people and invest in services • Impact statements for all legislative and key policy changes on children and youth • Enhance AOD funding to broaden the reach
Support collaboration and health system navigation	<ul style="list-style-type: none"> • Easy to navigate systems • Connecting services, linkages for individuals • Co-location of services • Clear easily accessible information on services and programs available • More collaboration • Ensure there is better synergy between the Ministry, LHDs and NGOs - such as this showcase • Increase awareness of Youth health Services available - especially for EDs to refer vulnerable young people. • Support professional service providers (GPs, community nurses, NGOs) to guide young people through the health system • Support to access services (e.g. providing transport) • Develop pathways of communication to share appropriate information to those who care and support the young people (and not assuming that families are involved or are the carers of young people). • Educate young people about how the Australian Healthcare system works (hospitals, primary healthcare etc.)* • More transparency about available services* • Better education for patients and parents* • Create a My Health Records guide for young people*

Appendix 4 - Example of online participation

Showcase participants were able to share comments and questions about the day online using Zeetings. In total, 77 participants accessed Zeetings on the day. Sixty posts were made, receiving a total of 194 'likes'.

Twitter and Instagram were also used for participant comments via #YHShowcase. Young people highlighted their posts by adding #YP.

The following provides some examples of posts made via Zeetings throughout the day.

Natasha	<i>Has anyone else in the room been involved in developing digital/ online resources for young users? What main things did you learn in the process about what works best - and how to attract your target users in a crowded marketplace?</i>
Chris Bourne	<i>Marty Janssen at NSW STI programs unit will present later. Playsafe & down to test festival program developed from YP requested needs&, features online forum with peer moderators &, etc</i>
Rob Hardy	<i>Yes. My team at Family Planning NSW have been working on a national initiative using digital health promotion strategies to improve the sexual health of young people. We've learnt a lot along the way and would be happy to chat further and share our learnings.</i>
Veronica	<i>What an awesome resource for young people! So excited for this @ Youth Action #yp</i>
Hsu-Hung, Timothy Huang	<i>Instead of suppressing/ telling young people what not to do with diet and alcohol etc&, I believe it is much important to teach young people why these actions are not encouraged&, and how to control the damage&, furthermore they need to feel comfortable with the way it's presented. #yp</i>
Veronica	<i>Totally agree! Let's move away from an "abstinence only" mindset and move towards harm minimisation and moderation! #yp</i>
Natasha	<i>Is this where we need more support services like counsellors and nurses embedded full time and in an ongoing manner in a school - getting to know students across a whole school population over time - not just dropping by a day or so a week? So that it doesn't all fall on teachers to reach out.</i>
Hsu-Hung, Timothy Huang	<i>I feel like the amount of the Apps and websites can be really overwhelming to young people&, maybe NSW health can bring out a youth-friendly official website that can be use for directing young people to the best solution for them?</i>
Ruth	<i>We are trying to do this with Ask for Health&, funded by Ministry of Health. We creating a centralised web-based platform which will empower young people in NSW with the information &, tools and support to take them to the next step towards a healthier life. It brings together the many youth health websites and information.</i>
Rachel Skinner	<i>Regular collection of key youth health and wellbeing data across NSW and Australia via a school survey like the Health and Behaviours in Schools survey that has been used across countries in Europe seems like it would be of great value to informing policy and evaluation of programs</i>
Sharon Medlow	<i>What are the best ways of ensuring that young people in EDs follow up on referrals?</i>
Hsu-Hung, Timothy Huang	<i>In regards to communicating the healthcare system to young people&, I believe communication through the education system is truly important since we do spend so much time on education and it's probably much more effective as well.</i>

