



Essential Youth Healthcare Skills

Youth Health Training Initiative

Training date [Insert]
 Location [Insert]
 Trainer [Insert]
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 2nd Edition



Introductions and Training Overview (20 min)



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Suggested ground rules

- One person speaking at a time
- Confidentiality of any disclosures
- Respond respectfully – no put downs, minimising
- Speak on behalf of yourself only
- It is ok to 'pass' – ***taking risks enhances learning!***
- Respect any differences
- Mobiles / laptops / devices off – *strictly no recording or photos to allow confidential discussions*
- Return on time after breaks

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Training day – overview


1. Understanding young people's development and health needs
2. Creating accessible, youth-friendly services
3. Responding to diversity
4. Confidentiality and medico-legal dilemmas
5. Engaging the young person to conduct a HEEADSSS assessment
6. Conducting a HEEADSSS psychosocial risk assessment
7. Developing a plan to manage risks
8. Navigating local service referral networks/Your action planning

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NSW Youth Health Framework 2017-2024

Three goals – the health system and services:

1. Respond to the needs of young people, including targeted responses for vulnerable young people
2. Are accessible and young people are engaged and respected
3. Support young people to optimise their health and wellbeing.



NSW Health Initiatives

- Youth Health and Wellbeing Team – role
- Youth Health and Wellbeing Initiatives
 - Sector wide training
 - Resource development
 - Sector support

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Module 1: Understanding young people's development and health needs (60 min)



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Four guiding principles:

1. Developmental perspective – stages, changes, tasks
2. Biopsychosocial model – health problems and needs
3. The risk and protective framework
4. Youth friendly communication and engagement skills

- Ref: YHRK – Sections 1 & 3.3

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How do you define adolescence?



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The adolescent perspective - why does it matter?

Activity – the time machine



Group of young people from the Brighton Road Congregational Intermediate Society, Brisbane, 1911 (State Library Queensland)

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The developmental perspective

Three stages:

- Early (11-14yr) – rapid pubertal growth / change
- Middle (14-17yr) – changes nearly complete, peer / social / sexual interests
- Late (17-20yr) – adult roles & appearance

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Developmental changes and concerns – group discussion

What are the major changes that occur in adolescence?

- Physical
- Cognitive
- Psychosocial



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Major developmental tasks

- Autonomy – independence
- Self-identity
- Sexual identity formation
- Body image
- Negotiating peer and intimate relationships
- Developing goals
- Acquiring skills
- Developing own moral/value system

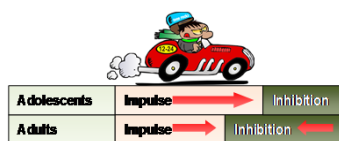
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Brain development and risk-taking

- The brain is still developing during adolescence – trauma can impact
- A '**normal mismatch**' between:
 - Urges and drives (e.g. novelty-seeking, risk-taking)
 - Impulse suppression - weighing up consequences of behaviour
- Risk-taking is a **normal and important** part of developing into an adult – *not necessarily negative*

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The 'engine' is switched on but the 'brakes' are still developing



Picture source: Joyce Djelani Gordon & Peter Chow. Practical Guide to Youth Friendly Health Services in Indonesia, September 2009. YAKITA & Nossal Institute for Global Health.

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The developmental perspective – why it matters?

Helps to:

- Understand the young person's concerns and risks
- Understand how they make choices, decisions, and capacity to give informed consent
- Guide our communication strategies – tailored to developmental level
- Tailor appropriate interventions and health promotion strategies – for the development stage

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Young people's health status – group discussion

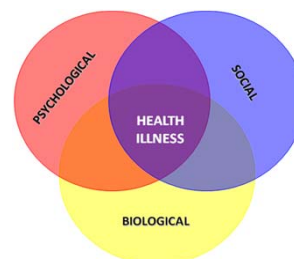
- What do you think are the main health concerns or problems for young people?



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Biopsychosocial model of adolescent health – definition

- The dynamic interaction between physical processes, and social and psychological factors and behaviours impacting on health



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Biopsychosocial model of adolescent health

- Most health problems are **psychosocial** – a consequence of **risk-taking and exposure to social and environmental risk factors**
- The leading **causes of death and illness** in the age group 12–24 years
 - Accidents and injuries (2/3 of all deaths)
 - Mental health problems
 - Substance abuse (drug and alcohol use)
 - Sexual health problems
- **Young males death rate** twice that of young females (43 and 22 per 100,000 respectively)
- **Aboriginal young people's death rate** is 2.5 times higher than other Australian young people (80 and 32 per 100,000 respectively)

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Current youth health trends

Increasing rates of:

- Abuse and neglect for 12-17 year olds
- Chronic conditions among 12-24 year olds (63.9%)
- Hospitalisation due to self harm among 12-24 year olds

Reducing rates of:

- Death from injury and poisoning for 12-24 year olds
- Physical activity in 15-24 year olds
- Harmful levels of alcohol consumption in 12-24 year olds
- Smoking in 12-24 year olds
- Pregnancy in 15-19 year olds

Source: The AIHW youth health portal
<http://www.aihw.gov.au/nyij/>
<http://youth.nsw.gov.au/youth-snapshot/>

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Features of adolescent health problems

- A mismatch between help-seeking and major diseases
- Lack of awareness of where to seek help
- Critical time for the onset of many health problems
- Co-morbidity – e.g. mental health, substance misuse, sexual health problems
- Psychosocial – risk-taking
- Socio-economic disadvantage

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Protective and risk framework

Protective factors:

- Act as a buffer to consequences of any risk factors
- Interrupt the risk chain
- Prevent the initial occurrence of a risk

Risk factors:

- Risk taking is a **normal** part of adolescent development
- Enable testing limits, learning skills, independence
- Can increase adverse psychosocial and health issues

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Example protective factors – *strengthen*

- Connectedness – school, peers, community
- A caring family environment
- Supportive relationship with at least one caring adult
- Achievements and sense of belonging at school
- Social skills, positive self-esteem
- Sense of purpose and meaning

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Example risk factors – *minimise*

- Socio-economic disadvantage
- Poor parenting, family conflict and breakdown
- School failure, bullying
- Lack of meaningful relationships with adults and peers
- Individual characteristics – e.g. low self-esteem, poor social skills
- Exposure to trauma, violence and crime
- Racism
- Discrimination

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Risk and protective factors – case scenario

- What are some of the possible risk and protective factors in the young person's life?
- What is your assessment of the risk status (Low/Medium/High)?
- What would you focus on to minimise the risks and enhance the protective factors?

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Implications for your service/practice – group discussion

- Do you assess and focus on both risk and protective factors?
- How can you take a holistic approach to address interconnected factors impacting on health and wellbeing?



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Watch Video 2 – What a young person may bring to the conversation (8.21 min)



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Module 2: Creating accessible, youth friendly services (30 min)

Ref: *YHRK* – Section 3.4 + 3.6



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Access barriers and challenges: your service – group discussion

- What are the main barriers for young people accessing your service?
- What are the main barriers YOU experience in working with young people (e.g. experience, knowledge, skill)?

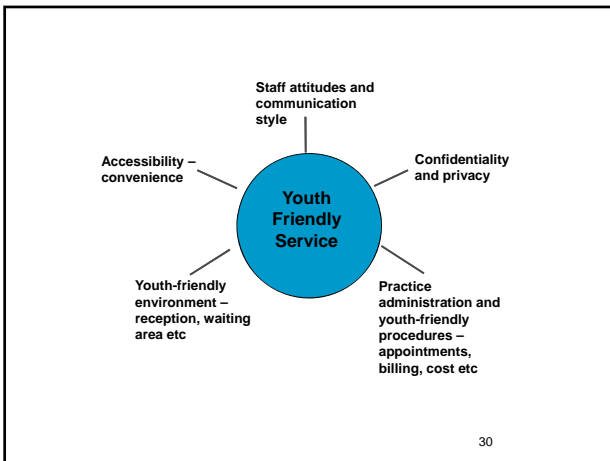
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Characteristics of youth friendly services

- What are the key characteristics of a youth friendly service?
- How youth friendly is your service?
- What steps have you taken to make your service more youth friendly?



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Checklist – is your service youth friendly?

Complete the checklist 1st section only: (1) **Accessibility** - how accessible is your service?

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MORNING TEA

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Module 3. Responding to diversity (20 min)

Ref: YHRK Section 3.6 + 3.4

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Diversity – strengths, risks, disadvantage, opportunities

1. African refugees
2. Transgender young people
3. Aboriginal young people

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‘Diversity sensitive’ youth health consultations – large group discussion

1. What are some of the diversity issues to consider when working with young people?
2. What are possible protective factors to strengthen and the risks to minimise?
3. How would you approach working in a ‘diversity sensitive’ way with young people?
4. How might your own background impact on the consultation?

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Working with young people from diverse backgrounds

- Enhance protective factors e.g. collectivism
- Assist them to negotiate both cultures, build self esteem and supportive relationships
- Minimise the risk factors e.g. isolation, shame, discrimination and migration stressors
- Ask how *they define* their own identity in different contexts – don't assume
- Offer support/services - let young people and families decide how they want to proceed

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Culturally sensitive approach – ask

- How does the young person view themselves within the context of their culture/family?
- In which ways do they follow/not follow the norms of their culture/family?
- What has changed since they became an adolescent? Are they treated differently by parents, siblings, relatives?

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Module 4. Confidentiality and medico-legal dilemmas (60 min)



General information only - not advice!

- Seek medico-legal advice for specific cases
 - Follow NSW Health policies and guidelines
- Ref: YHRK Sections 3.1 + 3.5

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Values continuum

Do you

Agree 

Disagree 



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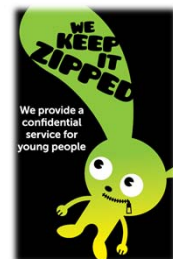
Minors (under 18) medico-legal issues

- The law is not clear cut – takes into consideration legal status and adolescence as time of development
- Allows privacy, confidentiality and capacity of a minor to make their own decisions/consent to medical treatment if judged as competent
- Balanced with the need to protect young people from harm, and the central role of parents/carers
- Privacy and medical records – access by parents/carers
- Duty – Child Protection and Mandatory Reporting

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Confidentiality and consent

- NSW Health Privacy policy
- Youth Friendly *We Keep It Zipped* resources
- Limits to confidentiality – e.g. Chapter 16A of *Children and Young Persons (Care and Protection) Act*



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Principles guiding confidentiality

- Confidentiality is key concern of young people
- Reluctant to discuss risky behaviours / sensitive issues without assurance of confidentiality
- Need to advise – when you have a duty to share or report
- Duty of care – exemptions to confidentiality where:
 - Young person consents to disclosure
 - Practitioner is compelled by law to disclose
 - Exemption is created by legislation

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Making a competency assessment - minor

- Legally competent to **consent to medical treatment** if they have - 'sufficient understanding and intelligence to understand fully what is proposed' – **Gillick Competence**
- **Assessment** is based on - *age, maturity, level of independence, seriousness of the treatment, understanding of the treatment and risks, ability to grasp consequences of the decision*

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NSW Children and Young Persons (Care and Protection) Act

Provides

- Definitions of child (under 16yr), young person (16-17yr) and Risk of Significant Harm
- Reporting requirements including for homeless children and young people
- Chapter 16A creates a legal mechanism for **information sharing** for child protection purposes **between prescribed bodies**
- Requires taking **reasonable steps to coordinate the provision of services** to ensure the safety, welfare, or the wellbeing of children

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Responding to abuse and neglect

- Use the [Mandatory Reporter Guide \(MRG\) – decision tree](#)



- Follow *Child Wellbeing and Child Protection Policies and Procedures for NSW Health Workers (PD2013_007)*

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Child wellbeing and protection - contacts

- **NSW Health Child Wellbeing Units and Child Wellbeing Coordinators** 1300 480 420 (8.30am to 5.00pm, Monday to Friday). After hours leave a message or eReport wellbeing concerns to the CWU via the online MRG).
- **Child Wellbeing Coordinators** – list of LHD contacts is on [NSW health website](#).
- Report imminent suspected Risk of Significant Harm (ROSH) to the Child Protection Helpline **132 111** (24/7)
- eReport non-imminent ROSH via the [online MRG](#).

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Large group activity – medico-legal dilemmas

1. After each scenario, answer quickly: *Yes/no/ don't know/depends*
2. Discuss responses and related issues



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Scenario 1 – 16-year-old boy

- In NSW, it is reasonable to assume he can consent to treatment on his own
- Consent to treatment for those under 18 years is mostly guided by competency assessments of maturity and generally young people aged about 14 and above can give their own consent
- Competency means a full understanding of treatment/s being proposed



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Scenario 2 – 15-year-old boy

- You cannot tell his mother directly about anything discussed without the boy's permission
- Talk to the boy before his mother comes in about your concerns and say that you would also like to discuss these with his mother present (as well as alone)
- Say that although he can attend for confidential consultations by himself, by putting his health at serious risk there could be reasonable grounds for breaking confidentiality
- Central to managing this issue is engaging him in a trusting relationship and giving him the opportunity to talk about his risk taking behaviour and context

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Scenario 3 – 14 year old girl

- Under Chapter 16A you can share information with 'prescribed bodies' that relate to the safety, welfare or wellbeing of the young person, whether or not the young person is known to Community Services and whether or not consent has been given



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Scenario 4 – 14 year old girl

- Consensual peer sex is not of itself an indicator of sexual abuse
- The NSW Health Policy (PD2013_007) states:

Health workers need to consider whether sexual activity is with a peer and whether it is consensual, as well as any other indicators that may suggest the young person is at risk of significant harm (ROSH)... 'peers' are defined as individuals who are aged within two chronological years of each other (from Section 7)



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Your service: Confidentiality and information sharing – group discussion

1. What are the most common confidentiality concerns of young people entering your service?
2. What is your service policy and routine approach for managing confidentiality and information sharing?
3. How do you explain to a young person the limits to confidentiality and information sharing?
4. How does information sharing between services improve outcomes for young people?
5. What are the challenges in this area?

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LUNCH



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Module 5: Engaging the young person to conduct a HEEADSSS assessment (60 min)



Ref: YHRK Sections 3.2 + Appendices 3 + 4

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HEEADSSS psychosocial risk assessment

A framework for assessment of risk and protective factors in key areas of the young person's life:

- H – home
- E – education and employment
- E – eating and exercise
- A – activities, hobbies and peer relationships
- D – drug use, cigarettes and alcohol
- S – sexual activity and sexuality
- S – suicide, depression, self harm
- S – safety

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NSW Health – HEEADSSS Guidelines

- All young people 12-24 yrs – in health system
- Not a diagnostic tool
- Face-to-face - a conversational approach
- Option for completion of : Youth Health and Wellbeing Assessment Chart
- Protective & risk factors
- Clinical judgement regarding appropriateness (e.g. health condition)

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A guide to using HEEADSSS

- Before starting - reassure about confidentiality
- Tool to guide the interaction – engagement is important
- Not a prescriptive / checklist process
- Be flexible in how you apply it
- Let the interview flow naturally in an interactive style
- Come back to any areas not covered
- Listen carefully
- Explore in more detail - areas of ambiguity / risks / sensitive areas (e.g. drugs, sex)

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The needs and fears of the young person when seeing a health professional?

- What are their needs and fears when seeing a health professional?
- How do / don't they like to be treated?
- Do they want us to use their slang / talk like them?
- What approach will built trust and rapport?
- Who are they likely to bring along for support? Why?

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Engaging the young person – group discussion

- What are the **do's and don'ts** of effectively engaging and communicating with young people?



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Golden rules

- Stop talking – give your time and attention
- Put them at ease – no jargon, be sincere
- Be interactive – give feedback, ask questions
- Reflective listening – tone, ideas, words, non-verbals
- Don't assume or judge – ask open-ended questions
- Build trust – empathise
- Be self-aware – aware your language / attitude etc
- Allow them to educate / inform you

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Engaging a 'challenging' young person – case discussion

Michael is a 16 year old boy who has been brought in by a support worker. He looks angry and agitated, and stares at the floor while the support worker explains why he has brought Michael in to discuss his issues.



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Engaging the 'challenging' adolescent

- Empathise with their situation – validate their feelings
- Take an open stance – be interested in them, take time
- Don't blame them / label them – e.g. 'non-compliant'
- Use reflective listening to build rapport: *"My guess is that you're not too happy about being here today ..."*
- Be collaborative – ask them to help you understand - e.g. *"I'm not sure if this is correcthave I got this right?"*.
- Don't take challenging behaviours personally
- Avoid being authoritarian – no power struggles

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Engagement challenges for YOU when working with 'challenging' young people – group discussion

- What are the challenges YOU experience when engaging challenging young people in a first session?
- How could you more effectively engage with the young person?
- What are specific issues you tend to react to or find a barrier?

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Video 3 (10.54 min) – Useful tips for HEEADSSS conversations



- What is effective / ineffective?
- What words would you use to engage and discuss confidentiality in the first session?
- How do you ask the parent / carer if you can see the young person alone?

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Module 6: Conducting a HEEADSSS assessment (60 min)



Ref: YHRK Sections 3.1

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First consultation – explaining confidentiality

- Don't assume they understand what 'confidentiality' means
- Explain clearly what confidentiality is and what it means to the young person
- Keep it simple – discuss early on
- Explain the limits of confidentiality – including exceptions
- Remind them again if they are about to disclose
- Prepare your 'form of words'
- Explain Australian privacy law to CALD families

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Engaging and explaining confidentiality in the first consultation – skills practice

Case scenario – Jenny is a 15-year-old girl seeing the health professional alone for the first time. She is anxious about confidentiality, and doesn't want her parents to know she is seeing you.



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HEEADSSS - types of questions to elicit information

- **Open-ended questions** – e.g. *What difficulties are you having at the moment?*
- **Focused questions** – e.g. *Can you tell me about what happened when you visited the doctor?*
- **Closed questions** – e.g. *Have you been having trouble sleeping?*

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HEEADSSS - questioning approach

- **Start with open-ended questions** – then move to more focused and closed questions
- The **type of question is influenced by the young person** – e.g. more focused and closed questions if very talkative / rambling
- The **developmental stage influences the type of questions** – early adolescents often respond to more focused questions – e.g. *Tell me how you are feeling when you are at school* rather than *What's school like?*

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HEEADSSS - asking sensitive questions

- **Progress from less sensitive** to more sensitive questions
- Remember – **HOME** can be a highly sensitive area
- Offer a **non-threatening explanation for the question** you ask: *'I'm going to ask a number of questions to help me better understand your health...or your situation'*
- **Request permission** to ask sensitive questions: *'I'd like to ask you a few personal questions. You don't have to answer these if you don't feel comfortable. This will help me to get a picture of your life and health issues. Remember that anything we discuss will be kept confidential. Is it OK if I ask you some more questions?'*

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HEEADSSS - the 'third person approach'

- Use a **'third person approach'** to normalise and lessen the impact of sensitive questions:
- Example:
'Many young people your age are beginning to have experiences with drugs or alcohol (or sex). Have you or any of your friends ever done this? (or, had a sexual relationship)?'
- Or:
'Sometimes when people feel very down they can think about hurting themselves. Have you ever had any thoughts like this?'

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HEEADSSS - wrapping up

- Provide feedback about your assessment
- Compliment on strengths and areas where they're doing well
- Highlight areas of concern for follow-up
- Invite questions – engage in planning
- Discuss who to involve in referral or follow-up
- Discuss what to tell and not to discuss with their parents:

'Rebecca, before you mother comes back in I'd like to be clear about what to tell her and what not to talk about. What would you like mum to know about what is going on for you?'

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HEEADSSS - wrapping up

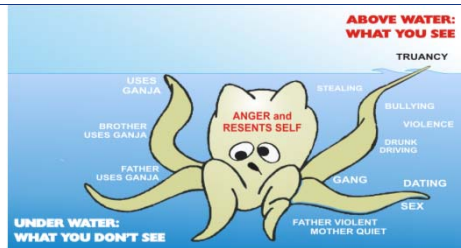
- If engaged in risky behaviours, provide information about the risks and discuss ways to protect themselves:

● Example:

'Rebecca there are a few things you've mentioned that I'm concerned about – especially your drug use. I know you've said that it's a big part of what you do when you're with your friends. But I'm wondering how much you know about some of the risks. If you like, I can give you some information about this and we can discuss ways to reduce the risks.'

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Look deep



Picture source: Joyce Djelantik Gordon & Peter Chown, Practical Guide to Youth Friendly Health Services in Indonesia, September 2009. YAKITA & Nossal Institute for Global Health.

- Many adolescent problems are interrelated and interventions in one area can lead to positive outcomes in other areas. Presenting problems may not be the main problems

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HEEADSSS role play – skills practice scenario

15 year old girl - Alison:

- **H – home** - divorced parents, lives with mother working in low income job, older brother left home, no other family, mother's boyfriend stays over
- **E – education and employment** - still at school, art is her favorite subject, wants to leave and get a job to make money
- **E – eating and exercise** - wants to lose weight, lots of takeaway, doesn't like exercise
- **A – activities, hobbies and peer relationships** - gets on with peers, likes art, has a best friend
- **D – drug use, cigarettes and alcohol** - binge drinks with friends on weekends, smokes cigarettes, occasional drug use
- **S – sexual activity and sexuality** - same-sex sexual activity with best friend when drinking
- **S – suicide, depression, self harm** - gets a bit down, frustrated about no money, not suicidal
- **S – safety** - doesn't like mother's boyfriend when he drinks, he gets 'overly friendly'

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BREAK



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Module 7: Developing a plan to manage risks (30 min)



Ref: YHRK Section 3.3 p.86-92 + Appendix 3

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Risk level – guides intervention

- **Low risk** – safe experimentation – ‘healthy experimenter’
- **Moderate risk** – behaviours with harmful consequences – ‘vulnerable’
- **High risk** – major disruption or risk to health, safety or life – ‘troubled’ or ‘out of control’



Picture source: Joyce Djaelani Gordon & Peter Chown. Practical Guide to Youth Friendly Health Services in Indonesia. September 2009. YAKITA & Nossal Institute for Global Health.

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When do risk factors require intervention?

- Interferes with normal adolescent development
- Poses serious risks to health and safety
- Established part of the young person's lifestyle
- Disconnection from family, school and relationships
- Risk factors outweigh protective factors

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Develop a plan to address risks

- Set goals and develop a plan – **with the young person**
- Provide assessment feedback
- Agree on the next steps/who to involve
- Follow-up – advocate/refer/information/support
- Clarify your role

Refer to YHRK Appendix 3 Youth Health Check template

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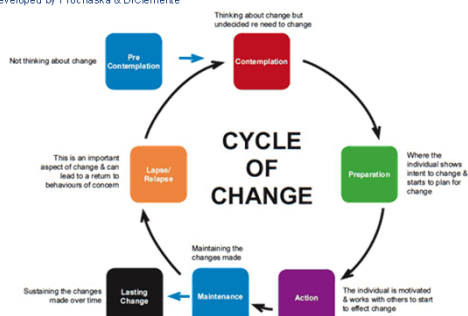
Help the young person change

1. Raise awareness of risks and consequences
2. ‘Personalise’ the risk – help them see how it applies to them
3. Promote a belief that change will reduce risk
4. Support a belief that they can make the change
5. Teach skills to make the change e.g. practising saying ‘no’
6. Identify and reinforce support for making changes

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Stages of Change Model

Developed by Prochaska & DiClemente



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Change is difficult – resistance is normal

1. **Why should I change?** – costs/benefits
2. **Do I want to change?**
3. **Is now a good time to change?**
4. **Can I change?**
5. **How do I change?**
6. **Do I have support for change?**



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Motivational Interviewing

- You can't make someone change
- Ambivalence or resistance to change is **normal**
- Arguing/pushing/persuading – increases resistance
- Start with their concerns - not yours
- Assess their stage - 'readiness to change'
- Change goals – meaningful to the young person
- Intervention - should match stage of change
- Worker - assists them to move through the stages
- Increasing resistance – change your approach

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VIDEO 4 (8.23 min) - Developing a responsive management plan



Small groups – discuss how you can respond to risks and develop a risk management plan WITH the young person

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Module 8: Navigate local service referral networks (30 min)

Ref: YHRK Section 2.3



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Healthcare service networks/partnerships

- Develop a network of professionals and specialist services for **complex issues**
- **Specialist health services** – alcohol and drug, DV, sexual assault, HIV, mental health, disability, family etc
- **Youth specific services** – youth health centres, youth refuges, hospital adolescent units, school counsellors etc
- **Community services** – e.g. Centrelink
- **Cultural / community specific services** – e.g. refugees, LGBTI, interpreters, deaf community, ATSI services etc

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List local services for young people

1. What local services are relevant to young people?
2. What are service gaps?
3. What is your role in linking the young person to services?
4. What are the barriers for young people accessing services?
5. How can you assist to remove access barriers?



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Action Stations (20 min)

1. **Look and Feel:** *What can I do to make my service more appealing to young people?*
2. **Personal Style:** *What can I do to better engage with young people?*
3. **Opening Doors:** *What policy changes could I implement to make my service more accessible to young people?*
4. **Knowledge/Skill Gap:** *What else do I need to develop to more effectively engage with young people on health?*

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Thankyou

- Evaluations
- Certificates

