

# YOUTH HEALTH IN NSW + 2014

*The NSW Youth Health Policy  
2011-2016: Healthy Bodies,  
Healthy Minds, Vibrant Futures*  
seeks to create better health  
and wellbeing for all young  
people aged 12 to 24 in NSW

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## EXECUTIVE SUMMARY

NSW Health has a policy for young people, the *NSW Youth Health Policy 2011-2016: Healthy Bodies, Healthy Minds, Vibrant Futures*, to guide NSW Health organisations in improving the health and wellbeing of young people aged 12 to 24 years through increasing their access to quality youth-friendly health services and promoting their wellbeing. NSW Kids and Families, through its Youth Health and Wellbeing Team, provides state-wide leadership and guidance to NSW Health on implementing the policy.

Although youth health services are delivered across NSW in partnership with key organisations, such as Child and Adolescent Mental Health Services, Primary Health Networks, non-government services and headspace, this report primarily focuses on the youth health services provided by NSW Health. Each year, NSW Kids and Families collects data from Local Health Districts and Specialty Health Networks on how the *Youth Health Policy 2011–2016* is being implemented. In this report, we have collated that information to showcase the key 2014 achievements in the 15 Local Health Districts and three Specialty Health Networks (Justice Health and Forensic Network, Sydney Children's Hospitals Network and St Vincent's Health Network). That information is discussed in the first section of the document as 'NSW Health organisations achievements' on pages 5 to 7.

The report also provides a snapshot of the activities undertaken by NSW Kids and Families to support Local Health Districts and Specialty Health Networks in the second section of the report from pages 8 and 9. NSW Kids and Families produces youth health resources to support the implementation of the *Youth Health Policy 2011–2016* (see page 9).

NSW Kids and Families will be using the information in this report with other relevant performance data to identify actions that can support a stronger and more consistent approach to youth health service provision. This report highlights that, during 2014, there has been an increase in the number of youth-focused projects and activities taking place in many areas, but there is still more to be done across the state.

The Youth Health and Wellbeing Advisory Group, which provides strategic advice to NSW Kids and Families on youth health issues, will be reviewing *Youth Health in NSW: 2014* to ensure that the youth health initiatives across NSW Health are meeting the objectives of the *NSW Youth Health Policy* as well as the objectives contained in *Healthy, Safe and Well: A Strategic Health Plan for Children, Young People and Families 2014-2024*.

## KEY ACHIEVEMENTS IN 2014

### Local Health Districts and Specialty Health Networks

- + Three more Local Health Districts have Youth Health Coordinators than in 2013
- + Some rural areas made excellent progress in using the *Better Practice Framework Checklist*
- + Three more Local Health Districts created a youth health plan
- + Most areas have mechanisms for youth participation and gaining feedback from young people
- + Staff employed in dedicated youth health positions increased by 16 fulltime equivalent positions
- + Most areas use creative approaches, including technology, to engage young people
- + Seven additional areas now collect data about young people's use of, and satisfaction with health services
- + Some Local Health Districts established area-wide training programs and most provide access to training
- + Youth health research was published

### NSW Kids and Families

- + *Youth Health Resource Kit: An Essential Guide for Workers* was released
- + Youth-friendly confidentiality resources were distributed
- + Scoping studies for workforce development and technology use were completed
- + Youth Health Forums expanded to 10 rural sites
- + A state-wide Youth Health Coordination Group was established

## YOUNG PEOPLE'S HEALTH IN NSW

Young people make up nearly one-fifth of the population. In 2013 there were 1,417,916 young people aged 10 to 24 in NSW<sup>1</sup>. Adolescence is a critical time for health<sup>2</sup>.

- + Adolescence marks the beginning of an increase in risk-taking behaviour, the start of many serious long-term conditions and a time when life-long health behaviours are set in place, including tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity.
- + Effects of poor health in adolescence can last a lifetime. These behaviours have long-term health costs unless they are tackled.
- + Some young people are more vulnerable due to disabilities, chronic illnesses or experiencing abuse. Others are marginalised because of sexual orientation or cultural background.
- + Young people are reluctant consumers of health services, which highlight a need for services to promote themselves and youth-friendly features, such as explaining confidentiality.
- + Health inequalities become established. Adolescence represents a final chance to intervene, before the next generation arrives.
- + Important new research has provided new insights, for example, the ongoing development of the brain, setting a new context for how we think about adolescent health and behaviour.

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**“Adolescents need explicit attention. Adolescents are not simply big children or small adults. Unique developmental processes take place during this period. Adolescents have specific characteristics that need to be taken into consideration in policies and programmes and in the strategies to reach this section of the population with health promotion, prevention, treatment and care.”**  
**(World Health Organisation, 2014)**

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**Young people experience significant health problems that affect them now and into the future.** Issues of health concern include drug and alcohol use, mental health, eating disorders, obesity, sexual health and chronic illness disorder<sup>3</sup>.

- + Alcohol – Fewer young people are drinking, mainly because young people are starting to drink later. Males and females now drink at similar levels (whereas in the past males drank more). Emergency department visits for young people with acute alcohol problems peaked between 2007 and 2009. However alcohol is still an issue of concern, particularly due to injury associated with risky drinking.
- + Drug use – Between 1996 and 2011, there was a decrease in the percentage of students who had ever used drugs (excluding ecstasy, steroids and heroin). However, drug use is of concern and hospitalisation due to illicit drug use during 2012/13 was approximately twice as high in young people aged 15–24 years than for the general adult population. Particularly worrying is the increase in the rate of emergency department visits for illicit drug use, poisoning and overdose for females aged 15–19 years since 2001. Although at the same time there have been substantial declines for young people aged 20–24 years.
- + Mental health – In 2013, more girls (17%) than boys (11%) aged 12–17 years reported high or very high psychological distress. Similarly, more young females (14%) than males (9%) aged 16–24 years, reported high or very high psychological distress. These rates have been steady since 2002.
- + Sexual health – A range of surveys over the last 10 years indicate that the majority of young people are sexually active before leaving school and many do not practise safe sex. Chlamydia is the predominant notifiable sexually transmitted infection in young people in NSW. Both notification and hospitalisation rates for chlamydia have increased over the last 10 years.

Many young people and their families seek assistance from a health service only when issues or symptoms have escalated. Ensuring easy and early access to appropriate services along with promoting young people's health and wellbeing is vital to supporting young people to have “healthy bodies, healthy minds and vibrant futures”.

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<sup>1</sup>Health Statistics NSW, 2014, *Population by age and sex, NSW 2013*

<sup>2</sup>World Health Organisation, 2014, *Health for the World's Adolescents: A second chance in the second decade*, viewed 9 January, 2014, <http://apps.who.int/adolescent/second-decade/>

<sup>3</sup>Centre for Epidemiology and Evidence, 2014, *The Health of Children and Young People in NSW: Report of the Chief Health Officer 2014*. Sydney: NSW Ministry of Health

## LOCAL HEALTH DISTRICTS AND SPECIALTY HEALTH NETWORKS: ACHIEVEMENTS

Each year, NSW Kids and Families collects data from Local Health Districts and Specialty Health Networks on how the *NSW Youth Health Policy 2011–2016* is being implemented. The Local Health Districts and Specialty Health Networks are expected to develop their own youth health plans and support youth health positions. The achievements across these areas are detailed below.

### Youth Health Coordinators

- + In NSW, there are now 13 positions that have a youth health coordinating role for their area, three more than in 2013. These positions have developed youth health plans, and use of the *Better Practice Framework Checklist*.
- + Youth Health Coordinators provide leadership, collaborate and coordinate planning. They also analyse needs and priorities, and support research, innovation and best practice.
- + Five of the 13 Youth Health Coordinators also provide Youth Health Service management.

### Youth Health Better Practice Framework Checklist

- + Eleven Local Health Districts and Specialty Health Networks have used the *Youth Health Better Practice Framework Checklist* to make positive, youth-friendly changes to their service design and delivery (four more than in 2013).
- + Across the state, 52 services have used the checklist (22 more than in 2013).
- + More generalist services had used the checklist than specialist youth services.
- + The rural Local Health Districts – Hunter New England and Murrumbidgee, Southern and Mid North Coast – made the largest gains between 2013 and 2014.
- + The checklist has been used to develop staff skills to work with young people (75%); improve the youth friendliness of waiting rooms (67%); work in partnership (67%); promote access (58%); introduce youth-friendly confidentiality resources (58%); establish outreach clinics (50%); use creative strategies including technology (50%); explore evidence to encourage good practice (50%); evaluate services (50%); and ensure youth participation (33%).
- + Engaging generalist services that see young people was one of the key challenges in using the checklist. For these services a simpler, shorter checklist is preferred.
- + Use of the checklist was facilitated and enabled with support from senior management, training (e.g. South East Sydney Local Health District), young people involved in the process (e.g. Northern Sydney Youth consultants), and promotion and support by Youth Health Coordinators.

### Youth Health Plans

- + Twelve out of 18 Local Health Districts/Specialty Health Networks (67%) now have a youth health plan or a plan in development (either as a stand-alone or as part of a broader plan) and have taken action to improve the promotion of youth health – three more than in 2013.
- + Local Health Districts with a plan frequently had a Youth Health Coordinator and were from metropolitan areas.
- + The top activities identified in the youth health plan were increasing clinical services (94%), health promotion (88%), provision of outreach (76%) and use of creative approaches, including technology, to engage young people (76%).
- + Only four areas had reviewed their plans this year.

### Use of technology

- + As in 2013, most Local Health Districts (15 out of 18 areas: 83%) use creative approaches including multi-media and technology to engage young people and their parents, carers and families.
- + Of the 15, the most commonly used technology included sms appointment reminders (88%), health promotion campaigns (76%); email as a point of contact (53%); social media (47%); email for client communication (41%); use of online clinical tools (41%); client satisfaction surveys (41%).
- + Many areas acknowledged their current limitations in using technology. The top challenges were limited access to social media and related sites (88%); lack of knowledge and technical support (81%); budgetary constraints (81%); out-dated technology compared to what young people are using (75%) and restricted access to the internet for clinical staff (69%).

- + The take-up of technology was enabled by having a Local Health District social media policy (60%); access to mobile phone and tablets (60%); and working in partnership with other services and young people (33%).

## Youth participation

- + Youth participation is a key way to make youth-friendly changes to services and promote access.
- + The majority of Local Health Districts and Specialty Health Networks (16) now have youth participation processes (five more than in 2013).
- + The most commonly used youth-participation mechanisms included involving young people in program evaluation (78%); consumer surveys (78%); consultation with youth network interagency workers (78%) and using partner organisations (72%).

## Youth health education and training

- + Most Local Health Districts and Specialty Health Networks (15) indicated that staff had accessed youth health training (up from 13 areas in 2013).
- + The number of staff who have attended youth health training programs varied greatly, from zero to 300.
- + Youth Health Forums are a key way to access training, particularly for rural areas.
- + Some Local Health Districts provide area-wide training (e.g. South East Sydney Local Health Districts one-day training on 'Engaging Young People in the Health System', evaluated positively by the 83 staff who have participated to date).
- + Sydney Children's Hospitals Network provides advanced and specialist medical training in Paediatrics, supervision and training of International Fellows in Adolescent Medicine, an Adolescent Research Interest Group, lectures for the Diploma of Child Health, University of Sydney medical program and other training initiatives.

## Service evaluation and research

- + The *Youth Health Policy* also aims to strengthen the focus on research and evaluation so that youth health programs are evidence based. All but one of the Local Health Districts and Specialty Health Networks (17, up from 10 in 2013) said they currently collect data about young people's use of, and satisfaction with, mainstream and youth specific health services.
- + The most common evaluations included surveys with young people (88%); client records to provide service-use data (82%); evaluation of health promotion programs (65%), focus groups with young people about service design (47%), evaluation of outreach clinics (41%) and learning from young people's stories via the patient journey quality improvement process (24%).
- + Many Local Health Districts presented their findings at academic research or conference proceedings about their work with young people, including at local forums, state, national and international conferences. Research documented in journal publications can be found in Appendix A (see page 10).

## Policy implementation

- + Key challenges in implementing the *Youth Health Policy* included a lack of designated positions to provide leadership and coordination (63%); the slow take up of new technology (63%); a lack of youth health specific resources for implementation (56%); engaging key staff in the process of implementation and developing an area youth health plan (50%) and youth not being clearly identified as a part of health service structures (44%).
- + Implementation enablers were identified as having access to technology (83%); use of data to prioritise issues (78%); youth specific positions (72%); performance indicators (72%); and awareness of the *Youth Health Policy* (72%).



## LOCAL HEALTH DISTRICTS/SPECIALTY HEALTH NETWORKS: HEALTH SERVICES FOR YOUNG PEOPLE

Many of the Local Health Districts and Specialty Health Networks provide targeted services for young people in their areas. A number of them also provide programs to support young people with specific health issues.

### Youth Health Services

- + There are nine dedicated youth health services in NSW, located in six Local Health Districts. Youth health services provide holistic, youth-friendly services in accessible environments. They employ a total of 83.7 fulltime equivalent staff.
- + Two speciality networks, Justice Health and Forensic Network and Sydney Children's Hospitals Network, also have youth specific services, together employing 112.8 fulltime equivalent staff.
- + The total number of staff working in youth specific positions in NSW is now 196 fulltime equivalent (an increase from 180.04 fulltime equivalent in 2013, mainly in metropolitan Local Health Districts).
- + Health-funded, non-government organisation youth health services include CHAIN, Wollongong; The Settlement Muralappi Program, Redfern; and Family Planning, Penrith.
- + Fourteen Local Health Districts and Specialty Health Networks (78%) also provide outreach services where health services reach into youth-friendly spaces, such as youth services, schools, refuges, and Intensive English Language centres, to provide accessible care for young people.
- + The Sydney Children's Hospitals Network provides speciality inpatient and outpatient clinical services within a tertiary hospital setting, providing consultation and liaison across NSW including a Complex Adolescent Clinic, Eating Disorder Service, Self-Management Clinic (support for young people with chronic illness), Adolescent Weight Management Service, Adolescent Addiction Medicine clinics, Child and Adolescent Gynaecology Service, Chronic Illness Peer Support (ChIPS) program and other services. The Trapeze Service provides chronic care coordination for young people 14 to 25 years living with a chronic condition.
- + Federally funded headspace services provide health advice, support and information to young people 12 to 25 years about general health, mental health, education, employment, and alcohol and other drug services.

### Health service models and targeted programs

- + The most commonly provided services for young people aged 12 to 24 years included counselling, mental health, sexual health and drug and alcohol services. Targeted funding for services across NSW supports this work.
- + Targeted services for selected priority at-risk areas were most commonly provided for mental health, young people in out-of-home care and for Aboriginal and Torres Strait Islander young people.
- + The three areas with the least focus are health services for young people with an intellectual disability, victims of crime, and those involved with the criminal justice systems or exiting detention.

## THE INNOVATION EXCHANGE – LEARN SHARE CONNECT

NSW Kids and Families collected 66 project snapshots from 10 areas. Projects included clinical services, outreach, health promotion, access facilitation as well as staff training. Frequently mentioned priority groups included young Aboriginal people, culturally diverse and refugee, gay lesbian bi transgender and intersex young people (GLBTI), young people in custody or otherwise at risk. Topics focused on health generally or more specifically on mental health, sexual health, drugs and alcohol, chronic illness transition. Many projects included young people as active participants and were conducted in partnership with other health services, non-government organisations and schools. There were no projects submitted from rural areas.

The project snapshots can be found at the **ACI Innovation Exchange**, a single, collaborative place to share and promote local innovation and improvement projects and resources, from all Health organisations across NSW. The Innovation Exchange is designed to share and spread solutions that can be adapted to suit other local health challenges, without the need to duplicate work that has already been undertaken.

## NSW KIDS AND FAMILIES: SUPPORTING YOUTH HEALTH IN NSW

As the lead agency responsible for supporting implementation of the *Youth Health Policy*, NSW Kids and Families provides resources to support NSW youth health service delivery.

**Youth Health Policy Implementation support** – The Youth Health and Wellbeing Team supports Local Health Districts and Specialty Health Networks by providing resources to guide policy implementation; assisting with youth health planning; and promoting the *Youth Health Better Practice Framework Checklist* (available in the *Youth Health Policy* appendix). The Team also advises on how to use technology safely and effectively to promote young people’s wellbeing and the *Better Practice Guide for Services*.

**Youth Health Forums** are half-day forums that cover a wide range of adolescent health and wellbeing issues, appealing to health, education, community, welfare professionals and students. Programs usually feature four or five presentations, followed by a panel session. The NSW Kids and Families website events section contains information on upcoming forums. In 2014, the number of Youth Health Forum video conference links to rural and regional areas increased from four to 10 (as shown in the map). The Youth Health Forum held on 12 November 2014 was attended by 500 people.



**Youth Health Training Initiative** – A scoping study of youth health training and education was undertaken in early 2014. The study assessed and identified options to enhance the training and education available to the health workforce on youth health issues in order to provide more effective services to young people aged 12 to 24 years. A *Youth Health Training Initiative* is being implemented with technical guidance from key youth health experts and clinicians. The first stage is the identification of a *Youth Health Competency Framework* that will underpin training and education initiatives on youth health.

**The eHealth Tech Savvy and 'Appy Project** looked at ways to advance the use of technology to improve the health and wellbeing of young people. In 2014, consultation and training workshops were held in Dubbo, Wagga Wagga, Lismore and south-east Sydney to promote ways to use technology safely and effectively to promote young people’s wellbeing, including the *Better Practice Guide for Services*, and to consult workers about how to best support the take up of technology. An online consultation was also held with young people via the Reachout.com website.

**NSW Youth Health Coordination Group** includes representation from Local Health Districts, Specialty Health Networks and NSW Kids and Families. Meetings are held quarterly via teleconference. The NSW Youth Health Coordination Group works collaboratively to support access and delivery of NSW Health funded services to young people in a manner that is consistent, comparable, effective, and efficient across NSW.

**Youth Health HSNet elist group** promotes information sharing in relation to youth health in NSW. Join the Youth Health group via registering with the HSNet, then requesting to join the Youth Health group.

**Yfoundations Youth Health Project** – In 2014, NSW Kids and Families assumed responsibility for a NSW Health non-government organisation grant for supporting youth health activities. Yfoundations, the peak youth homelessness organisation, is now funded through this grant to undertake capacity-building activities for services working with homeless and at-risk young people. This complements other work Yfoundations is doing on sexual health and blood-borne viruses. Yfoundations is also the secretariat for the NSW Youth Health Council that promotes youth health networking and information sharing.



## NSW KIDS AND FAMILIES RESOURCES

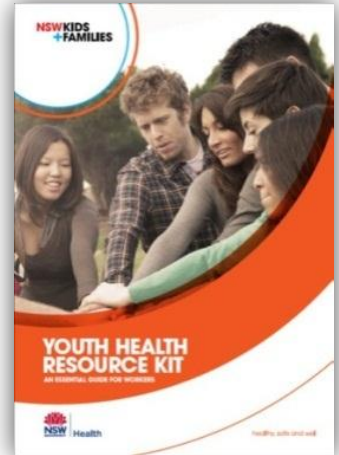
You can download key resources from the NSW Kids and Families website – [www.kidsfamilies.health.nsw.gov.au](http://www.kidsfamilies.health.nsw.gov.au)

### Resources for professionals

**Youth Health Better Practice Framework** – Based on the ACCESS Study's seven principles for better practice in youth health, the *Youth Health Better Practice Framework Checklist* supports health services, mainstream and youth-specific, to review, plan and evaluate youth health services and programs. The *Youth Health Better Practice Framework Factsheets* provide additional information about each of the better practice principles.

The **Youth Health Resource Kit: An Essential Guide for Workers** assists workers to deliver effective and youth-friendly health services. The Kit contains up-to-date and comprehensive information about youth health needs for young people (aged 12-24), including the needs of vulnerable groups. Each section is written by topic experts and has been carefully reviewed. The Kit is available free online at the NSW Kids and Families website. Hard copies can be ordered from the Kids Health Bookshop – [kidsh@chw.edu.au](mailto:kidsh@chw.edu.au).

**Using Technologies Safely and Effectively to Promote Young People's Wellbeing: Better Practice Guide for Services** examines the role of technologies in facilitating direct communication, health promotion, health interventions, research and evaluation. These guidelines have been developed to help youth health and related services use technology to meet the needs of young people in ways that are innovative, safe, relevant and engaging.

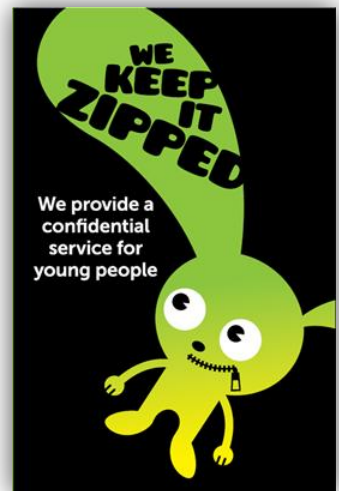


### Resources for young people

The **We Keep it Zipped** youth-friendly confidentiality resources explain confidentiality and health services for young people aged 12 to 24. These resources explain young people's health rights and responsibilities; when young people can make a decision about their own health and situations where information needs to be shared. An **Information Sheet for Services** explains how the poster and pocket-size card are to be displayed and used. Over one thousand posters and 12,000 cards were distributed from September to December 2014.

The **Youth Friendly General Practice video** informs young people about the role of the general practitioners, the confidentiality of general practitioner services, and encourages young people to access general practitioners. The video is a resource for schools, in particular as part of the Personal Development, Health and Physical Education program. Teacher notes are available to accompany the video resource and make it easy for teachers to use.

**Set yourself free! Medicare Card Resources** are to inform young people aged 15 and over about their options to access healthcare. Topics include how to apply for a Medicare card; young people's rights when accessing health care services and bulk billing.



### Resources for General Practice

The **Youth Friendly General Practice Training Toolkit** is a resource for service providers to train general practice staff in youth-friendly practice. The Toolkit will help trainers equip general practice staff with the skills, knowledge and confidence to work well with young people.

The **Adolescent Health GP Resource Kit** is a practical guide for general practitioners who provide healthcare to adolescents from culturally diverse backgrounds. This is an essential resource for promoting and providing better healthcare to our young people. The Kit includes the **Adolescent Health Check Template (HEEADSSS)** which can be used to record information gathered from the young person during interviews and health screening.

## APPENDIX - RESEARCH PUBLICATIONS

The following publications by youth health clinicians, researchers and policy makers were reported

Bennett D and MacKenzie R 2013, 'Normal psychosocial development in adolescence' in Steinbeck, K and Kohn, M (eds) *A Clinical Handbook in Adolescent Medicine: A Guide for Health Professionals Who Work with Adolescents and Young Adults*, World Scientific, Singapore, pp.27-40.

Bennett D and Robards F 2013, 'What is adolescence and who are adolescents?' in Kang, M, Skinner, R, Sanci, L and Sawyer, S (eds) *Youth Health and Adolescent Medicine*, IPCcommunications, Melbourne, pp. 3–19.

Citer D, Carlson K, McClellan D, McGraw P, Walter S, Bennett D and Walter G 2013, "'KYDS": An innovative service addressing the health needs of youth and families in an Australian community', *Australasian Psychiatry*, 21(2), pp. 131–136.

Dadich A, Jarrett C, Sanci L, Kang M and Bennett D 2013, 'The promise of primary health reform for youth health', *Journal of Paediatrics and Child Health* 49(11), pp. 887–890.

Eastman C, Cortis N and Valentine K 2013, *Inner City Youth at Risk (ICYAR) Outreach Sweeps, 2005-2012*, Report prepared for Child, Youth, Women and Families Health, South Eastern Sydney Local Health District, Social Policy Research Centre, University of New South Wales.

Haysom L, Indig D, Moore E, Byun R, Van den Dolder P, Oral health and risk factors for dental disease in young people in custody in New South Wales, Australia. Accepted for publication by the *Journal of Paediatrics and Child Health*.

Haysom L, Indig D, Moore E, Hardy L, van den Dolder P 2013, Prevalence and perceptions of overweight and obesity in Aboriginal and non-Aboriginal young people in custody. *Medical Journal of Australia*; 199: pp. 266-270.

Haysom L, Indig D, Moore E, Gaskin C 2014, Intellectual disability in young people in custody in New South Wales, Australia – prevalence and markers. *Journal of Intellectual Disability Research*; Jan (1): pp. 1-11.

Haysom L, Samaras K, Wines J, Stapylton, C, Statin-associated myotoxicity in an incarcerated indigenous youth – the perfect storm. Notable case report, accepted for publication by the *Medical Journal of Australia*.

Indig D and Haysom L 2012, Smoking behaviours among young people in custody in New South Wales, Australia. *Drug and Alcohol Review*; 31:631-637.

Klineberg E 2013, 'Resilience' in Steinbeck, K and Kohn, M (eds) *A Clinical Handbook in Adolescent Medicine: A Guide for Health Professionals Who Work with Adolescents and Young Adults*, World Scientific, Singapore, pp. 147–156.

Klineberg E, Rushworth A, Bibby H, Bennett D, Steinbeck K, Towns S 2014, Adolescent chronic fatigue syndrome and somatoform disorders: A prospective clinical study. *Journal of Paediatrics and Child Health* 50(10), 775-781.

Madden S, Miskovic J, Wallis A, Kohn M, Lock J, LeGrange D, Jo B, Clarke S, Rhodes P, Hay P & Touyz S 2014, A randomized controlled trial of inpatient treatment for anorexia nervosa in medically unstable adolescents *Psychological Medicine*, doi:10.1017/S0033291714001573.

Medlow, S, Klineberg, E and Steinbeck, K 2014, 'The health of homeless adolescents: A systematic review of the literature', *Journal of Adolescence*, 37(5), pp. 531–542.

Moore E, Gaskin C and Indig D 2013, Childhood maltreatment and post-traumatic stress disorder among incarcerated young offender. *Child Abuse and Neglect*, 37(10), pp. 861-870.

Moore E, Indig D, Haysom L. 2014, Traumatic brain injury, mental health, substance use, and offending among incarcerated young people in custody. *Journal Head Trauma Rehabilitation*; 29(3), pp. 239-247.

Narayan K, Hooker C, Jarrett C and Bennett D 2013, 'Exploring young people's dignity: A qualitative approach', *Journal of Paediatrics and Child Health* 49(11), pp. 891–894.

Phillips N, Silsbury C, Milne B, Zappia P, Klineberg E, Towns S, and Steinbeck K 2014, Addressing adolescent substance use in a paediatric health care setting', *Journal of Paediatrics and Child Health* 50(9), pp. 726–731.

Robards F and Campbell A 2013, 'Communicating electronically with adolescents' in Steinbeck, K and Kohn, M (eds) *A Clinical Handbook in Adolescent Medicine: A Guide for Health Professionals Who Work with Adolescents and Young Adults*, World Scientific, Singapore, pp. 81–90.

Steinbeck K, Towns S and Bennett D 2014, 'Adolescent and young adult medicine is a special and specific area of medical practice', *Journal of Paediatrics and Child Health* 50(6), pp. 427–43.

Stubbs S and Bennett D 2014, 'Young people and alcohol use: Contextualising and responding to the challenge of problematic drinking', *Adolescent Medicine: State of the Art Reviews* 25(1), pp. 50–69.

White H, Haycraft E, Madden S, Rhodes P, Miskovic-Wheatly J, Wallis A, Kohn M, Meyer C 2014, How do parents with adolescent patients with Anorexia Nervosa interact with their child at mealtimes? A study of parental strategies used in the family meal session of family based treatment. *International Journal of Eating Disorders*, 48(1), 72-80.

