Adolescence: An Opportunity for Health

Outcomes of the National Youth Health Summit held in Canberra on 26th July 2001.
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Executive Summary

SETTING PRIORITIES

Participants at the National Youth Health Summit held in Canberra on 26th July 2001 identified significant national priorities for Youth Health policy and infrastructure for action by Commonwealth and State Governments. Input was also received by government and non-government professionals and organisations through a questionnaire on Youth Health priorities.

KEY PRIORITIES

Five strategies have been identified as crucial to the health of young Australians.

1. Greater representation of young people and the youth sector in the development of Youth Health policy and programs.
2. Enhanced National Youth Health infrastructure and better coordination of Youth Health policy and programs.
3. Adequate and ongoing funding for Youth Health services and programs.
4. Improved access to mainstream and specialist Youth Health services for all young Australians, especially those who are disadvantaged and ‘at risk’.
5. Increased recognition of adolescence as a specialised area, and provision for greater understanding of youth issues and specific health concerns for young people.

NATIONAL YOUTH HEALTH PRIORITIES 2001 ARE ENDORSED BY:

- Australian Medical Association
- ACT Division of General Practice
- Alcohol and Other Drugs Council of Australia
- Australian Drug Foundation
- CHAIN Youth Health Service Wollongong
- Clockwork Young People’s Health Service – Victoria
- Head Injury Council of Australia
- Health Connections for Youth – Anglicare Top End
- NSW Association for Adolescent Health
- Streetlink Youth Health Service – South Australia
- Ted Noffs Foundation
- The Junction Youth Health Service – Canberra
- The Link Youth Health Service – Tasmania
- Youth Affairs Council of Western Australia
- YWCA of Australia
- Winnunga Nimmityjah Aboriginal Health Service
Introduction

The health of young Australians is a national priority that must be addressed to ensure Australian young people grow up in a society that fosters healthy physical, intellectual, emotional, social and spiritual development. It is necessary for adolescent health to be on the social and political agenda.¹ ²

Good health does not just happen. Young people are particularly vulnerable to ‘risky’ health-compromising behaviours and are often dependent on parents or carers to model good health practices and provide for their health care.

While most Australian young people would consider themselves to be in good health, some young people are at risk of poor health outcomes due to poverty, poor education, lack of parental support, or social environments that promote alcohol/drug abuse, unprotected sex and violence.

Research has identified the influence of these determinants on the health of young people.

ADOLESCENCE IN PERSPECTIVE

As young people move through adolescence, relationships with their families and communities change. Issues relating to mental health, self-esteem, body image and sexuality are more prominent as self-awareness increases and youth develop their own identity.³ The influence of gender, socio-economic status, level of education, ethnic and cultural differences on adolescent development and behaviour also need to be considered.

For many young people, the transition to independence and self-reliance is achieved with relative safety and seen as a time for self-exploration and growth. For others, however, it is a time of increased exposure to health-compromising behaviours such as eating disorders, alcohol and other drug abuse, use of tobacco, and unsafe sexual practices.⁴ Breaking the cycle of these behaviours before they become entrenched will result in better health outcomes across the board.

Australia ratified the United Nations Convention on the Rights of the Child in December 1990 and included in the National Health Goals and Targets for Australian Children and Youth (1992) the need to ‘reduce the impact of conditions occurring in adulthood which have their early manifestations in childhood or the teen years’. An investment in early childhood, therefore, will result in improved adolescent health and, ultimately, improved health outcomes in adulthood.
Adolescence (12 to 25 years) encapsulates several different life stages, health needs and health risks. Where effective treatments and interventions are available, intervening in the early stages, when difficulties or symptoms first start to appear, can prevent problems from becoming entrenched and minimise the impact of these problems or disorders on the lives of young people, their families, carers and communities.

It is estimated that there are 90,678 young people in Australia between the ages of 13 and 17 with a mental health problem. This constitutes a major burden of disease including mortality, disability, and related quality of life for many young people. The detrimental effects these issues can have, if not positively addressed, are highlighted by the reported suicide of at least one young person in Australia each day.

Youth physical health, mental health, anti-social/criminal activity, homelessness, alcohol and other drug use are all influenced by risk and protective factors in a young person’s family, school and community.

Interventions that build protective or resilience factors in young people—such as self-esteem, social skills, a sense of belonging, and self-efficacy—are said to increase their ability to manage when faced with particular health risks. Positive parent-child relationships, and social and community supports are other environmental factors which enhance resilience in young people. Risk factors such as family violence and disharmony, poor supervision, and social or cultural discrimination are said to have a strong interactive and cumulative effect over time.

An increased understanding of causes, health determinants, risk and protective factors ‘demonstrates the need for collaborative intersectoral partnerships to promote social and emotional wellbeing’.

Several commissioned government reports, including Putting Families in the Picture (1988), Pathways to Prevention (1999), and Promotion, Prevention and Early Intervention for Mental Health (2000) have highlighted these key issues and made recommendations accordingly.

If Governments do not provide action on these policy priorities, the present generation of young people will suffer greatly in the future with an even higher incidence of morbidity due to preventable illness than currently experienced. With this prognosis, the future is anything but positive for our young people.
SECTION B — Youth Health Priority Strategies

1. Greater representation of young people and the youth sector in the development of Youth Health policy and programs

BACKGROUND

There are three key elements that appear to build the capacity of youth and aid them in becoming healthy adults: valuing and respecting youth; supporting youth in developing knowledge and decision making skills; and creating positive futures for youth.\(^7\)

There appears to be general agreement that youth need to be involved in identifying both problems and solutions, and providing input to policy and programs related to their health and wellbeing. Despite this, young people are often heard to say that decisions are made for and about them without their input.

The perspective of adolescents is valuable and needs to be included in any policy. There can be significant differences between what young people, families, communities and service providers identify as key issues. Community consultation, community participation and control are important ingredients for increased resilience in young people, with there being special consultation approaches relevant to particular groups eg, Aboriginal and Torres Strait Islander communities.

WE CALL FOR:

a) Adequate and ongoing funding for a national non-government Youth Peak Body that will operate under a new model replacing the now defunct Australian Youth Policy and Action Coalition.

b) Clear long-term national bipartisan Youth Health policy informed by existing and emerging research and data on youth health, with local communities and young people playing a key role in development and implementation.

c) Funding to provide leadership skills, and to broaden and improve opportunities for young people to be involved in the process of youth policy development, service planning and provision.
2. Enhanced National Youth Health infrastructure and better coordination of Youth Health policy and programs

BACKGROUND

Activities and services for young people must be provided in a coordinated and collaborative manner. Individuals, agencies and organisations across our communities and governments need to work together to maximise opportunity for, and effectiveness of, prevention, early intervention and treatment services and programs. Relationships need to be built on shared goals and recognition of the expertise of Government, non-government organisations, community members and young people.

WE CALL FOR:

a) A Federal Government Office of Youth incorporating a Youth Health portfolio. This would ensure a coordinated approach to health by working from a long-term policy framework focussing on social enhancement and incorporating justice, education, welfare, employment and housing sectors.

b) A Commitment from all Federal, State and Territory governments to Youth Health demonstrated by funding for appropriate Youth Health Service infrastructure in each State and Territory, with special consideration of the need in rural and remote areas of Australia.

- Youth Health Infrastructure needs to include a spectrum of services and programs ranging from prevention to treatment and support services (primary prevention to tertiary care). The infrastructure needs to be responsive to where young people are located and include co-located and outreach services.

- Areas highlighted of particular concern include crime and violence (including domestic violence), family support, sexuality, sexual assault, alcohol, tobacco and other drugs, accommodation, and youth-specific psychiatric, psychological and linked counselling services to effectively address mental health and wellbeing, including suicide prevention and dual diagnosis.

- Increased funding is needed for Centres of Excellence in Adolescent Health for research, education and treatment in each state and territory similar to the Adolescent Units established in Victoria, South Australia and New South Wales.

- Multi-disciplinary services that address the health needs of young people holistically, and recognise the intensity of working with young people, and the expertise, experience and skills required by youth workers and other professionals working with youth.

- Support services for young people to enable greater coordination between services and programs. This would include increased provision for case conferences and case management for generic providers of health care, such as General Practitioners, and specific Youth Health services.
3. Adequate and ongoing funding for Youth Health Services and Programs

BACKGROUND

Young people are often seen as ‘our country’s future’. However, it is not always recognised that an investment in the health of young people is crucial to maintain a high quality of health for all Australians. It is well known that young people’s health is not a high political priority and young people are generally perceived as being healthy. Research and data on youth health, however, highlights many areas of concern. Because of the complexities of working with youth, effective health initiatives are often resource intensive and clear outcomes are difficult to measure. It is imperative that the health of young people is not reliant on short-term election strategies and a string of pilot programs.

WE CALL FOR:

a) Implementation of the Relative Value Study (RVS) which will provide appropriate remuneration for General Practitioners to work with young people and enable General Practitioners to have longer consultation times. This would contribute to more mainstream health care for youth.

b) Provision for five-year funding cycles to support existing programs and ensure continuity of service provision.

c) Streamline funding requirements, including submissions and reporting, to increase valuable time for direct service delivery.

d) Increase the number of mainstream and specific Youth Health services and provide adequate long-term funding to ensure continuity of quality health care for youth.

e) Collaborative funding models instead of competitive funding models.

f) Recognition of the difficulties of working with young people and measuring outcomes for government funding requirements. Measurement of outcomes should more clearly reflect the actual function of the services.

g) Provision for professional and monetary support for health professionals and allied youth workers, especially in rural and remote areas.

h) Funding to rural and remote services to include extra resourcing to take into account the difficulties in reaching remote areas, and the additional time it takes to service these areas.
4. Improved access to mainstream and specialist Youth Health services for all young Australians, especially those who are disadvantaged and ‘at risk’

BACKGROUND

It is well recognised that some groups of young people suffer additional disadvantage in achieving good health and access to health care. These include Aboriginal and Torres Strait Islanders, young people living in rural and remote areas, homeless, unemployed, migrant, refugees, early school leavers, young people in the juvenile justice system, those living with a disability, young parents, culturally and linguistically diverse young people, and young people marginalised because of their sexuality or substance abuse problem.

All youth must have access to a wide range of confidential, youth-friendly health services that are accessible in both urban and rural settings. There are specific issues related to service delivery for young people that need to be promoted in order to improve the quality of care that young people receive. Young people are particularly concerned about issues such as communication, compassion and confidentiality.8

WE CALL FOR:

a) The automatic issuing of Medicare cards to all Australians at age 15 years.
b) Commitment from Government for ongoing funding for services developed under the Innovative Health Services for Homeless Youth Program with financial recognition of CPI increases across all youth programs.
c) Availability of appropriate long-term residential care for young people who require it as a result of accident, illness, or disability.
d) Funding for programs to help identify and assist young people at risk of leaving school early.
e) Provision of alternative models of education and supportive programs within existing models of education which recognise the importance of education on the health and wellbeing of young people.
f) Increased access to community family support and programs that increase social networks within communities to help young people and their carers.
g) Scholarship programs for health and allied health professionals to attract and retain workers in rural and remote regions of Australia.
h) Increased education and information for young people on how to use the health care system and allied health services.
5. Increased recognition of adolescence as a specialised area, and provision for greater understanding of youth issues and specific health concerns for young people

BACKGROUND

Improving people’s knowledge of adolescent health is an important strategy in increasing Australia’s ability to address important Youth Health issues. As a young person’s health is affected by a wide variety of social, cultural, economic and environmental factors, it is important to increase the awareness of youth issues across portfolios and professional areas. Research, program evaluation and monitoring are necessary to identify effective service models and increase our understanding of the conditions that support youth to make healthy life choices.

WE CALL FOR:

a) Increased levels and standards for accredited training in Youth Health for health professionals including General Practitioners, specialist and allied service providers to improve the quality of health care for young people.

b) Training in Youth Health and health access issues needs to be incorporated into health, welfare, education, juvenile justice and housing sectors.

c) Training to be provided for all workers who have contact with young people, including reception and support personnel. Training at undergraduate and postgraduate level, in-service workshops and short-courses that are accessible by a wide range of service providers is essential.

d) Greater financial and practical support for general practice, community and youth services to provide specialised Youth Health services.

e) Increased funding for research, education and health promotion on risk taking behaviours commonly practised by young people, including alcohol and other drug use (particularly smoking), unsafe sexual practices, dieting, excessive exercise, and disordered eating behaviours.

f) Funding for health promotion programs and youth specific services addressing the issues of sexuality, safe sex, body image, eating disorders, and promotion of a healthy lifestyle, including nutrition and physical activity, that are major issues for adolescent youth.
## National Youth Health Summit

### ATTENDANCE LIST

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<tr>
<th>Australian Medical Association</th>
<th>Association for the Welfare of Children in Hospitals</th>
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<tr>
<td>Dr Kerryn PHELPS</td>
<td>Krishna SARHANA</td>
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<td>Dr Bill PRING</td>
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<td>Dr Carmel MARTIN</td>
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<td>Alison HETHERINGTON</td>
<td>Diana SMART</td>
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<th>Australian Medical Association WA Foundation</th>
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<td>Lisa COURTIS</td>
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<th>Alcohol and other Drug Council of Australia</th>
<th>Centre for Adolescent Health</th>
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<td>Ms Caroline FITZWARRYNE</td>
<td>Assoc. Professor Susan SAWYER</td>
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<th>ACT Division of General Practice</th>
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<td>Graeme JOHNSON</td>
<td>Dr Leanne ROWE</td>
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<td>Bill STRONACH</td>
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<th>Department of Education, Training and Youth Affairs</th>
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<td>Anna DAVIS</td>
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<td>NSW Association for Adolescent Health</td>
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<td>The Childrens Hospital at Westmead</td>
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<td>The Link Youth Health Service</td>
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References


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