

Welcome to the

Graduate School of Nursing, Midwifery and Health

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Any door is *the* RIGHT *door*



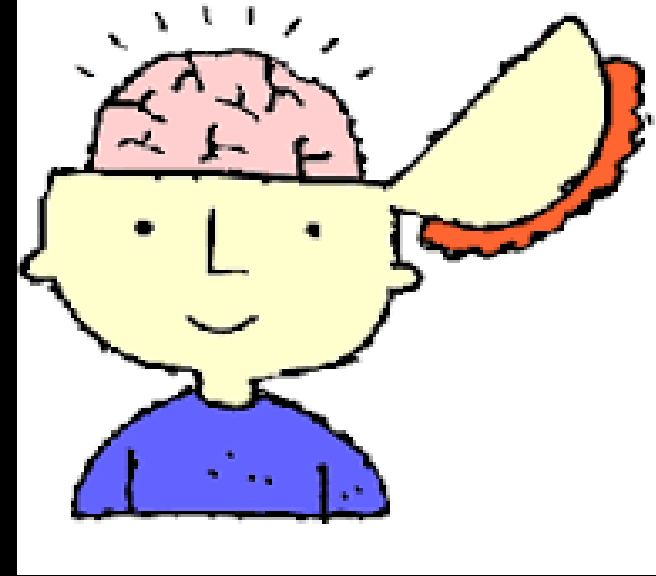
For Your Consideration ...

- Why youth health matters
- The health of young people in NZ
- HEADSSS assessment
- Youth friendly practices/clinicians



Adolescence

- Adolescence is a time of transition
- It is a major time of growth and development
- With physical changes of puberty and brain maturation
- Risk taking
- Emerging capacity for abstract thinking and increasing move to autonomy, with a growing need for privacy and confidentiality
- Is a more complex time today with the rapid development of new technologies, social media, cyber bullying, continuous connectivity



Youth 2012

- 19% students had been unable to access healthcare when they needed to in the last 12 months
- 37% YP accessed health care seen on their own
- 46% had confidentiality discussed with them
- 21% female and 10% male had seriously thought about suicide in last 12 months
- Cigarette smoking last month, 2001-18% 2012-6%
- Marijuana use last month, 2001-20%, 2012-8%
- Binge drinking last 4 weeks, 2001-40%, 2012-23%
- Driving a car more than 2 drinks alcohol, 2001-8%, 2012-4%
- Depressive symptom in last year, 2001-12%, 2012-13%



Mental illness and substance abuse are key issues

- **Wide range of negative outcomes: self harm, substance abuse, poorer educational achievements, unemployment, violence, teen pregnancy**
- **In NZ approximately 25-43% of young people meet the criteria for at least one mental health diagnosis**
- **Provisional figures for suicide released by Chief Coroner for 2013/14 for YP under 24 years were lower than last year with 110 compared to 144 in 2012/13**

Considerations

- Age and developmental stages
- Confidentiality and limits
- Legislation, Capacity to consent
- Informed consent
- Non judgemental
- Level of literacy
- Family context
- Seeing them on their own
- Financial constraints-paying for scripts
- Special pops- LGBTI



Holistic approach-HEADSSS

- H- home environment
- E-education, employment
- E- eating, exercise
- A-activities- peer related, family related
- D-drugs and alcohol, smoking
- S-sexuality
- S-suicide and depression
- S-safety from injury and violence



Risks and Resiliency



Poor grades school

Connections-school,
clubs, sports teams

Smoking, drugs,
alcohol

Adult in life trust

Sexual activity

Pro social activities

Family violence

Church

Justice issues

Health seeking
behaviour

Bullying

Friends

Wagging

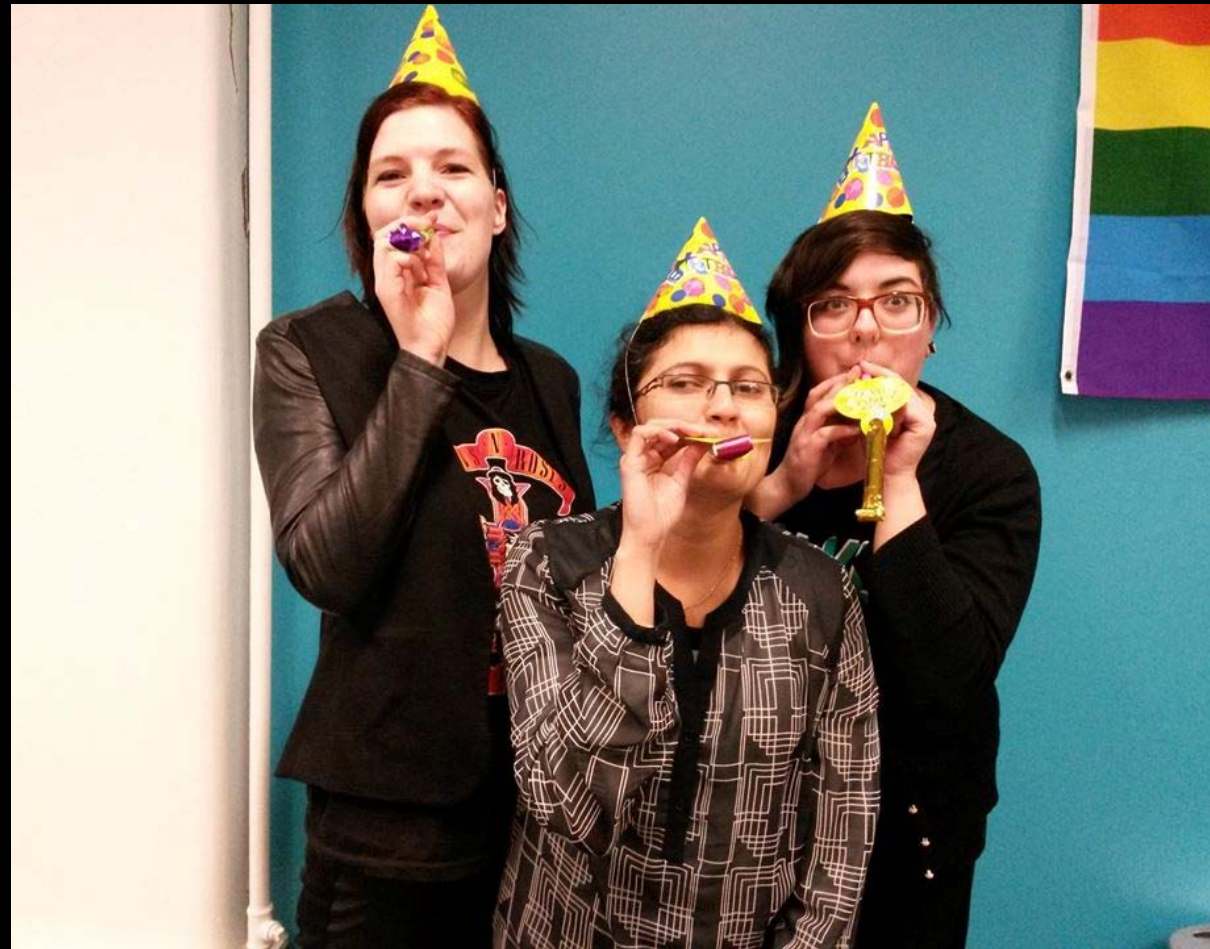
Barriers

- Fear of lack of confidentiality
- Practical barriers-limited knowledge of services available
- COST- lack of affordable services
- Lack of access to transport/money bus etc
- Being judged
- Not listened to
- Too embarrassed



WHO international framework: what constitutes a youth friendly health service (YFHS) (2002)

- Accessible
- Acceptable
- Appropriate
- Right place
- Right time
- Delivered in the right style



Australian study

- Reception staff need to be sensitive to the needs of YP
- Staff attitude: respectful, supportive, honest, trust worthy
- Clinicians- developing an open and friendly engagement by being friendly, polite, down to earth, direct and non patronising, keeping quiet allowing YP to talk
- Broad based approach- suggesting ways of dealing with depression rather than medication straight away
- Accessibility- convenient hours and location, YP being aware of services and how to access them



Acceptable/Appropriate



- Provide adequate information and support to enable YP to make free informed decision
- Are motivated to work with a YP
- Non-judgemental, easy to relate too
- Adequate time to see them, and act in the best interests of YP
- Ensure privacy, short waiting times or without an appointment

communication: clarity and provision of information, active listening
the of communication
confidentiality, autonomy, transition to adult health care
environment: flexibility of appointments, separate physical space,
adolescent orientated health information, clean, waiting time,
continuity of care
involvement in their health care



Ideas

- Adolescent champion in your service
- Waiting room, health literature
- eHEADSSS training: <http://www.werrycentre.org.nz/elearning-courses>
- <http://www.goodfellowlearning.org.nz/courses/introduction-heeadsss-assessment?course=introduction>
- Friendly non judgemental reception staff
- Some flexibility of appointments
- Seeing YP on their own for some of the consultation
- Aware of services in your area
- Youth friendly practice review





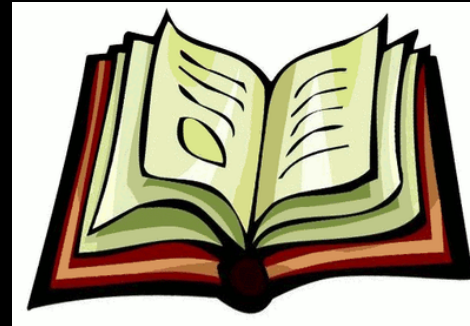
- Primary mental health services
- All DHBs have extended their primary mental health services to young people aged 12-19
- YP mental health issues can have extended GP/nurse consultations, counselling and group therapy
- Don't have to be enrolled with a GP
- Know your sexual health contract- free under 22s

Take home messages

- Always take the opportunity to see a young person on their own for at least part of the consultation
- Ask them some questions about how their life is going



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