



NAAH

New South Wales Association for Adolescent Health

Position Paper Young People and Access to Mainstream Health Services

Background

The New South Wales Association for Adolescent Health Incorporated is the peak body committed to working with and advocating for the youth health sector in NSW (Australia) to promote the health and well being of young people aged 12-25 years. The following principles inform the processes by which the NSW Association for Adolescent Health Inc. conducts business and meets its objectives:

1. Health is more than the absence of disease, but rather, a state of complete physical, mental and social well being¹. This notion accepts the social determinants of health which requires intersectoral collaboration and population-based approaches in addition to traditional models of health service delivery to young people.
2. Promoting equal opportunities and access to services can improve the health and well being of all young people, particularly at-risk or under-represented young people.
3. Health service delivery which promotes social justice and fairness can enable young people to reach their full potential and have their human rights respected.
4. Collaboration and consultation with the youth health sector and intersectoral partners facilitate the Association's ability to meet its vision, mission statement and objectives.
5. Building the capacity of the youth health sector strengthens and maintains the provision of relevant and evidence-based services to young people aged 12-25 years.
6. Regular critical review and planning ensures accountability and promotes the strategic governance and operation of the Association.

The Association works closely with the NSW's Youth Health Services and the NSW Centre for the Advancement of Adolescent Health. The Association's work focuses on youth health sector support and training, government liaison, community sector networking and lobbying, policy and resource development.

NAAH acknowledges that while there are 14 Youth Health Services throughout NSW that address many of the issues that young people face with regard to accessing healthcare, the majority of young people still access mainstream health services as a first point of contact.

This position paper highlights key access barriers young people may face when accessing mainstream health services, and provides suggestions for services for increasing access by young people.

¹ Preamble to the Constitution of the World Health Organisation as adopted by the International Health Conference, New York, 1946. Online source: <http://www.who.int/about/definition/en/> Access date: 23rd December 2005

The Issues

Many health services do not view young people within a developmental and social context that acknowledges and respects their unique needs and concerns as different from that of children and adults. Consequently mainstream services often do not provide settings and interventions that are friendly to young people and could well lack the flexibility to engage this diverse group in healthcare.

Many health services do not recognise the impact of 'embarrassment' and 'stigma' on young people in accessing health services or do not engage young people in a manner that facilitates their ongoing access and participation in managing their health care.

Research shows that many health services have limited capacity to respond in an opportunistic and timely manner to the health needs of young people (CAAH 2002).

As many young people often experience disempowerment by adults in many areas of their lives, incidents such as breaches in confidentiality by a health practitioner reinforce negative experiences and can lead young people (and likely their peers) to mistrust all health services.

Limited financial resources and lack of access to Medicare and/ or access to bulkbilling services particularly impacts on young people who are in difficult and powerless relationships with parents or carers, homeless, and/ or otherwise economically disadvantaged.

As the number of bulk-billing health services decline, young people can be significantly disadvantaged. Young people aged under 15 years are not eligible for their own Medicare card and many who are 15 years and older do not know about their entitlement. Consequently many young people living at home are forced to access healthcare under a parent's/ carer's card.

Health services that are located far from public spaces frequented by young people, and away from public transport routes are not accessible to many young people.

Young people, particularly indigenous young people, living in remote and rural areas, often confront additional barriers due to lack of services and choice in services.

Young people from Indigenous backgrounds, non-English speaking backgrounds (NESB) (particularly those who are newly arrived or from a refugee background), young people living with a disability and young people who are same-sex attracted or questioning their sexuality, despite their need for support and treatment, often feel isolated and can be unfamiliar with and/ or distrust mainstream services.

Suggested strategies to address access barriers

Approach and Appropriateness

Health services that adopt a social view of health, and incorporate a client-centred approach, and offer a diverse range of interventions are more likely to be perceived by young people as youth-friendly and flexible.

Health services need to consider the great diversity of young people and their health care needs, as represented by different age groups, stages of development, and socio-economic, cultural, and sexual preference backgrounds.

At a basic level service reception areas can convey a welcoming approach by displaying posters and magazines, pamphlets and other resources relevant to a broad range of young people.

Mainstream health services need to be up-to-date on the issues confronting disadvantaged and marginalised groups such as indigenous young people, young people involved in the juvenile justice system, young people living with a disability, young people who are same-sex attracted or questioning their sexuality, and young people from NESB or refugee backgrounds.

Confidentiality

Health services need to have an integrated and clear approach to confidentiality policy and practice. Young people should be adequately informed on issues such as mandatory reporting obligations before they disclose.

A pamphlet in plain English that explains confidentiality and is purposely designed to appeal to a diverse range of young people would assist staff in making young people aware of both their rights and responsibilities when accessing health care services.

A fundamental requirement for all health service staff is to be adequately skilled, open and confident in their behaviour towards young people in order to effectively engage and communicate with this group.

Stigma

There is a need to dispel the stigma of attending health services. Health services and staff need to promote their services to young people and provide health education and promotion programs that are balanced, truthful, and in plain English. Additionally services in areas with significant populations of newly arrived NESB young people should consider promotion material in relevant languages.

Displaying posters and other resources promoting relevant services and programs can be an effective way of reassuring young people that their health needs are normal and seriously considered by the health service.

Participation

Health services need to develop an approach, procedures and systems that are youth-friendly, client centred and underpinned by a commitment to the participation of young people and families in decisions about their health and health care.

Young people need to be resourced and supported so they are able to participate with health professionals in determining their own needs and developing healthcare responses.

In turn, service planning, monitoring, evaluation and decision-making processes must be regularly reviewed to ensure ongoing and effective consumer participation.

Displaying posters and other resources encouraging participation can be an effective way of conveying the service's commitment to young people.

Responsiveness

Health services need to develop procedures and systems that enhance opportunistic access by, and engagement with, young people.

Networking and establishing referral or shared care protocols between health services and other community agencies in the area will ensure the immediate health needs of young

people are properly addressed. It is recommended that where a young person has been referred to another service that the referring health service conducts a timely follow-up with the service.

Services

Young people need access to a range of primary, secondary and tertiary health care. Furthermore, there needs to be a balance between public health interventions aimed at maintaining and promoting the health of all young people and services for the treatment of young people in crisis.

Health services need to develop policies and procedures that clearly inform staff, other health workers and professionals working with young people, parents/carers and young people about practice guidelines, service availability, quality assurance, client rights and responsibilities, complaints, etc. These documents should be available on request.

In addition, services require an ongoing review of systems, resource allocation (including interpreter and translation costs), and structural arrangements (including adequate wheelchair access) to ensure that the needs of all young people are consistently recognised and adequately addressed, and that resources are used in an effective and efficient manner.

Financial

Health services seeking to increase access by young people need to acknowledge the real poverty issues for an increasing population of young people and families. As the number bulkbilling health services decline, disadvantaged young people are likely to forego access to health care.

Youth, welfare and other health professionals need to ensure that at-risk young people aged 15 years and over are informed of their entitlement to a Medicare card and consequently how to access free or affordable health care. At the time of writing the government is considering raising this entitlement age to 16 years. It is recommended that health workers check by calling Medicare on **132 011**.

Geographic and Social Isolation

Mainstream health services have a responsibility to locate in positions and areas that are accessible to the broadest spectrum of the community, especially the disadvantaged, and including young people.

The social needs of young people can determine their day-to-day functioning. Mainstream health services could attract more young people through the provision of services and activities that promote social connectedness, such as music and arts, literacy and language classes.

Rural and Remote Issues

Health services in rural and regional areas of New South Wales could consider collaborative partnerships with existing youth health services and other youth and community services to encourage access to a broad range of services and programs for young people.

Networking and establishing referral or shared care protocols between relevant services in the area, with particular regard for the needs of indigenous young people, will help address the immediate health and other needs of young people.

The Centre for the Advancement of Adolescent Health (CAAH) study into access to health care among NSW adolescents aims to develop and promote youth-friendly community health centres in metropolitan and rural and remote areas. The Access Study Report is available from CAAH's website at <http://www.caah.chw.edu.au>.

Co-ordination and Collaboration

NAAH advocates for a co-ordinated and collaborative approach by all services within the health and youth sectors, and between sectors, to improve the health and wellbeing of young people in New South Wales, recognising the holistic nature and social determinants of health.

NAAH strongly supports the continued funding of youth health services under the Innovative Health Services for Homeless Young People Program (IHSHYP). NAAH also supports the New South Wales Centre for the Advancement of Adolescent Health (CAAH) in its roles of research and service development.

Training and workforce development

NAAH conducts a comprehensive training program, *Getting It Right*, for health services seeking to improve service access by young people. Contact NAAH for more information on this program, other training needs, referral to a youth health service in your area, or for resources, reports, and youth service networks throughout New South Wales. Our website at www.naah.org.au has additional information that is regularly updated.

Other training programs are provided by:

- Youth Action & Policy Association NSW Tel: +61 (2) 9319 1100 or www.yapa.org.au
- Services for the Treatment and Rehabilitation of Torture and Trauma Survivors Tel: +61 (2) 9794 1900
- FPA Health Tel: +61(2) 8752 4300 or www.fpahealth.org.au

References and further reading

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Mitchell, P. (2000) Valuing Young Lives, Evaluation of the National Youth Suicide Prevention Strategy, Australian Institute of Family Studies.

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Ratification

This position statement was developed by the New South Wales Association for Adolescent Health Executive Committee and staff.

It was unanimously passed and approved as an official Position Statement of the New South Wales Association for Adolescent Health in 2005 and updated in June 2006.