

# The cornerstone of prevention and advancing youth health through Primary Care: Youth Health Preventative Consultations

## Submission to the:

**The Hon Julia Gillard MP, Prime Minister of Australia**

**The Hon Nicola Roxon MP, Minister for Health and Ageing**

**The Hon Peter Garrett AM, MP, Minister for School Education, Early Childhood and Youth**

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## 1. Key recommendations

The endorsees of this submission propose:

### 1. The addition of youth to the target groups eligible for comprehensive health assessments

Young people need to be added as a further target group, eligible for a health assessment to be undertaken in primary care using the Medical Benefits Schedule (MBS) item numbers 701, 703, 705 and 707.

The target group description suggested is “a health assessment for young people aged 12 to 24, available annually and involving a comprehensive psychosocial and medical health assessment, including the provision of preventative health advice and education”.

The psychosocial and physical health assessment would be undertaken by the General Practitioner (GP) or Practice Nurse overseen by a GP with contribution from other relevant and suitably skilled youth-friendly health professionals such as psychologists and appropriate documentation required.

### 2. Promotion of assessment guidelines and templates

Health professionals working in general practice are encouraged to use the recommendations in the Royal Australian College of General Practitioners’ (RACGP) “Guidelines for preventive activities in General Practice”, known as the “Redbook” for opportunistic preventative health screening for young people and to use current health check templates, such as the adolescent health check template found at: [http://www.caah.chw.edu.au/resources/gpkit/18\\_Appendix\\_1.pdf](http://www.caah.chw.edu.au/resources/gpkit/18_Appendix_1.pdf). To ease the use by GPs of the template, it is recommended that the templates are made available on GP software

### 3. Support for training of GPs and Practice Nurses

- a. Due to the barriers experienced by young people accessing general practice services and barriers identified by GPs and practice staff in caring for young people, it is recommended by the proponents of this paper that GPs obtain, through additional training, the knowledge, skills and confidence necessary to conduct psychosocial health risk screening in addition to medical screening,. This training should include a system change component to facilitate a reduction in the organisational barriers young people face in accessing general practice services.
- b. The proponents also recommend that GPs be advised in the use of the MBS item number changes so that they will allocate sufficient time to a young person in order to address preventative health in a consultation. This would enable the GP to engage with the young person and develop rapport and trust so that prevention, education and psychosocial issues may also be addressed.

## 2. Key points

### The health of young Australians

- Psychosocial issues, which form the greatest burden of disease facing young people in the present, and into their adulthood, are largely preventable. The behaviours that contribute to the leading causes of death and disease in adults are often initiated in the teenage years.
- Current statistics indicate that 75% of major mental disorders and alcohol and drug use occur before the age of 25 years.
- Around 14% of young people aged 12 – 17 years and around 27% of young people aged 18 – 24 years experience a mental health disorder in any given 12 month period.
- Only one out of every four young persons with mental health problems receives professional help. Even among young people with the most severe mental health problems, only 50% receive professional help.
- Young people are also experiencing increases in chronic health problems related to overweight and obesity, accidents and injury.
- Sexual and reproductive health issues often begin in adolescence when sexual experimentation and romantic and sexual relationships begin. Chlamydia notification rates are highest among young women aged 15 – 24 and young men aged 20 – 29, and continue to increase. Access to confidential STI testing as well as sexual and reproductive health advice is an essential component of preventive health care for young people.
- Young people with a chronic illness arising in early childhood often fall through the gaps for preventive health management with lower rates of immunisation and routine health screening. Issues associated with their developmental stage are frequently overlooked despite inadequate education on risk taking adversely affecting their pre-existing conditions. The incidence of mental health issues such as depression, are higher in the chronic illness group than in the healthy population and they are less likely to have their own GP.
- The health problems facing young people are all exacerbated in Aboriginal and Torres Strait Islander young people.

*Early intervention can make a major difference to the outcomes of youth onset mental disorders when part of an integrated and well-supported primary care and mental health system.*

### Young people seeking help in Primary Care

- Young people undergo immense physical, psychosocial, and intellectual changes when transitioning to adult roles, relationships and responsibilities. They have complex and sensitive health needs consistent with their developmental stage, limited knowledge of and confidence in accessing the health care system, and difficulty in clearly identifying and articulating their health care needs.
- Despite the clear benefits of strong links with primary health care for prevention and early intervention efforts, young people face significant barriers in accessing primary health care including concerns about: confidentiality of health information, cost of services and treatments, convenience of access and fear of judgment by practice staff. Inexperience with independently seeking help, previous negative experiences accessing services, and limited appointment times outside school or work hours further impact on young peoples' access to appropriate services.

- There is a perception amongst many young people that mainstream primary care services can be unfriendly and have limited services to offer young people unless there is a physical, or well defined need such as a sporting injury, immunisation or a medical certificate.
- Significantly, when young people did seek help from a service provider, GPs were the health care providers most commonly accessed.
- Research highlights that when young people do present at general practice, they generally seek help for physical problems such as respiratory, skin and musculoskeletal problems, rather than for their psychosocial disease burden. Young people also often underestimate the severity of their problems, are unaware of how to recognise and articulate their health concerns to professionals, and often do not know where to get help. This is particularly the case in relation to sensitive and embarrassing health issues. Consequently, young people under-use primary health care services which can lead to delays in seeking help, non-compliance with treatment regimes, crisis or episodic care rather than continuity of care.
- Young peoples' ability to pay for services and access to transport often transcends socio-economic status as young people who come from wealthier families may find themselves unable to source transportation or finance from within the family home to pay for health services, especially for sensitive or confidential issues. Education on obtaining a Medicare card for young people at age 15 years is often limited to the individual initiative of schools and medical centres.
- In culturally and linguistically diverse communities, GPs are often the first point of contact for assistance, thus providing a rare and key opportunity for health promotion, prevention and early intervention with this group.
- The majority of primary health care services for young people occur in private enterprise general practice and, despite being reluctant consumers, an estimated 80% of young people visit a general practice at least once per year. This provides an important avenue for opportunistic screening and for developing positive relationships with primary health care services and practitioners. A clear example of this is the recent Gardasil vaccination campaign.
- Recent Victorian research (currently unpublished) reveals that over 90% of young people aged 14-24 years attending 40 general practices across metropolitan Melbourne and some larger regional practices have at least 1 psychosocial health risk such as unsafe drinking, unsafe driving, unprotected sex, smoking, other drug use, occasions of fear or abuse, mental health concerns and concerns around eating and exercise. Hence the potential for primary care to detect health risk and target preventive health recommendations is high.
- GPs are ideally placed to respond to young people's complex health problems by providing comprehensive health care, and acting as a first point of call in the problem identification, treatment, follow up and referral
- GPs are also in an ideal position within a youth friendly framework, to provide support, advice or referral for parents of young people who are looking for guidance in parenting their adolescents. Families, in most but not all cases, will be the prime source of support for young people. Doctors and nurses providing a health check for young people will identify which adults in that young person's life are the best sources of support for his/her health and wellbeing and work with young people to involve them in care if appropriate.
- Primary health care professionals need time to build sincere rapport and to engage in a respectful discussion with the young person, beyond the presenting issue of the headache or need for pill/immunization; they need time to assess if there are mental health issues or other risks occurring and to negotiate an appropriate management plan with the young person.

*It is both a clinical and policy imperative that accessible, clinically and culturally appropriate, timely and affordable preventative and early intervention primary health care services are provided to young Australians.*

### 3. Introduction

Investing in Youth health is an important way to improve our population's health. The greatest causes of death and disability among young people are accidents and injury, mental health including substance abuse and sexually transmitted infections. These and other lifestyle risks such as obesity go on to affect young people into their adulthood.

If detected and acted on early, harms from these illnesses and risky behaviours can be prevented. The World Bank reports the potential economic gains from improving the health of young people. This is especially pertinent to Western countries where populations are ageing and needing to depend on a healthy and productive workforce.

While young people report that they would welcome the opportunity to discuss health issues such as contraception, sexually transmitted infections, diet and exercise and substance use with health care providers and trust their advice (Tylee et al, 2007), GPs experience barriers to providing early and preventive intervention including time pressure, inadequate remuneration, training, skills and confidence in responding to these issues

There are many researchers, academics and clinicians who have advocated for a Youth Health Assessment including members of the Youth Health Research Interest Group (YHRIG), a PHCRED funded network. Several individuals have written articles for *Australian Doctor* proposing preventive health assessment for adolescents (Babbington, 20 April 2007; Sancu, 9th November, 2007).

At the *Australian National GP & PHC Research Conference* held on 4 June 2008, a Declaration of Hobart expressed the need for urgent action by the Australian Federal Government and all State Governments, all health workers and the Australian community, to protect and promote the health of all Australian young people.

*Given that most first episodes of mental illness and first uptake of health risk behaviours occur during adolescence, annual preventive health assessments are essential for those aged 12-24 yrs.*

#### Young people's health

While the health and wellbeing of young people is recognised as one of Australia's priority health targets, many of their health issues are under-recognised and under-treated. The health of Australia's youth in general has improved in recent times, and yet one in five young people still experience health problems, some of which may be life threatening (AIHW, 2007). Research shows that the major health concerns of young people are psychosocial rather than physical, in particular issues relating to mental health problems and substance abuse. Rates of obesity are increasing, young peoples' diets are deficient in fruit and vegetables and exercise rates in young people are falling. There are also timely concerns about teenage drinking patterns and the increasing prevalence of sexually transmitted infections. These problems are all exacerbated in Aboriginal and Torres Strait Islander young people (AIHW, 2007).

The behaviours that contribute to the leading causes of death and disease in adults are often initiated in the teenage years, making adolescence the ideal time to intervene to prevent or lessen the effects of these health risks later in life (Burt, 2002). There is particular reason for concern about youth mental health problems which strike early and often deteriorate across the life span; three quarters of adults who have mental health problems first experience these before the age of 24 (Kessler, 2005). We also know that early intervention increases the chance of recovery (McGorry, and Yung, 2003; McGorry et al, 2007).

*There is an urgent need for early intervention and preventative health care in the 12 – 24 year old age group.*

## Young people's access to General Practitioners (GPs) and General Practice

Primary care, particularly general practice, is still at the centre of health services for youth in this country – at least 80% of young people 12-25 years old visit a GP at least once a year. This presents a unique opportunity for screening young people for risky behaviours and mental health disorders and responding with appropriate interventions such as education and guidance, treatment or referral.

Research clearly shows that young people experience complex health issues and that there are multiple barriers for this age group in accessing health care (Booth et al, 2002). In 2002, NSW CAAH undertook the *Access Study* which examined young people's experiences and behaviours in seeking health care, as well as the perspectives of services providers (including GPs, community health staff and youth workers). It was found that only a small number of young people considered seeking help from a service provider, and approximately 50% of all young people, particularly males, did not seek help from anyone at all (Booth et al, 2002).

When young people did seek help from a service provider, GPs were the health care providers most commonly accessed (Booth et al, 2002). GPs are ideally placed to respond to young people's complex health problems by providing comprehensive health care, and acting as a first point of call in identification, treatment, follow up and referral (Chown, Kang, Sanci, Newnham and Bennett, 2008).

However, there is cause for concern. Recent data from NSW shows a drop in young people's consultation rates with GPs (Centre for Epidemiology and Research, 2008). *The NSW Population Health Survey 1992-2007 Report on Young Adults* showed that, over this period, the number of young people aged 16-25 years who reported having seen a GP in the 12 months prior had dropped. There was a significant decrease in both males (84.8% to 65%) and females (91.9% to 77.6%). These decreases were found among all quintiles of disadvantage, in rural and urban areas.

As the rates of youth health problems are not decreasing, there is a clear and pressing need to reverse this trend. Young people's access to primary health care needs to increase, and inequalities of access between males and females and between rural and urban areas reduced.

*Young people are reluctant consumers of health care services and experience significant barriers to accessing mainstream general practice services for initial and follow-up visits.*

## 4. Why the current system doesn't work

An international review of youth friendly primary care services (Tylee et al, 2007) found that, while most young people will access primary health care at least once per year, they usually do so for physical health problems: "Although young people report that they welcome the opportunity to discuss health issues such as contraception, substance use, and sexually transmitted infection with health-care providers and are generally prepared to trust their advice, young people tend not to disclose their health-risk behaviours to health-care providers unless prompted." (Tylee et al, 2007, p.1566)

A component of the BEACH study (Bettering the Evaluation and Care of Health), an ongoing national study of general practice in Australia, revealed that GPs are not taking up opportunities to target problematic alcohol and tobacco use (Degenhardt et al, 2005). Rutishauser et al, (2003) found that young people said they wanted opportunities to talk about issues of importance such as nutrition, drugs and sexuality, highlighting the need to spend some time alone with the GP. The young people also highlighted the need for GPs to assure their confidentiality.

A lack of time and communication difficulties are the two major challenges that GPs face when working with young people (Kang and Sanci, 2007). GPs need adequate time and remuneration for the complexity of their consultations with young people, where engagement is crucial.

In 2003, Dr Leanne Rowe highlighted the inadequacy of Medicare to remunerate GPs for their work in relation to complex youth health issues, which usually require longer consultations. GPs have little choice but to piece together a range of item numbers for disparate health conditions such as mental health problems and management of chronic conditions such as asthma and diabetes. However, this piecemeal approach does not serve young people's best interests because a holistic approach is needed.

When young people present to a general practice, it is important that GPs take this opportunity to explore for mental health issues and other health-related risks.

*There is a mismatch between why a young person sees a GP and their psycho-social disease burden. Current systems of care do not support GPs using the presentations of young people to explore further any underlying conditions impacting on their lives.*

### Divisions of General Practice or General Practice Networks

Divisions of General Practice (DGPs) and General Practice Networks (GPNs) are local networks of GPs that aim to better integrate GPs with the rest of the health care system with the aim of improving primary health care in the community. This is done through a range of activities, including improving general practice service quality through education and accreditation; providing a regional infrastructure for the roll-out of specific or targeted initiatives; collecting local data for policy, program and service development (Com. Aust, 2004).

Some of the youth health activities that Divisions of General Practice engage in include (NSW CAAH, 2008):

- Education for GPs on working with young people
- Youth health programs in schools to develop students' understanding of how to access GPs and primary health care
- Providing integrated primary health care in youth services (e.g. GPs in youth services) and supporting headspace centres

- Producing information cards for young people that outline primary health care services available for young people and how to access them, including how to get a Medicare card.
- Providing health promotion activities for at-risk groups or to target key health issues
- Promoting youth-friendly practices, including young people 'auditing' General Practices
- Providing voucher programs that promote young people's access to GPs
- Holding youth health forums in schools or other community settings to discuss youth issues
- Supporting collaborative care programs (e.g. ATAPs)

In NSW there are 36 divisions, 19 urban and 17 rural divisions (AGPN website, 2008). Only 16 divisions reported a youth health-related program as part of their 2004-2005 plan (PHCRIS, 2006). Research undertaken by NSW CAAH in 2007-8 indicates that the activities of DGPs and GPNs are largely influenced by available funding. At present there is a lack of focus by Divisions on youth health due to a lack of targeted funding. This directly impacts the number and quality of programs focusing on improving young people's access to health care as well as the training of GPs in working with young people (NSW CAAH, 2008).

## headspace

New service models such as *headspace* should be explored as part of the mix that may increase young people's access to primary mental health care (McGorry, Tanti et al, 2007; Hodges et al 2007). *headspace*, the National Youth Mental Health Foundation, was launched in July 2006 with an aim of reducing the burden of disease caused by mental health and related substance use problems among young people aged 12-25. *headspace* aims to encourage early help-seeking through the establishment of youth friendly, integrated, multidisciplinary mental health service centres. These centres involve GPs, Psychologists, Youth Workers and others that deliver primary health, mental health, drug & alcohol, and vocational assistance. The aim is to not only assist young people with their mental health and substance use issues, but with other important aspects of their lives including engagement with education, training and employment.

Key priorities include:

- promoting early help seeking;
- providing early intervention services;
- simplifying access to services for young people and their families through co-location and other strategies;
- providing flexible, integrated and well coordinated clinical services;
- gathering and disseminating the evidence on what works best;
- local workforce development; and
- structural reform in mental health service provision.

*headspace* depends on GPs being able to use Medicare to support ongoing funding for its youth health model. Currently *headspace* services, like general practice services are challenged by the limits of Medicare and Medicare codes to enable holistic assessments for young people.

## 5. Evidence supporting the Youth Health Assessment

*There is increasing evidence indicating that preventive health services improve youth health outcomes including International and Australian studies that show the benefits to young people's health of screening and providing follow-up care.*

### International literature

The WHO have led a worldwide call for youth friendly services where young people are at the heart of policy making and practice decisions and has also developed a *Framework for youth friendly health service provision* that is equitable, accessible, acceptable, appropriate and effective (WHO, 2005). One of the recommendations includes services where health care providers are able to devote adequate time to young patients.

The Society for Adolescent Health and Medicine (Rosen et al, 1997) an international NGO based in the USA recommends a number of strategies for improving young people's access to GPs including:

- educating health professionals and the general public about the value of access to health care;
- endorsing practice guidelines;
- training primary care clinicians and other health care provides in preventative health care;
- providing adequate financing and reimbursement for clinical preventative care;
- doing additional research into the health outcomes and cost effectiveness of adolescent preventative services; and
- designing and testing innovative approaches to improve the delivery of care to adolescents.

In the United States, national guidelines recommend annual preventative visits throughout adolescence with a focus on education and counselling for health damaging behaviours (Brindis et al, 2002). The aims of the youth health assessments are to reinforce health promotion messages, identify young people who are at risk of problems, provide counselling and early intervention services to those who have engaged in risky behaviours, and develop an ongoing trusting relationship that will enable open discussion about health risk behaviours.

While a US study found that the guidelines have increased physicians' focus on prevention, it was the view of the researchers that systems change is needed to fully implement the guidelines (Halpern-Felsher et al, 2000). They found that it is not possible to implement the guidelines within a typical visit. The systems level changes recommended include increasing the amount of time allocated per visit, increasing acceptance of screening, and teaching doctors the necessary skills.

In another US study, Ozer et al (2005) found a combination of doctor training and systems level intervention were effective in increasing the consultation focus on preventative screening and counselling with young people.

International research therefore supports the need, not only for training in clinical practice, but also for structural changes to the way appointments are organised for young people, issues as relevant in Australia as in the International context.

## Australian literature

To date our research in Australia shows that GPs can effectively and efficiently acquire the necessary skills to discuss health risks with young people (Sanci et al, 2000). While they maintain these skills in the longer term (Sanci et al, 2005), the lack of specific funded time and a policy context for undertaking this sort of preventive screening are still major barriers.

An Australian randomised controlled trial evaluating the effectiveness of a youth health education program for GPs showed that the education led to gains in knowledge, skills and self perceived competency (Sanci et al, 2000). In a follow up study five years later, however, only 50% of GPs had been able to sustain system level changes in contrast to 98% of clinicians being able to sustain changes in their own clinical approach with young people (Sanci et al, 2005). This indicates the need for a greater focus on organisational factors that support the GPs' clinical approach for youth friendly services to be achieved (eg. Staff training, policies on confidential care, billing of youth). Dr Lena Sanci's current research is further building the evidence base for psychosocial screening in general practice through its impact on health outcomes.

The *Adolescent Health GP Resource Kit, 2nd Edition* (Chown, Kang, Sanci, Newnham and Bennett, 2008) developed by NSW CAAH and the Transcultural Mental Health Centre, and endorsed by the RACGP and GP NSW, notes that a youth friendly consultation by GPs includes allowing extra time for a longer consultation. A specific youth health "preventative care" funding model (such as a "Preventative Health Care" item number), would greatly assist GPs in giving young people more comprehensive care. The item would allow for extended consultation time thus more adequately allowing for a psychosocial in addition to medical consultation.

It has been long known that when a GP focuses on preventing risk behaviours, this can have positive health effects for young people. Studies have found that young females showed greater use of contraception following sexual health counselling (Winter and Breckenmaker, 1991) and initiation rates for smoking and alcohol were lower in those young people who received counselling for these issues (Chan and Witherspoon, 1988).

A Youth Health Assessment fits well within the rationale for introducing other health assessments enabling GPs to be better remunerated when dealing with chronic and/or complex health conditions, to deliver multidisciplinary health care to patients of all ages, and to target nationally identified health and screening priorities.

## Economic evaluation

Of great importance is the savings in the future if young people can have their health issues diagnosed and treated early. Given the rising costs of health care, any method for preventing the problem and saving money in the future are of great interest (Richardson, 1998).

Most conditions, be they physical health or mental health, can be treated so much more effectively and prevented from becoming chronic health issues if picked up early. "It is clear that lifestyle behaviours of smoking, physical inactivity, poor nutrition and alcohol misuse directly and via obesity and dislipidaemia and high blood pressure account for a considerable share of disease burden" (Segal, 2006, p5). Further, the long term impact of unhealthy behaviours is very costly. Having the ability to give young patients thorough assessments and time will help the GP to educate young people on their health, preventing problems and developing positive life long health habits, leading to increased productivity, quality of life and future healthcare savings.

## 6. Enhancing feasibility of implementation

The resources and structures are in place to enhance the smooth implementation of this initiative. There is clear agreement about what types of assessments constitute best practice in youth health. There are also training opportunities enabling GPs to gain the requisite knowledge and skills.

### Policy statements

The Royal Australasian College of Physicians (RACP, 2008) *Position Statement: Routine Adolescent Psychosocial Health Assessment* also outlines the content of an adolescent psychosocial assessment based on the HEADSS framework (Goldenring and Cohen, 2004). HEADSS is the mnemonic for Home, Education and Employment, (Eating and exercise), Activities and peers, Drugs, Sexuality, Suicide and depression, Safety, Spirituality. The RACP recommends that the HEADSS assessment be performed routinely, at least annually, and areas of concern reviewed through follow up.

### Checklists and clinical practice tools

The tools to enable a *Youth Health Assessment* already exist in the *Adolescent Health GP Resource Kit, 2nd Edition*. The Kit provides an *Adolescent Health Check Template* that includes patient details, general assessment, psychosocial assessment (inclusive of HEADSS), mental status examination, risk assessment, management plan, and follow-up. As an existing practical resource, ([http://www.caah.chw.edu.au/resources/gpkit/18\\_Appendix\\_1.pdf](http://www.caah.chw.edu.au/resources/gpkit/18_Appendix_1.pdf)), the template could be used as a guide for GPs and enhances the feasibility of implementation for the *Youth Health Assessment*.

“Guidelines for preventive activities in general practice (The Red Book) 7th Edition 2009” from the RACGP, also urges screening for smoking and drug and alcohol use, provides guidance in assessing risk of mental health problems and other risky behaviours as well as advising on opportunistic health education and prevention, including immunisation.

### GP training

Although Physicians and trainees may not feel comfortable performing a youth psychosocial assessment, implementation could be linked to the current education and training agenda in youth health. There are increasing opportunities for GPs to develop their skills in working with young people at a variety of levels of training, including for the undergraduate medical student, prevocational doctor, vocational general practice registrar, and at the continuing professional development stage (Sawyer et al, 2007).

The Royal Australian College of General Practitioners (RACGP) launched its new curriculum framework and statement chapters in October 2007, strengthening their focus on youth health (RACGP, 2007). The syllabus to accompany the curriculum is currently being produced, including an online training course that will be hosted by RACGP’s *GP Learning* website.

Other training initiatives include a new Youth Health resource for basic physician training (The Joint Adolescent Health Committee of the RACP (2008) and the Australian College of Rural and Remote Medicine (2008) vocational training pathway for GPs with a substantial chapter on youth (and child) health. *headspace* also provides training and professional support to general practitioners, school counsellors and other professionals. Further, NSW CAAH is developing a *GP Training Manual* to better support ongoing professional development of GPs in youth health.

## 7. Case scenarios that demonstrate the value of a Youth Health Assessment

### Case scenario 1 - Joel

Joel aged 15, is brought to see his GP by his mother because she is worried that he is always tired. He is not participating in activities at school because he says he has frequent headaches. Joel's mother stays in the consulting room initially but leaves when the GP performs the physical examination. The GP asks Joel a few questions about his headaches and fatigue and a little about school. All questions were answered with a grunt and a shoulder shrug. The GP quickly examined Joel and ordered some pathology tests to exclude possible organic causes of headache.

#### Relevant background facts:

- In young people, somatic symptoms such as headaches and fatigue commonly accompany broader psychosocial concerns, such as bullying, peer or family issues, and depression;
- Approximately 1 in 5 young people experience significant bullying during adolescence;
- Approximately 1 in 5 young people experience symptoms of depression and anxiety during adolescence;
- Young people who are bullied are 3 times more likely to experience depression or anxiety.

**Option 1:** The GP invited Joel's mother back into the room at the end of the consultation. He explained to both Joel and his mother that he would like to see Joel for a follow up long consultation to further explore Joel's symptoms and conduct a more thorough 'health check up'. Upon Joel's return, the GP utilised the *Youth Health Assessment*, thus having sufficient time to explain confidentiality and, while seeing Joel alone, took a detailed psychosocial history. This included screening for depression and anxiety and to exploring what was happening for Joel at home, at school, and within himself. The GP learnt that Joel was being bullied at school, his self esteem was suffering and he was having very negative thoughts about himself, including thoughts of self-harming. Having built a trusting relationship with Joel, the GP had a few subsequent sessions with Joel, enabling Joel to develop sufficient confidence to share the issue of bullying with both his parents and his school. The school put in place a number of changes that saw the bullying cease. Joel's headaches quickly disappeared and his energy levels soon returned to normal.

**Option 2:** The GP reviewed Joel and his mother, and reassured them that the pathology tests were all normal. The bullying continued at school. Joel developed more severe features of depression. He was finally brought to see the GP following his return to school after the holidays because of a self-harming episode that required admission to hospital for suturing. At this time, the extent of suicidal ideation resulted in a brief admission to a psychiatric inpatient unit.

## Case scenario 2 - Emily

Emily is aged 16 and comes to see her GP for 'Gardasil' immunisation against HPV (human papilloma virus), as she apparently missed it at school and her mother wants her to have it. Taking a brief history in the short time available, the GP identifies that Emily knows this will help protect her against cervical cancer, but says she thinks that she won't have to have future Pap smears if she has the vaccine. She says she is not sexually active but has a serious boyfriend. The GP discusses the side effects of the vaccine, gains Emily's consent to give her the vaccine, tells her she will still need to have PAP smears and gives her the vaccine. The GP explains to Emily that she will need to return in 2 months for the 2nd dose and again 4 months later for the 3rd dose.

### Relevant background facts:

- The median age of sexual intercourse in Australian girls is 16 years. This means that 50% of girls are sexually active by the age of 16.
- The HPV vaccine was introduced into the Australian scheduled immunisation program in 2007 for girls in Year 7, with a 2 year funded 'catch up' program.
- There has been a highly significant increase in notification rates of sexually transmitted infections in teenaged and young adult girls.
- Young people are far more likely to discuss sensitive issues (such as sexual health) with a GP when undertaken confidentially, which is an important aspect of consultations with young people.

**Option 1:** With Emily's permission, the GP books a long consultation for the next appointment in which the time provided by a *Youth Health Assessment* is used by the GP to:

- describe confidentiality and explain the rationale for taking a psychosocial history, including seeking permission prior to asking sensitive questions;
- take a thorough general history and sensitive psychosocial history;
- provide health education about HPV, Pap smears and general sexual health;
- address relationship (peers, partner/s, family) and developmental issues relevant to Emily's current situation.

During this longer consultation, Emily quietly shares with the GP that she feels pressured by her boyfriend into commencing a sexual relationship and that he wants her to go on the oral contraceptive pill. However, she is not sure what to do or what she wants. The GP takes the time to discuss relationships and the importance of Emily not being pressured into doing anything she might later regret. The GP explains about different methods of contraception including the oral contraceptive pill and the 'morning after pill', prevention of sexually transmitted infections by using condoms, as well as more information about Pap smears. By the end of the consultation, Emily feels more empowered to delay having a sexual relationship, and is much more informed about a range of aspects of sexual health promotion. The consultation took 45 minutes and the GP has been appropriately remunerated for the time spent with Emily.

**Option 2:** The GP spent the same 45 minutes with Emily, but without the structure of the Youth Health Assessment and associated funding, felt stressed about running late for other patients and not being adequately remunerated for the time required for Emily's consultation.

**Option 3:** The GP spent a standard 10 – 15 consultation with Emily to provide the vaccine, and lost an important opportunity to educate her about the various choices available to her. Sadly, 10 months later, Emily was brought to the GP by her mother because of concerns that Emily was pregnant. She subsequently dropped out of school and abandoned her dreams of becoming a drama teacher.

### Case scenario 3 - Paul

Paul is an 18 year old young man with Cerebral Palsy and Epilepsy who resides with his ageing parents in a large regional town. Until recently, all of Paul's medical care was provided by paediatric teams at a large tertiary paediatric hospital 150 km from his home. During his preparation for transition to adult care, referrals have been made to a visiting Neurologist and a Rehabilitation Physician. Paul receives some assistance from ADHC and from an NGO disability service provider. Paul and his parents have been advised that a local GP will be able to assist with coordination of his care as well as ongoing health surveillance.

#### Relevant background facts:

- Evidence is growing that large numbers of young people with a chronic illness/ disability who are moving from paediatric to adult health care do not have a GP
- Access to primary health screening is lower in this cohort
- Young people with chronic illnesses who disengage from medical management are at increased risk of developing complications arising from their underlying condition which may lead to unnecessary hospitalisation and poorer long term health outcomes
- Young people with a chronic illness / disability experience higher levels of bullying and social isolation and, despite having the same developmental needs and challenges as young people without disabilities, are at increased risk of developing mental health problems.

**Option 1:** At the commencement of transition planning Paul and his family met with a local GP with an interest in complex illness. The GP was regularly updated by the paediatric team about current management and, at final transfer of care, a comprehensive *Youth Health Assessment* was performed. This assessment allowed the GP time to;

- describe confidentiality and explain the rationale for taking a thorough medical and psychosocial history, including seeking permission prior to asking sensitive questions
- provide general health education about sexual health and drugs and alcohol as well as specific issues related to Cerebral Palsy and Epilepsy
- address relationship (peers, partner/s, family) issues relevant to Paul's current situation
- assess Paul's current knowledge of his condition and treatment and support self-management.

During this longer consultation Paul discloses that he has no close friends and is concerned that he will never find a girlfriend. He says that his current friends make fun of him and supply him with alcohol. He feels that his parents do not understand him or support his attempts to be independent and live in supported accommodation. The GP also identifies that Paul has little understanding of his medical conditions and how to manage these. The GP takes time to explore these problems, refers Paul to the local *headspace*, Youth Health Service or Community Health Service for further assessment of his mental health, and initiates a plan for Paul to improve his self management skills and social connectedness.

**Option 2:** The GP spent the same amount of time with Paul preparing a chronic disease management plan but without the *Youth Health Assessment* structure and framework directed towards a full psychosocial screen, no information about Paul's sense of isolation and lack of understanding about the impact of alcohol/drugs on Epilepsy was obtained. Shortly after the visit Paul was admitted to the local hospital intoxicated and fitting.

## Case scenario 4 - Nasserein

Nasserein is a 21 year old young woman working as a beauty therapist who presented to a *headspace* Centre requesting counseling to help her with the recent breakdown of her relationship with her boyfriend and some “women’s problems”. Nasserein was given an appointment with a female GP who spoke to her about her reasons for visiting the Centre. Nasserein had been experiencing frequent mood swings and anxiety plus panic symptoms and had also been feeling “upset” since she underwent a termination of pregnancy a month ago.

### Relevant background facts:

- Young people tend to adapt to the values and ways of their new culture more readily than their parents do – so the young person may be torn between the family’s expectations of them to maintain the values and customs of their ‘old’ culture, while striving to adopt the norms of the new culture in order to fit in with their peers.
- Young people from some cultures may be more restricted than their peers and their activities more closely monitored. Girls in particular may be subject to stricter controls, especially if parents feel threatened by their exposure to the values of the new culture and by a close relationship that their daughter appears to be involved in with a young person from the new culture.
- Non-Western cultures generally place less emphasis on the importance of the individual – the family and ethnic identity are valued above the attainment of an individual identity, and play a central role in shaping the development of the young person’s identity. The ways in which adolescents resolve these ethnic identity conflicts have important implications for their mental health.
- It is important for GPs to treat each patient as an individual, to ask how the young person identifies themselves within mainstream culture and their own culture and to enquire about the young person’s particular experiences, cultural beliefs and health practices.

**Option 1:** The GP used the *Youth Health Assessment* so that she could afford to spend time in establishing rapport and trust with Nasserein and to conduct a comprehensive medical and psychosocial health screen.

Nasserein disclosed that she had previously been seeing Alex secretly and that they had been taking recreational drugs with his group of friends. She had been shocked when she found out she was pregnant and had had the termination without her family’s knowledge. She felt guilty and was terrified that they would disown her if ever they found out.

Nasserein’s relationship with Alex ended when her brother found out about the relationship and her father threatened him. She explained that her parent’s disapproved of the relationship largely because he was not part of their cultural community. The GP also uncovered some intimate partner abuse within her relationship with Alex and conducted an STI screen. Nasserein also felt that she was soon to be asked to leave her family home and needed support with alternative housing options

In this consultation the GP was able to address the issues of recreational drugs, sexuality, relationship, abusive attitudes, contraception and STIs and to educate Nasserein about prevention and safety. She also wrote a Mental Health Treatment Plan and referred Nasserein to the psychologist for Cognitive Behavioural Therapy (CBT)

**Option 2:** The GP received consent from Nasserein to do a Mental Health Treatment Plan and then referred her to a psychologist for CBT to address her anxiety and panic. The GP did not address Nasserein’s other essential medical education and preventative health needs, especially those to do with sexuality and the culturally sensitive issues among Nasserein, Alex and her family.

Nasserein returned to see the GP some weeks later, pregnant again, as Alex had been secretly seeing her and threatening her if she did not have sex with him.

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## 9. Endorsing youth health clinicians, researchers, academics and organisations

This submission is sponsored by the NSW Centre for the Advancement of Adolescent Health with endorsements from stakeholders, academics and clinicians committed to supporting the health and wellbeing of all young Australians through the introduction of Preventative Health Consultations for young people in General Practice.

This submission is further supported by The Youth Health Research Interest Group (YHRIG). YHRIG is a group of Primary Health Care practitioners with a strong interest in Adolescent Health Research operating under the auspice of the Primary Health Care Research, Education & Development (PHCRED) strategy within the Department of General Practice, University of Sydney.

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### **Jason Appleby, Executive Officer, NSW Association for the Advancement of Youth Health**

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The NSW Association for Youth Health (NAYH) is the peak body committed to working on behalf of the youth health sector in NSW to promote and advocate for the health needs and well being of marginalised young people aged 12 to 25 years.

### **Prof Louise A Baur AM, Professor, Discipline of Paediatrics and Child Health, Sydney Medical School, Consultant Paediatrician, The Children's Hospital at Westmead**

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Louise Baur is a consultant paediatrician at The Children's Hospital at Westmead, the main paediatric hospital in Sydney, where she is Director of Weight Management Services. She is Founding Editor-in-Chief of the International Journal of Pediatric Obesity. Among her various community roles, she is a Director of World Vision Australia and Advisor of the Obesity Research Chair, King Saud University.

### **Clinical Professor, David Bennett AO, Head, NSW Centre for the Advancement of Adolescent Health**

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### **Fiona Robards, Manager, NSW Centre for the Advancement of Adolescent Health**

#### **Clinical Senior Lecturer, Department of General Practice, University of Sydney**

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Established in 1998 under the NSW Youth Health Policy, NSW CAAH is dedicated to improving the health and wellbeing of young people throughout NSW and beyond by providing technical support to other organisations, pursuing applied research, developing/disseminating information and resources, contributing to advocacy and policy development, and implementing professional training programs.

### **Ann Brassil, Chief Executive Officer, Family Planning NSW**

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Family Planning NSW works to improve the reproductive and sexual health of the people of NSW. Family Planning NSW focuses its activities on disadvantaged groups and in areas where access to mainstream services are restricted, including people who are young, aged, indigenous, disabled and from culturally and linguistically diverse groups, and people from regional, rural and remote NSW.

**Lynne Brodie, Program Manager Transition Care, Agency of Clinical Innovation (ACI)**

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The Transition Network of the Agency of Clinical Innovation (ACI) commenced in 2004 and aims to improve the continuity of care for young people with chronic health problems and disabilities as they move from children's to adult health services. A Network Manager leads a team of three Transition Coordinators based at Westmead, Royal Prince Alfred, and John Hunter Hospitals. These hospitals are affiliated with the Children's Hospital at Westmead, Sydney Children's Hospital and John Hunter Children's Hospital. The program extends across all area health services in NSW.

**Gillian Calvert AO - NSW CAAH Consultant**

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Gillian Calvert AO has been an advocate for young people for over thirty years. She was the inaugural NSW Commissioner for Children and Young People from 1999-2009 and established it as one of Australia's leading child and young people's policy and research centres, one which was built on being child centred and child inclusive. Prior to that she was the Director of the Office for Children and Young People responsible for coordinating government action for children and young people. She started her career as a family therapist with troubled young people and their families and the importance of listening to young people and families experience has underpinned her lifelong commitment to promoting young people's wellbeing.

**Dr Michael Carr-Gregg, Adolescent Psychologist, Balwyn, Vic**

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Michael is one of Australia's highest profile psychologists. He works in private practice in Melbourne. He is a columnist for Girlfriend Magazine and Australian Doctor. He specialises in the area of parenting adolescents and adolescent mental health. Michael has been the Consultant Psychologist to the Victorian Secondary Schools Principal's Association, Australian Boarding Staff Association, Australian Ballet School, St Catherine's School, and Melbourne Girls' College. In 2003 he was one of the founding members of the National Coalition Against Bullying and became one of their national spokespersons. He also served on the advisory committee for the Federal Government's Boys' Education Lighthouse School Programme.

**Maria Cassaniti, Centre Coordinator, NSW Transcultural Mental Health Centre**

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NSW Transcultural Mental Health Centre (TMHC) is a state-wide service that was established in 1993. The TMHC's mission is to work in partnership with mental health services, consumers, carers and the community to improve the mental health of people from culturally and linguistically diverse communities living in NSW.

**Clinical Associate Professor Simon Clarke, Head, Department of Adolescent Medicine, Westmead Hospital**

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With an 8-bed ward for young adults and an outpatient service, the Department of Adolescent Medicine provides comprehensive health care for young people with complex medical, developmental and psychosocial disorders with a particular focus on eating disorders, ADHD and chronic illness.

**Andrew Cummings, Executive Director, The Australian Youth Affairs Coalition (AYAC)**

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The Australian Youth Affairs Coalition (AYAC), Australia's non-government youth affairs peak body aims to:

- provide a body broadly representative of the issues and interests of young people and the youth affairs field in Australia
- advocate for a united Australia which respects and values Aboriginal and Torres Strait Islander heritage, promotes human rights, and provides justice for all
- represent the rights and interests of young people in Australia, at both a national and an international level
- promote the elimination of poverty and the well-being of young Australians, with a particular focus on those who are disadvantaged
- recognise the diversity of Australian society, promote the cultural, social, economic, political, environmental and spiritual interests and participation of young people in all aspects of society
- advocate for, assist with and support the development of policy positions on issues affecting young people and the youth affairs field, and provide policy advice, perspectives and advocacy to Governments and the broader community
- facilitate co-ordination and co-operation within the youth affairs field.

**Kristen Day, Chair, NSW Youth Health Council**

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The NSW Youth Health Council is a professional forum committed to improving the health and wellbeing of young people across NSW. The NSW Youth Health Council is open to all youth health-related organisations within NSW. The Council is a professional forum whose mission is to advocate on behalf of young people, to support workers, and to provide opportunities for networking, training, partnerships, consultation and planning within the youth health sector. The NSW Youth Health Council is committed to access and equity, social justice, cultural relevance and diversity in order to create positive change within the youth health sector.

**Lance Emerson, CEO, Australian Research Alliance for Children and Youth (ARACY)**

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**Professor Fiona Stanley AC, ARACY Executive Director, ARACY Board Chair, Australian Research Alliance for Children and Youth (ARACY)**

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The Australian Research Alliance for Children and Youth (ARACY) was founded by a group of eminent experts and organisations in reaction to increasingly worrying trends in the wellbeing of Australia's young people. These experts saw the need to work together in new, collaborative ways in order to find solutions to the complex problems affecting our children and young people. It was out of this vision to bring together the best of minds and the most dedicated organisations that ARACY was formed.

**Gervase Chaney, Co-Lead, WA Child and Youth Health Network, Paediatrician, Princess Margaret Hospital for Children, Child and Adolescent Health Service, Perth WA**

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**Mrs Kate Gatti, Colead, The WA Child and Youth Health Network, A/Area Director Population Health – WA Country Health Service**

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The WA Child and Youth Health Network is jointly led by Mrs Kate Gatti and Dr Gervase Chaney who are supported by a Network Advisory Group comprising clinical leaders, organisational representatives, health professionals and consumer representatives.

**Anne Hugo, Coordinator, AYIN email discussion list (Australian Youth Information Network)**  
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Anne Hugo was until recently the information manager at the Australian Clearinghouse for Youth Studies, where she edited the newsletter Youth Field Xpress for 14 years. She is now a general member of Australia's national youth peak body (Australian Youth Affairs Coalition) serving in a voluntary capacity on their Policy Advisory Council. She coordinates AYIN email discussion list (Australian Youth Information Network) and is at present busy writing a book on youth mental health from a parent's perspective.

**Dr Carol Kefford, Chairperson, Youth Health Research Interest Group (YHRIG)**  
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YHRIG is a group of Primary Health Care practitioners with a strong interest in adolescent health research. YHRIG's members share expertise and expand their research skills to help advance the status of health care for Australian youth.

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The mission of the Centre for Research into Adolescents' Health, situated within the Department of Adolescent Medicine at Westmead Hospital is: to contribute to the improved health of young Australians by conducting or supporting quality research and using the findings to inform policy development, promote good clinical and public health practice and provide a foundation for constructive advocacy. The primary activity of CRASH is to conduct, facilitate and review quality research.

**Professor Patrick McGorry, Chair, Executive Committee, *headspace*, the National Youth Mental Health Foundation, Board Member Headstrong, the National Youth Mental Health Foundation of Ireland, Professor of Youth Mental Health University of Melbourne, Executive Director Orygen Youth Health Research Centre, Clinical Director Orygen Youth Health Australian of the Year 2010**  
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ORYGEN is a unique organisation made up of a specialist youth mental health service, a research centre and a range of education, training, advocacy and health promotion activities. The overall goal of ORYGEN is to integrate knowledge gained from clinical practice and research activities to implement, and advocate for, high quality mental health services for young people.

**Megan Mitchell, NSW Commission for Children and Young People.**  
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The Commission is an independent organisation that works with others to make NSW a better place for children and young people. The Commission reports directly to the NSW Parliament, and the Committee on Children and Young People oversees their work. The Commissioner administers the Commission for Children and Young People Act 1998 and is guided by the following principles:

- The safety, welfare and wellbeing of children is paramount.

- The views of children and young people are taken seriously.
- The relationships between children, their families and their communities are important for their safety, welfare and wellbeing.
- Vulnerable children and young people will be given priority.

**Jan Newland, CEO, General Practice New South Wales (GP NSW)**

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General Practice New South Wales is the state based organisation for Divisions of General Practice in NSW. Incorporated in 1996 to coordinate Divisional activities, GP NSW is a not-for-profit Registered Training Organisation that represents and advocates for Divisions within NSW and provides quality programs and resources to enhance the capacity of Divisions and the primary health care sector. GP NSW is a unique organisation with a pivotal role in the development and dissemination of products and services - a vital link for general practice.

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The Department of General Practice is committed to promoting excellence in general practice through outstanding teaching and learning, research and research training, and knowledge transfer through strong links with the general practice community and primary health care networks. The Department forms part of the School of Medicine within the Faculty of Medicine, Dentistry and Health Sciences.

**Professor Susan Sawyer, Director, Centre for Adolescent Health, Royal Children's Hospital; Department of Paediatrics, The University of Melbourne; Murdoch Children's Research Institute**

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Established in 1991, the Centre for Adolescent Health is recognised nationally and internationally for its commitment and achievements in advancing young people's health and wellbeing. The Centre responds to the health problems that affect young people between the ages of 10 and 24 years. The vision of 'making the difference to adolescent health' is based on advancing knowledge, practice and policy in relationship to adolescent health.

**Professor Kate Steinbeck MBBS PhD FRACP, Medical Foundation Chair in Adolescent Medicine, Sydney Medical School, University of Sydney, The Children's Hospital at Westmead**

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Professor Kate Steinbeck, recently appointed as the Chair of Adolescent Medicine at the University of Sydney, has 25 years of experience in adolescent medicine and endocrinology, with a focus on chronic illness and the disorders of puberty. Her clinical work has focused on disadvantaged groups within the population while her research expertise includes the effects of puberty hormones on health and wellbeing in adolescence, transition from paediatric to adult care in chronic illness, obesity and insulin resistance, and health provision to adolescents in adult services.

**Chris Tanti, Chief Executive Officer, *headspace***

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headspace is Australia's National Youth Mental Health Foundation. The *headspace* mission is to deliver improvements in the mental health, social wellbeing and economic participation of young Australians aged 12 - 25. To this end, headspace aims to be the focal point for youth mental health issues across the country. This includes providing funding to improve services for young people who may be experiencing mental health and/or drug and alcohol issues and the latest information about these important health issues for young people.

**Clinical Associate Professor Susan Towns, Head, Department of Adolescent Medicine, The Children's Hospital at Westmead**

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Australia's first hospital-based medical service for adolescents, the Department of Adolescent Medicine has been at the forefront of clinical care, training and research in adolescent medicine since it was founded over 30 years ago. It has an outpatient-inpatient program managing a range of complex illnesses, a 15 bed adolescent ward and medical outreach services.

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The Discipline of General Practice at the University of Sydney promotes teaching and research in all aspects of General Practice including Adolescent Health. The University of Sydney Discipline of General Practice has an active research presence across many areas and a range of collaborating partners locally, nationally and internationally. The discipline is integrated into the four Faculty of Medicine Clinical Schools and University Departments of Rural Health located around NSW. It also has an active role in postgraduate general practice training within several major consortia for GP registrar training and an extensive continuing education program for the wider general practice sector.