Primary Health Services
and
Population Health

Youth Health Service Framework 2008-2011

Department of Health and Human Services

Tasmania
Explore the possibilities

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- Mental Health Services
- Alcohol and Drug Services
- Children and Family Services
- Youth Justice Services
- Regional Youth Co-ordinating Groups
- *headspace north*

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Introduction

The Tasmanian health system is currently undergoing a major health reform process. Health and wellbeing services are under pressure and without change and refocusing, our health system will be unsustainable in the future. Primary health care services, as they are currently structured and funded, are not able to provide the range of services now needed, especially in the areas of prevention, early detection and early intervention (DHHS, 2007:43). Health and wellbeing issues for young people are becoming increasingly complex and can progress into more serious problems in adulthood. It is therefore essential that the Youth Health Service (YHS) within the Department of Health and Human Services (DHHS) is provided with a clear mandate to better target available resources. This will entail working closely with other key stakeholders to provide effective, efficient and integrated services across the intervention continuum to young people in Tasmania.

In response to increasing pressure on the health system and the need for reform, Tasmania has developed the Tasmanian Health Plan – which provides a blueprint for the integrated development of primary and acute health services. It draws together the recommendations of the Clinical Services Plan for acute health services and Primary Health Services Plan, both of which were developed following comprehensive processes of stakeholder consultation and data analysis. These plans establish a clear case for change in the way our health services are designed and delivered.

As part of this change agenda, the Primary Health Executive directed that a strategic document be developed to support future planning of youth health services in Tasmania. The YHS Framework described in this document has been developed in line with the Primary Health Services Plan and sets a clear strategic direction for the Department of Health and Human Service's YHS to focus on health and wellbeing promotion, prevention and early intervention. It also provides the structure for a statewide Implementation Plan which will ensure that the YHS is guided by the following elements of better practice[1]:

- Accessibility and equity
- Evidence-informed practice
- Young people centred approach
- Collaboration and partnerships
- Skilled and diverse workforce
- Sustainability.

In developing the YHS Framework, the great work that is currently being done by the YHS is fully acknowledged. Some of this work is illustrated in the text boxes distributed throughout the document.

[1] Adapted from the Centre for the Advancement of Adolescent Health (CAAH, 2005)

Background

While young people enjoy good health relative to other age groups, they are particularly vulnerable to a number of health conditions and risk behaviours. Young people who are unable to make a smooth transition to adulthood can face significant difficulties and barriers in both the short and long term (AIHW, 2007:x). Because young people have not traditionally been big users of mainstream health services, youth-specific services which focus on being more accessible and relevant for young people have been established across Australia.

The YHS in Tasmania consists of three area teams located within Primary Health Services in the Department of Health and Human Services. The Service evolved out of School Nursing programs in the 1990s and now includes nurses, allied health professionals (mostly social workers), youth workers and administrative staff who deliver a range of health and wellbeing services to young people aged 12-24 years across Tasmania.

Over the past few years, the YHS has been operating in accordance with a Statewide Youth Health Model for Best Practice that was developed in 2001. Under this model, the teams have delivered a range of health and wellbeing services according to the differing needs and spread of the target population and skill mix of staff in each region. The establishment of two youth health centres, one in the North and one in the South, significantly shaped the nature of services in those regions. A particular feature has been the co-location of General Practitioners in these centres. As a result, three models of service delivery have been operating. Despite these differences, regional teams have been connected through a statewide network that brings them together three times a year for program and information sharing, policy development and collegial support.

Individual support work
Support takes place in an environment that suits the young person, usually in a youth health centre, school or other community location. This is negotiated to ensure easy access to services, and a safe, confidential and comfortable environment for the young person. It is particularly important in remote and rural communities, where confidentiality and accessibility to services and transport present as major barriers to young Tasmanians accessing health care.

Statewide & National Directions

In addition to the Tasmanian Health Plan and its components - the Clinical Services Plan for acute health services and the Primary Health Services Plan - YHS planning is occurring alongside a range of other key strategies and directions:

- A Health Promotion Framework and a Chronic Disease Strategy which also form part of the Primary Health Care Plan.
- A Review of Alcohol, Tobacco and other Drug Services in Tasmania which recommends greater cross-sector integration and clear referral protocols, joint training, staff exchanges and the identification of a central point for liaison.
- A DHHS Agency Collaboration Strategy (ACS) founded on the principles of collaboration, early intervention, a client centred approach, finding solutions that are fair, creative and affordable, and designing understandable processes.
- A restructure of services for Children and Families in Tasmania, and the development of a *Kids Come First Blueprint (0-18 years).*
- A Tasmanian Mental Health Services (MHS) Strategic Plan for 2006-2011, which incorporates 'Blueprints' for child and adolescent services, and for adult mental health services. Both Blueprints identify the need to develop formal protocols and service agreements between services.
- Department of Education Health and Wellbeing syllabus has a strong focus on developing students' skills, knowledge and understandings to make informed choices and decisions about their own and others wellbeing. This includes learning about:
  - Health knowledge and practices
  - Identity
  - Relationships
  - Self-management skills
  - Help seeking
  - Safety
  - Community
  - Health service provision
  - Issue analysis

  Schools have opportunities to provide useful and important information to young people, particularly those that may not have access this information from family / home. Among the protective factors contributing to resilience is connectedness. For those that are not connected to family, often it is school that is the next best thing.
- Tasmania *Together***,** which includes a range of goals relevant for young people, including:
  - Goal 2.2 – to support young people who are at risk.
  - Goal 4.1 – Improve Tasmanians' health through promotion and support of healthy lifestyle choices.
  - Goal 4.2 – To improve self-assessed physical and mental wellbeing.
  - Goal 4.3- To reduce levels of risk-taking and addictive behaviour.
  - Goal 4.4 – To improve the health and well-being of the Tasmanian community through the delivery of coordinated and timely services.
  - Goal 5.5 – A valued role in community life for Tasmania's young people now and in the future.
  - Goal 8.2 – Support the participation of young people in decision making.
- The State of our Community Report which focuses the work of the Social Inclusion Unit, community connections and community capacity building.
- At the national level, the Council of Australian Governments' (COAG) National Action Plan on Mental Health 06-11 identified several specific policy directions necessary to achieve effective promotion, prevention and early intervention: building resilience and coping skills of children, young people and

families; raising community awareness; improving capacity for early identification and referral to appropriate services; improving treatment services to better respond to the early onset of mental illness, particularly for children and young people; and investing in mental health research to better understand the onset and treatment of mental illnesses. Other COAG Action Areas include supporting young carers, and supporting children of parents with a mental illness.

Young People's Health & Wellbeing

As for any diverse population group, health and wellbeing issues for young people can be many and varied. It should be noted that young people on the whole rate themselves to be generally healthy (AIHW, 07). However, adolescence carries the highest risks of morbidity and mortality from certain causes, including accidents and injuries, early pregnancy, and sexually transmitted infections. Lifestyle diseases that are caused by smoking, risky sexual behaviour and alcohol and other drug abuse have their beginnings in adolescence, and are responsible for high morbidity and mortality rates globally (http://www.wpro.who.int/health_topics/adolescent_health/).

Inspire Arts & Health Group
Group participants work with staff in visual mediums to produce projects addressing health issues affecting young people. Participants are disengaged/or at risk of being disengaged from the school system or are unemployed. Through creative projects young people take safe risks and have a chance to explore and express pressing health issues that impact on their lives. Connectedness is fostered through being part of a regular group involved in local and national activities and competitions.

In the transition from childhood to adulthood, young people gain new experiences, acquire new capacities and face many new challenges. Young women and men experience particular issues in relation to their gender, sexuality, social and emotional development. Young people from some population groups also tend to experience greater isolation and challenges than others. These groups include: indigenous young people; culturally and linguistically diverse young people; young people who are gay, lesbian, transgender, bisexual or intersex; young people with disabilities; those from disadvantaged socioeconomic groups; young people both *in* care and protection services and those who *have been in* care and protection; young people with criminogenic behaviours and in detention; and those living in geographically isolated regions. This diverse mix of young people often demonstrate high levels of resilience and research indicates that they may be stronger and more determined as a result of their experiences. However, it is also broadly acknowledged that they often feel isolated, tend to fare worse on indicators of health and wellbeing and full participation in society can be difficult, with limited access to services, educational and recreational opportunities (AIHW, 2007:11, Hiller et al 2005, CMYI, 2007:3).

Inequities in health and wellbeing outcomes for young people can generally be traced back to social, economic and cultural determinants that have shaped their lives, such as family income, gender, employment,

ethnicity, housing, education and cultural background. In order to address some of these determinants, health service planning that has a multi sectoral, partnership approach is the way forward in addressing the 'causes of the causes' of people's health and wellbeing (Population Health, 2008).

Major youth health issues identified through research are listed below, along with selected data.

Mental health issues (mental disorders) account for almost 50% of the total disease burden among young people in Australia (AIHW, 2007:23). Research suggests that interventions that focus on PPEI, and promoting positive mental health at a population level are an essential component of any strategy to reduce mental health problems as the high prevalence of problems makes it unlikely that individual care will ever be available for all those needing help. Clinical and population health interventions must take into account the comorbid problems experienced by young people with mental disorders (Sawyer MG, et al., 2000).

Health issues including alcohol and other drug use, body image, sexuality and pregnancy are of particular importance during adolescence.

- In 2002 almost one third of young people drank alcohol in amounts that put them at risk or high risk of alcohol related harm in the short term and 11% at risk of long term harm (AIHW).
- Eighty percent of alcohol consumed by young people aged 14-17yrs is at acutely risky levels. Fifty young people die per year in Australia of alcohol related issues.
- Tasmania had (and continues to have) the second highest rate of teenage pregnancy of all states and territories in Australia (Combes and Hinton, 2005).
- Thirty-four percent of people aged 18-24yrs were smokers in Tasmania 2004/5 (DHHS, 2008).
- Fifty four per cent of young pregnant women in Tasmania reported smoking during their pregnancy in 2005. This compares with 27.6% of all Tasmanian pregnant women Population Health, 2007).
- Drinking during pregnancy is also an important concern. Research indicates that young women who do not stop drinking during pregnancy have friendship groups and significant others including partners who drink at risky levels. Thus alcohol and pregnancy is not only a young women's issue but also a men's issue as well.
- Cannabis use amongst school-based young people in Australia has decreased over the past decade, dropping from 36% of 12-17 year olds ever having used in 1996 to 18% in 2004. However, it continues to be the most commonly used illicit drug used by school students. We know little about the cannabis use of young people who are not based at school, although the indications are that use would be higher amongst this group (www.ncpic.org.au).
- Approaching twenty percent of all Hepatitis C notifications in Tasmania between 2002-2007 were in young people aged 15-24 years. For those newly infected, the number of young people increases to 28%. Injecting drug users are at greatest risk of transmission, with first year of injecting an especially high risk time. Unsafe tattooing and piercing practices also put young people at risk (Tasmanian Notifiable Diseases Data Base).
- Young people (15 -24 years) were the age group most affected by Chlamydia (sexually transmissible genital infection) in Tasmania in 2006. Sixty-one per cent of male notifications were young men and 79% of female notifications were young women.
- Body Image was identified as the issue of most importance or concern to young people in a large national survey in 2007 (Mission Australia, 2007:5).

Neurological and sense disorders account for 9% of the total disease burden among young people, while **chronic respiratory disease**, including asthma, accounts for a further 5% (AIHW, 2007).

Cancer - Adolescents and Young Adults (AYA) have had the least improvement in survival of any age group over the past 30 years. There is a growing momentum for change in the way we treat and support AYA with cancer (www.canteen.org.au).

Other major issues impacting on young people's health and wellbeing include domestic violence, injuries, abuse, behavioural issues, family conflict, unemployment, geographical isolation, access to transport options and homelessness.

- The National Youth Commission's Inquiry into Youth Homelessness (2008) has called for a strategy to tackle this significant and worsening problem for young people in Australia.
- **Injuries** accounted for around 18% of the total disease burden among young people in 2004/5 and are by far the leading cause of death among young people aged 12–25 years in Australia.

In planning for the future of the YHS in Tasmania, it will be important to draw on the large evidence base regarding health and wellbeing issues for young people.

Responding to young people's health and wellbeing needs

The YHS is well placed to strive for and promote 'good practice' youth health service provision, and an accessible entry point into the health system for young people. For example, for young people affected by mental health and substance use disorders (easily the key health issues for young people in their teenage years and early 20s) youth workers together with GPs and school counsellors are identified as the most likely gateways into mental health and alcohol and other drug services (Rickwood et al., 2007).

There is however also a need for our mainstream health services to be more 'young people friendly'. Improving health and wellbeing outcomes takes a shared, multifaceted approach, and there are key elements identified through research, to ensure the best chance of engaging effectively with young people. Examples include ensuring a non-judgemental and respectful approach to young people, and providing services that are physically accessible with flexible and timely responses that acknowledge the developmental needs of young people.

Youth specific health services such as the YHS have a role in building capacity and supporting mainstream health providers with information, strategies and support. Health services that adopt a social view of health, 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.

Baby on Board, North West
This program takes an early intervention approach with the aim of influencing and enhancing the health and wellbeing of young women who are pregnant and parenting, and that of their babies. We provide one to one assessment, support and interventions to increase life skills, positive attitudes and knowledge regarding health behaviours, wellbeing, and capacity to parent. We work with the young woman to better engage with other supports in her life eg family, partner, GP, obstetrician, midwifes and other relevant agencies and services. This started off as a funded project, in partnership with Burnie City Council, has been evaluated and is now core business for the Youth Health Team North West.

The Framework proposed in this paper highlights the need for an evidence-informed approach towards ongoing planning and implementation of services and programs, and provides a tool to plan and implement this approach. It also endorses a greater engagement with other providers, schools, mainstream health services and training organisations to share knowledge and skills, and improve service responses for young people.

The Youth Health Service

The YHS provides a mix of clinical services, education and health promotion programs, life skills, support groups, recreational programs, creative arts, and information and referral services under the one umbrella. The Service assists young people to address a wide range of issues including depression, housing, drug and alcohol misuse, sexual assault, family relationships, peer relationships, behaviour management, education and employment issues, and other specific health conditions. There is qualitative evidence that the service makes a significant difference to the lives of young people, including those seen to be 'at risk' (Combes, 2004).

Engaging young people

The YHS uses a range of strategies and approaches to connect and engage effectively with young people. Successful group programs in schools, communities or centres use creative mediums, interactive processes and provide opportunities for young people to guide the content and process.

'talking to the class and finding out about people"

"the activities and talking about what we think was the best thing about the day"

"it was awesome…it's great how we can feel comfortable with these people talking about this stuff."

These are some examples of comments made after group work programs about healthy relationships, sexual health and safe partying. About 30 young people participated, all the grade 8 and 9 students in a regional District High School.

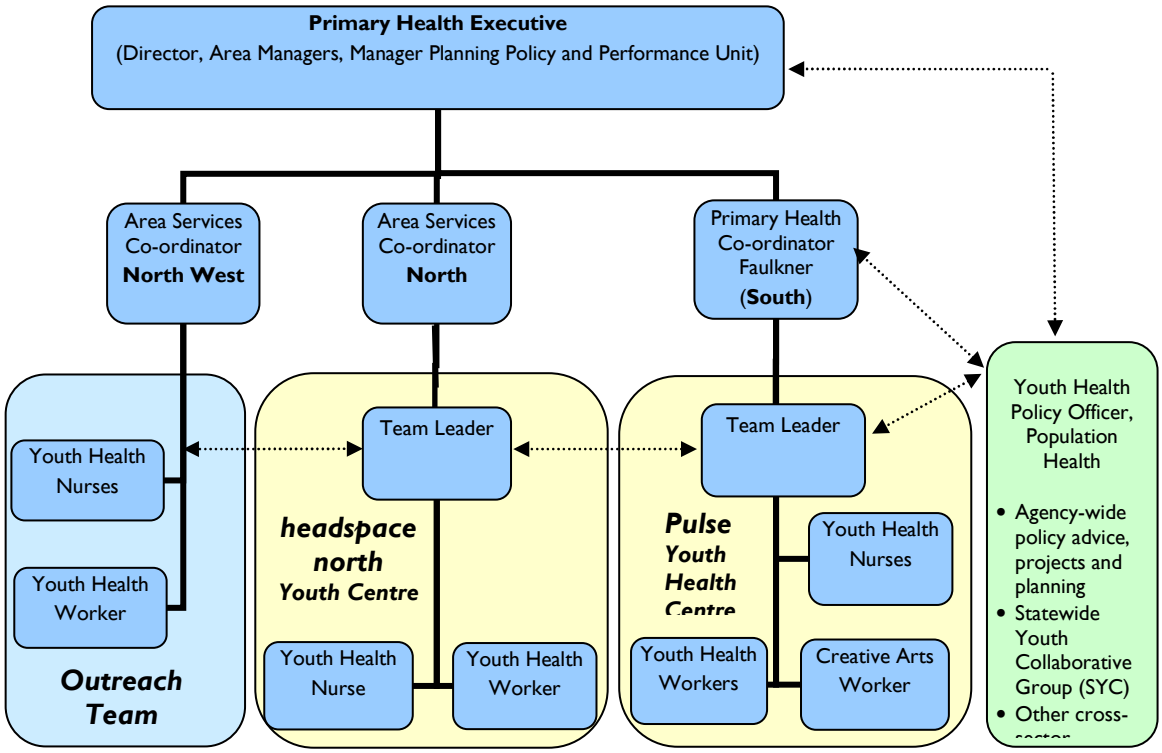
Groups focussed on activities, interactive games and open discussions regarding the topics. There was a particular emphasis on personal values, self awareness and the consequences of behaviours.

YHS staff, build rapport with individual young people who may be disconnected to other social supports by being highly accessible, and offering services that are non-threatening, respectful, flexible, timely, strengths based and solutions focussed. They potentially have a critical role in linking more marginalised young people with other services. This identifies the need for training around identifying mental health problems for example, and the need to effectively refer and collaborate with other services.

I was seeing … an awesome nurse in the Youth Health Team … one of the first people to listen to what I ***wasn't*** *saying, fantastic person ... I think that's why youth services are important... a good youth worker/counsellor/nurse listens to what you don't say, listens to what your body language tells them :-)* (young woman, 23 years)

Increasingly internet-based information and interventions are being used to engage young people in the help-seeking, and information gathering process. With the changing social networking contexts and the power of new technologies, a challenge for the YHS is to increase and refine the use of technology in providing accessible information and services, and effective promotion of health and wellbeing messages with young people (Rickwood et al., 2007).

Figure 1. Youth Health Service



Note - Each team provides outreach services to their area. The north-west youth health team are based in Parkside in Burnie. In July 2008 the northern team became part of ***headspace north* Youth Centre,** co-located with a range of other youth services in Launceston. **Pulse Youth Health Centre** is located in Glenorchy in the South of the state. The Pulse team also includes a Youth Alcohol and Drug worker (Alcohol and Drug Service), a Youth Worker (Glenorchy City Council) and other sessional workers.

Figure 1. outlines the YHS organisational structure. The current statewide staffing is 11 Full Time Equivalent (FTE) staff including Team Leaders (not including administration staff). The teams work closely with other workers from other organisations and areas of DHHS. In the North and South of the state YHS are co-located in centres with other service providers. *headspace north* is in the establishment stages, incorporating the northern YHS in a collaborative cross-sector response to young people's health and wellbeing needs in the north of the state.

The Youth Health Policy Officer, who is based in Population Health, has a role in sharing information, evidence, and supporting planning and strategic collaboration around statewide youth health issues.

iparty

Iparty is an interactive workshop focussing on decision making skills and information about safer partying for school leavers. Youth Health staff work in partnership with local schools, Police, Ambulance, Drug Education Network, and local youth workers to coordinate and deliver this program in schools throughout the North and North West. Topics include alcohol, relationships, legal issues, safety and emergencies, discussed within a partying context. Evaluation is an important part of the process, providing ongoing information regarding the success of the program. Teacher workshops provide teachers with information about *iparty* and knowledge of the issues so they are better able to reinforce messages in the classroom.

In Tasmania 17.5% of the population, or 85,581 people were aged between 12 and 24 years in 2006 (ABS). This cohort is distributed as follows:

- North: 24, 812 (29%)
- North West: 18,132 (21%)
- South: 42,637 (50%).

The ratio of young people to each YHS staff member (including team leaders, and not including administration staff) is calculated as:

- North: 9,925 young people per full-time staff member
- North West: 7,253 young people per full-time staff member
- South: 7,106 young people per full-time staff member.

These figures highlight the limited resources of the YHS against a comparatively large and highly dispersed population group. However it is not realistic or necessary for the YHS itself to provide direct services for every young person in Tasmania. What is required is a clear mandate to best target the available resources in line with evidenced ways of improving health and wellbeing outcomes for young Tasmanians. A more sustainable approach acknowledges that the majority of young people will access mainstream primary health services, and focuses energy on working closely and strategically with others to provide more accessible and integrated services for young people across the intervention continuum.

The Pulse Road Show

The Road Show concept originated a few years ago in the south as a vehicle to promote health and wellbeing to young people living in isolated/rural/low socio-economic areas. The team heads to the chosen area for a day of group work, groups being co-facilitated by a range of local workers and specialised services. Topics are chosen by young people and school staff prior to the day.

An Action Research approach is used, evaluating each event involving young people, co-facilitators and school staff, refining the process and adding to the line-up after each Road Show. Young people inform the process; choosing the topics and evaluating each group. Co-facilitators from other services benefit greatly from the sharing of resources, information and facilitation style (as do the YHS workers) and some fantastic on-going partnerships with specialised services have been established.

Teachers are present for groups and the inclusion of locally based workers enables follow-up, ensuring the benefits for the young people attending reach beyond the experience of the day itself. Session plans and resources are available to fellow workers to use again.

Modelling our Practice

The Challenge

Since its inception in the 1990s much has been achieved by the YHS and its small team of dedicated workers. Some of the excellent initiatives undertaken by the Service are outlined in this paper. As discussed in the previous section, with young people facing increasingly complex health and wellbeing issues the key challenge for the future is how to focus effort for maximum effect with limited resources. Without clear planning and direction, the Service and its workers face unrealistic demands and an unsustainable future.

Some aspects of the challenge are:

- defining a **model of practice** that will ensure consistency of approach across the Service and balance a population approach with a focus on those who are most vulnerable

- determining where this model will fit within an **integrated service system** – taking into account what other services are out there and how the YHS can ensure that young people, particularly those who are vulnerable and 'at risk', are supported in a coordinated way and do not fall through the gaps.

A related task will be how to demonstrate that what is being done is having the desired outcomes for young people.

In determining an appropriate model of practice, it is proposed that the Service be embedded more strongly in a primary health approach with an explicit shift towards a clearer identification at the health promotion, prevention/early intervention (PPEI) end of the spectrum of care. A shift towards a stronger PPEI model will entail:

- enhancing and expanding the service's efforts to promote, prevent and intervene early to address the chronic disease epidemic (DHHS 2007:58), in particular, by responding to what the evidence suggests in regards to addressing the increasing mental health problems and range of other related health issues such as substance abuse and sexual health on young people's burden of disease (AIHW, 2007)
- acknowledging and building on the capacity of other Tasmanian health services to focus on this area
- advocating for appropriate infrastructure for the YHS and the broader sector to support a better integrated service system.

This proposal is discussed more fully in the sections below.

Defining our approach

In determining a model of practice for the YHS that focuses more on promotion, prevention, and early intervention (PPEI) a number of approaches and theoretical underpinnings are integral to our understanding of what this will mean for YHS practice.

As outlined in the Primary Health Services Plan 2007, the **primary health approach** encompasses:

- a focus on health and wellbeing, not just illness
- a population perspective on health, not only for individuals
- a multi-disciplinary team approach to care
- a partnership approach in which a range of groups and organisations need to work together on improving health
- a focus on actual health needs rather than service needs
- fostering individuals' control over their health and participation in health decision making.

Primary health care is the first level of contact people have with the health system.

It includes health promotion, illness prevention and early intervention, as well as more clinically-based treatment and maintenance services. The latter are generally provided on a more individual basis and are thus more costly and resource intensive. GP services are an example of this type of care.

Health promotion can occur at any point along the spectrum of primary health care but is generally easier and more effective at the prevention and early intervention end. It aims to empower individuals and communities towards better health outcomes by building healthy public policy, creating supportive environments, strengthening community actions, developing personal skills, and reorienting health services[2]. Health Promotion is an important construct with regard to the development of a new model for the YHS as it enables all interventions to be defined across the areas delineated in the Ottawa Charter for Health Promotion (see Figure 2).

Figure 2. OTTAWA CHARTER FOR HEALTH PROMOTION

THEME AREA: Young People's Health and Wellbeing Promotion

Develop Personal Skills	**Strengthen Community Action**	**Reorientate Health Services**	**Build Healthy Public Policies**	**Create Supportive Environments**

HEALTH PROMOTION INTERVENTION TYPES

Screening and risk factor assessment	**Health education and skills development**	**Social marketing and health information**	**Community action (for social and environmental change)**	**Settings and supportive environments**
• Youth health (HEADSSS) assessments (holistic assessment) • Supported referrals to specialist or health-related services • Health surveys • Involvement in collaborative case management processes	• Brief 1:1 intervention • Group work and resilience building programs • Self management approach • Motivational interviewing	• Community Programs • Development and dissemination of information on health issues important to young people • Promoting services available to young people • Health promotion stalls • Youth Week Activities • Positive promotion of young people's health and wellbeing in the media eg radio, newspaper, TV • Harm reduction	• Youth participation programs • Peer-led programs • Partnerships with youth participation groups (eg local government and Tasmanian Youth Forum) • Improving access to mainstream health services for young people • Involvement in strategic collaborative groups eg Statewide Youth Collaborative Group, Making Choices Program • Involvement in 'Youth Friendly' training and development for service providers	• Working with schools in a "whole of school approach" to address identified issues • Working with community groups from a community development approach • Promoting collaborative case management approaches • Having input into strategic policy development

Individual Focus **Population Focus**

[2] http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf

Other useful constructs which are consistent with a primary health model and integral to Youth Health Service practice include:

A **strengths-based approach**, where the focus is on the client's strengths not their deficits. It is an optimistic approach that finds the more emphasis is placed on an individual's strengths, the greater these become. It critiques the role of the worker as the 'expert' and places the young person as the expert.

Solution-focused brief intervention, which draws on strengths based approaches, and is a short-term goal-oriented approach which helps clients change by constructing solutions rather than dwelling on problems.

Opportunistic Interventions describes incidents or moments in a worker's day-to-day engagement with a young person where there is an opportunity to gain a deeper insight or understanding into their life issues. While this approach is a key aspect of work in youth centres, it is applicable to any health worker/young person interaction. Such strategies reflect an orientation toward social health models and a more integrated approach. They also normalise and de-stigmatise particular behaviours and allow for earlier and more integrated interventions.

Harm minimisation approach considers the actual harms associated with a risk behaviour, for example the use of a particular drug (rather than just the drug use itself), and focussing on how these harms can be minimised or reduced. It recognises that young people will choose to take risks, and risk taking including drug use is, and will continue to be, a part of our society.

Resilience "is the fine art of being able to bungy jump through life" (www.andrewfuller.com.au). Resilience building factors have been identified to contribute to a young person's capacity to cope with changes and challenges they encounter. These include connectedness and belonging, relationship with a caring adult, self esteem, supports, belief in own ability to cope, sense of control, positive role-models and high, but realistic expectations.
(http://cms.curriculum.edu.au/mindmatters/resources/resources.htm)

Self management involves a person making informed choices and engaging in activities that protect and promote their health; monitoring and managing their symptoms; managing the impact of illness on functioning, emotions and interpersonal relationships; and adhering to treatment regimes. Flinders Human Behaviour & Health Research Unit, (http://som.flinders.edu.au/FUSA/CCTU/self_management.htm)

Case management involves clarifying roles and coordinating services to help meet a client's needs, usually when the client has a range of issues or conditions requiring multiple services from multiple providers. While YHS is not offer a case management service, in line with the Agency Collaboration Strategy and good practice, YHS are involved in participating in case management processes.

SNAPPs (Smoking, Nutrition, Alcohol, Physical Activity and Psychosocial factors) refers to the cluster of preventable risk factors that collectively give rise to a range of chronic conditions (DHHS, 2005).

Primary, secondary and tertiary prevention refers to the different levels of prevention across a 'stages of disease' continuum. The goal of **primary prevention** is to limit the incidence of disease and disability in the population by measures that eliminate or reduce causes or determinants of departures from good health, control exposure to risk, and promote factors that are protective of health. **Secondary prevention** aims to reduce progression of disease through early detection, usually by screening at an asymptomatic stage, and early intervention. The goal of **tertiary prevention** is to improve function and includes minimisation of the impact of established disease, and prevention or delay of complications and subsequent events through effective management and rehabilitation (National Public Health Partnership, 2006).

Elements of a supportive school community developed by the Department of Education, can offer a useful guide for schools and those working along side schools to consider their own provision of supportive and inclusive schooling http://www.education.tas.gov.au/school/health/inclusive/supportiveschoolcommunities/elements_of_a_suppor

tive_school_community. The questions accompanying can assist in enquiring more deeply into each element. For example:

- In practical and philosophical terms, how would you describe the culture of your school?
- How do senior staff develop and implement a shared view of appropriate provisions for equity target groups?
- How has school organisation been responsive to the needs of students at educational risk?
- How has the school modified the curriculum, both in content and delivery, to include diverse student needs?
- In what ways does teaching cater to differences in student needs, learning styles, performance levels, areas of interest and individual capacities?
- How does the school assess, monitor and report on progress of students in the equity target groups?
- How would you describe the school's relationship with its parent body and the broader school community?
- How has the school dealt with school professional learning needs in relation to students in the equity target groups?
- What have been the major challenges in your school in developing a supportive school environment?

The **Social norms** approach has been heralded as an effective strategy for reducing alcohol-related harm amongst young people by identifying and correcting misperceptions of peers' attitudes and behaviour (http://www.utas.edu.au/tiles/current_projects/social_norms/social_norms_index.html).

In practice, a move to more strongly focus the YHS on health and wellbeing promotion, and position it at the prevention and early intervention end of the service spectrum will mean some shift of practice over time. The current system in which the service often attempts to be all things to all people will move to a more clearly delineated role for staff. Rather than trying to manage ongoing crises on an individual basis, staff will be more able to engage in health and wellbeing promotion that works, detect and intervene early in health problems and support appropriate referrals.

Preventing risky behaviour and promoting healthy choices among adolescents can yield positive health outcomes, not just during adolescence, but also during adulthood. Healthy adolescents have a better chance of becoming healthy, fulfilled, responsible and productive adults, leading to greater life skills, fewer work days lost to illness, longer working lives and increased productivity and progress. Promoting the healthy development of all young people, and ensuring equity for vulnerable groups, is one of the most important investments that any society can make (http://www.wpro.who.int/health_topics/adolescent_health/). The proposed reorientation of the YHS will enable it to focus on this task.

Positioning the Youth Health Service within the service system

This shift towards a PPEI model will not necessarily entail a huge change for staff of the YHS who are already doing this type of work. What it will mean though, is the need for greater collaboration and coordination with other services within the health care system to ensure that young people needing individual treatment and maintenance services are directed to the care they require, and that services are in place to pick up this work.

In addition to the YHS, there are a number of other primary health care services for young people in Tasmania occurring across a range of settings including General Practice, Community Health Centres, Emergency Departments, Local Government Youth Services, Regional Health Services[3], and Community Sector Organisations (such as Family Planning Tasmania and The Link Youth Health Service)[4]. Schools and

[3] Regional Health Services located in the following communities, most of which identify Youth Heath Service provision as part of their roles: Break O'Day, Bruny Island, Central Highlands, Circular Head, Dorset, Flinders Island, George Town, Glamorgan Spring Bay, Huon Valley, Kentish, King Island, Meander Valley, Southern Midlands, Tasman and West Coast.

[4] Services delivered by Community Sector Organisations are funded by State and Commonwealth Government. For example, the joint Commonwealth/ State program, 'Innovative Health Services for Homeless Young People' (IHSHY), auspiced by The Link Youth Health Service. IHSHY workers are

Colleges employ school social workers, guidance officers, youth workers, and counsellors in the public, private and independent schools across Tasmania, and the Australian Government fund *mindmatters* and *kidsmatter,* frameworks for mental health promotion, prevention and early intervention in schools.

The majority of health and wellbeing services provided by DHHS are secondary and tertiary health care services eg:

- Child and Adolescent Mental Health Services (CAMHS - services available in each region of the state up to the age of 18 years) and Adult Mental Health Services (services available in each region of the state from the age of 18 years). The Tasmanian CAMHS Blueprint defines CAMHS as assisting children and adolescents aged 0-18 years with severe and complex mental illnesses or disorders (2-3% of the population). In addition, CAMHS provides secondary consultation and support to providers of services for children with mild to moderately severe mental illnesses or disorders and specialist mental health education to the broader health sector.
- Alcohol and Drug Service (youth alcohol and drug workers provide treatment services from outreach settings such as community health centres, schools and local council facilities).
- Hospitals
- Sexual Health Service (clinical, counselling and health promotion services available in each region of the state)
- Disability Services (provides a range of services including service co-ordination, support and information for people with disabilities and their networks)
- Oral Health (provide dental care through community based dental clinics located in each region)
- Youth Justice Services (provides restorative justice services to the victims and perpetrators of youth crime aged 10-17 years, through community based correctional services)
- Housing Tasmania (provide access to public housing, limited to eligible applicants)
- Children and Families (services to children and families from child and adolescent health and parenting services through to statutory child protection services).

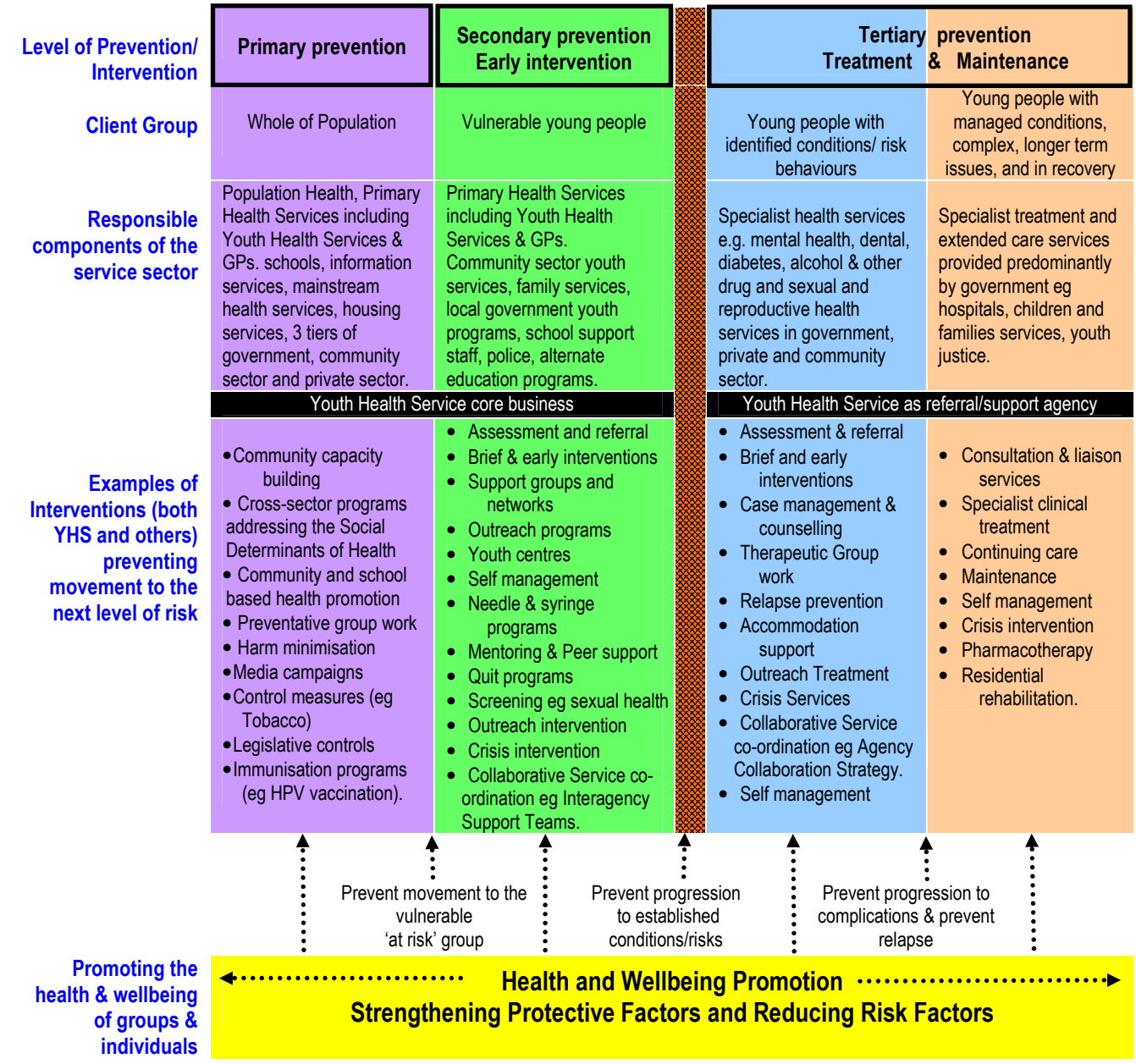
The youth sector in Tasmania also has a number of strategic mechanisms to collaborate and better co-ordinate services for young people. Our small state and close communities provide a good base for collaboration, and our dispersed population and limited resourcing make it essential. Groups key to collaboration and co-ordination of health services for young people in Tasmania are listed in Appendix 1. The YHS actively promotes collaboration and coordination between youth services and other relevant organisations by conducting strategic and joint planning and getting involved in joint projects and activities in line with the service framework. Figure 3 *A Model of the Health and Wellbeing Service System for Young People in Tasmania* indicates where individual services types are located along the spectrum of prevention/intervention. Under the service model, core business for the YHS will be:

- health and wellbeing promotion across the continuum
- primary prevention
- secondary prevention and early intervention.

Other services will take the lead with treatment and maintenance services at the tertiary end of the spectrum, with the YHS able to provide referrals, health promotion programs and support pre and post entry into these services.

located across the state and have access to funding for emergency health services for young people.

Figure 3. A Model of the Health and Wellbeing Service System for Young People in Tasmania[5]



Health and wellbeing promotion: The YHS works with others in a strategic and planned approach to promote health and wellbeing across the intervention spectrum. Health and wellbeing promotion is the process of enabling groups and individuals to increase control over, and to improve their own health and wellbeing. It has an emphasis on promoting protective factors, social, personal resources and physical capacities. YHS can work in health promoting ways and provide programs involving young people who are accessing other early intervention or treatment services.

Primary prevention: The YHS deliver evidence informed health and wellbeing programs to 'whole of population' groups of young people in schools and communities. Primary prevention aims to prevent the initial onset of serious health and wellbeing issues.

Secondary prevention and early intervention: The YHS works in conjunction with relevant agencies to provide early intervention services to young people individually and in groups. Early intervention aims to reduce the progression of health and wellbeing issues through early identification and brief intervention that increases protective factors and reduces risk factors. Secondary prevention and early intervention services are often more accessible to young people than more specialised services as they may be seen as 'youth friendly' and less likely to have stigma attached.

Treatment interventions for shorter term identified risk: The YHS works with treatment services who take the lead in supporting young people requiring these interventions. Treatment interventions aim to stop the progression or reduce the severity of identified conditions or risk behaviours. Young people may be reluctant to seek interventions from treatment services and there may be barriers and stigma perceived by young people. Good referral pathways and flexible working arrangements (eg outreach) between secondary prevention services and treatment services improve service responses for young people.

Maintenance interventions for longer term identified risk: The YHS makes appropriate referrals and works with other services who take the lead in supporting young people in this group. The focus is on relapse prevention and rehabilitation solutions.

[5] Adapted from National Public Health Partnership Background Paper: *Preventing Chronic Disease; A Strategic Framework*. Australian Government, Canberra 2001 and A Review of Alcohol, Tobacco and Other Drug Services in Tasmania, Healthcare Management Advisors, 2008.

AYHS Planning Framework for Tasmania

The YHS Planning tool is adapted from the ***Better Practice Framework Fact Sheets,*** Centre for the Advancement of Adolescent Health (CAAH, 2005) and the Primary Health Planning Principles (as delineated in the Primary Health Plan DHHS, 2007). It embodies the elements of good practice that are common in the literature and will be used to guide YHS Statewide Planning. The Planning tool is also designed to assist in ensuring consistency in evidence informed program planning.

The elements of the Framework are listed below:

- Accessibility and equity
- Evidence-informed practice
- Young people centred approach
- Collaboration and partnerships
- Skilled and diverse workforce
- Sustainability.

Further detail is included in the CAAH Better Practice Framework Fact Sheets in Appendix 2.

Figure 4, *The Youth Health Service Planning Tool* below, provides a description of the elements of the framework, checklist prompts to identify priority areas for action, and some key implications for YHS planning and practice.

Figure 4. ***The Youth Health Service Planning Tool***

1. Accessibility and equity

Accessibility describes a flexible, affordable health service which is relevant and responsive to the needs of all young people 12-24 (regardless of sex, race, cultural background, religion, socio-economic status, geographical isolation or any other factor). A health-equity and inclusive approach is striving to build a health system that is fair, monitors inequities and acts to reduce them. Services will be provided as close as possible to where people live where they can be provided safely, effectively and at an acceptable cost.

Objectives	Checklist (to identify priority areas for action)	yes/ partly/ no	Key Implications for YHS Practice and Planning
1.1 Develop effective service promotion	• Does your service have a promotion strategy to target young people?		• *YHS will continue to offer a range of PPEI programs and services accessible for young people.* • *YHS will engage with other services to discuss referral pathways, with an aim to clarify roles and develop smoother referral pathways for young people requiring interventions outside the core business of YHS.* • *YHS will establish a benchmark of an appropriate mix of individual, group work and community programs.* • *YHS will introduce discussion of equity issues into program/service planning, delivery and evaluation.*
1.2 Provide a confidential service	• Is there a confidentiality policy? Is this widely publicised to your target group?		
1.3 Provide a mix of individual, group and community outreach programs.	• Does the service provide an appropriate mix of services in line with a promotion, prevention, and early intervention approach?		
1.4 Ensuring safety, respect, trust and equity for all young people regardless of age, gender, culture, socio-economic status, ability, sexuality, geographic location and religion.	• Does your service actively seek to understand young people's concerns and needs, and have the capacity to respond to their needs? How? • Are young people from vulnerable groups accessing your service? Are you measuring outcomes for these young people to ensure they are benefiting? • Does your service planning address social determinants of health (income, education, culture, gender, dis/ability) that affect young people's health and wellbeing? How? • Does your service have appropriate referral mechanisms, ensuring referral occurs in a confidential and appropriate manner?		
1.5 Provide an affordable service	• Are services provided free, or at a cost affordable to young people?		
1.6 Providing physical accessibility and service flexibility	• Can young people reach the service easily (e.g. by public transport)? • Is the service open at times that young people can get there? • Is it possible for young people to drop in and use the service without having to make an appointment? • Is there flexibility around consultation times, and the capacity to offer longer sessions to deal with complex issues that may arise? • Are staff provided with training, supervision and support to maintain the knowledge and skills required for working with the diverse range of young people?		

2. Evidence-informed practice

Evidence informed programs are developed on a reliable assessment of need derived from a range of information sources with strategies founded on good practice standards determined by local, national and international guidelines. Rigorous evaluation of health care interventions and programs is a vital component of evidence-informed practice because evaluation leads to action based on evidence. For evidence based practice to be viable there must be ongoing contribution to an evidence body of 'what works', 'why' and 'at what cost'.

Objectives	Checklist (to identify priority areas for action)	yes/ partly/ no	Key Implications for YHS Practice and Planning

2.1 Implement systematic statewide planning
2.2 Implement systematic area planning
2.3 Implement systematic individual planning
2.4 Promote Healthy Adolescent Development
	• When undertaking planning or a systematic needs assessment, does your service utilise:
	  • Existing policies and background documents?
	  • 'Normative' research reports (such as epidemiological data, qualitative research studies)?
	  • Comparative studies of similar populations or issues — but from a different area?
	  • Surveys and direct consultations with key stakeholders and target populations?
			• *YHS will develop, implement and evaluate an outreach/program model and an individual model of service that is evidence-informed.*
			• *YHS will design and implement a statewide, area and individual planning process, informed by current evidence including drawing on the learning from other evaluated programs.*
			• *The YHS will implement a project management approach with aims and objectives that are SMART (Specific, Measurable, Achievable, Realistic, Time bound).*
			• *Development of clear outcomes measures to support evaluation.*

2.5 Monitoring changes to context and practice	• When reviewing programming priorities, does your service systematically monitor changes to the target population or issue (e.g. emerging needs) through regularly reviewing the range of evidence available?		

2.6 Using 'what works'	• When starting a new program, does your service:
	  • Use current evidence on the issue, including existing models, standards and practice guidelines?
	  • Locate and review reports, articles and publications (e.g. tools and guidelines) from similar programs?
	  • Develop expected outcomes based on existing performance indicators		

7.1 To have clear aims and objectives inline with Statewide, area and individual planning.	• Does your service have clear aims and objectives to evaluate against? • Does your service take a baseline assessment of the issue or target audience prior to a project being implemented?		
7.2 Conduct planned and systematic evaluation.	• Does your service act on issues and recommendations identified through out the evaluation, and review it's progress?		

3. Young people centred approach

This involves designing youth-friendly mechanisms, programs and practices so that young people can access services, express their opinions and get involved in developing, implementing, reviewing and evaluating services and programs.

Objectives	Checklist (to identify priority areas for action)	yes/ partly/ no	Key Implications for YHS Practice and Planning
3.1 Ensuring the service views 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	• Does your service cater for the diversity of young people and their health and wellbeing needs by providing welcoming accessible services and being up-to date on issues facing young people, especially those who are disadvantaged?		• *YHS will develop policy and tools to ensure young people's participation and decision making is part of program and service development, implementation and evaluation.*
3.2 Ensuring policy and practice supports young people's participation and is regularly reviewed	• Does your service have policies and procedures in place that outline how young people's participation and decision-making can be used in program development, implementation, review and evaluation? • Does your service regularly review and revise its youth participation mechanism in consultation with young people? • Does your service provide opportunities for increasing young people's confidence, • knowledge and skills in using participation mechanisms?		
3.3 Acknowledging young people's input	• Does your service have specific ways in which it acknowledges and values young people's input and contributions?		
3.4 Ensuring appropriate representation	• Does your service ensure that its youth representatives reflect the diversity of young people's views and needs?		

4. Collaboration and partnership

A key primary health planning principle is for services to be integrated with the other elements of the health service system. This requires collaboration of services to develop internal and external working relationships with other agencies that share similar service goals and target groups. Actions include communicating, networking and working together, both within and beyond the service's immediate sector. Effective collaborative partnerships often involve cooperatively working together in service planning, implementation, review and evaluation. Working in collaboration optimises resources, reduces duplication of effort and encourages holistic service delivery to young people.

Objectives	Checklist (to identify priority areas for action)	yes/ partly/ no	Key Implications for YHS Practice and Planning
4.1 Setting collaborative goals	• Does your service propose collaboration and partnerships within its strategic or business plan?		• *To ensure that a PPEI focus does not create gaps in services for young people requiring tertiary services, the YHS will work with other services to develop referral pathways, seek to adopt common assessment tools, clarify roles and service linkages and deliver integrated services.* • *The YHS will share the Framework with other services who may find it useful as a common tool in the planning of good practice health and wellbeing services for young people across the intervention spectrum.* • *The YHS will make use of the Vic Health partnership tool to assist in developing effective partnerships.*
4.2 Identifying partners, roles and responsibilities	• Does your service identify potential partners for collaboration and have protocols for working out roles, responsibilities and agreements between agencies or services?		
4.3 Planning and review	• Does your service regularly review and evaluate its collaborative strategies, to ensure effective processes and outcomes?		
4.4 Including young people and their organisations	• Does your service treat young people as equal partners where possible and appropriate?		

5. Skilled and diverse workforce

Maintaining a skilled and diverse workforce through pro-active recruiting and professional development is essential to keep up with knowledge, practice, treatments and the health care system itself.

Objectives	Checklist (to identify priority areas for action)	yes/ partly/ no	Key Implications for YHS Practice and Planning
5.1 Including professional development in planning and budget allocation	• Is professional development identified as a service objective, and are planned activities costed into service budgets and proposals?		• *The YHS will develop consistent planning, policy and procedures for creating a proactive professional development culture.* • *The YHS will access training in key concepts such as Health Promotion and Self Management.*
5.2 Providing comprehensive induction processes	• Are there formalised induction processes for staff taking up new positions — including handover, orientation and probation?		
5.3 Conducting regular staff performance review and ongoing development	• Does your organisation provide regular opportunities for staff members to review and discuss their professional development needs? • Does it assist workers to plan and undertake activities to improve knowledge, skills and performance?		
5.4 Collaboration with other agencies	• Does the service collaborate with other agencies/organisations around staff development events, in order to maximise resources, share expertise and ensure a healthy flow of ideas?		
5.5 Developing strong internal communication and knowledge transfer	• Are there working mechanisms within the service (e.g. team meetings, team forums, internal newsletters etc.) where staff share newly acquired knowledge and information with co-workers?		
5.6 Involving young people in providing training	• Do young people inform staff training around youth issues – and are they directly involved in its delivery? • Do staff training/development programs have clearly identified outcomes (such as identified competencies) and are they regularly evaluated?		
5.7 Recruitment of staff with the diversity of the client group in mind	• Does your service have a recruitment policy to support an appropriate mix of gender and cultural diversity?		

6. Sustainability

Sustainability refers to creating programs that are self-maintaining in the longer term, even after initial funding has been discontinued. Sustainable programs address recognised needs, support long-term outcomes to the health and well-being populations, and reduce the vulnerability of having short-term, stand-alone interventions.

Objectives	Checklist (to identify priority areas for action)	yes/ partly/ no	Key Implications for YHS Practice and Planning

6.1 Conduct long-term sustainability planning	• Where possible, does your service develop sustainability strategies within its strategic and business plans, for example:
	  • putting income generation strategies in place
	  • developing partnerships and collaboration, and
	  • Building community capacity and planning transition strategies with the ultimate goal of handing over project ownership within an identified time frame?
	• Is your service considering the impacts and developing responses to the changing social and physical environment.
			• *The YHS will promote and deliver 'youth friendly' service provision training.*
			• *Programs will be designed, implemented and evaluated with sustainability in mind.*
			• *YHS will work with other secondary prevention and tertiary intervention services to address current gaps in services and promote opportunities to provide better integration of health services for young people.*

6.2 Upskilling other services	• Does your service actively share and integrate its activities into existing mainstream programs where possible?		
6.3 Continuing to develop good practice and replicability of programs	• Does your service develop programs which can be replicated elsewhere?		
6.4 Providing advocacy	• Does your service invest in advocacy and utilisation of Board and other key stakeholder influence, in order to promote programs?		

A Way Forward

The YHS Framework described in this document has been developed in line with the Primary Health Services Plan and sets a clear strategic direction for the Department of Health and Human Service's YHS to focus on health and wellbeing promotion, prevention and early intervention. It also provides a tool for Service planning and program planning that embodies good evidence-informed practice as represented in the literature.
Consultation has been conducted on the draft Framework to gain feedback and input from our partners in the sector. The process involved:

- presentations and discussions at regional forums around the state
- face to face meetings with key partners
- email invitations to comment
- web based invitation to comment.

The results of the consultations are incorporated into the final framework document. This is the foundation for the development of the Statewide Implementation Plan 2008-2011, which will then guide Area Action Plans.

Templates of the Statewide Implementation Plan (triennial) and the Area Action Plan (annual) are included below. Progress of the Statewide Implementation Plan will be reported at YHS Statewide meetings and redeveloped triennially.

Figure 5. Statewide Implementation Plan (triennial) Template

Element/Aim (eg Accessibility and equity)			
Objectives	**Strategies/Priorities**	**Who/When/ Resources**	**Performance Indicators**
1	•	•	•
2	•	•	•

Figure 6. Area Action Plan (annual) Template

Strategies / Priorities	**Actions**	**Planning Framework (How action will address each element)**						**Performance indicators**	**Progress**
		Accessibility and equity	Evidence-informed practice	Young people centred approach	Collaboration and partnership	Skilled and diverse workforce	Sustainability		
1	•	•	•	•	•	•	•	•	•
2	•	•	•	•	•	•	•	•	•
3	•	•	•	•	•	•	•	•	•

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Appendices

1. **Collaboration and Co-ordination in the Tasmanian Youth Sector**
2. NSW CAAH (2005). **ACCESS Study: Youth Health — Better Practice Framework Fact Sheets**, NSW Centre for the Advancement of Adolescent Health / The Children's Hospital at Westmead, Westmead NSW. www.caah.chw.edu.au

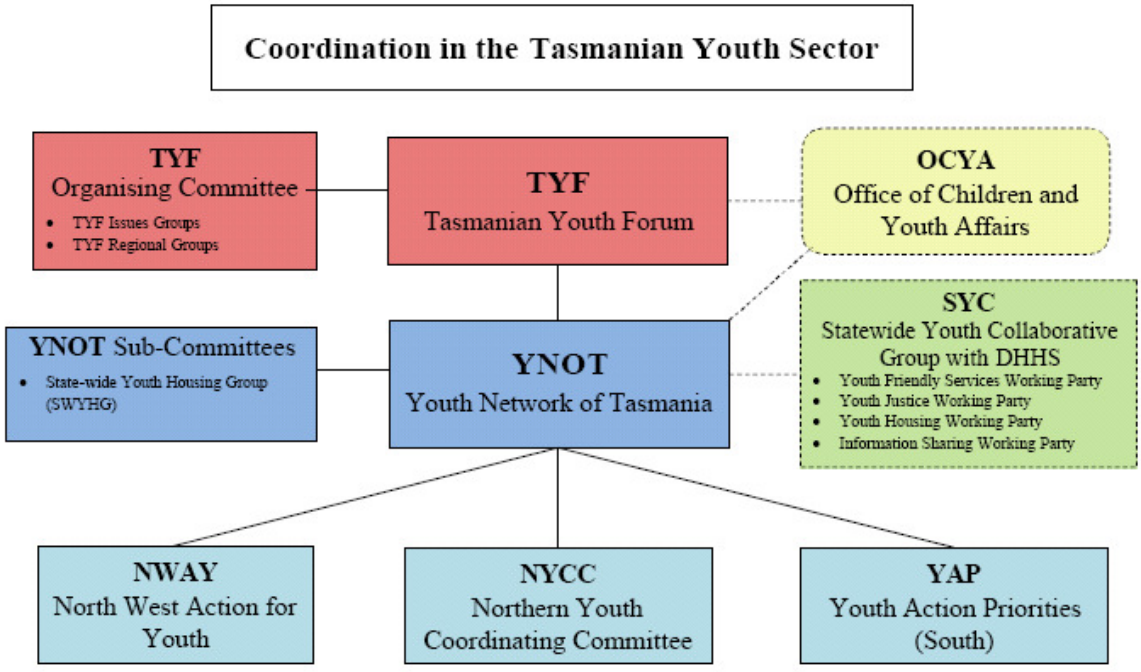
Appendix 1 Collaboration and Co-ordination in the Tasmanian Youth Sector

The youth sector in Tasmania has a number of strategic mechanisms to collaborate and better co-ordinate services for young people. Our small state and close communities provide a good base for collaboration, and our dispersed population and limited resourcing make it essential. The YHS actively promotes collaboration and coordination between youth services and other relevant organisations by conducting strategic and joint planning and getting involved in joint projects and activities in line with the service framework.

The following groups have a key role in collaboration and co-ordination of health services for young people in Tasmania. The list is not comprehensive and other collaborative groups operate at a regional and local level or meet to address specific issues.

- The **Youth Network of Tasmania** (YNOT) is the peak body for community sector youth organisations in Tasmania. DHHS work closely with YNOT formally through the Statewide Youth Collaborative Group (see below) and informally through the regional network. The figure below represents YNOT's co-ordination in the Tasmanian youth sector including the **Regional Groups** that operate to share information, discuss issues and co-ordinate collaborative responses. The groups are: Northern Youth Co-ordinating Committee (NYCC), North West Action for Youth (NWAY), and Youth Action Priorities (YAP-South) and meet monthly to six-weekly. Local Government convene and resource the three Youth Sector Regional Groups across the state.

Figure 7.



- **The Tasmanian Youth Forum** (TYF) is the key Youth Participation mechanism in Tasmania incorporating all youth participation groups eg Local government youth councils and issues groups. TYF has been recently re-structured and is co-ordinated by a Project Officer based at YNOT and funded through the Office of Children and Youth Affairs. The Youth Health Team will explore closer collaborative links with the TYF Health Issues Group as identified in the Youth Health Framework Implementation Plan.

- **The Statewide Youth Collaborative (SYC) Group** (represented in Figure 7.) is a cross-sector partnership group between DHHS and the community sector. It is co-chaired by Population Health and Youth Network of Tasmania and resourced by the Youth Health Policy Officer (Population Health). It aims to improve young people's access to health and human services in Tasmania. Relevant areas of DHHS, their corresponding community sector peak bodies, regional representatives and other key stakeholders are represented at the table**.** In 2006, the Statewide Youth Collaborative group identified priority issues in the Youth Health sector, and developed a work plan accordingly. They are:

    - To improve access to services for young people with co-existing mental health, alcohol and other drug issues and sexual health issues;
    - To improve access to housing services; and
    - To improve collaboration between services in the provision of health and wellbeing services to young people.

- **The DHHS Agency Collaboration Strategy (ACS)** is founded on the principles of collaboration, early intervention, a client centred approach, finding solutions that are fair, creative and affordable, and designing understandable processes. The ACS depends on the network and leadership of over 50 Key Coordinators from all DHHS programs and regions and aims to assist services to work together to provide better service for clients who require a complex mix of services and supports. The Complex and Exceptional Needs Unit in DHHS promotes the strategy in working with service providers, young clients and their families around a range of health and support issues relevant to young people.

- **Office of Children and Youth Affairs** (OCYA) is based in Department of Premier and Cabinet and coordinates policies, programs and information for children and young people in Tasmania. It also aims to improve access by young people to government decision-making.

- **The Making Choices Program** is based in Family Planning Tasmania and works collaboratively across community sector and government to oversee a comprehensive, evidence informed strategy to improve young people's access to education, contraception, and clinical services regarding their sexual and reproductive health. This includes supporting young people who are pregnant and parenting. The program was initiated and is funded by DHHS. The YHS are key in supporting this program by implementing good practice in this area and having input into the range of Making Choices Projects.

- **Interagency Support Teams (ISTs)** are convened by Department of Police and Emergency Management and work collaboratively across government agencies to support young people and their families to improve health and wellbeing outcomes. Young people are referred who have come to the attention of the justice system, or who are identified as being at risk of a range of health risks and anti-social behaviours. YHS sit on a number of teams around the state and offer early intervention services where appropriate.

- **Divisions of General Practice** operate statewide and in each region. General Practice Tasmania works to enhance the role of General Practice in the delivery of health services in

Tasmania, position and promote its lead role in primary health care. General Practice South, North and North West focus on building practice capacity, general practice clinical education, and assisting general practices to work within the wider health system.

General Practice North has been granted $945,000 over two years from *headspace*, the National Youth Mental Health Foundation. *headspace* aims to create new models for delivering mental health services to young people and to build the capacity of local communities to identify and provide early and effective responses to young people with mental health and alcohol and other drug issues. GP North will work The YHS North to bring together local services to provide holistic care to young people with mental health and drug and alcohol problems. Priorities and initiatives of *headspace* include:

- collecting and building on the best available evidence-based practice in young people's mental health through the Centre of Excellence
- encouraging early help seeking by young people with mental health and substance use issues through local and national community awareness activities
- assisting a range of service providers who work with young people to build their skills through education and training resources and initiatives

The project will be based out of *headspace North* (formerly The Corner Youth Health Centre) in Launceston and involves the Northern Youth Health team, and other key stakeholders eg GPs, government and community sector mental health, alcohol and drug, and other health services, education and vocational support services.

The recent commitment to *headspace*, National Youth Mental Health Foundation, and the range of early intervention initiatives being funded, will see this area expand in service, practice and evidence base. Good practice resources and outcomes from this collaborative work will be shared statewide through the YHS.

- Local government youth co-ordinating groups operate in some areas to promote and address issues for young people in the local area. For example the Youth Action Network Glenorchy (YANG) is convened by Glenorchy City Council and has a long partnership with DHHS in the establishment and operation of the Pulse Youth Health Centre in the South.