Developing Resilient Young People in Counties Manukau.

Youth health Strategic and implementation plan 2005

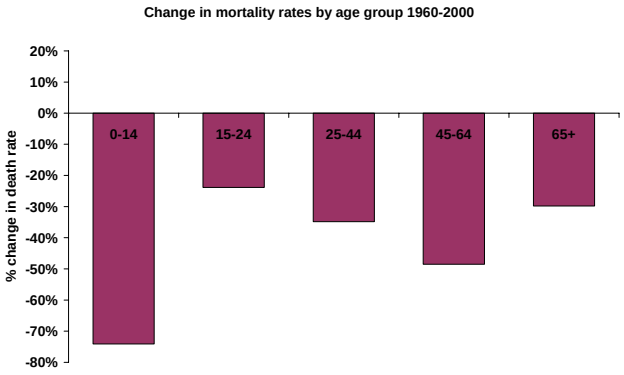
Counties Manukau District Health Board's vision-

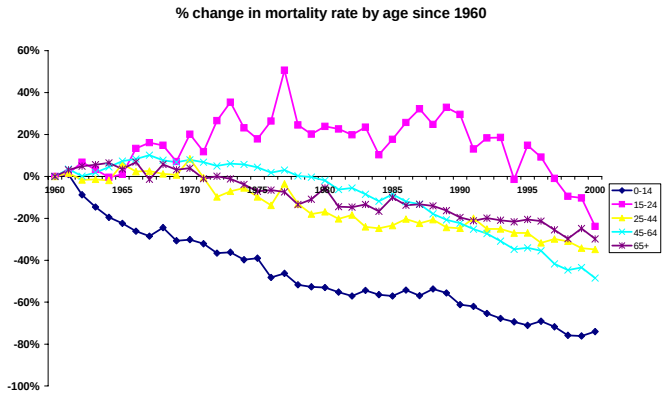
Our shared vision is to work in partnership with our communities to improve the health status of all, with particular emphasis on Maori and Pacific people and other communities with health disparities. (Healthy Futures- A Strategic plan for CMDHB- Feb 02)

Background:

More than 675,000 young people (aged 12-24 years) live in New Zealand, and over ten per cent of them (72,786) live in Counties-Manukau.(Statistics New Zealand. 2001 Census of Populations and Dwellings. Wellington : Statistics New Zealand, 2002) Many of these young people live in areas classified as socio-economically 'very deprived' and attend low decile schools. Despite the many health issues that affect young people in Counties-Manukau, most consider their health as good, very good or excellent. Most young people have a number of protective (health promoting) factors in their lives and do not engage in multiple risky health behaviours.(Adolescent Health Research group. South Auckland Regional Report: A profile of student health ad wellbeing, Auckland. The University of Auckland 2004.) While most of the young people in Counties Manukau are healthy, many have significant health issues and exhibit risky health behaviours. These can have long-term impacts on adult health and wellbeing and many of these health issues are preventable.

Of all age groups, young people have had the smallest improvement in mortality rates over the last 40 years. Approximately one in every eight youth deaths in New Zealand occurs in Counties-Manukau (NZHIS: Mortality and Demographic Data 1999. Wellington. Ministry of Health 2003.)





Key facts:

- Approximately one in five people who live in Counties Manukau belongs to the 'youth' category (aged 12-24 years). There were 72,786 young people (12-24 years) living in Counties Manukau in 2001 .(Statistics New Zealand. 2001 Census of Populations and Dwellings. Wellington : Statistics New Zealand, 2002)
- Of young people living in Counties-Manukau, 14,922 were Maori, 16,347 were Pacific and 10,065 were Asian (each comprising 24% of their respective ethnic group populations in the district).
- Counties Manukau has a high proportion of people (greater than 107,000, in total 34% of the Counties Manukau population) living in areas classified as socio-economically "very deprived (Dep 9 and 10)".(Crampton P at al. Degrees of Deprivation in New Zealand, Auckland. Bateman,2000)
- Over 40% of children and young people in Counties Manukau live in areas considered to be the most deprived 20%.(Walker w et al. The Health of Children and Young People in Counties Manukau District Health Board. CMDHB 1999)

- Health outcome data show improvements in youth health to have been less than other age groups (see graph above).
- Mortality rate data indicate those aged 12 to 24 face the risk of significantly increasing numbers of deaths compared to children and young adults. (NZHIS: Mortality and Demographic Data 1999. Wellington. Ministry of Health 2003.)
- Approximately three-quarters of youth deaths are due to injury (intentional and non-intentional). (NZHIS: Mortality and Demographic Data 1999. Wellington. Ministry of Health 2003.)
- Potentially avoidable mortality rates are higher in Counties-Manukau than nationally. (Jackson G et al. Counties Manukau Health Profile. CMDHB 2001)
- Motor vehicle-related deaths and suicide are the leading causes of death in this age group, accounting for more than 40% of all deaths in the youth age group. (NZHIS: Mortality and Demographic Data 1999. Wellington. Ministry of Health 2003.)
- Counties Manukau has a higher youth mortality rate for this age group than the national rate (102/100,000 vs 93/100,000 respectively)[5] In total there were 53 deaths of young people in Counties-Manukau in 1999: the highest number for any DHB and 12.3% of the total number of deaths for this age group in New Zealand in 1999. (NZHIS: Mortality and Demographic Data 1999. Wellington. Ministry of Health 2003.)
- Counties-Manukau young people have high rates of potentially avoidable hospitalisations compared to other DHBs. (Jackson G et al. Counties Manukau Health Profile. CMDHB 2001)
- The rate of teenage (age <20 years) births has remained much the same in New Zealand over the past five years. The rates in Counties Manukau are significantly higher than in the total ethnic-specific New Zealand populations (Counties-Manukau Maori 91, Pacific 58 per 1000 16-19 year olds vs New Zealand Maori 69, Pacific 51 per 1000 16-19 year olds). (Jackson G et al. Counties Manukau Health Profile. CMDHB 2001)
- Young people in Counties-Manukau are more likely than those living in other areas of New Zealand to report mental health concerns. More than 10% of male secondary school students and up to a quarter of all female secondary schools students have high levels of depressive symptoms[8]. Many young people (13.1% male students and 33.6% female students) report having thought about killing themselves in the last 12 months (Adolescent Health Research group. South Auckland Regional Report: A profile of student health ad wellbeing, Auckland. The University of Auckland 2004.)
- Many young people in Counties-Manukau exhibit risky substance use behaviours. 17% of female secondary school students and 8% of male students report they smoke daily. Approximately one-third of all students report binge drinking at least once in the last four weeks. (Adolescent Health Research group. South Auckland Regional Report: A profile of student health ad wellbeing, Auckland. The University of Auckland 2004.)
- About a quarter of male secondary school students and a third of female students in Counties Manukau report a lifetime prevalence of sexual abuse.(Adolescent Health Research group. South Auckland Regional Report: A profile of student health ad wellbeing, Auckland. The University of Auckland 2004.)
- About a quarter of secondary school students have a part-time job (males 30%, females 27%) and about half of them work five hours a week or more.(Adolescent Health Research group. South Auckland Regional Report: A profile of student health ad wellbeing, Auckland. The University of Auckland 2004.)
- Regular physical exercise is reported by more than half of male young people - compared to a third of female young people. Frequent consumption (three or more times per week of fast-foods (takeaways) is reported by more than a quarter of young people. (Adolescent Health Research group. South Auckland Regional Report: A profile of student health ad wellbeing, Auckland. The University of Auckland 2004.)
- Approximately half of the secondary school student population say there has been at least one occasion when they recognised they should have sought health care, but they didn't. The most common reasons include not want to make a fuss, cost, feeling scared or not comfortable with the provider and concerns about confidentiality. (Adolescent Health Research group. South Auckland Regional Report: A profile of student health and wellbeing, Auckland. The University of Auckland 2004.)

- Proportionately more (low) decile 1 and 2 secondary schools are in Manukau City than in other parts of New Zealand. These schools experience higher rates of student stand-downs and suspensions than higher decile schools. The rates for stand-downs and suspensions are also higher for male students, Maori and Pacific students and students aged 14-15. The most common reasons for stand-down and suspension are substances use and harmful or dangerous behaviour to people or property.(Statistics available from Ministry of Education- Auckland office)
- Students that have been excluded from secondary school and who attend alternative education providers in South Auckland are significantly more likely to have health issues. These young people are known to be two to three times more likely to report risky health behaviours, mental health concerns and problem behaviours. (Adolescent Health Research group. Alternative Education Report from Northland and Auckland, Auckland. The University of Auckland 2002.)
- Students from the AIMHI schools in 2002 identified the issues concerning them the most as: weight, violence, smoking, exercises, alcohol and drugs, sore throats, tiredness, eating, STIs, sporting injuries, peer relationships and hunger.

Youth Health strategies:

Although a range of Government strategies is in place that directly impacts on youth health, some relevant projects and organisations are not working in unison. The New Zealand Health Strategy clearly identifies priorities, while other strategies are directional and philosophical. A significant strategy for youth health is the Youth Health Action Plan, Ministry of Health, September 2002. This strategic document contains 202 recommended actions, but no additional or focused funding has been received by DHBs to implement it.

Major funding and resource implications for youth health and the role of CMDHB are included in the following strategies: Youth Suicide Prevention; Looking Forward (new funding attached); drug policy; alcohol policy; Youth Health Action Plan; and oral health. Similarly, significant implications exist for the implementation of Youth Development Strategy Aotearoa and Agenda for Children. As well, there are implications for resource, planning and reprioritising of services in the New Zealand Health Strategy, Pacific Capacity Building, and Child Health Strategy. However, few clear outcomes are connected to many of these strategies - despite the emphasis from the Ministry of Health on providers and funders utilising evidence based, outcome focused strategies.

The services CMDHB currently funds were all 'inherited' from the HFA/MOH (except for newly developing PHO outreach services in AIMHI schools). Although they are consistent with some of the national strategic plans, opportunities exist to improve and increase the strategic focus of providers. Significant health gains could be achieved if CMDHB implemented all these strategies as proposed, although there are significant resource and financial implications.

Counties Manukau District Health Board

Youth Health is one of Counties Manukau District Health Board's priority areas in the Strategic Plan.

Why Youth Health?

Youth participation in decision making- based on the Youth Health Action Plan, Ministry of Health

Youth development is about young people gaining a

- feeling they contribute something of value to society

- sense of connection to others and to society
- belief they have choices about their future
- Positive and comfortable feeling with their own identity.

It's about building strong connections and active involvement in all areas of life including:

- family and whanau
- schools, training institutions and workplaces
- communities (sports, church, cultural groups)
- Peer groups.

It's also about young people being involved and having a say in decisions that affect them, their family, their community and their country - and putting into practice and reviewing those decisions.

What works for young people?

The key messages of effective approaches to improving the accessibility of services for young people from the Ministry of Health's Youth Health Action Plan and the Ministry of Youth Affair's Youth Development Strategy are:

- youth-targeted settings increase access and utilisation of health services among young people (whether school based or one stop shop) - leading to reduced use of emergency departments in some studies;
- young people who use youth-targeted services are likely to be those who are most vulnerable (low socioeconomic, chronic health problems and high risk health behaviours); and
- Where young people participate in the design, decision making or delivery of a strengths-based service, the uptake and access of that service by young people is improved.

The Ministry of Health Youth Health Action Plan identifies six goals and four population-specific goals that will underpin CMDHB's planning for youth health services in a range of settings.

Healthy Youth Development:

A review of effective programmes and approaches completed by Simon Denny, The Centre for Youth Health sponsored by Portage Trust identified nine critical criteria for youth services:

- Close and caring relationships between parents and youth should be promoted and strengthened.
- Youth need support from and opportunities at school
- Youth need opportunities to contribute and participate
- Interventions need to be intensive and sustained
- Form alliances and partnerships with other agencies
- Look for existing programmes that have been well evaluated and have clear implementation procedures
- Build evaluation into programmes
- Involve young people in the planning and running of programmes
- Attract and engage hard to reach young people

Why Youth Health? Youth Development Exec Summ- Youth Development

Young people understanding their entitlements and health information

The Ministry of Health Youth Action Plan revealed that a large number of young people are accessing health information electronically through Internet sites. This presents an important opportunity to ensure that all young people know what they are entitled to and how to access it. Care must also be taken to ensure young people use the services they are entitled to.

Outcome #1: Improve youth community wellbeing by enhancing School Based Health Services.

School Based Health services

This aspect of the strategy evolves around intersectoral initiatives aimed at improving the youth community well-being. The focus of this aspect of the plan will initially be on developing comprehensive school based health services supported in partnership by CMDHB; ACC; Ministry of Education, Ministry of Social Development and PHOs.

Ideally, there will be a comprehensive school based health service on site in every mainstream secondary school in Counties Manukau. The model we are currently working on involves a number of other sectors with a strong commitment required from all. This has yet to be consulted upon and agreed to by the Counties Manukau secondary school Principals; schools, individual Boards, Ministry of Education, students, Ministry of Health, Ministry of Social Development as the preferred model and then agreed to financially.

Modelling school health services

With the additional school services in place for 2006, 63% of Maori students and 85% of Pacific students in the CMDHB mainstream schools will be covered by this style of service.

This model reflects the Best Practice – as defined by the Literature Review- Successful School Health Services for Adolescents- Best Practice Review written by Simon Denny, Dunne Winnard and Terry Fleming. This identified the key criteria for developing successful school based health services. These include:

- Wide consultation with school and community
- Youth focus and participation
- Delivery of a high quality comprehensive care
- Effective administrative/ clinical systems and governance to support service delivery.

Successful School Based Services for Adolescents

SBHS- NZMJ

CM school based health services review

CM school based sexual health service

There are basic requirements also of youth health which involve a youth healthy trained Registered Nurse; youth health trained GP; training and supervision available and an audit of school.

This literature review also includes a self audit mechanism for schools looking to set up similar services. This literature review combined with the Ministry of Health's information on School Based Health services which also provides information on considerations for setting up a constructive model.

A strong component of this model is assessing every Year 9 student- the AIMHI schools have developed an assessment tool based on the HEADDSS youth assessment tool- this is a well known youth health comprehensive holistic approach to youth health which identified a range of risk factors and protective factors that impact on the health of young people.

AIMHI assessment tool AIMHI

We strongly recommend that schools, who are interested in developing these services, also utilise the purpose built database. More information on this data base is readily available.

Assessment information
We are in the process of reviewing this tool. This will be done by an American expert who had connections to the original HEADDSS tool.
The AIMHI assessment has assisted the schools to provide outcomes from their services and also informed planning of which services are best provided on site- due to demand.
AIMHI outcomes AIMHI poster

This is supported by the School Nurses Group's developing nursing standards and comprehensive policies in schools. These are available on their website.

The training arrangements and supervision requirements for school nurses are currently being reviewed and plans to implement these are underway. Initial training on youth health and HEADDSS assessments has been provided by the Centre for Youth Health.

There are interested Primary Healthcare organisations (PHOs) actively supporting and participating in the development of school based health services.
PHO considerations

There is also support for the development of youth participation and development models in schools. This information is available from Youthline.

Standards for youth workers are currently being developed and will be available in December 2005 for further consultation. There is also training available for a range for youth workers including first point of contact workers, alternative education and the social workers/ community workers at AIMHI.

Counties Manukau District Health Board's Sexual Health Implementation Team is reviewing successful models of sexual health within school based health services; providing more information to secondary school students; developing a letter for schools from CMDHB and a code of rights by young people for young people. The sexual health recommendations and letter will be available by December 2005; the information and the Young People's Code of rights will be ready by June 2006.

Other opportunities for school developments involve:

- Alternative Education services and Teen Parent Unit clinical services.
- Restorative Justice
- DFC (Drug Free Contracts)

Drug Free Contract

Implementation Plan:

Action required:	Involving:	Timeframe:
Consultation on the model for School Based Health services.	Principals and BoTs. All sectors involved	Term 4, 2005.
Consultation on service specification	Principals and BoTs. All sectors involved	Term 4, 2005.
Review of the risk and resiliency aspect of the AIMHI assessment tool.	Dr Richard Mackenzie	Term 1, 2006.
Completion of nurses standards, training requirements and supervision requirements	School nurses group.	Dec 05.
Youth participation models for schools	Youthline	Dec 05.
Standards for youth workers	Youthline	Dec 05
The sexual health recommendations and letter will be available by December 2005; the information	Sexual health Implementation Team	Dec 05
Code of rights will be ready next year by Dec 2006.	Youthline Youth Advisory Group.	Dec 06
Letter from Sexual Health to schools	Sexual health Implementation Team Letter to CM schools re sexual health	Dec 05
Student information	Sexual health Implementation Team	June 06
Code of Rights	Youthline	Dec 06
Develop the DFC concept	Interested schools and Gilli	Dec 05.
Develop the concept of school based health services	This will require significant funding to cover CMDHB	

Outcome #2: Improve Child and youth health

We acknowledge the importance of working across health strategies and other sectors to improve the health of young people. The youth health team works alongside the Maori and Pacific teams to develop and implement strategies. We are also focused on working co-operatively with mental health, sexual health, drug and alcohol services and oral health.

Implementation Plan for Outcome 2- improve child and youth health		
What	Who	When
Improve interfaces with other health strategies by joint ventures and working together on youth outcomes	Youth Health team; Pacific team; Maori team; mental health; drug and alcohol services; sexual health team; oral health.	On-going
Develop infrastructure to support youth health	Youth Health team	On-going
Youth Advisory group	CMDHB and Youthline	Developed- currently working on developing Youth Code of Rights.
Develop youth participation processes- initial focus DHB and schools.	CMDHB and Youthline	On-going

Outcome #3: Reduce incidence and impact of priority conditions

Mortality and morbidity statistics for CMDHB demonstrate a high fatality rate compared to other areas in the country. The mortality rate for 12- 24 shows significantly less improvement when compared to children and young adults over the past 30 years. Ninety percent of the death rate for young people is preventable- with the highest rates for motor vehicle- related deaths, suicide, homicide and other potentially avoidable deaths.

The most significant "Priority condition" for young people will be their high risk activities. Whilst it is important not to eliminate all risk taking behaviours, it is important to minimise the risk so young people survive adolescence.

Implementation Plan for Outcome 3- reducing incidence and impact of priority conditions		
Identify ways of enhancing protective factors across youth health thus reduce risk taking behaviours.		
What	Who	When
Develop a working group to identify ways of enhancing protective factors across youth health	Youth Health team.	2006
Ensure services (contracts) reflect strength focused approach.	Funder- CMDHB	2007

Identify one priority condition per year and review.		
Conditions proposed: • Diabetes/ obesity • asthma • Chronic illnesses eg… • Bronchiectasis (in conjunction with child health- joint project) • Violence and abuse	Centre for Youth Health to scope the needs of young people with end stage renal failure- in conjunction with renal; project. CM Youth Utilisation	June 2006 / 2007
Continue work across sectors for young people with complex needs and their access to services.		
What	Who	When
Continue to review services and their accessibility	Youth Health team.	2006

Outcome #4: Reduce inequalities of health status

Inequalities among youth populations

Youth 2000 reported that 80% of young people are generally healthy. However, inequalities exist among young people in CMDHB - where Youth 2000 also reported 20% of young people are at risk of poor health outcomes. Reasons include:

- they live in low socioeconomic environments (significant proportions of Maori and Pacific young people live in highly deprived households); and
- high-risk health behaviours.

Universal approaches to maintaining and promoting the health of young people must also ensure complementary and/or population-specific approaches that are able to target those young people at risk of poor health outcomes. This may be reflected in a number of settings, including families, schools, workplaces and/or youth specific facilities.

Four priority groups have been identified for this outcome:

- students in alternative education
- students in TPUs
- young people in Youth Justice facilities
- young people who are excluded from mainstream and alternative settings.

Implementation Plan for Outcome 4 – reducing inequalities of health status		
What	Who	When
Students in alternative Education facilities.		
Develop a pilot for clinical services which will identify needs and consolidate over 2005. Comprehensive assessment of each student	Centre for Youth Health	2005.
Model the needs of students to fulfil	Follow up discission with mental	2006.

requirements for comprehensive service delivery across the Counties Manukau Develop back up services as required	health; drug and alcohol services. Modelling as presented from C4YH	 2006. 2005.
Follow up mentoring with MSD	Youth Health funders.	2006.
Design a set of standards for youth workers and implement	Youthline	2006.
Design and establish training for Alternative education providers	Professional Development Services (Stuart Newby)	2005- on-going.
Work with Manukau Youth Centre to ensure capacity to support clinical services.	CMDHB + MYC	2006.
Work with national and regional funders to develop national consistency of services where appropriate	CMDHB + Funders	2005.
Develop evaluation of services to ensure targeted to need including outcome based information on impact of services	CMDHB	2006 for evaluation in 2007.
What is Alternative Education? Alternative Education Comparisons Alternative Education – Outside the mainstream Alternative Education Students Health, Northland and Auckland Region		
Students in teen Parent Units.		
Develop a pilot for clinical services which will identify needs and consolidate over 2006. Comprehensive assessment and service provided for each student and their baby	TKOH and Ta Pasefika	2006.
Design and establish training for TPU providers	Professional Development Services (Stuart Newby)	2006.
Develop a steering group to identify the needs for on-going service delivery and also requirements across CMDHB Develop back up services as required	Appropriate youth experts	2006. 2006.
Complete a literature review of Best Practice working with young parents in educational settings.	Centre for Youth Health	Jan- June 2006
Develop evaluation of services to ensure targeted to need including outcome based information on impact of services	CMDHB	2006 for evaluation in 2007.

Preventing teen pregnancy		
Young people in Youth Justice Facility		
Develop a pilot for clinical services which will identify needs and consolidate over 2005. Comprehensive assessment of a specified number of residences	Centre for Youth Health	2005.
Clarification of potential funding from DHBs	Internal CMDHB and other DHB funders.	
Model the needs of students to fulfil requirements for comprehensive service delivery across the Counties Manukau Develop back up services as required	Follow up discission with mental health; drug and alcohol services. Modelling as presented from C4YH	2006. 2006.
Develop evaluation of services to ensure targeted to need including outcome based information on impact of services	CMDHB	2006 for evaluation in 2007.
YJN scoping YJN North- clinical scoping		
Young people excluded from mainstream and alternative settings		
Set up a working party to scope the needs (and numbers) of these young people	Youth health experts.	2006.
Scoping of the utilisation of services for young people with high and complex needs	CMDHB	March 2006.

Additional information is available for cross reference:

- Alternative Education from Centre for Youth health
- Alternative Education info a one page update.
- Alternative Education report - Sept 05
- Youth Justice Facilities- Clinical Scoping- John Newman
- Youth Justice scoping- 2005

Outcome #5: Improve health sector responsiveness

Support the development work around liaison service for young people in Middlemore.
Support the young person transitioning to adult community based specialist and hospital services.
Work with primary healthcare on working with young people.
Initial focus on sexual health and improving interface with primary healthcare and youth health services and training.
Capability of provider sector to work with young people
Young people's views on what services they want are encapsulated in the Ministry of Health's Youth Action Plan:

- preference for youth specific health services;
- sexual and reproductive health, counselling, alcohol & drug and general practitioner services;

- the ideal service is free/affordable, locally delivered, confidential and non-judgemental, culture and gender appropriate, comprehensive and easy to access;
- Services are staffed by people who can relate to young people.

Patterns and approaches to primary care delivery are slowly changing to reflect the diverse needs of the population. CMDHB has several services that aim to influence other youth facilities that exist outside the primary care setting in addition to school based clinics.

Implementation Plan for Outcome 5—improving health sector responsiveness		
Improving the responsiveness of secondary and specialist services to young people.		
What	Who	When
Continue with scoping of initiative focusing around a medical speciality.	Centre for Youth Health	2007/2008
Implement plan- based on funding		
Improving the responsiveness of primary healthcare to young people		
What	Who	When
Scope the needs of primary healthcare for responding to the needs of young people		2006/2007
Implement plan- based on funding		

Outcome #6: Improve the capacity of the health sector to deliver quality services.

Implementation Plan for Outcome 6-		
What	Who	When
Training- review needs of youth health workers and develop training to match needs	Youth Health Team	On-going
Work force development- Clarify needs for workforce development as strategy increases	CMDHB and national funders	On-going
Research- support research developments	Youth Health team	On-going
Development of networks- active development of a network of youth health and wellbeing staff	Youth Health team	On-going
Develop evidence based (best Practice) contracts and services Literature review of effective youth health services completed Audit tool for youth health services- based on literature review	Funder team. Centre for Youth Health. Centre for Youth health	2006/2007 2005. 2006.

Reconfigure contracts based upon Best Practice.	Funders.	2006/2007.