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METRO NORTH BRISBANE
Connecting health to meet local needs

YOUTH

primary health development

Final Project Report
June 2013

By the Youth Affairs Network of Queensland

youth affairs network qld

Youth Primary Health Development Project : Final Report

By Youth Affairs Network of Queensland

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FOREWORD

In recent years we have seen a lack of interest in policy and program areas focusing on young people and their primary health. More recently, funding cuts to youth and health services in Queensland have had a dramatic impact on service providers and young people who rely on these services. At the same time, it has been refreshing to see the Metro North Brisbane Medicare Local (MNBML) work in a meaningful way with relevant non-government organisations to engage with specific population groups including marginalised young people.

The collaboration between Youth Affairs Network of Queensland (YANQ) and MNBML allowed an in-depth analysis of contemporary data available as well as exploration of practice wisdom developed over time by local service providers. Young people's direct voice in this research, as well as their contribution to the validation of various aspects of the research findings, has ensured the authenticity of information presented in the context of young people's lives.

The research team headed by Mr John Flanagan from How Now Solutions and YANQ (supported by the Queensland University of Technology) has produced one of the most comprehensive reports on young people and primary health services in Queensland.

The enthusiasm of young people, youth workers and primary health service providers engaged during this research has given us hope that the findings and recommendations of this report will play a significant role in planning processes in the Brisbane North region in the years to come.

Siyavash Doostkhah
Director
Youth Affairs Network Qld

ACKNOWLEDGEMENTS

This report is the product of a collaborative effort of the Metro North Brisbane youth sector services and young people. Through their engagement we have been able to capture a range of compelling insights, stories and experiences that provide a picture of the challenges and solutions young people face in accessing primary health care services. Of particular note are the wonderfully dedicated young people from Deception Bay Community Youth Programs who worked for several months generating stories and administering the young people's survey.

We would also like to thanks the six youth services that participated in the Dig Deeper Consultations; the richness of the stories, the struggles and success of these diverse groups of young people was just remarkable. These services included:

- Brisbane Youth Service
- Indigenous Youth Health Service
- Open Doors
- Young Parents Program
- Community Living Association Inc
- Queensland Program for Assistance of Survivors of Torture and Trauma

We would also like to acknowledge the project steering group who provided formal guidance and sign-off of milestones in the project. Membership of this group included:

- Queensland University of Technology
- Metro North Brisbane Medicare Local
- Youth Affairs Network of Queensland
- Deception Bay Community Youth Programs

Many thanks to Dr Phil Crane, Dr Ignacio Correa-Velez and Jessica Bird from the School of Public Health and Social Work, Faculty of Health, Queensland University of Technology who were engaged in this project to provide guidance and support with the design of the data collection surveys and analysis of the data collected. The quality of their work and their enthusiasm and dedication was much appreciated.

Thank you to the YANQ project team of Trish Ferrier and Steve Skitmore for their continuous efforts to engage the youth sector to bring quality information and insight into this project.

Finally, we would also like to thank the many people who contributed to this report through participation in the youth services and young people surveys and in interviews, focus groups and networks.

Fill this Space Consultation Group - DBCYP

EXECUTIVE SUMMARY

This report outlines the conduct and findings of a significant research project undertaken with the youth services and young people of the Metro North Brisbane region.

It presents a detailed collection of the research project including current literature, demographic regional profile and regional services map, quantitative and qualitative data and summary of the findings. It also makes recommendations for possible future action from an evidence base that has not previously been researched and documented for this region. The Youth Health Development Project developed a comprehensive demographic regional profile and regional services map and explored access issues and solutions for young people to primary health care services.

The report contains:

- A literature review of current research on primary health access for young people
- The Metro North Brisbane Youth Profile, detailing the demographic, youth health and services information
- Findings - the major analysis of information gathered throughout the research and consultation phase
- Investigation into two potential pilot projects
- Recommendations designed within the constraint of a fiscally restrained and resource neutral environment

Young people aged between 10-24 years are a diverse group in the midst of transition and change. The lifestyle and habits formed in this time of life set the stage for all future health and development, indeed, the World Health Organisation estimates 70% of premature deaths in adults are due largely to behaviours initiated during this age (Tylee et al. 2007). Access to effective and connected youth-focused primary health care and prevention is seen as an important component in supporting this transition.

Health is much more than just an absence of illness. It is determined by a myriad of socio-demographic factors, and recognises the impact that social and environmental factors such as poverty, gender, housing and homelessness, cultural and ethnic background, family functioning, geographic location and connectedness with school or community have on health and wellbeing of young people (NAYH 2005). The biomedical model of healthcare planning does not take this into account, seeing population health as the sum aggregate of individual risk-taking behaviours (Metro North Brisbane Medicare Local 2012). In light of this, access to primary health care is particularly important and in a unique context for those young people at the margins of society.

The Metro North Brisbane Medicare Local Region is a diverse landscape ranging from rural communities in the Somerset Regional Council area to the highly urbanised area of Brisbane. The overall demographic picture is that of a large and diverse region with both

wealthy and disadvantaged localities. The diversity and strains of a metropolitan city with fast growing outer fringes and the associated socio-demographic factors offers both opportunities and challenges in promoting access to primary health care services to young people.

Primary health care for young people in Australia occurs in youth-specific health services, community health centres, emergency departments and non-government organisations, but the bulk continues to occurs in formal General Practice. However, one third of females and two thirds of males said they would not seek help for their health concerns, and when they did, they were most likely to seek help from family, friends, or others they trusted. This is particularly so for marginalised young people. The literature and our research and consultations suggest that certain groups of young people (such as young homeless, culturally and linguistically diverse, gay, lesbian, bisexual and transgender, Aboriginal and Torres Strait Islander young people, young people with disabilities, as well as rural and other isolated groups), do not access mainstream health services. Indeed, lack of access to health care is a significant aspect of their marginalisation.

A diverse range of factors create barriers for young people when accessing health care services. Personality and relational issues such as embarrassment, feelings of vulnerability, feeling judged and criticised, lack of a youth friendly or understanding approach all contribute to barriers to access. Organisational or more systemic issues such as cost, wait times, opening hours, serviced location, lack of information about services provided, and lack of interpretation services also create difficulties for young people in accessing health services.

The most frequent youth service response to the health needs of young people is providing referrals and assistance to access appropriate health services. Due to the complex interplay of barriers to health services for young people and their specific health needs, youth services recognised how the health needs of young people can be better addressed by linking in with other services – collaboration and referrals – and ensuring that the young people have adequate support to follow through with referrals. This includes providing 'warm' rather than 'cold' referrals, providing transport to and finding youth-friendly, youth-specific bulk-billing GPs and centres, as well as actively preparing young people for appointments and system advocacy.

Throughout the consultation and research phase of this project many young people and youth service workers were able to provide examples of an excellent GP in their locality that offered youth friendly services to young people. Youth friendly approaches meant a reduction in the anxiety and concern that young people often face when attending a GP practice. This report clearly documents the concerns of young people have about attending health services, particularly in relation to feeling judged, misunderstood, embarrassed, experiencing long waiting times and the cost of the service. Youth friendly GP practices consciously mitigate these barriers and provide a quality health service to young people.

What is clear from our research is that young people need more information about health issues and how to access services that are appropriate to their needs, that are comfortable, and that are not made complex by difficult referral pathways. The coordination and dissemination of health information about youth friendly primary health care providers to the broadest youth population will address a number of access difficulties. Youth focused service and education facilities need to coordinate efforts to ensure this occurs.

Young people are the primary users of social networking and mobile technologies, and the internet is very important in the lives of young people. 90% of 16 to 19 year olds use the internet daily and spend an average of 22 hours a week online, more than any other age group. Being a marginalised young person does not alter these trends, and in some cases is strengthened by the online world being a 'safer space'. How we communicate with young people is as important as what we communicate. We know that young people receive much of their health information from friends, parents, family members and online. It is important that youth health information is readily and accurately available to young people and the people they get their health information from.

The challenge is how best to engage young people who are marginalised and disengaged from supports in their community and provide them with access to timely and appropriate primary health care services.

BACKGROUND

In 2013, Metro North Brisbane Medicare Local (Medicare Local) contracted the Youth Affairs Network of Queensland (YANQ) to undertake consultation and research with the youth sector and young people to identify issues for (marginalised) young people to access primary health services.

The project aimed to gather information, stories and experiences through engaging stakeholders, including young people, in a collaborative process and utilising a range of data collection instruments to focus on a key question of "what would it take to have marginalised young people in Brisbane North accessing primary health services?"

Medicare Local and YANQ are keen to establish ongoing partnership relationships that acknowledge the skills, networks and existing knowledge of our partners, and contribute resources to build capacity of our sectors to improve health outcomes for our most marginalised young people. While the resources negotiated were for a specific time-limited project, we also hope to see both organisations working together and developing ongoing connections.

Project Aim

The aim of the project was to improve primary health care access for young people in the Metro North Brisbane Medicare Local region by understanding the primary health care needs of young people in the region and improving this population's access to primary health care providers.

Project Methodology

The project involved:

- **Reviewing literature** of contemporary research and broad themes of youth access to primary health care services across Australia and internationally
- **Youth services mapping,** identifying the resources and services within the Metro North region for young people
- **Collecting data** about primary health care needs and issues for young people, including access to primary health care services in the Metro North Brisbane region through surveys and focus groups
    - **Dig Deeper Consultation** involving youth services and young people in documenting and presenting their experiences, barriers, enablers and insights into accessing primary health care services in the Metro North Brisbane region
    - **Investigating pilot strategies** flowing out of previous research that focused on access to primary health care services for marginalised young people with an evaluation process built into implementation.

The project outcomes are:

A final report with recommendations: that can be used to inform strategies to improve access for marginalised young people to primary health care services in the Metro North Brisbane Medicare Local region.

An engaged and informed Metro North Brisbane Region: The youth services sector, youth services networks with a specific focus, and primary health care services were engaged in this project from the beginning to end - in surveys, focus groups and pilot strategy discussions about improving access for **marginalised** young people to primary health care services.

The methodology was designed to be broad based and multi layered in order to develop a thorough picture of the current context of how young people currently access primary health care services in the Metro North region including: issues, barriers, enablers, potential strategies and future plans. The project incorporated both quantitative and qualitative data to assist in analysing current experience and practice and informing recommendations.

This section is a summary of YANQ's report *Marginalised Young People and Access to Primary Health Care Profile Report - December 2012*. The report contains a Metro North Youth Service System Profile, providing a detailed description of youth services funded by Commonwealth and State Governments and a list of all youth services that provide support and assistance to young people in the Metro North Brisbane Medicare Local region.

The profile provides a description of the youth population of the Metro North Brisbane Medicare Local region through current demographic data that can inform and shape planning and strategy formation to improve access to primary health care services for

marginalised young people by understanding the population and their primary health care needs.

The following data collection methods were undertaken:

1. Dig Deeper Consultations to gain the experiences and insights of young people in the Metro North region about accessing primary health care services over a three month period in 2013
2. Administration of a youth services and young people survey with assistance from the Queensland University of Technology (QUT)
3. Investigation of pilot strategies to promote better access to primary health care services to young people
4. Development of an ongoing structure for consultations/validation between young people, youth services, relevant service networks, primary health providers and Medicare Local

How to Navigate this Report

This report is divided in five sections.

Section 1: Summary of Metro North Youth Profile Overview
This section provides a summary of the characteristics of the youth population of the Brisbane North Region with particular emphasis on the health care needs and issues of this population group. For more detailed information please refer to the original report Marginalised Young People and Access to Primary Health Care Profile Report - December 2012.

Section 2: Young People and Youth Services Survey Analysis
This section provides a comprehensive analysis of the data collected in two surveys: a young people survey and a youth services survey. The information provides a current snap shot of the issues and of the help seeking behaviour and strategies young people and youth services identify in relation to access to primary health care services. The development of the surveys and analysis was significantly supported by the School of Public Health and Social Work, Faculty of Health, Queensland University of Technology.

Section 3: Dig Deeper Focus Group Consultation
This section provides a summary of the data collected by seven organisations that undertook detailed consultations with marginalised young people in the Metro North Brisbane region. The purpose of this consultation was to target particular groups of marginalised young people in the region to enrich the data collected through the literature reviews, online surveys and focus groups.

Section 4: Pilot Strategies to Improve Primary Health Care Access for Young People
This section outlines two specific strategies to improve the access to primary health care services for young people. The first strategy explores an outreach GP model that provides greater access to primary health services to marginalised young people. The second strategy provides information on the development of mobile applications (apps) aimed at providing easy access to primary health care information to young people.

Section 5: Recommendations
This section outlines the recommendations for improving access to primary health care services for marginalised young people in the Metro North Brisbane Region as a result of all information gathered during the Youth Primary Health Development Project.

1

BRISBANE METRO NORTH YOUTH PROFILE OVERVIEW

At the time of writing, funding to the youth sector by the Queensland Government is under review, meaning the landscape of the service delivery map will no doubt undergo significant change.

The Department of Communities, Child Safety and Disability Services is undertaking a review of all existing youth services and by the end of 2013 they expect to recommission all program funds via a competitive tendering process. The future is unclear. Changes in other State Government departments will also impact significantly on the Metro North Brisbane Youth Service System Profile.

The Metro North Brisbane Medicare Local Region is a diverse landscape ranging from rural communities in the Somerset Regional Council area to the highly urbanised area of the Brisbane metropolis. Outer metropolitan areas such as Deception Bay and Caboolture have experienced significant population growth, with housing affordability driving the expansion of these centres as families locate outside the traditional inner metropolitan region. The northern fringe suburbs of Brisbane and the suburbs of Moreton Bay Regional Council all have large populations of young people, particularly in 12 -15 year old age group, whereas inner city suburbs of Brisbane have higher populations of young people 16 – 25 years due mainly to their proximity to tertiary education and employment.

As a major capital city, Brisbane provides a broad range of economic, health and educational opportunities. Major medical precincts, hospitals and medical facilities, Universities, TAFES, public and private high schools, and significant business and employment opportunities are all located in the Metro North region, attracting migrating populations from across Queensland and Australia. This is reflected in large populations of young people 18 – 25 years living in and around the Brisbane City, Fortitude Valley, Indooroopilly, Toowong, Taringa, Kelvin Grove, Paddington and Milton accessing education and employment opportunities. The Enoggera Barracks is also located in the region, with a large number of young people aged 20-25 years living in the area.

Australian Bureau of Statistics' data on personal and household income shows that the Metro North Region has higher levels of wealth than general figures for Queensland and Australia. There are fewer households on lower incomes and more households with high incomes in comparison to Queensland and Australia overall. According to the Socio-Economic Indexes

Metro North Brisbane regional boundaries

for Areas (SEIFA) index, 36% of localities in the Metro North Region were indexed as advantaged. However, there are also a number of localities which have SEIFA indexes of disadvantage. In terms of identifying groups of young people with greater risk of becoming marginalised, poverty and its general identification through the broad-stroke SEIFA data is an important driver.

The main areas where Aboriginal and Torres Strait Islander young people are located reflect the location trends of young people generally in the region, i.e, in the outer northern suburbs of Brisbane and the Moreton Bay area. It is important to note that the age profile of Queensland's Aboriginal and Torres Strait Islander population is younger than the non-Aboriginal or Torres Strait Islander population with 43.6% of the Aboriginal or Torres Strait Islander population aged 0–17 years, compared to only 23.4% of the non-Aboriginal and Torres Strait Islander population.

The Metro North Region has some pockets of different cultural groups. There is a large population of young people from South East Asia aged between 12-25 accounting for 34.4% of the entire population of this cultural group in Queensland. This is in part due to access to educational facilities. In Deception Bay and North Lakes, 9.8 % and 11.7% of young people born overseas were born in New Zealand, Polynesia, Micronesia and Melanesia, compared to 5.6% of the total Queensland population of young people. Further, school enrolment in Deception Bay show that the Pacific Islander student population is approximately

20%, whereas the overall percentage in the student population for the state is less that 1%.

There are large numbers of young people living in and around the different universities, in particular the St Lucia campus of The University of Queensland which has 31,729 students enrolled, with 11,000 international students from 134 countries. On any one day, approximately 20,000 students are on site at St Lucia.

There is also a large population of young people aged 16-25 years living in Caboolture. Caboolture has a high percentage of young people living in the town and its surrounds and there is also a University and TAFE located in the area. Access to primary health care for students is a key issue given that a percentage of this population is likely to engage in risky or experimental behaviours with alcohol and drugs and/or sex.

It is estimated that there are 5,048 homeless people in the Metro North Medicare Local region (Queensland Youth Housing Coalition 2012). The largest youth homeless population is clustered around Brisbane City and the inner city suburbs of Spring Hill, Fortitude Valley, Milton, Paddington, Herston, Bowen Hills and Newstead. In addition, Caboolture, Deception Bay and Morayfield and a corridor of suburbs from Chermside through Zillmere and Taigum and out to Sandgate have been identified by in the Brisbane Homelessness Community Action Plan as "hot spots" for homelessness.

In Australia, illicit drug use rose from 13.4% of the population aged over 14 years in 2007 to 14.7% of the population in 2010. The increase is due in part to an increase in cannabis use from 9.1% to 10.3% and pharmaceutical use for non-medical purposes from 3.7% to 4.2%. Recent data shows illicit drug use was highest in the 20-29 year age group for both males and females at 30.5% and 24.3% respectively.

Lesbian, gay and bisexual (LGB) young people reported high levels of discrimination, harassment, bullying, abuse and social alienation at school, home, and in their communities (Thorpy 2008). LGB young people reported extensive maltreatment and lack of support and also reported high rates of self-harm, suicide ideation, suicide attempts, and substance use. Quality access to primary health care is a significant issue for this cohort.

In relation to sexual health, the most popular sources of sexual health information for young women were their female peers and their mothers, while the most popular sources of information for males were school programs (48.5%), their mothers (43.8%) and their male friends (41.1%). Males were less likely to have sought out advice about their sexual health than females, with 17.9% of males indicating they had never sought advice compared to 8.6% of females. How sexual health information is accessed and provided is a significant area of consideration in primary health care needs of young people. Providing a climate in young people's environments where the provision of needs based sexual health information can be undertaken using appropriate technologies and media remains a critical ingredient in promoting access to primary health care.

The National Health Survey 2007-08 (ABS 2009) estimated that 12.2% of Australians aged 15-24 years had a diagnosed mental or behavioural problem. The most commonly reported problems were symptoms and signs involving cognition, perceptions, emotional state and behaviour (7.8%), mood problems (2.8%) and anxiety problems (2.4%).

The male suicide mortality rate has been greater than the rate for females in almost all years between 1995 and 2011, with males over five times more likely to suicide than females over this period. Young people aged 15–17 years were most likely to take their own lives. Suicide was the leading cause of death among 15–17 year olds (along with transport incidents), and the third leading cause of death among 10–14 year olds in 2009-2011. The rate of suicide among Indigenous children aged 9–17 years in 2010-11 was seven and a half times greater than the rate for non-Indigenous children. Access to appropriate mental health services is critical when considering primary health care needs.

In the Metro North Brisbane region, over 5,000 young people are homeless and 10, 875 young people are unemployed. Poverty and housing and homelessness are significant detriments to a person's overall health and wellbeing.

In Queensland, the average daily number of young people in Queensland's youth detention centres in 2010-11 was 137 with a total of 848 distinct young people who were in youth detention at some time during 2010-11. Aboriginal and Torres Strait Islander young people continue to be over represented in the youth justice and child protection systems.

Drug and alcohol use and misuse remains an issue for

young people in the Queensland with illicit drug use slightly increasing over 2010-11. Connecting drug and alcohol use with harm minimisation strategies and providing access to appropriate health services remains a challenge for youth services. Excellent development in good practice with young people and drug and alcohol use by the Queensland Alcohol and Drug peak Dovetail has provided handrails for this work.

With 12.2% of Australians aged 15-24 years diagnosed mental or behavioural problem, youth mental health issue is also a major primary health care issue. Recent Commonwealth initiatives such as Headspace and Better Outcomes in Mental Health Care has improved promotion, education and access to mental health supports nevertheless marginalised young people can easily remain outside of these systems without the support and engagement of a youth service to provide the critical link.

The overall demographic picture of the Metro North Brisbane region is that of a large and diverse region with both wealthy and disadvantaged localities. The diversity and strains of a metropolitan city with fast growing outer fringes and the associated socio-demographic factors experienced by the Metro North region offers both opportunities and challenges in promoting access to primary health care services to young people.

Significant populations of Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse young people live in the outer areas of the region and there is large student population near Universities and other tertiary education facilities in areas like St Lucia and Kelvin Grove.

Health is much more than just an absence of illness. It is determined by a myriad of socio-demographic factors and recognises the impact that social and environmental factors such as poverty, gender, housing and homelessness, cultural and ethnic background, family functioning, geographic location and connectedness with school or community have on health and wellbeing of young people. In the Metro North region there appears to be significant populations of young people that experience a range of these socio-demographic factors that also contribute to marginalisation and disengagement from their families, schools and communities.

The challenge for youth organisations is how best to engage young people who are marginalised and disengaged from supports in their community and provide them with access to timely and appropriate primary health care services. This also includes working closely with statutory agencies, such as Youth Justice, Child Safety and Education to promote and facilitate access to health care services by young people.

The Marginalised Young People and Access to Primary Health Care Profile Report - December 2012, along with its accompanying literature review, paints the picture of young people and primary health care in the Metro North Brisbane region. This report provides the additional region specific data and is analysed through research with youth service providers, young people and primary health care services to better understand the barriers and strategies to improve young people access to primary health care services.

2

YOUNG PEOPLE AND YOUTH SERVICE SURVEY ANALYSIS

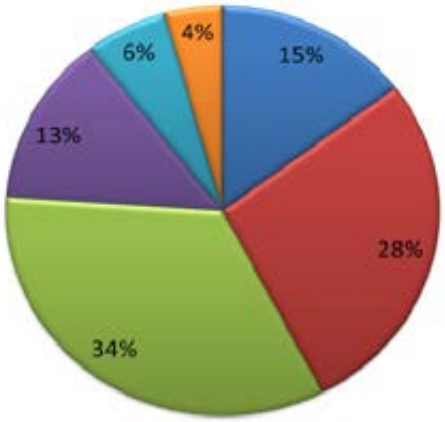
This section provides a comprehensive analysis of the data collected in two surveys: a young people survey and a youth services survey. The information provides a current snap shot of the issues and help seeking behaviour and strategies young people and youth services identified concerning access to primary health care services. The development of the surveys and the data analysis was significantly supported by the School of Public Health and Social Work, Faculty of Health, Queensland University of Technology.

Young People Survey Analysis

The young people survey was designed to collect data about primary health care needs and issues for young people, including access to primary health care services in the Metro North Brisbane region.
The results provided a very clear picture of young people's views, experiences, options and strategies concerning their ability to receive the health services required.

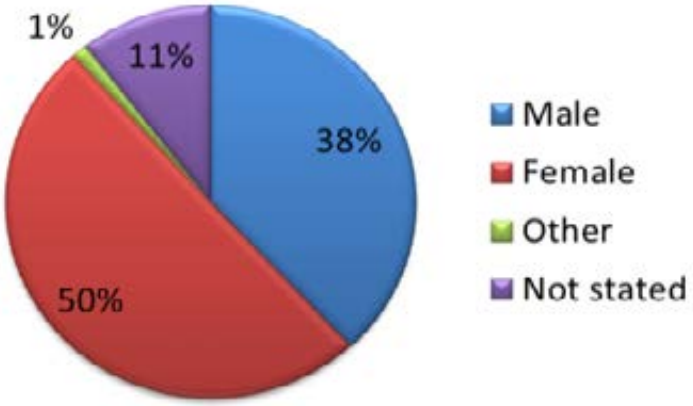
The survey was administrated using a range of methods included online, focus groups, young people interviewing other young people in shopping centres and through a range of youth services with the support of youth workers in the Metro North Brisbane region. Significantly, **163** young people were surveyed from a variety of locations in the Metro North Brisbane Region. The survey results presented below provide both quantitative and qualitative data regarding young people's health and help seeking behaviour.

Table 2.1: Breakdown of ages of the survey respondents



The majority of respondents (62%) were between the ages of 15-21 years. 15% of respondents were aged between 12-14 years and 13% aged 22-25 years.

Table 2.2: Gender breakdown of respondents



50% of respondents identified as female with 38% of respondents identifying as male. 11% of respondents did not identify their gender and 1% of respondents indicated 'other' which may include transgender young people.

Table 2.3 Respondents that identified as Aboriginal and Torres Strait Islander

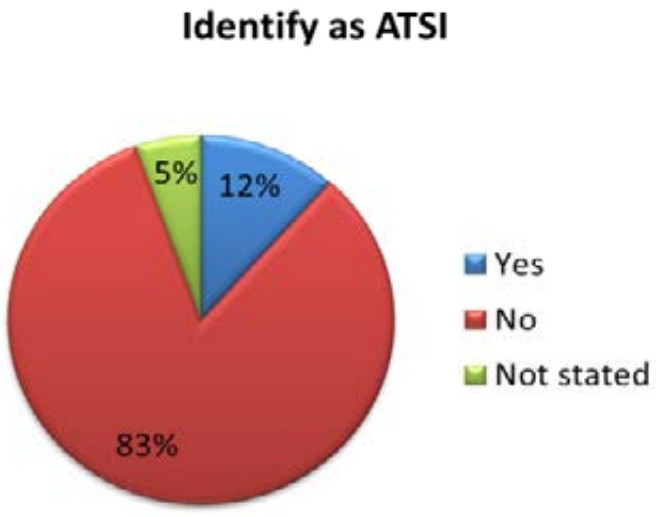
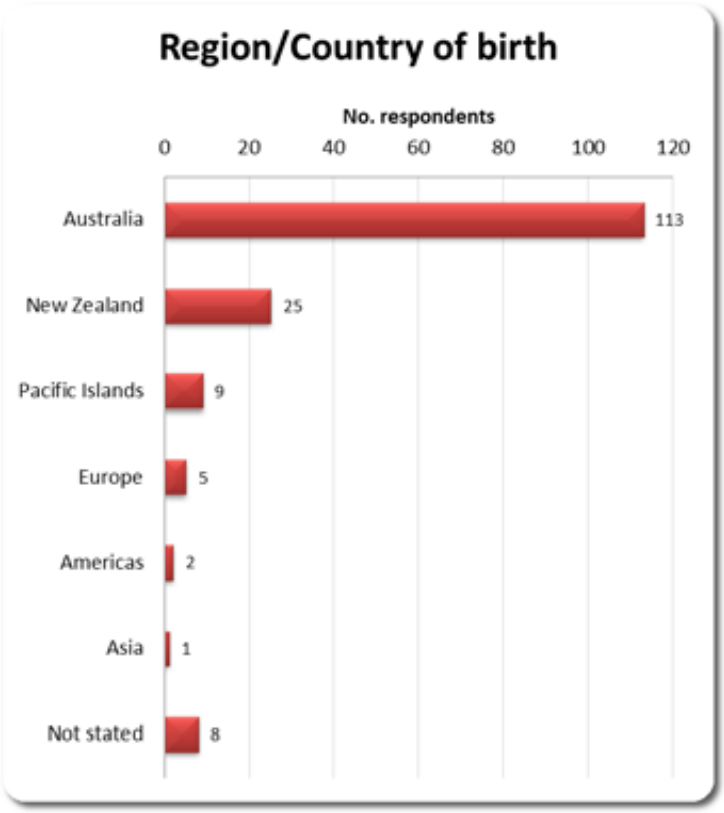
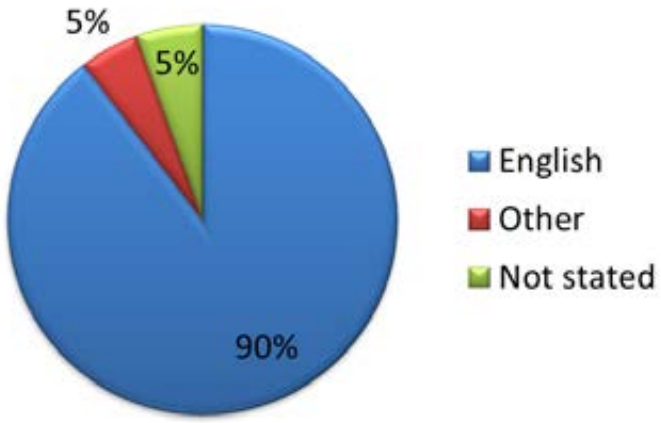


Table 2.4: Region or country of birth of the respondents



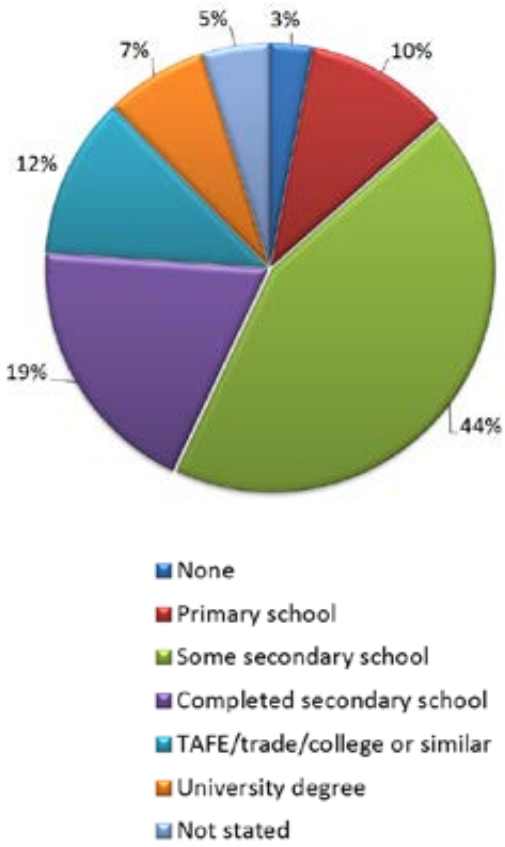
A significant majority (69%) of respondents were born in Australia with 15% of respondents born in New Zealand and 5.5% of respondents born in the Pacific Islands

Table 2.5: Main language spoken at home



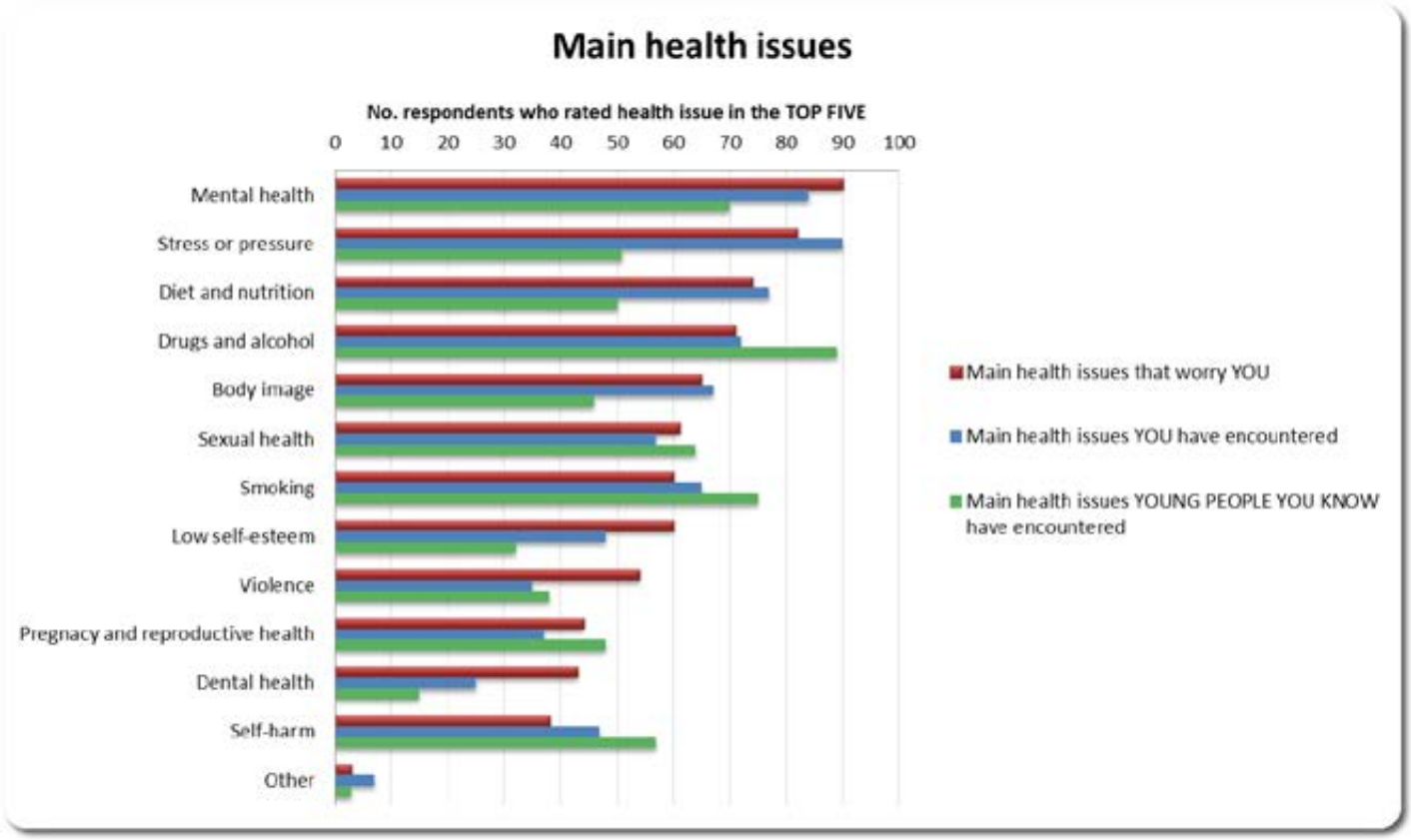
90% of respondents identified English as the main language spoken at home and 5% identified that a language other than English was spoken at home.

Table 2.6: Highest education level completed by the respondents



The majority of respondents (44%) identified that some secondary school was the highest education level completed, recognising that at least 43% of respondents were still in the secondary school age bracket.

Table 2.7: Top five health issues as rated by the respondents



The five main health issues that worry or concern young people include:

1. Mental Health issues (55%),
2. Stress and Pressure (50%),
3. Diet and Nutrition (45%),
4. Drug and Alcohol (43%) and
5. Body Image (41%)

The five main health issues that they encountered include:

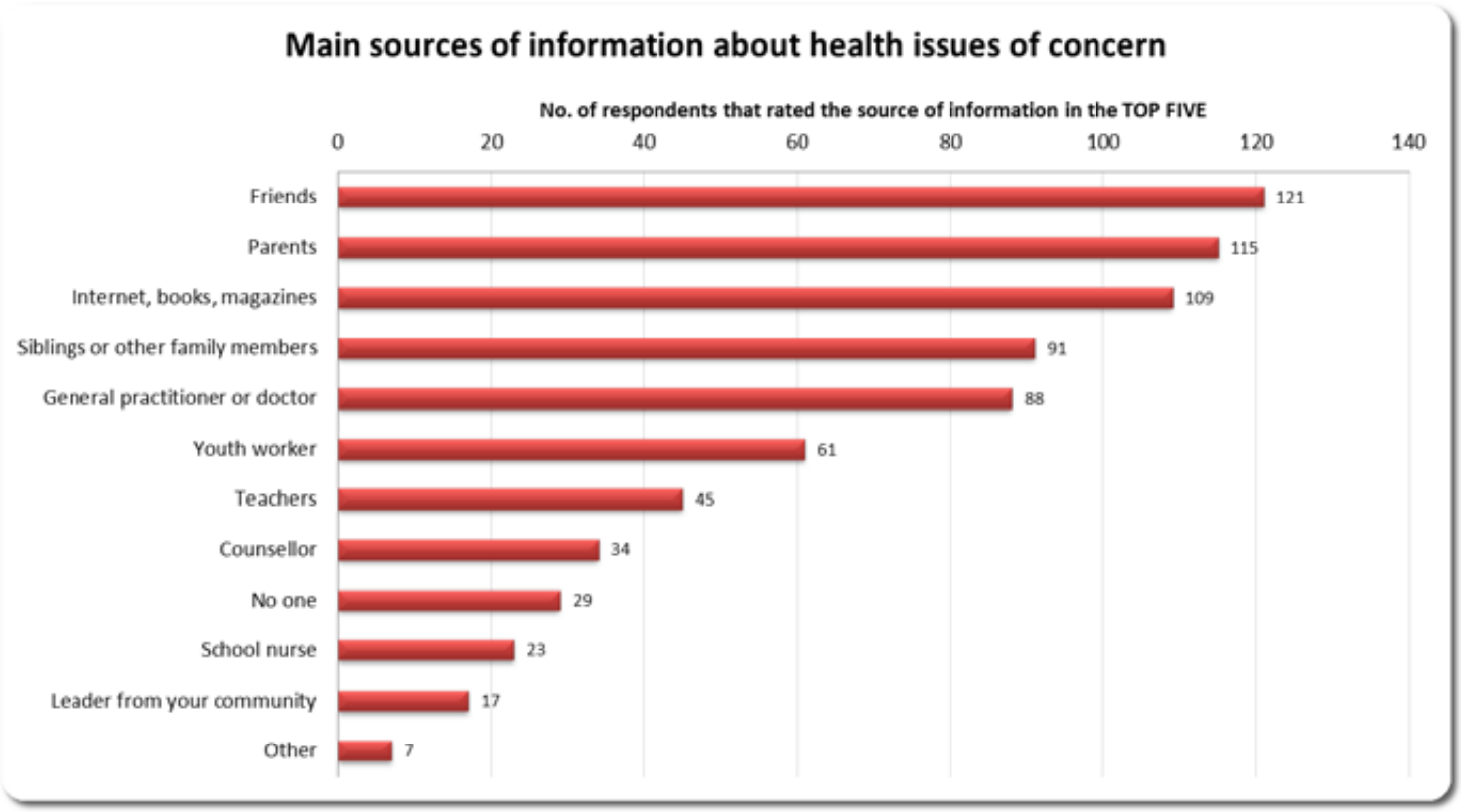
1. Stress and Pressure (55%),
2. Mental Health issues (51%),
3. Diet and Nutrition (47%),
4. Drug and Alcohol (44%) and
5. Body Image (41%)

The five main health issues that young people they knew encountered include:

1. Drug and Alcohol (54%)
2. Smoking (46%)
3. Mental Health issues (51%),
4. Sexual Health (39%)
5. Self-Harm (34%)

Interestingly, mental health and drug and alcohol are the two common health concerns that young people report worrying about, experiencing themselves or seeing their peers experience. Diet and nutrition and body image were identified in the top five main health issues that young people worry about or have encountered themselves. Sexual health issues and Self-Harm were identified in the top five health issues that respondents had encountered with other young people. Focus group data from youth services also identified sexual health as a significant issue for young people, with a continued high level of stigma and embarrassment attached to sexual health and sexually transmitted infection.

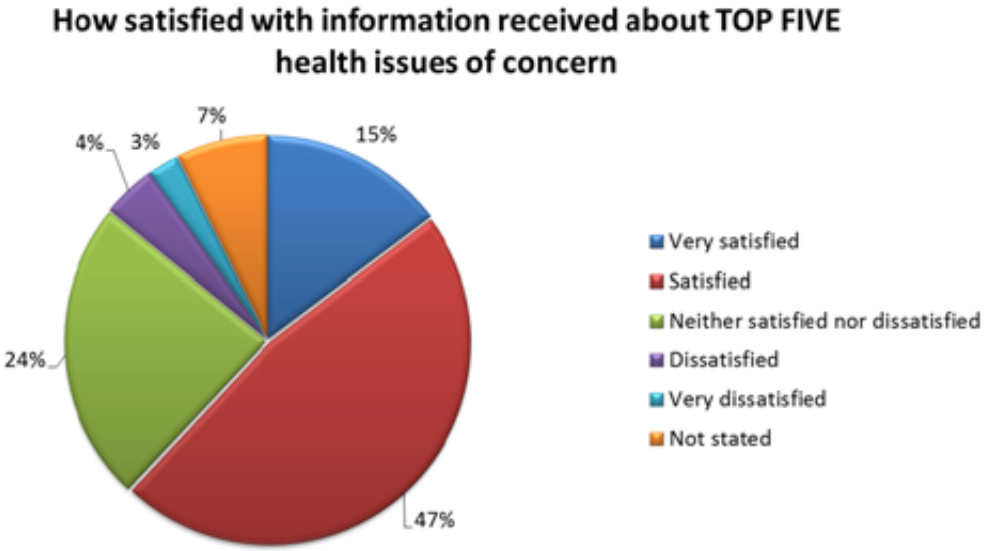
Table 2.8: Main source of information about health issues of concern for young people



A significant 74% of respondents identified that the main source of information on health concerns is through their friends. 70% of respondents also identified parents as another key source, with 66% identifying the internet, books and magazines as the third most important source. Interestingly 53% of respondents identified GPs as an important source of health information.

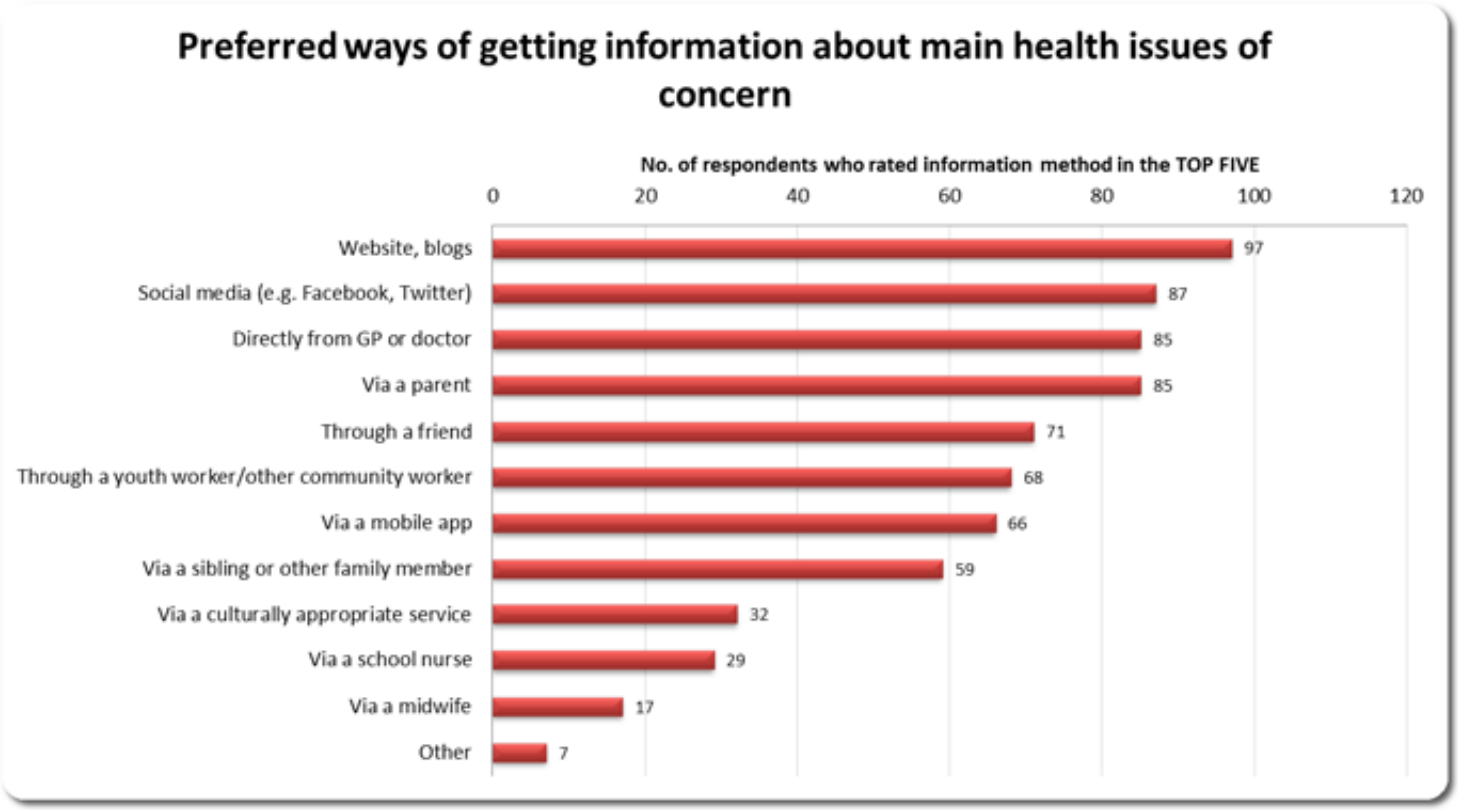
Of the top five identified health information sources, friends and family occupy three of the top five sources, with internet and media sources and GPs making up the rest. A significant 17% of young people identified that they do not seek out information on their health concerns. Ensuring current and accurate health information is easily accessible and available to the people who have been identified as main sources of information such as friends, parents, youth workers and teachers is essential to ensure young people receive the correct advice and referral pathways.

Table 2.9: How satisfied the respondents were with the information received



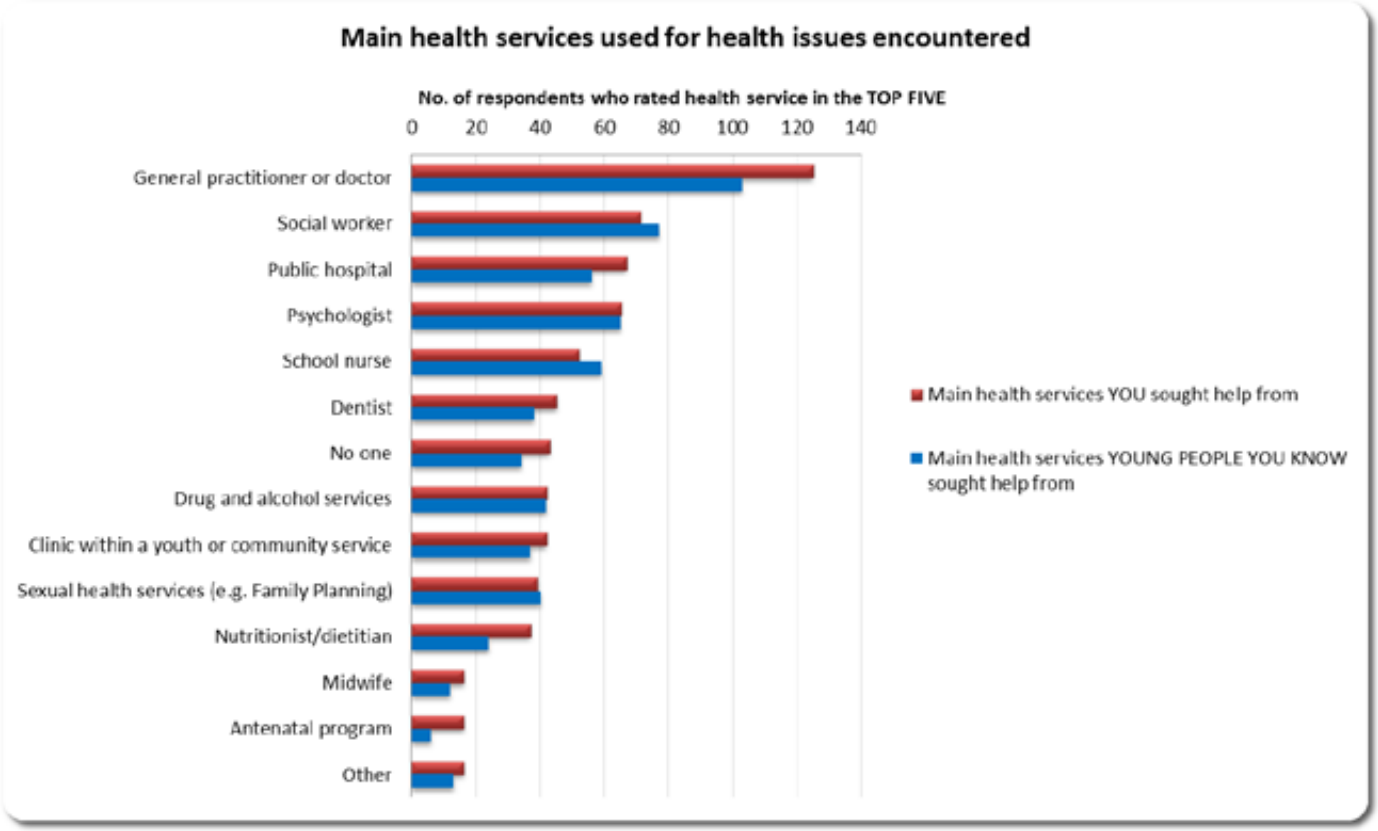
A majority of respondents (62%) were either satisfied or very satisfied with the information that was provided to them by their information sources. 24% of respondents were neither satisfied nor dissatisfied with the information they were provided. 7% of respondents were dissatisfied or very dissatisfied with health information received. Focus group data suggested creating safe and unpressured forums and places for young people to access information is essential either through family and friends, schools, youth services and community centres.

Table 2.10: Preferred ways young people get information about health issues of concern



A majority of respondents (58%) prefer to receive health information via websites and blogs, 53% of respondents prefer to receive information via social media such as Facebook and Twitter, and 52% of respondents also listed either GPs or parents as their preferred source of health information. Interestingly, young people identify receiving information in a combination of sources as important, either directly from other people such as GPs, parents, friends, siblings, youth workers and school nurses or receiving information through technology such websites, blogs, social media and mobile application. Focus group data indicated that a multi-source information dissemination strategy is important using all available media platforms.

Table 2.11: Main health service used by respondents



The five main health services used by young people include:

1. General Practitioner (76%)
2. Social Workers (43%)
3. Public Hospitals (41%)
4. Psychologists (39%)
5. School Nurses (31%)

The five main health services that young people they knew had used include:

1. General Practitioner (63%)
2. Social Workers (47%)
3. Psychologists (39%)
4. School Nurses (36%)
5. Public Hospitals (34%)

A significant majority of respondents identified the use of General Practitioner (GP) services as the main mechanism of addressing health issues. Whilst young people and youth services have identified a range of barriers for young people accessing GP services, GPs are still the centrepiece of the Australian health care system. To improve access to all health services for young people, it is critical that barriers to accessing GP services are addressed.

Respondents preferred choice of health services

While 31% of respondents said it did not matter to them whether the service was youth specific or not, 29% of respondents identified that that they don't mind accessing a range of different health services provided they are youth friendly and 19% of respondents identified a preference to accessing a youth specific health service.

Significantly, 48% of respondents identified that their preferred health service is either youth friendly or youth specific. While the characteristics of a youth friendly service are further explored later in this report, young people in this study broadly defined 'youth friendly' as the absence of judgement, stigma, embarrassment, costs and long

wait times and the inclusion of relationship building, understanding, being listened to, acceptance and effective treatment.

Table 2.12: Respondents preferred choice of health services

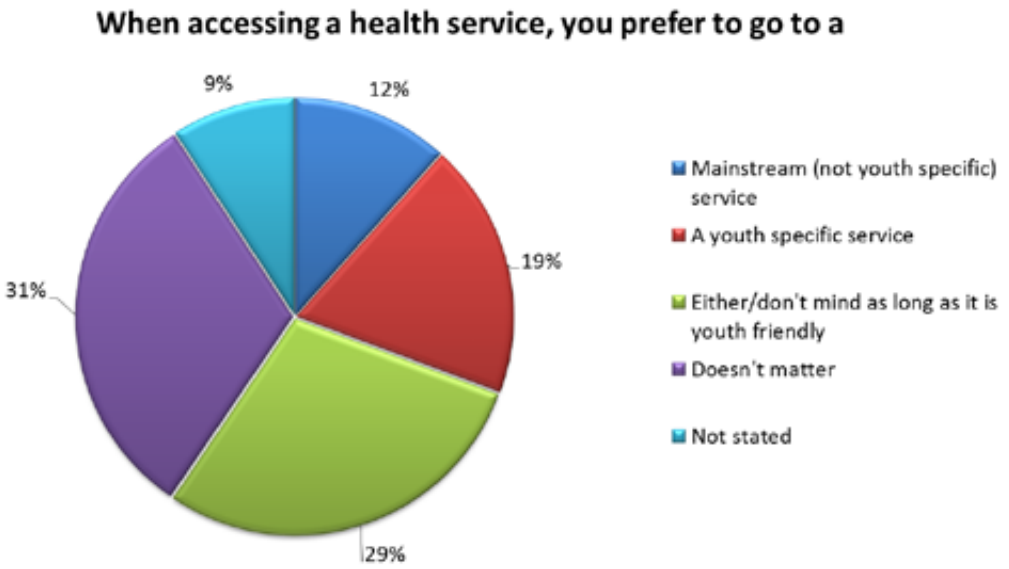
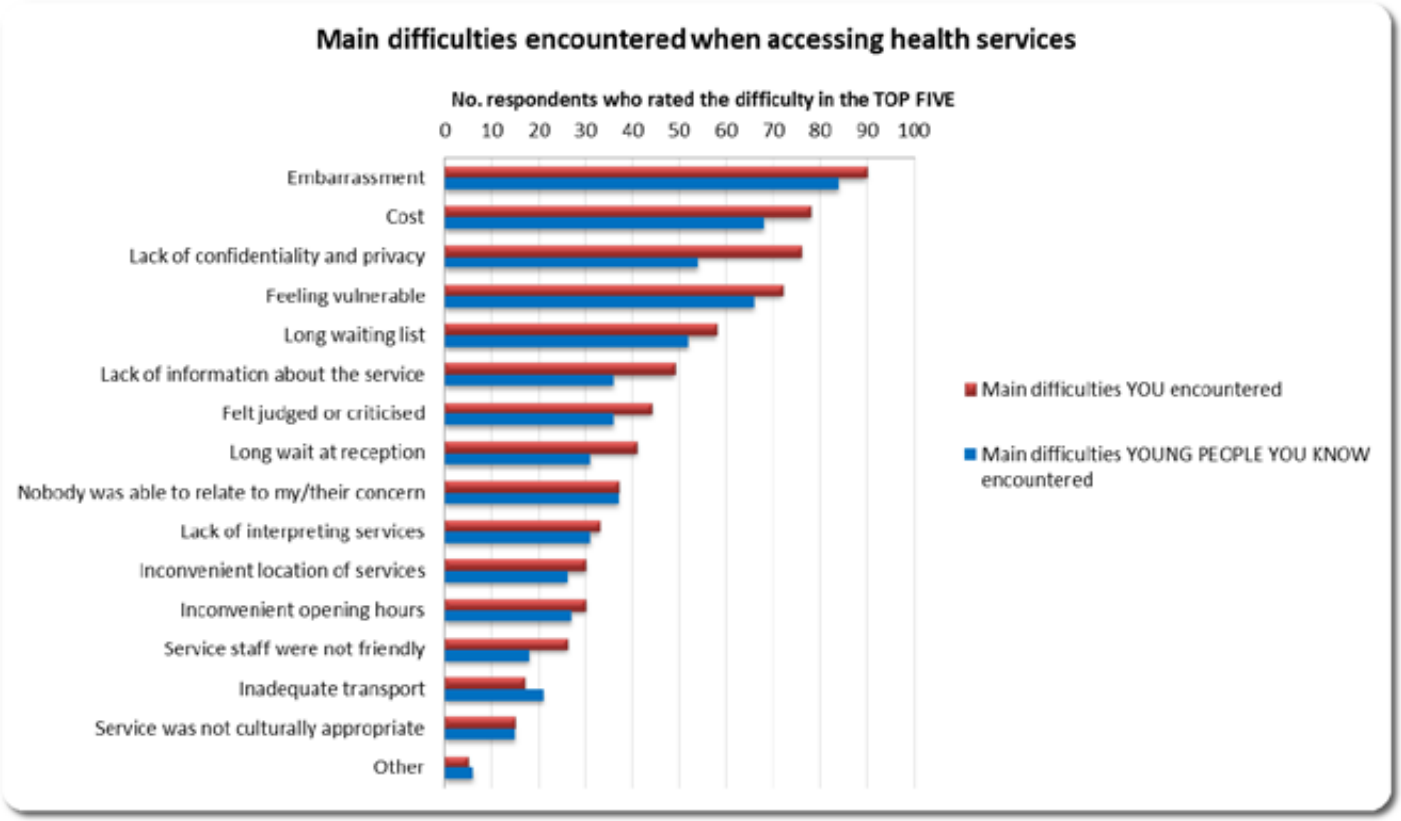
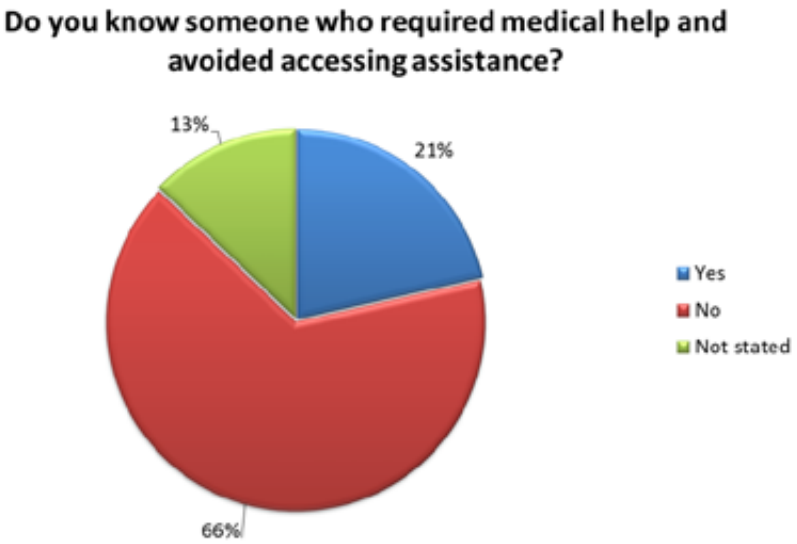


Table 2.13: Main difficulties encountered by young people when accessing health care services



This table demonstrates a diverse range of factors that create barriers for young people when accessing health care services. Personality and relational issues such as embarrassment, feelings of vulnerability, feeling judged and criticised, the service not being youth friendly or problems understanding staff all contribute to barriers to access. Organisational or more systemic issues such as cost, wait times, opening hours, serviced location, lack of information about services provided, and lack of interpreter services also create difficulties for young people in accessing health services. These themes are discussed in more detail in the qualitative data discussion below.

Table 2.14: Respondent awareness of someone who avoided medical help that required it



Interestingly, 21% of respondents or 34 young people from 163 surveyed knew of someone who avoided medical assistance when they required it, indicating that barriers experienced by young people can and do have significant health consequences.

The following analysis by QUT of the qualitative data from the young people survey is related to two key questions.

1. **Tell us what happened and why that person avoided accessing assistance**?
2. **What can be done to improve young people's access to health services where you live?**

The first question explores the barriers experienced by young people in accessing health services and the second questions details suggested strategies and suggestions of improving access and reducing barriers.

Barriers to Accessing Health Services

The case examples provided by participants who are users of youth services can be placed within into two classifications:

- the organisational and systemic limitations that impact on accessibility; and
- personality, behaviours and interpersonal responses that impact on service use

The responses to organisational and systemic limitations regarding accessibility were frequently raised throughout the two surveys. The primary organisational and systemic limitations were considered by participants to be: the cost of services; transport to services; waiting times for appointments; having limited knowledge of services; complex, long or difficult pathways for referrals; interpretation difficulties; and, lack of support from parents, schools, and service providers. As an example, one participant said 'Not avoided, but due to the system, cost becomes an issue and the moral support is just not there i.e. Abortions or pregnancy support' [*sic*]. Another relayed a story that the person 'couldn't get an interpreter so avoided going. And the cost of dentists and other services such as dermatologists is a MAJOR barrier' [*sic*]. Another person commented: 'I have multiple friends that aren't able to see the dentist or doctor because they are low income earners and can't afford the costs involved.'

A majority of cases focused on the impacts of service provider and user relationships, and personal feelings about using health care services. Many examples described how feelings of being judged, scared or embarrassed impacted on people's access to health services. Some people were worried of being caught for doing the "wrong thing", such as drinking alcohol when they were not meant to, whilst others were concerned with the social stigma that comes with using mental health services.

One woman had a miscarriage and 'was scared, embarrassed and worrie[d] because she had no idea what would happen'. Another participant described how '[t]hey did not feel comfortable speaking with their GP and were not aware of any other services'. One person recognised that the people 'would rather talk to someone they trust', whilst another said '[t]hey were afraid to feel judged. They struggled with drugs'. One

response exclaimed that especially in the mental health sector, doctors are not trusted. From another angle, some participants described how people had little trust in the capabilities of the service providers – especially doctors – to successfully treat them; for example, 'I was told they didn't help – psychologist', and, the professionals have 'lack of insights and [the young people have] fear of [receiving] no empathy'. There is therefore a variety of vulnerabilities, emotions and personal hesitations that impact on a person seeking assistance from health care providers.

Past experiences also impact on access to healthcare services; for example, one response said 'bad things happened the last time they went and didn't want to go through it again'. People are also discouraged by the feeling that their problems will not be taken seriously. One person did not access health care because he was 'Embarrassed, scared of parents and no one took him seriously' and another said 'Because they felt as though no one could help them and felt as though they wouldn't care because they weren't living the life they were' [*sic*]. The following quote from a respondent sums up many of these issues well:

> I am aware of many young people who choose not to access health services. The most common was mental health, they felt that they would be judged and criticized if they were to access a service like this. One young person almost successfully killed themselves rather than seek help, they said that they didn't ask for help because they felt that no one would believe them, the judgement around suicide and also the youth mental health ward/services in hospitals felt like prison and they didn't want to be "locked up".

There are other personal hesitations that impact on accessing services. Some refuse the help of others, such as an old man who was asked daily if he could be helped, and consistently refused. One respondent spoke of their own experience, saying 'I suffer badly from depression, but rarely seek assistance.' Another said 'My brother struggled with drugs and refused any help from my parents', whilst another told how 'My uncle didn't take his meds'. One young woman 'had an eating disorder but refused to see anyone about it', whilst others have been described as 'self-righteous, mental health issues, in a mindset of doing it alone, due to embarrassment, anxiety and will power. Maybe even a lack of self-worth.' One person simply stated that they just 'didn't want to' access services. There is evidently a group of people not accessing services because of a refusal to seek assistance.

Thus whilst there is the concern that people do not access health services because of personal hesitations, past experiences, and lack of trust, there is also evident a social stigma that is preventing people from accessing important mental health services. Frequently occurring responses reflected feelings of being scared and anxious, being judged, of not getting the expected results, and of discomfort with the service providers, especially in regards to mental health issues, drug and alcohol related issues and pregnancies. One standout fear was being socially stigmatised and potentially losing freedoms if people were to access mental health assistance.

On a final note, the question did not require examples to be limited to young people. Most examples relayed by participants did not explicitly identify the person as young, although in many of them it was implied that they were discussing a young person, and only one identified the person not accessing assistance as an old man.

Strategies to Improve Access to Health Services

Four primary themes emerge from the responses to the question of improving young people's access to local health services:

- implementing youth-friendly approaches;
- addressing organisational and systemic limitations;
- building education and awareness; and
- having nothing to improve in local services.

Responses to the previous question overwhelmingly identified the problematic nature of health services in terms of being unapproachable and inappropriate for vulnerable young people. Many of the recommendations for improvements therefore centre on building health provision spaces for young people that are non-judgmental, youth-specific, and comfortable. Participants believed that young people such as themselves would access more services where they live if the health care providers take young people's issues more seriously. Many responses used rhetoric such as being 'less scary', 'more welcoming', 'youth-friendly', 'judgement' and 'discrimination', and called for more services aimed at specific marginalised youth groups, such as LGBTI.

The following three responses give a sense of the targeted recommendations for a youth-centric approach that addresses issues of comfort and social acceptance whilst also being appropriate to the needs

of young people:

> (1) 'Make them feel more confident and open to actually accessing health services instead of ignoring them because they don't want to be judged.'
> (2) 'More help with mental issues. People need to be more aware about mental concerns if someone had a mental issue people look at them in a disgusted way.'
> (3) 'Have nicer people there that don't think things about you that aren't true and assume things about you when they don't even know who you are.'

The following quote describes why many responses, such as those above, recognise the need for health care spaces to be more welcoming and appropriate to youth:

> I think that we as a community should provide services that will make them feel comfortable. [T]here is nothing more terrifying, than walking into a "corporate" clinic and feeling judged and insecure. If we as a community give these young people a chance to get back up on their feet then they will feel safe and able to open[ly] rely on the community. [*sic*]

Participants identified four targeted areas of primary health care services that need to be addressed in order to make them appropriate and welcoming to youth. These are:

- providing specific, targeted services for marginalised or disadvantaged youth (for example, LGBTI centres or youth-friendly doctors).
- training staff to have empathy, to build trust, to "believe" in the seriousness of youth problems, to have skills appropriate to youth experiences and to be approachable and welcoming. One participant suggested an increase of pay for staff; this was perhaps a suggestion that the services' atmosphere and approach to professional practice would lift if staff are better paid. The setting also needs to be less clinical and reflect a youth-centric, fun and relaxed approach.
- vulnerable young people need reason to trust the provider/user relationship, including a demonstrated understanding that confidentiality and privacy will be respected, and ongoing care provided (especially in the case of sexually transmitted diseases and mental health problems).

Many young people recommended that organisational and systemic limitations be addressed. In similarity with previous responses provided throughout the survey, the most frequently identified organisational and systemic limitations are the cost of services, accessibility of services for example in respect of transport, and waiting times. As one participant explained, 'Cost, cost, cost. It's far too expensive. Even to see a psychologist with health care is too costly!' whilst another made the statement that 'Termination of pregnancy is the hardest life decision and clients are normally people with no money, why does it cost so much!' Another suggested organisational improvement was needed in her local services: 'Easy approach, bulk billing, comfortable zone, more youth healthy particular services for people of all incomes, shorter waiting lists.' One participant explained at length the limitations that young people can face:

> I come from an affluent back ground and work in a school for middle to upper class female students (in which I also attended no long ago) so health facilities and professionals that students can approach are available in abundance. What my concern would be is if they didn't have transportation at a younger age or concerns about sexual health and fertility which is a topic that female students don't normally speak to their parents about, hence cutting out support and funding to reach and access services for themselves, out of fear of being judged. I think for myself as a young adult who is in university and working full time, I still struggle to find opening hours and even with the costs of living, the money to be able to attend health services. Most of the time my health comes first and I can make my way to the necessary clinic or service but I find the fact that the Medical centres I have attended expect you to pay another consultation fee (which is normally $60) to find out results/outcome of conducted tests which takes 5 minutes of your time. But the fact that the only way to access this information is during your time when you could be working, the fact that there is generally a waiting period and the large cost just to receive results is frustrating and pointless. [*sic*]

This response covers considerable ground and raises an interesting point that even young people from advantaged socio-economic backgrounds can face marginalisation and difficulties in accessing primary health care services.

A recurrent recommendation from young people is to have more services – particularly youth centres and youth-friendly GPs – in local areas. Other common recommendations are to provide bulk-billing or free services, public transport to services, WiFi or computer games to distract young people in waiting rooms, longer opening hours, and a less complex referral process. One person also recommended providing free healthy food to attract more young people and to provide free benefits to the users of the service.

Building education and awareness is the third theme to emerge from responses regarding ways to improve local youth services. The following two examples reflect the recommendations people made in order to address education and awareness about local services:

> (1) 'Make it easier to know where you[r] friendly services are and have it cheap and easy to access'
> (2) 'Knowing where youth friendly services are aside [from] hearing about it from your friends. A way to rank them and know who works/ specialised there'

A common thread through these two responses is awareness of where youth-friendly centres are located; that is, sharing knowledge about who to trust and sharing evaluations made by young people about the local services and doctors. One participant simply stated, 'make it more known'. Many young people are suggested to be unaware of the services and benefits that are provided locally to support their wellbeing.

Another recommendation is to 'advertise more that these services are around', and one participant explicitly suggested 'more Islander people to advertise'. Others suggested more 'information to give and read locally' and for 'Better knowledge/understanding [and] more information of what they do and how they can help'. A more targeted suggestion is to promote services '...through schools, media, etc. – so others know the service is there and what it is' or through Facebook and the internet. Building awareness and education also involves reducing stigmas associated with using mental health services and encouraging positive discussion about young people's health needs in the community.

As one participant suggested:

> Talking about it! These services becoming part of everyday life. People knowing about the issues we face and who can help and what they can do. We need to take the taboo out of mental health by normalizing appropriate treatment options. Get these people into schools. Get that brand out there!

Another said:

> We need more information services. Speaking from personal experience, we need more workshops working around depression and body image at schools. I left school 6 years ago now, but if I had these sort of services back when I was younger, it would have helped me through a lot of the issues I dealt with/ deal with today.

The category of building awareness and education includes sharing knowledge and evaluations of local services through schools, the web, community discussion, advertising and advocacy. It also involves reducing the stigma of young people's health issues; in particular, mental health and body image.

A final category identified from the data is that some people (eight) stated they were unsure about what could improve their local services. This suggests that they are either unaware of or inexperienced with their local youth services, or that they do not see where these services can best be improved. Three participants stated that nothing could improve their local services, whilst one participant simply stated that 'anything' would.

It is clear from these responses that many of the young people who participated in this survey believe their local services need to transform into youth-friendly and accessible spaces, and that more information regarding the benefits of these services needs to be disseminated. These approaches are suggested as needed to increase the numbers of young people accessing primary health care services, and the quality of their experience when they do.

The youth services survey was designed to collect data about primary health care needs and issues for young people, including access to primary health care services in the Metro North Brisbane region, as seen by youth service workers. This section provides a clear picture of youth services views, experiences, options and strategies concerning their ability to receive the health services required.

The survey was administrated using a range of methods including online and focus group administration. A total of twenty respondents completed the survey from a variety of locations in the Metro North Region. All services which provided valid responses (n=15) reported actively responding to the presenting health needs of the young people they worked with. The following discussion describes the types of services provided to young people.

Three categories of services provided for young people can be identified from the data. Often more than one of these was evident in a particular response. These are services:

- directed towards specific target groups
- which offer a particular modality of support to already unwell or vulnerable young people
- that provide preventative measures around engagement, reconnection and positive social development.

Services directed towards specific target groups

The main target group of these services is marginalised or disadvantaged young people. More specifically, participants identified services aimed at individuals, groups, families, parents, women, people in school, or LGBTI people. One participant identified several groups of young people being supported through service provision: an age-specific marginalised group, young parents, those at school and university, young people in need of housing, and young people in need of development and training. Another participant described a service as providing 'support, information, education to pregnant and parenting young women'. Distinctions are made in the terms of the level of interaction (individuals and/or groups) and in respect of there being a range of specific target groups within the broader population of young people.

Services which offer particular type (modality and focus) of support

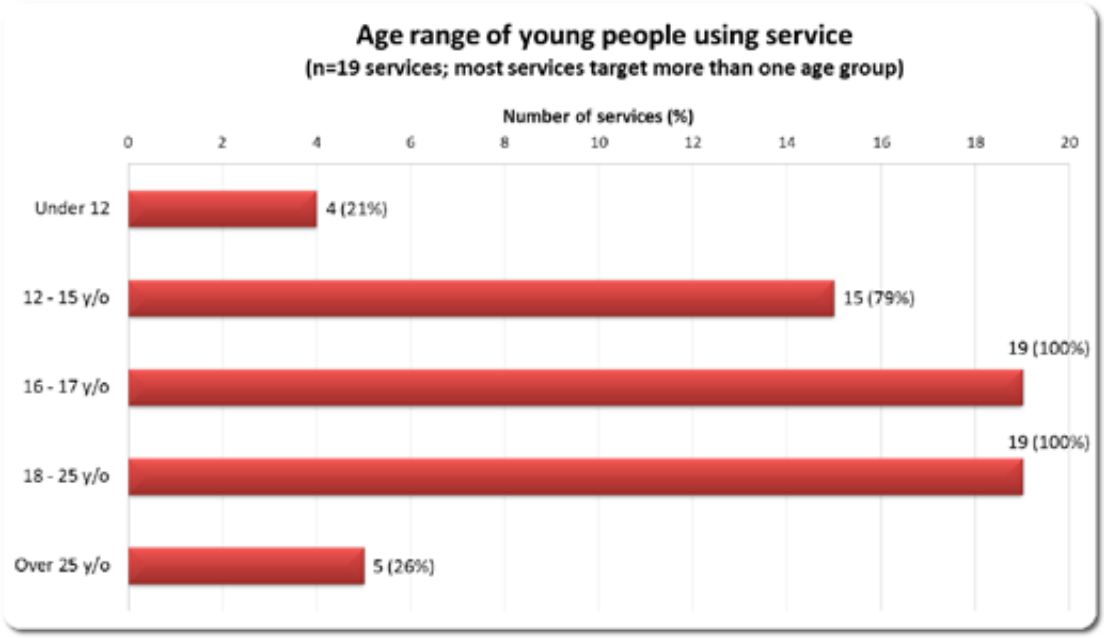
The type (modality and focus) of support services theme is quite general and covers a range of advocacy, practical, and therapeutic interventions. The most common types of support indicated by the participants were accommodation and housing, counselling (particularly alcohol and drug counselling), referral, mental health support, financial support and case management support. One participant described the services provided in their workplace as 'Financial assistance, drug and alcohol support, family and parenting support, support to young women, housing and homelessness, education and referral to employment, mental health – psychologist' [*sic*]. Another participant had a similarly substantial list of specific services including 'assessment and referral, basic needs, crisis assistance, housing, drug and alcohol, medical/health, mental health support, re-engagement with education, diversionary activity'. The primary theme to emerge from this category is that there was a wide range of specific services, from chaplaincy to transport, designed to meet the specific health needs of young people that are already existent in the community.

Services that provide preventative measures around engagement, reconnection and positive social development

Education, broadly understood as including information provision and skill development, emerged as a primary focus within this category. Specific service foci include engaging schools in positive promotion of health care; tutoring; reconnecting students with schools; parenting; childbirth education; and training for employment. Training, development and employment using a firm education base as well as a well linked network appeared to be the primary goal of these preventative and re-engagement services.

Within this category some participants described holistic measures to outreach; for example, 'Holistic Health and Family Support Including: Childbirth Education, Young Mums Groups, Projects, Community Education, Advocacy, Referral, Liaison, Individual Support Work and Counselling'. This participant's holistic approach identifies the target groups, the support services, as well as the techniques to link users of the service to networks and other services. 'Outreach' also emerged as a frequently identified type of service for young people in this category. Other positive social development strategies described included music and cooking groups, youth groups, and school holiday activities. The character of these services and strategies was preventative, collaborative and empowering.

Table 2.15: Breakdown of ages of young people using services

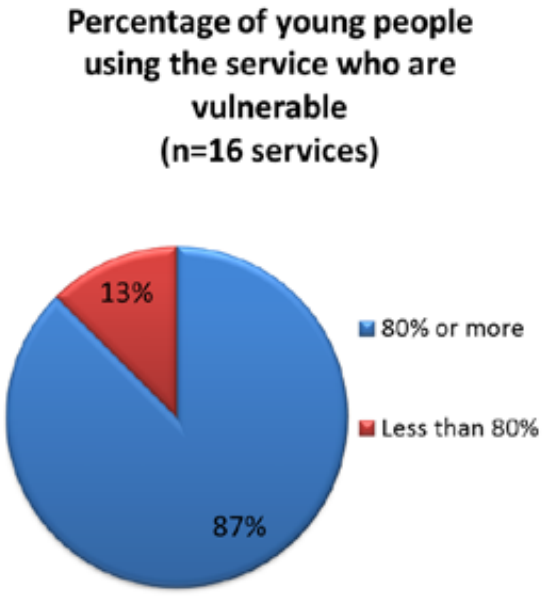


Most youth services provide services to young people aged 12-25 with 16-25 years being the most common age group accessing services. Qualitative data was collected on the specific target groups.

Specific target groups

A frequently referred to target group is 'at risk' youth. A number of responses also identified youth at risk of homelessness and disengagement from education. Five responses outlined a targeted age range, including: 12-25; 15-25; 16-25; 16-19; and 16-29. This variability most likely reflects either funding criteria or the range of organisational foci or a mixture of both. It is not possible to infer that these ranges reflect the average age of people in need of their services. In any case, there is an evident disjuncture between service providers regarding the age of young people, with the 16-19 age range being particularly limited and the 12-25 being the broadest. There are implications arising from this if primary health care providers are to be able to know what youth services they can refer young people to of various ages.

Table 2.16: Percentage of vulnerable young people who access youth services



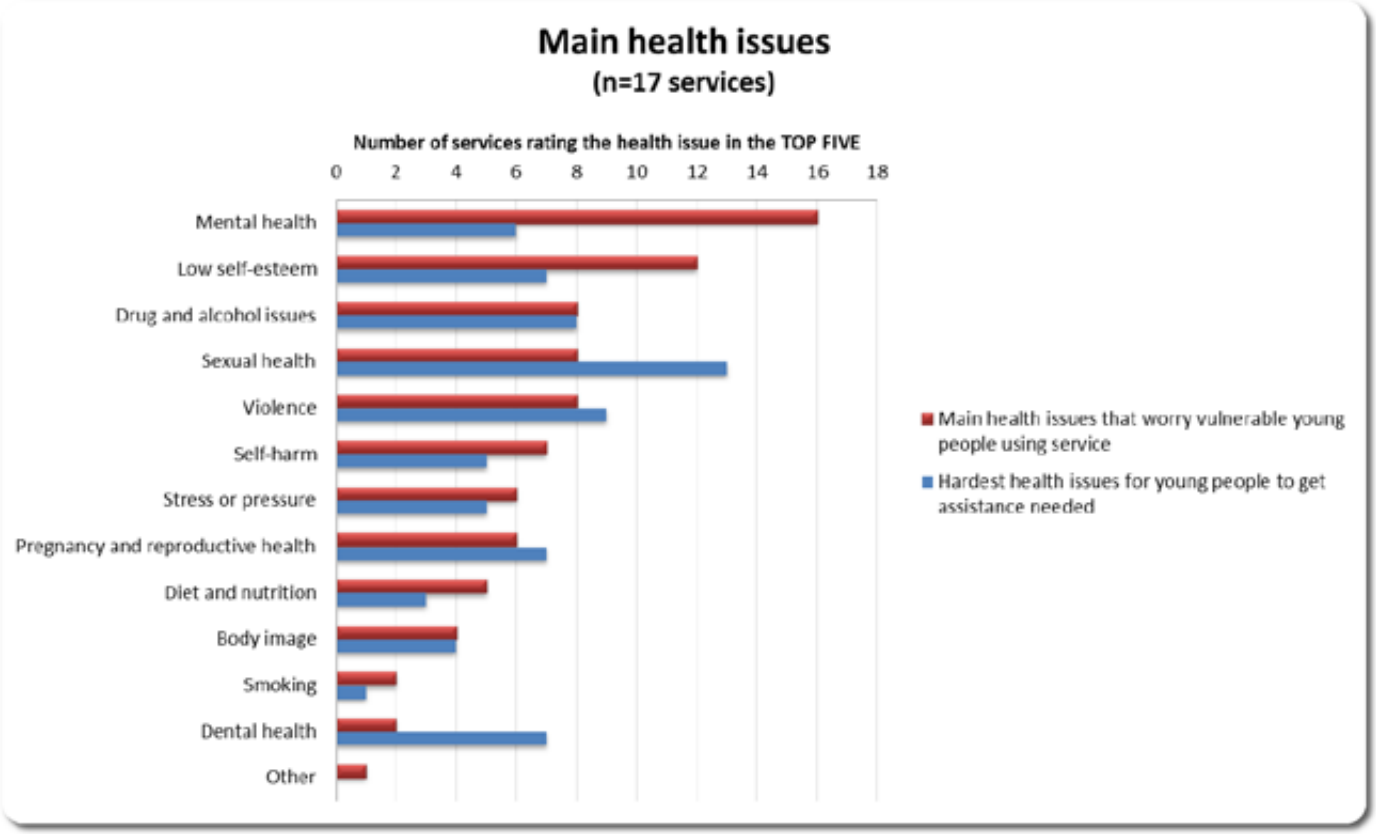
Given the service orientation in youth organisations, it is not surprising that 87% of young people accessing youth services are reported to be vulnerable.

The qualitative data explores the notion of vulnerability, marginalisation and 'at risk' further. Beyond the more general category of those 'at risk' and the more specific category of age range, the participants described target groups in terms of the features that contribute to marginalisation. Some participants identified the unique feature shared by the group; for example, ethnicity (Aboriginal and Torres Strait Islanders), migrant and refugee experiences (CALD groups) or sexual orientation (LGBTI). Groups were also identified by the shared disadvantage or life circumstance; for example, young pregnant women, cognitively impaired people, the homeless and the unemployed. A common response was using particular behaviours of young people to indicate target groups, such as people with eating disorders, young people with problematic substance use, and those disengaged from school. Particular responses included:

(1) 'young parents, Pacific Islanders at risk of disengaging from school, unemployed homeless, [and] youth justice'
(2) 'young people under 25, significant others, LGBTI young people, dual diagnosis'
(3) 'young people (16-29), Aboriginal and Torres Strait Islander people, women (motherhood, pregnancy, pre-pregnancy and breastfeeding), socially and economically disadvantaged'.

Specific target groups are therefore identified by the participants in one of two ways: within an age range, or via a shared characteristic or feature. A challenge for creating enhanced pathways between primary health care providers and youth services is the variety of target groups and combinations of target groups across youth services.

Table 2.17: Top five health issues as rated by youth services



The five main youth health issues identified by youth services:

1. Mental Health issues (94%),
2. Low Self Esteem (70%),
3. Drug and Alcohol (41%)
4. Sexual Health (41%)
5. Violence (41%)

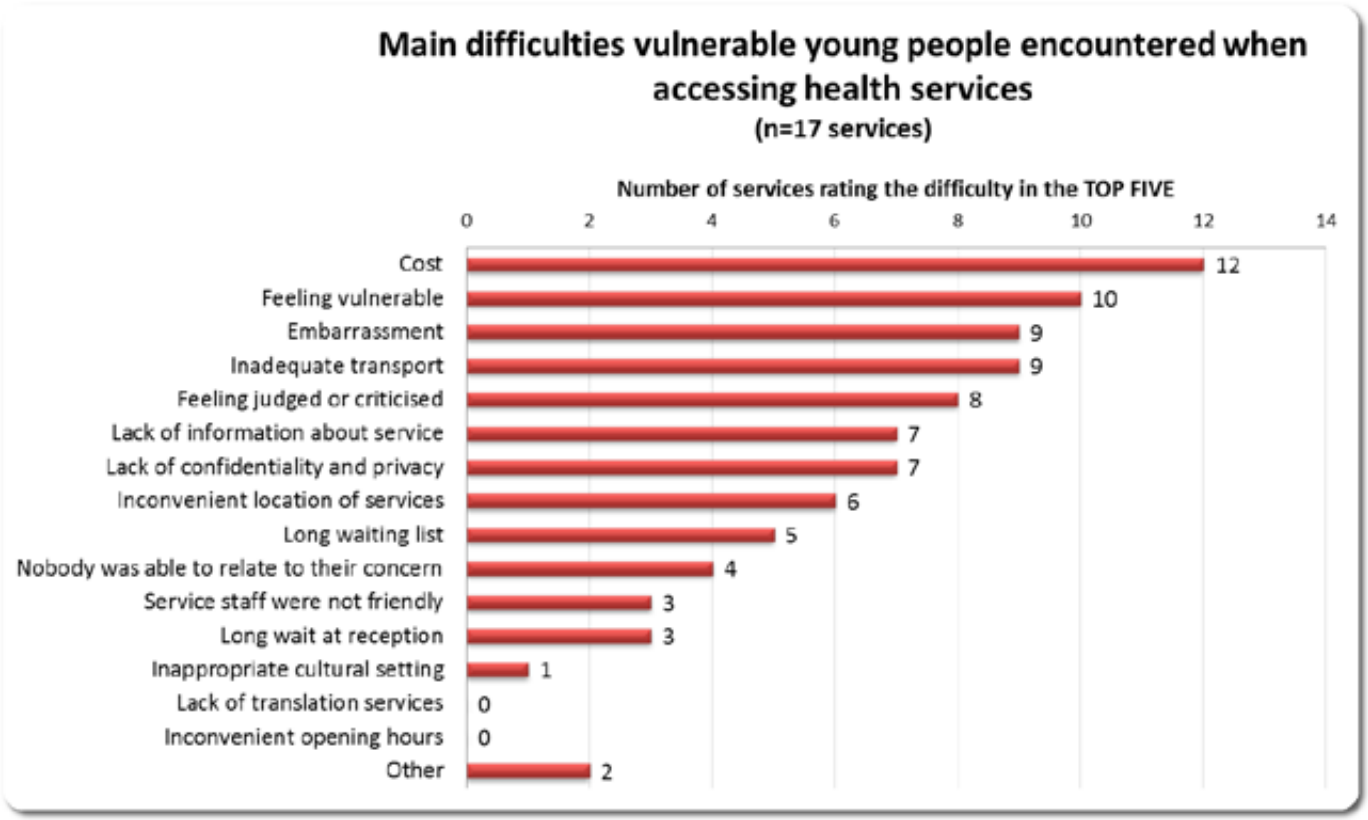
The five main youth health issues that are hardest for young people to get assistance include:

1. Sexual Health (76%),
2. Violence (52%),
3. Drug and Alcohol (47%)
4. Reproductive Health (41%),
5. Dental Health (41%)

Mental health and low self-esteem were identified by youth services as the main health issues experienced by young people followed by drug and alcohol use and sexual health. Interestingly though, sexual health and violence were identified by youth services as the most difficult to access or gain assistance. As previously mentioned, youth service focus group data identified sexual health as a significant issue for young people, with a continued high level of stigma and embarrassment attached to sexual health and sexual transmitted infections.

Barriers to Access

Table 2.18: Main difficulties encountered by vulnerable young people when accessing health care services



Similar to the young people survey, this chart demonstrates a diverse range of factors that create barriers for young people when accessing health care services. Personality and relational issues such as embarrassment, feelings of vulnerability, and feeling judged and criticised all contribute to barriers to access. Organisational or more systemic issues such as cost, inadequate transport, wait times, serviced locations, lack of information about services provided and lack of privacy and confidentiality also create difficulties for young people in accessing health services.

The following discussion describes case examples of barriers which illustrate common difficulties/barriers services face in assisting young people to access appropriate primary health care services. The responses from youth service workers regarding barriers for young people to accessing appropriate health care services can be categorised in two ways:

- as organisational and systemic limitations
- as 'relational' limitations between young people and service providers, most commonly manifested in young people as feelings of distrust and discomfort.

Organisation and systemic limitations are often interrelated in the accounts of respondents. In terms of the organisational limitations, most participants identified long waiting lists and time spent in waiting rooms as a significant barrier to health care access. In addition, sufficient appropriate services are not provided in areas populated by 'at risk' young people compounded by a lack of transport options to services located further away. For example, 'A young man with a long term drug addiction would like to go a suitable rehabilitation facility but there are none in this area and waiting lists for those outside the area are very long.' In another instance a participant described how 'Referring a young person who is highly motivated to receive help and counselling only to face long wait-list, coupled with difficulty accessing the service located on the southside, due to transport costs and access'. Many case examples described how young people do not have their own GP:

> Frequently young people report not having a GP or the ability to access a GP, as they either don't have money, Medicare card in their name, or ability to access the service.

Young people are therefore impacted by their incapacity to access, afford or link in with health services. Thus difficulties of referral pathways and costs of services interact to complicate a long process, as one participant explained:

> Young person requires access to free psychology. Local super centre require patient to visit "their" GP for a minimum of 6 visits before referring into the free clinic. In addition to this, the waiting list to see available psychologist was minimum of one month's wait. Young person also had a baby, and no access to transport. [*sic*]

The organisational and systemic limitations to accessing health care services were generally identified as long waiting lists, limited opening hours, lack of locally available specific services, costs of using services, lack of transport access, and complex referral systems. One respondent relayed a case example of a young person who was affected by many of these organisational limitations, compounded by his own anxiety and difficulty in dealing with the waiting required:

> A young man who has been engaged with our service for approximately two months had sustained a significant wound self-harming. Attended local ED, no care or treatment provided after several hours; attended a GP and told no appointments, eventually he came to our service and we provided dressings and assistance. Following our referral he was not accepted by CYMHS. He does not have a regular GP. It has been very difficult to get him into a GP that will bulk bill – this young man experiences anxiety and agitation while waiting and when we have attempted to visit a "superclinic" in the area he isn't able to wait long enough for appointment (over 60 mins) we continue to work with this young man.

This young person struggles with the barriers inherent within much of the health system as well as his own personal experiences and behavioural responses to the long waiting times. Other respondents commented on how access to services is impaired by the level of comfort and trust that the young people feel in the service setting; for instance, one person relayed the following case:

> Young person being turned away from hospital as they had been there the day before and did not feel comfortable to talk, so it was assumed they did not need their help this day because of the day before, and were turned away and told to see a GP.

Another case example described how a 16 year old person with bulimia, with no income and no help from her parents to receive counselling, was denied access to CYMHS services because the service providers did not consider her problem 'serious enough'. Another young person with bulimia told this participant she did not access the services of her guidance officer because she was concerned about confidentiality. Another claimed that GPs do not use strategies such as relationship- and trust-building to get honest answers from young people regarding their health.

Relational themes evident include feelings of distrust and discomfort in dealing with GPs and other centres, dissatisfaction with the level of confidentiality they were afforded, and a sense that they as a person or their situation were not taken seriously enough.

Access to services for these young people is predicated on a mix of organisational, systemic and relational factors. Key is an attention to the development of

positive interpersonal relations with marginalised young people, where service providers build comfortable and trustworthy environments that are supportive of behavioural characteristics such as anxiety and that are supportive of socio-economic disadvantages such as lack of income, access to transport, or lack of Medicare assistance. Many of the case examples described by participants demonstrate that young people want to access primary health care services but they do not because of trust, behavioural, financial or logistical reasons, reinforced through their lived experience.

Improving Access on a Local Level

The following discussion explores the youth services' responses to what could be done at your local level to reduce the difficulties faced by vulnerable young people in accessing primary health care services.

Increasing accessibility is the primary theme to emerge from responses to the question of what could be done to reduce difficulties for young people in accessing health services. Participants described how access could be improved through transport, building more services appropriate to the needs of young people in areas populated by those 'at risk', and reducing the cost of services. A standout suggestion is ensuring these services are designed for confidentiality and the comfort of young people. The settings and staff of many service providers are described as daunting and off-putting to young people, and that young people need to build positive, trusting relationships with the on-site doctors. The following quote from a participant demonstrates this theme of increasing accessibility well.

> More services!!!! Access to free or low cost dental care; medical workers outreaching to services so they can connect with young people in a place they are already familiar and comfortable; This would also help with locations as public transport is scarce in some areas of the region. More access to low-cost or free services; more youth friendly GPs and information about who and where they are.

The participant went on to explain that:

> So many services require a referral from GP even getting into a GP can be difficult for a young person. Most people don't know "the system" and wouldn't be aware of what subsidies and help are available, and no way of finding out about it – for example: who knows about Brisbane Mind and that it even exits!!

This second statement articulates a second component to the accessibility theme: *improvement of referral pathways*. Many participants identified the need to address the referral process in terms of waiting times, clarity and ease of access. Many young people are discouraged from seeking further specialised assistance because the referral process is too long and complex.

The statement also claims that *disseminating information about youth friendly primary health care providers* can address a number of access difficulties. Other participants agreed; they suggested that youth programs should be linked to schools to increase information and knowledge sharing, or that mentors and school support staff should share information regarding services, including where to find GPs and youth-friendly primary health care providers and services. What is clear from their responses is that

young people need more information about accessing services that are appropriate to their needs, are comfortable, and are not made complex by difficult referral pathways.

Whilst the first category – accessibility – addresses the limitations impacting on service use and the second category – information dissemination and school support – outlines a strategy to increase participation by better training staff and building strong networks, a third category identifies *the importance of input from the service users themselves – the young people*. One participant suggested that consulting with young people is the foremost strategy to reduce difficulties of service use for them. Whilst only one person specifically suggested inclusivity of young people in the process of overcoming current difficulties, it is no less an important and standout suggestion that makes a statement about the need for services to reflect the needs of the people they are designed to assist.

Youth Service Response to the Presenting Health Needs of the Young People

The most frequent youth service response to the health needs of young people is providing referrals for young people to other services. The second most frequent response is providing assistance to access other services. Many of the youth service worker participants recognised how the health needs of young people can be better addressed by linking in with other services – collaboration and referrals – and ensuring that the young people have adequate support to follow through with referrals. This can be termed providing 'warm' rather than 'cold' referrals, and includes providing transport to and finding youth-friendly, youth-specific bulk-billing GPs and centres, as well as actively preparing young people for appointments (what to expect) and advocacy. One respondent expressed this as:

> Advocating for young person with management of services. Support client to attend appointments through transport and by accompanying client to initial (or more if required) appointment to minimise vulnerability.

Another participant explained it this way:

> Assisted referrals to GPs and health care providers that are experienced in working with eating issues or providing information to existing workers on appropriate medical management and resources. [*sic*]

A range of other respondent services indicated they were themselves actively involved in the delivery of health services. Only one participant identified medical care as a means of responding to present health needs of young people (first aid), whilst a few identified more generally that their service provides health assistance on call to young people. One participant recognised their provider's most important response to health needs as linking young people with local community pathways developed by that service provider. Evaluation is incorporated as a key feature in one service provider's particular response to the health needs of young people:

> [Actively] seek YP feedback on service provision, regularly conduct surveys on needs, have run client based consumer feedback groups/ sessions, have feedback and service recommendation pamphlet/feedback forms, try to respond to presenting needs in clinical sessions and discuss on a service/team level.

Evaluation is positioned here as a primary method to ensuring that primary health care services meet the specific and presenting health needs of the young people they work with by using participant feedback and staff consultation. Another participant commented that team consultation is the method used by her/ his service provider to ensure the health needs of young people are met. Both forms of consultation are designed to ensure that responses to the health needs of young people are always current and relevant.

Good practice in referral to allied health services

Participants' responses to how referrals to allied health services work well fit into four categories:

- Communication,
- Support,
- Processes, and
- Relationships.

There are several components to the communication category. The first is building communication between the youth services and GPs. This includes email and telephone communication so that information can be shared regarding the patient's specific circumstances, including barriers to accessing the GP and medical management. As an example, one participant stated

that 'Written permission from patient to consult with GP' allows the referral services to work well. There is also a need to extend appointment periods so that young people with communication difficulties have the opportunity for proper treatment. Communication also requires accuracy in information; in particular 'giving the young person correct information about the service' and providing the right contact numbers for the services.

Support was a frequently raised theme in participants' responses. Support ranged from encouraging attendance, follow up and communication, to ensuring that the health service staff have understanding and empathy for the young people and their special circumstances. For example, one participant suggested that when there is 'willingness to understand and empathise with a young persons situation' [*sic*] then the allied health services work well. Another suggested the 'worker following up and not leaving it to young person' is a useful strategy to ensure the services work well.

The processes involved with referrals were identified as a means of ensuring the services work well. Participants recognised that the easier the referral pathway, the more successful the referrals are to allied health services. Suggestions were made in regards to the process of communication between health services and youth services; in particular allowing email, letter and telephone communication between services. For instance, one participant suggested 'Easy Referral Processes (basic forms or quick phone call)' [*sic*], whilst another suggested 'Writing emails to GPs to let them know of our service and provide info on medical management and access pathways'. Processes such as waiting times and regularity were also acknowledged as integral to the success of referrals to allied health services; for example one person commented that 'working with [the allied health services] previously' supports regularity.

Building regularity can build working relationships into the referral process. Many participants recognised the need for staff to build relationships with the young people in order to create a supportive environment. The supportive environment not only encourages young people to attend but they are able to feel comfortable and able to share their health issues in confidence. This means providing 'workers who connect to young people on a social level before tackling health issues', building 'Client confidence in health service[s]' or using health services with a well-regarded reputation, and providing youth-friendly spaces.

Other factors that contribute to the successful outcomes of referrals to health services are proximity to the young people, low cost, and actually having the referral accepted.

Support Required for Vulnerable Young People to Maintain Access to their Pre-Existing Primary Health Care Providers

There is a distinct difference between the responses provided to the question of supporting young people to access pre-existing primary health care providers. Firstly, respondents overwhelmingly stated that transport support is their primary method of assisting access to providers. Participants therefore recognised that the biggest barrier to accessing health care providers was accessibility and proximity, and that their service needed to support young people with the 'practical support' of transport to and from appointments. Other means of practical support included financial support, text message reminders to young people about their appointment, 'phoning', 'Seeking written permission to consult with existing providers' and 'Attempt to contact for shared care'.

Secondly, respondents frequently referred to emotional support and advocacy. Emotional support notions often centred on a theme of encouragement. For example: 'Encourage YP to continue their involvement with them '; 'Encouragement to stay with health providers who know them '; and 'Support and encouragement to complete paperwork and book appointments'. There is clearly a need for young people to be encouraged to follow through with the process of accessing their pre-existing health care providers. A substantial percentage of the Group B responses also regarded advocacy on the young person's behalf as a means of supporting young people to access their health care providers.

Other techniques included asking the young people 'about what they want to do' so that their support services are appropriate to the young peoples' specific needs and ensuring that 'health practitioners [can] communicate effectively with young person'.

Useful Linkage Youth Services have Developed with Primary Health Care Providers

Three primary categories emerge from responses to the question of useful links with primary health care providers. These are:

- formal collaborative links between service providers (memorandums of understanding),

- informal relationships with GPs and other providers, and
- networks of health care workers from the same health care discipline.

Two participants identified memorandums of understanding as the most significant useful link with primary health care providers and a few others identified collaboration as the most significant link. As an example, one respondent listed several forms of formal links with other providers: 'Some referral pathways and agreements, shared training arrangements, shared assessment forms/ documentation.'

Others described building informal relationships with local GPs to ensure they are "youth-friendly". For instance:

> When identifying providers within our local area, building a good relationship between ourselves and the provider has enabled greater understanding of our clients' needs and barriers and we have found the provider more willing to support individual needs when referred by our agency. In certain instances the provider has facilitated a visit to our location to support a particular client.

A number of participants prioritised the simple causal link between 'going out and meeting with local Dr's' [*sic*] and being able to actively respond to the health needs of young people.

The third category – networks – identifies specific health sector networks that link health professionals working in similar fields with each other. One participant described how the service provider he/she works for:

> Started a MedNET – Medical Eating Disorders Network last year (self funded) however, difficult to maintain this without ongoing funding and worker hours.

This participant recognises the significance of building health-specific professional networks to ensure that the service remains current and active in the developments of the health issue it is addressing so that it can better respond to the health needs of young people.

Two participants identified a specific service – Headspace – as the important link with primary health care providers, and another stated that transport was their specific service to link young people in with primary health care providers. One participant commented that there were too many important links to list. Overall, the most significant links with health care providers were building formal and informal collaborative service relationships, and developing professional networks.

Other Strategies Used to Support Vulnerable Young People to Access Primary Health Services

There are three primary themes in responses about which strategies are used to support vulnerable young people to access health services. These are:

- individual support,
- collaboration, networking and relationship building, and
- education and sharing information.

Individual support includes transport to service providers and preparation and support to attend appointments; for instance, '...driving to appointments, texting reminders, supporting the relationship, supporting continuation with same service'. Individual support is also linked with referrals, in terms of supporting vulnerable people to access ongoing and specialised services. A few participants commented more generally that they support access to services and being proactive with their healthcare.

The second theme is collaboration, networking and relationship building. A few participants mentioned again the importance of establishing memorandums of understanding, building relationships with local GPs, implementing outreach services and maintaining consultations with other more specialist professionals and services. One participant was quite specific with their strategy in this regard:

> Use specialist services eg ATSI, CALD, disability, Engage with and advocacy with professionals engaged in health policy/research eg access to specialist workers and young people as consumers (eg Centre for Mothers and Babies, RBWH) Ongoing education about young people's needs eg regular in midwives and allied health professional students doing placements or volunteering at YPP [*sic*]

Education and sharing information is the third category to emerge from the responses. The above response

also suggests the importance of engaging with research and current knowledge in order to ensure that strategies remain appropriate and relevant to the needs of vulnerable young people. Another respondent stated that 'Providing service information [and] clarifying process and purpose' is crucial to supporting access to services, whilst another stated quite simply that 'discussing the benefits' of accessing health care will support young people in the process. Another participant recognised the ability of collaboration and information sharing between services 'to "plant the seed" of what's available to young women in case they need the service or in the future' [*sic*]. The importance of information sharing and education of both service users and providers is therefore regarded as a significant strategy by participants to support vulnerable young people in accessing primary health care.

Providing individual support as well as a collaborative and networked approach are the two primary strategies indicated from the data to support young people access health care services.

Ideas of Simple Local Strategies to Improve Young People Access

The strategies to increase service use in participants' localities reflected four approaches:

- improving the GP or service provider relationship with young people;
- improving accessibility through transport, lower costs, and implementing more youth-specific services,
- providing mentor support, and
- collaborative, inclusive approaches to building knowledge and information sharing between primary health care providers, youth services and other key points of contact for young people such as schools.

Many youth service worker participants recognised that the GP or service provider relationship with young people needs to be improved. They stated that many young people in the local area do not access health care providers because they are not recognised as "youth-friendly". One participant suggested that an appropriate strategy would be to develop a 'list of youth friendly Dr's' and ensuring that 'services [are] open to receiving such young people', whilst another recommended 'training staff to be more youth friendly'. It is clear that engagement with local services is dependent on the character of the reception of young people, and the ability for the service providers to develop positive, safe, comfortable environments for young people.

Providing transport and lowering costs are suggested as strategies to address issues of accessibility, with a few responses suggesting bulk-billing services as a means of reducing costs. Providing child-minding services and building more youth-specific services in residential areas populated by 'at risk' youth, are specific strategies suggested by participants to support accessibility for vulnerable young people. Again, Headspace emerged as a useful service for young people that, if implemented in more local areas, would improve vulnerable young people's access to health services.

A final strategy was suggested by only one participant but is distinctive and worthy of consideration. This participant suggested that funding be provided to establish peer mentor programs at schools.

> For example the 'Isis – I love me' program supporting positive body image mental health and youth engagement and whole of school approach including strengthening referral pathways and building capacity of school staff and students to respond and resource each other [*sic*].

This participant's statement is loaded with suggestions. These suggest holistic and collaborative approaches are crucial to implementing preventative and intervention measures that support young people's mental health and wellbeing. The statement also recognises the need to address complex and difficult referral methods so that young people are not discouraged by the process of accessing health care services. The respondent also acknowledges that collaborative, inclusive approaches to building knowledge and information sharing, as well as discursive feedback cycles, are useful techniques to ensure that the school programs remain appropriate and successful in meeting the students' health needs. These elements are also evident in other responses across the surveys.

Further Suggestions for Improving Youth Access to Primary Health Care

The most frequently suggested strategy to promote better access to primary health care services for young people was *providing youth-only services*. This reflects ideas presented in previous responses, which repeatedly commented on how primary health care

services need to build skills, knowledge and approaches to young people's health problems that are experienced as welcoming, and the critical role of empathetic staff. As one participant commented, the 'Medical model of a powerful all-knowing Dr/expert versus a teenager - it is nowhere near youth friendly and until these walls break down there will always be problems.' Thus one participant suggested a strategy would be 'staff training and professional development' whilst another simply described a strategy as having non-judgemental doctors.

Support is another theme that can be drawn from these responses. Participants again identified how practical support such as providing transport would promote better access to health care services whilst another suggested providing child-minding services. Other accessibility strategies were suggested, including extended appointment times, outreach services, and building more services in areas populated by vulnerable youth.

A final theme in these responses was building information sharing pathways. For example, one proposed strategy was building 'Better liaison with schools based youth health nurses and youth programs so each know what is available and what referral pathways are' [*sic*] and another was 'Websites and apps with up to date referral info and links- and money to actively maintain this'.

Examples of how the Primary Health Care System Worked Well for Young People

Three themes can be drawn from the stories of the health care system working well for young people. The first is that collaboration and trust were the tools that supported the successful outcome. By establishing an ongoing, trusted and working relationship between the youth service and health care system, the young people are able to better cope with and have confidence in the primary health service being provided. The second theme is that effective referrals are integral to the success of young people in the health care system. A third category relates to financial capacity and service system arrangements to make health care provision affordable for these young people, for example access to bulk billing.

Examples of how the Primary Health Care System Did Not Work Well for Young People

The theme of finances addressed in the previous question was raised again here. For example, one participant identified that his/her young client's access to the health system was unsuccessful because the doctor did not bulk bill. The theme of relationship and trust between the service provider and the young person was also again raised; in this instance a young person was not given appropriate treatment and was embarrassed about sharing his/her sexual health needs properly: the GP 'got angry at YP who arrived late, and the rushed intervention meant the YP did not have their sexual health needs assessed properly (as they were also embarrassed) and subsequently they did not get the correct treatment'. Another participant for example relayed how a young person who used their youth service had an unsuccessful experience with the primary health care provider because the doctor was judgemental.

It is clear then from the narratives of both successful and unsuccessful engagement with the primary health care system revolved around issues of cost, trust and relationships with both GPs and other service providers.

Summary of Survey Analysis

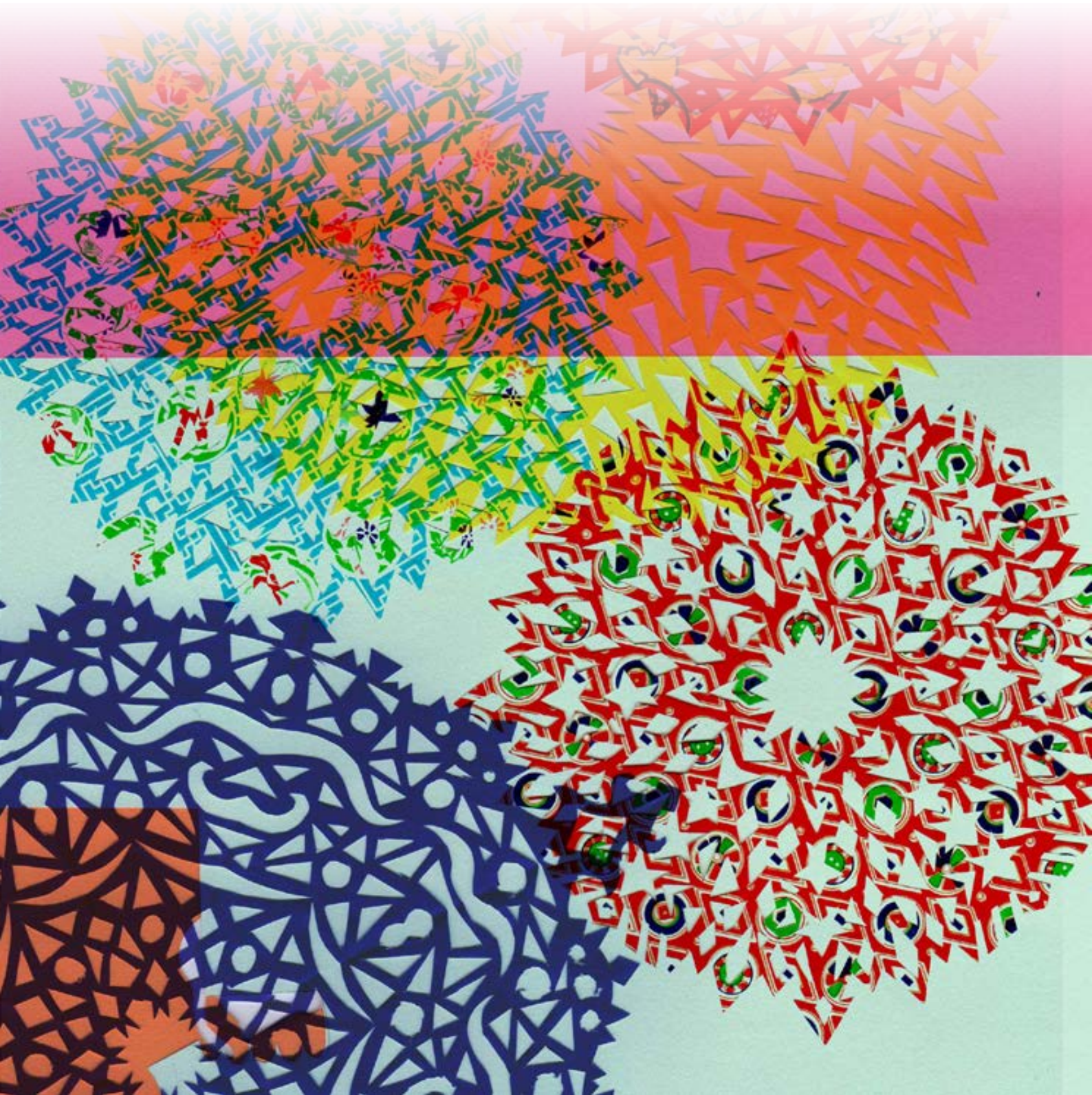
A number of themes can be identified from the qualitative data in the surveys. The first is that more primary health care services and centres need to be available that reflect the evolving needs of young people. This includes being specific to the particular and emergent needs of a diversity of vulnerable young people; ensuring services and staff create a respectful, inviting and positive atmosphere which convey a non-judgmental stance and seek to appreciate these young people's perspectives on their health needs.

There is a need expressed to better address referral processes, reduce waiting times, and overcome access limitations associated with financial costs, including transport. Many referred to the incapacity of vulnerable young people to access primary health care services despite a willingness and motivation to do so.

The last theme centres on capacity building through education, training, collaboration and evaluation. Both young people and staff are seen to need enhanced information and education. Young people need awareness of the services available to them, whilst staff are seen to need education and training to ensure they are able to employ a 'youth-friendly' approach to engagement, understanding needs, and interaction with vulnerable young people. There is a critical need to be proactive about reducing stigma experienced by vulnerable young people when they access mainstream health services. Collaboration between primary health

care providers and youth services is identified as key to building access to appropriate services for these young people, and as a foundation for identifying less complex, more successful pathways for young people to access a range of specialised assistance they may need. Collaboration also requires solid networks and mechanisms for information sharing between young people and various types of services, between youth service providers and primary health care providers, and between professionals in the health sector.

Youth Affairs Network of Queensland (YANQ) contracted seven organisations to undertake detailed consultations with marginalised young people in the Metro North Brisbane region. The purpose of this consultation was to target particular groups of 'at risk' young people in the region to enrich the data collected through the literature reviews, online surveys and focus groups. Full reports are included in Appendix A.



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DIG DEEPER FOCUS GROUP CONSULTATION

Fill This Space Consultations

Deception Bay Community Youth Programs (DBCYP) was targeted for an eight week consultation process called 'Fill this Space'. As a youth agency in one of the outer northern suburbs with a high population of young people and high levels of disadvantage, it was decided to establish a Youth Focus Group at DBCYP. The group consisted of 6- 8 young people meeting weekly to answer the research questions as well as advise how the research team could further engage with young people in Deception Bay.

The research in Deception Bay included:

- Utilising the Youth Focus Group to:
    1. Answer key questions on the primary health care including the needs of young people; how they access information; and the barriers of accessing health care
    2. Provide information relating to young people in Deception Bay's use of social media and phone apps
    3. Share stories about accessing primary health care services
    4. Engage with a wider group of young people to obtain further information about the issues relating to primary health care services and information
    5. Evaluate their involvement in the project

- Undertake four (4) one-on-one interviews on primary health care issues with highly disadvantaged young people who did not participate in the Youth Focus Group.

The Youth Focus Group recommended that they use the online survey developed by QUT as a way of engaging other young people. This group of young people were in the process of organising a youth event for 'Youth Week' and agreed that young people attending the event could be approached to fill in a hard copy of the survey.

After attending a training meeting with staff from YANQ, the Youth Focus Group recommended that the survey be reformatted into a two page survey so young people didn't feel overwhelmed by its size. The Youth Week event called 'Big Bay Out' was cancelled at the last minute due to extremely heavy rain. The Youth Focus Group agreed to proceed on a Thursday afternoon after school hours at the local Shopping Centre. Six young people from the Youth Focus Group completed 70 surveys with young people from Deception Bay.

The Youth Focus Group's final meeting undertook an evaluation of their involvement in the project.

Dig Deeper Consultations

YANQ engaged six organisations in the Metro North Brisbane region to collect information about young people's primary health care needs and access to information and services. The following organisations were involved:

- **Brisbane Youth Service** – supports young people who are homeless or at risk of homelessness and/or have alcohol and drug issues.
- **Indigenous Youth Health Service** - supports ATSI young people who are homeless or at risk of homelessness and/or have alcohol and drug issues.
- **Open Doors**- which support young people who are lesbian, gay, bisexual or transgender.
- **Young Parents Program** – supports young parenting women.
- **Community Living Association** – supports young people with an intellectual disability.
- **Queensland Program for Assistance of Survivors of Torture and Trauma** – supports refugee young people.

These organisations were contracted to undertake workshops with young people and youth workers to collect data concerning the following:

- Primary health care needs of young people
- Barriers young people have in accessing primary health care services and information
- Responses to primary health care needs that exist or could be available in their community
- Inspirations – any ideas to improve young people's access to primary health care information and services
- Stories – capturing stories of where primary health care services worked or did not work for young people who utilise their service
- Use of social media as a way of disseminating information about primary health care including the features of a phone app that would support young people's access to primary health care services

The organisations were also asked to support young people accessing their service to participate in the online survey. Each organisation provided YANQ with a final report documenting their findings. All organisational reports can be found in the Dig Deeper Consultation document in Appendix A.

Summary of Findings of the Digging Deeper Consultations

Young people are not a homogenous group. There are many young people in our communities who are doing well, have strong family support and community connections and are connected to primary health care providers through their relationships with family and friends.

The Dig Deeper consultations targeted vulnerable groups of young people in the Metro North Brisbane Region, identifying their health needs and the barriers these young people have in accessing primary health care providers. Youth workers supporting these young people were also involved in the consultation.

The groups targeted were:

Young people who are homeless or at risk of homelessness and use alcohol and drugs

This group are the most vulnerable of all groups of young people. They have complex health needs as a result of their lifestyle including poor hygiene and nutrition as well as the health impacts of drug and alcohol use. The health issues they present with are likely to be more extreme than most GP practices would see in their suburban practices.

Often the reason for their homelessness or being at risk of homelessness is as a result of mental illness, and their mental illness may be as a result of drug and alcohol use or childhood trauma. All of these health issues compound with their lifestyle where they are exposed to higher levels of violence including sexual assault.

> I had a terrible experience with a hospital managing a young woman's miscarriage. When she first presented with bleeding and cramping they told her to come back in a week as they didn't know if she was miscarrying – the young woman was very frightened and didn't want to wait for a week but had no choice. When she came back they told her she had miscarried and a told her she needed a curette. When they did that they did not provide her with any information about what might happen and what to look out for. A week later when I dropped by to see the young woman she was really sick. It turned out that they hadn't given her an ultra sound after the curette and she had some retained matter that was now infected. A serious lack of information and understanding the young woman's circumstance- she could of died.

Aboriginal and Torres Strait Islander young people who are homeless or at risk of homelessness and use alcohol and drugs

The young people who access Indigenous Youth Health Service are homeless or at risk of homelessness or may misuse drug and alcohol, such as chroming. This vulnerable group of young people will experience lifestyle health issues associated with homelessness as discussed above.

Intergenerational trauma significantly impacts on the health and well-being of these young people. Mental health issues such as grief, loss, depression and suicide are common and often result in substance abuse, which also impacts on their health and their ability to continue in education, and find employment and housing.

> One young person spoke of his experience when he was very sick but was only seen for about 2 minutes. The doctor said that he had the flu and they didn't need any treatment. The young person felt the doctor didn't care about him and was not concerned about his well-being. When his health worsened they contacted the Murri Health Centre and he received comprehensive treatment. He felt valued by the service he received. He said that at the clinic there were other services like counselling and dieticians that he was encouraged to access.

Refugee young people

This group of young people come from many different countries with varying health issues. Mental health is an important health issue for this group of young people given their exposure to trauma or a family member's exposure to trauma resulting from their migration. This group may have ongoing health issues as a result of their experiences outside Australia. They have to adjust to living in a different culture and often have to develop their capacity to comprehend another language - English. Their families (if they have one) are also undergoing the same settlement experience, with limited language skills and knowledge of the health service system in Australia. Language, cultural

variations and cultural insensitivities can create significant issues in relation to access to primary health care.

> A young woman from a refugee background waited a long period of time for an appointment with a mental health practitioner. Unfortunately at the time of the appointment no interpreter was available so a Youth worker supported the young mother at her appointment. The doctor mainly directed his questions to the Youth worker, failing to engage with the young mother. He proceeded to question her ability to parent and asked her why she didn't "stay in Sudan if that's how they parent there". The young woman left her appointment feeling highly uncomfortable, vulnerable and unimportant throughout the consultation.

LGBT young people

This group of young people are more likely to experience stress as part of the process of sexual and gender identity, thereby impacting on their mental health. They are of greater risk of using alcohol and drug use and mental health issues such as depression, anxiety and suicide. Their well-being is impacted on by intolerance from the wider community. Access to primary health care professionals that support gender change is limited by the number of specialists and the cost of the process of changing gender. This can lead to extreme mental health issues.

> A young person aged is 15 year old identifies as 'transgender'. The young person was born as a biological female, however they identify as male, and wants to be addressed by his male name and referred to as male e.g. male pronouns e.g. He, himself, his. The young person has been diagnosed with chronic depression and anxiety disorders and has attempted suicide more than 8 times in the previous 6 months. He found accessing primary health services a confronting experience. He is from a low socio-economic background, with both parents unable to work due to disability and therefore struggles to find accessible doctors who he can gain support through under Medicare.
>
> He has been an inpatient for psychiatric support in hospitals. During his experience through accessing psychiatric and medical services, he was consistently referred to as his female name, or birth name. This often escalates his depression and anxiety as he has now been living as a male for some time. On many occasions doctors have refused to refer to him as male – and this had significantly affected his mental health, increasing the risk to his safety and wellbeing. He was unable to access 'gender' specialist services due his financial circumstances. There are no doctors in his local area that he can access under Medicare who have had any training in working with transgender children, young people or adults. Referral to any support services have been through his school support network.

Young parents

This group of young people often are 'at risk' because of their life circumstances which have resulted in early pregnancy. Not only do they deal with multiple barriers to achieve stability in their lives but they are also responsible for the wellbeing of their children. While they are likely to be engaging with primary health care professionals as a result of their child, they face significant barriers to their engagement with health professionals, including lack of transport, access to child care and judgement from health professionals because of their age.

> "I took my baby to the hospital because she wouldn't take a bottle, and hadn't had any fluids in like 2 days and she wouldn't pee. When I got there they said yes she's really sick, looks horrible and took her in. After sometime they got me to give her a bottle which thank God she drank. After this a Doctor came out and said what are you here for? You shouldn't be here. And I said well she hadn't had a bottle in two days and he said well she's had one now hasn't she. And sent us home saying she's fine and doesn't need to be here, and that we were taking up spaces that other children could be using. I felt shamed, embarrassed and belittled because I was seen to be an over reacting and an inexperienced mother"

Young people with an intellectual disability

This group of young people experience a range of health issues depending on their lifestyle. A key issue for this group was sexual and reproductive health rights. Support to engage with health professionals

and understand treatment options and compliance is important for this group.

> A young person has recently found a new GP after his previous GP did not meet his needs. The young person had a skin condition on his legs that would not go away. He felt the GP did not take this seriously as he did not prescribe any form of treatment, instead saying that it would go away on its own. After seeing a different GP who prescribed treatment, the condition went away and the young person was validated in thinking that his previous GP was not meeting his needs.

Disadvantaged Young People living in Deception Bay, an outer northern suburb of the region

This group of young people disadvantage is heightened by their geographical location. The young people living in Deception Bay (like those living in and near Caboolture and Rothwell) are living in communities which typically have high populations of young people and children, and also with low incomes, low literacy levels, low levels of employment and limited public transport. As a consequence of these social conditions, young people are more likely to experience homelessness, alcohol and drug abuse, early school leaving, unemployment and involvement in the criminal justice system. Physical access to health services is also a key issue as transport to and from Deception Bay is very limited.

> Young people in Deception Bay spoke about the difficulty of finding an affordable health clinic as the doctors who bulk bill have closed their books. One young person spoke about how they had to catch public transport to get to the doctor when they were really unwell and then he was only seen for 5 minutes, and the doctor did not treat him saying he would recover. The young person a few days later was much sicker so he contacted the local Murri health service which provided him with transport so he could receive health care.

Barriers identified by all target groups of young people

As discuss previously in this report and further confirmed by the Digging Deeper consultations, there are a diverse range of factors that create barriers for young people when accessing health care services, broadly categorised as either relational issues and systemic issues. Common barriers identified through the consultation can be summarised as:

- All groups of young people stated that primary health care professionals need to be non-judgemental and offer free and confidential services
- They all commented on the need for GPs to be able to communicate clearly with them
- All groups said that they felt shame and embarrassment in talking to doctors
- They all commented on the need for a diversity of doctors e.g. female and gay-friendly GPs, culturally appropriate services, to ensure that there were multiple options for young people
- Most groups commented that the doctors did not know how to relate to young people
- Cost was a major barrier for all groups as many bulk billing clinics had closed books
- The presentation of a health service such as a doctors surgery added to young people's discomfort in utilising health services. They all suggested more could be done to improve waiting room experiences.
- All groups complained about the length of time they had to wait for an appointment when booking and when waiting at the surgery

Suggestions to Improve Youth Access to Primary Health Care

A model of Health Service for marginalised and disadvantaged young people

There are existing specialist health care services for marginalised and disadvantaged young people in the Brisbane Metro North region which are outlined later in this section of the report. These services target the most disadvantaged young people, who are homeless or at risk of homelessness, and /or have drug and alcohol issues. The young people accessing these services have complex health needs and outreach models incorporated with a health clinic embedded in a youth service ensures that marginalised young people have access to free and confidential health services. The themes of trust, flexibility, confidentiality and youth friendliness were strongly delivered from all groups of young people consulted.

These types of health services embedded or connected to existing youth services need to continue to provide vital health care services to this population of vulnerable young people. However, across the region there are other populations of vulnerable young people

who are homeless or at risk of homelessness who are not able to access these services and therefore other flexible models of primary health service delivery are required.

Many young people and youth services that were consulted discussed the strengths and benefits of GPs delivering clinical services at youth friendly locations on a regular basis. This notion of an outreach GP roster was popular with Youth Service workers who were able to identify through their networks local GPs who may be willing to participate.

Highlighted in both the Dig Deeper Consultations and the Youth Services focus groups was the need to identify GPs and GP Practices that were youth friendly and which reported good health outcomes for the young people referred there.

GP Education and Training

All consultations identified that relational issues such as trust, rapport, understanding and communication between the young person and the GP is critical in reducing barriers to health care and to promote good health outcomes. It was suggested a program to provide training to interested GPs in youth issues including health issues for ATSI, LGBT, homeless, substance abusers, refugees and migrants, and young people with intellectual disabilities would be useful.

Other significant suggestions from the Dig Deeper Consultations include:

- Exploring opportunities to value add to Griffith University and The University of Queensland medical student placements and linking them with youth and community services in the MNBML region so that GPs have a deep understanding of the social determinants of health in the region.
- Establishing an evaluation framework for primary health care providers to assess effectiveness of services for young people. Involvement of young people in this process.
- Providing an information and education program about healthy eating and nutrition to young people as rates of youth obesity are increasing and access to cheap, unhealthy food choices is high.

Networks and Collaboration

Throughout the consultations with youth service providers, a continuous theme of an integrated, collaborative service delivery system between youth service networks and health networks was explored. Specifically, collaboration in the following areas was suggested:

- Opportunities to collaborate with youth services and health services in the region to develop education programs for marginalised and disadvantaged young people.
- To work with local, state and federal government and local community organisations in the region to develop education strategies on increasing community awareness and tolerance on specific issues such as LGBT issues, ATSI issues.
- To explore opportunities to address transport, child care and cost as issues impacting on access of health services with health service providers.
- Develop a phone 'app' for use by young people to find out about health services and health information.

Improving Referral Information and Pathways

Significant discussion occurred about the importance of formalised and consistent referral pathways between youth services, education and health providers. The following strategies were suggested:

- Develop a web based service directory with information about youth services and health services including health information for young people. This could be used by service providers as well as young people.
- Develop a comprehensive Referral Map describing the services and pathways for young people to access the range health care services.

4

PILOT STRATEGIES TO IMPROVE PRIMARY HEALTH CARE ACCESS FOR YOUNG PEOPLE

A small but important component of the overall Youth Primary Health Development Project was to develop the concept of two specific strategies to improve the young people's access to primary health care services.

The first strategy was to explore outreach GP models that would provide greater access to primary health services for marginalised young people. This involved exploring existing structures, resources and networks to create opportunities for GP services to be delivered from localities and centres that would promote youth access and engagement. It was an opportunity to build and develop good practice frameworks in the delivery of primary health care services to marginalised young people.

The second strategy provides a framework for the development of a mobile app to provide easy access to primary health care information to young people through identifying key primary health care content relevant to marginalised young people and investigating app structures and designs that are attractive to young people.

The following discussions combine the findings of the literature review, surveys and focus groups that were conducted on these two project area.

Strategy One: General Practice, Health Access and Marginalised Young People

The Youth Primary Health Development Project Literature Review undertaken by Youth Affairs Network Queensland identified that across the board; almost half of all young people are seen to have moderate to high risk of adverse health outcomes owing to high-risk sexual behaviour, psychosocial pressures, substance abuse, and lifestyle choices (Anderson 2010). While there are significant differences in the primary health care needs of the various groups of marginalised young people, the vast majority of literature on marginalised young people identifies alcohol and illicit drugs, sexual health and mental health including self-harm and injury as the main health concerns of marginalised young people (AIHW 2007; Burke et al. 2008; NAYH 2010; Tylee et al. 2007).

Primary health care for young people in Australia occurs in youth-specific health services, community health centres, emergency departments and non-government organisations, but the bulk occurs in general practice (Cummings and Kang 2012; Kang et al. 2005; Quine et al. 2003). One third of females and two thirds of males said they would not seek help for their health concerns, and when they did, they were most likely to seek help from family, friends, or others they trusted (Anderson 2010; Booth et al. 2004). This is particularly so for marginalised young people. The literature suggests that certain groups of young people (such as young homeless, culturally and linguistically diverse, gay, lesbian, bisexual and transgender, Aboriginal young people, young people with disabilities, rural and other isolated groups), do not access mainstream health services (Cummings and Kang 2012; NSW CAAH 2005a). Indeed, lack of access to health care is a significant aspect of their marginalisation.

Marginalised young people are a diverse group who frequently have complex health needs. While these needs overlap with the general population, they are generally compounded by the psychosocial factors of their marginalisation: inadequate access to housing, lack of health and Medicare card provision, as well as limited access to transport and financial support.

While some young people might know of and prefer youth specific health services, General Practice continues to be the key entry point of the majority of young people into the primary healthcare system. Traditional General Practice, however, is not generally considered adequate to meet the specific needs of minority groups, and marginalised young people are no exception – often finding GP services confrontational, challenging or unable to meet their multiple health needs. The barriers to primary healthcare access are physical, psychological and structural, and have been well researched in the literature (Anderson 2010; Booth et al. 2004; Cummings and Kang 2012; Lloyd et al. 2004; NSW CAAH 2005a; Quine et al. 2003; Rodgers 2012; Tylee et al. 2007).

Recognising the importance of General Practice as the cornerstone of primary healthcare for marginalised young people, there have been calls for and developments in better connections between GPs and young people (see, for instance, NSW CAAH 2005a). Several of these developments in the Metro North Brisbane health district, including GP access in youth services, community health services and school-based youth health nurses, will be explored below. Other systems in place in other cities around Australia (e.g. youth friendly GPs and GP databases) will be considered for their impact and applicability to the Metro North Brisbane context.

Barriers to Accessing and Providing Primary Healthcare via General Practice

As discussed previously in this report there are a diverse range of factors that create barriers for young people when accessing health care services. Personality and relational issues such as embarrassment, feelings of vulnerability, and feeling judged and criticised all contribute to barriers to access. Organisational or more systemic issues such as cost, inadequate transport, wait times, service location, lack of information about services provided and lack of privacy and confidentiality also create difficulties for young people in accessing health services.

The following lists of barriers was identified in a range of literature specifically exploring young people's access to GP services. These barriers include (in order of importance in the literature):

- Lack of free primary health care or bulk billing (all health costs charged directly to Medicare)
- Eligibility criteria for bulk billing, especially the need to retain a Medicare card
- Fears about confidentiality and embarrassment in discussing health concerns, particularly with family GPs
- Concerns that health workers will not keep issues to themselves, particularly from parents. Fear of parents 'finding out' is compounded in a sexual health context in cultures or religions that forbid premarital sex
- Embarrassment and distrust about discussing personal health issues with health professionals who young people assume will be judgemental and unsympathetic of their life circumstances
- Lack of knowledge that certain health services exist
- Being recognised in a waiting room and the associated stigma, particularly in rural contexts
- Physical difficulty in accessing services, particularly in geographically isolated areas / areas not serviced by an affordable public transport system
- Insensitive questioning and expectations by health professionals
- Too many forms to fill out (particularly for young people who may be illiterate)
- Complicated referral processes and difficult to navigate health systems
- Expectations of attendance at consultations and appointments. For some young people living highly unpredictable and unstable lifestyles, keeping routine and attending appointments may be near impossible. In addition, waiting weeks or even months for an appointment is often a significant barrier to those with transient lifestyles
- Clinical, professional appearance of centres
- Service restrictions around co-morbidity excluding young people from services
- Living in rural areas
    - Young people in rural/regional areas report disadvantage in obtaining access to health care such as limited number of providers and lengthy waiting times, having only a limited choice of providers e.g. only one female doctor available, and cost with virtually no bulk billing
    - In rural areas particularly, the ethos of the self-reliant male who does not ask for help, nor talk about mental health or depression with peers or mental health provider
- Concerns about the institutional power of traditional health services, with some young parents associating them with places where 'children are taken away'

In addition to the barriers young people have accessing traditional General Practice, GPs themselves have reported finding working with young people (and in particular marginalised young people) challenging because of:

- time needed to undertake adequate consultation
- financial cost of free lengthy consultations in the fee-for-service structure of Australian general practice
- inter-generational communication difficulties
- lack of expertise in dealing with adolescent health issues
- uncertainty about medico-legal status for those under 18 years and/ or living with parents
- managing consultations with parents present
- not having awareness of the range of services available, and not having enough information to ensure appropriate referrals

Youth Friendly General Practice Clinics

There have been attempts across Australia to respond to the specific needs of young people within the General Practice model by reforming service delivery or providing toolkits and frameworks for GPs to work from. The most well-known is the ***Youth Better Health Practice Framework***, an initiative of the NSW Centre for Advancement of Adolescent Health (CAAH). This framework provides guidance to GPs on how they can best meet the needs of this population (and hence, improve access) in their own practices, based on the principles of Accessibility, Evidence-based approach, Youth participation, Collaboration and partnerships,

Professional development, Sustainability and Evaluation. The CAAH has also developed resources and professional development kits for GPs based on the framework and maintains a database of self-identified youth friendly (and marginalised youth friendly) GPs.

Medicare Local Inner East Melbourne, in collaboration with the Melbourne East GP Network, also maintains a PDF resource of GPs and practices in the local government areas of Boroondara, Manningham, Whitehorse and Maroondah who self-identify as youth friendly practices. GPs in the list have completed an assessment tool to determine their level of youth friendliness. The resource also lists any specialisations of the GP, the languages they speak, and their gender. The AMA Victoria website suggests visiting all Medicare Local website as good resources in finding youth friendly doctors.

The Australian Medical Association of WA also has a basic list of GPs on their website who have undertaken specific ***Youth Friendly Doctor*** training by the AMA(WA). In parallel, the AMA(WA) have developed a WA youth services directory to support GPs in their knowledge of youth specific services and referral pathways.

These models could be replicated in Metro North Brisbane by collaboration between the Metro North Brisbane Medicare Local, local GP networks and Australian Medical Association (Queensland), supporting the professional development and capacity of GPs to provide youth friendly services in General Practice.

Alternative models that promote youth access to GPs in Metro North Brisbane

Young people accessing General Practitioners via clinics are not the only model of access, however. Medical professionals (including GPs and Nurse Practitioners (NPs)) can and do work in or provide outreach support at youth specific health centres.

Youth Health Centres

A 2002 review of literature by Mathias found that the Youth Health Service Model which targets young people exclusively did lead to increased GP access and decreased emergency department use by young people. Youth Health Services (YHS) provide on-site services, drop-in centres and do outreach work, providing a 'one-stop-shop' for the provision of specialist, integrated and multidisciplinary care. YHS' are tailored to the needs of marginalised young people, often offering a social justice model of care which looks further afield than the biomedical model in providing care (Mathias 2002).

In Metro North Brisbane, there are several Youth Health Services that play a key role in accessing and engaging with 'hard-to-reach', marginalised young people with GPs.

Brisbane Youth Service
- Onsite medical clinic with nurse practitioner and two GPs twice a week
- Nurse Practitioner deals with all presentations and refers to the GPs or other specialists, going along with the young person if they require
- Holistic health check-ups with an educational focus, helping young people navigate their way through the health system
- Consultations take as long as they need
- Non-judgemental, total acceptance of where young people are at
- Focus on sexual and reproductive health
- Free medicine and no need for a Medicare Card
- Funded by State Government through YARI

Indigenous Youth Health Service
- Funded by State Government YARI and by the Close the Gap program nationally
- Has a full time counsellor and nurse and has volunteer GPs drop in once a week (volunteers)

Community Health Services

Metro North Community Health Centres
Aspley, Brighton, Caboolture, North Lakes, Nundah, Pine Rivers, Redcliffe, Toowong
- Medicare card needed
- Information about safe sex, healthy sexuality, sexual orientation and relationships
- Testing and treatment of sexually transmissible infections (STIs) and blood borne viruses (BBVs)
- Emergency contraception
- Contraception information
- Pregnancy testing and unplanned pregnancy options, information and referral

Aboriginal and Torres Strait Islander Community Health Service
- Moreton ATSICHS operate from two (2) locations in the Moreton Bay Region, Northlakes and Morayfield (possibly also Deception Bay in the near future)
- Funded through the Fed Government Department of Health

- In-house GPs and visiting Child Health Nurse
- Bulk billing

Murri Medical
- Murri Medical is a not for profit, aboriginal owned and operated Bulk-Billing Medical Centre situated in Caboolture, Queensland.

Youth Friendly Sexual Health Clinics

Family Planning Queensland
- Clinic targeting young people, generally bulk billing, fee per service
- Contraception, sexual health checks and other services
- Some funding from Queensland Health
- Medicare card required for bulk billing, otherwise fee applies

Hot House (Youth Community Team)
- Medicare card needed
- 1 day per week (Monday 1-4pm)
- Information about safe sex, healthy sexuality, sexual orientation and relationships
- Testing and treatment of sexually transmissible infections (STIs) and blood borne viruses (BBVs)
- Emergency contraception
- Contraception information
- Pregnancy testing and unplanned pregnancy options, information and referral

Clinic One Walk in Clinic
- Walk in clinic conducts sexual health checks
- Testing, treatment and management of sexually transmissible infections (STIs)
- Post-exposure prophylaxis (HIV PEP)
- Emergency contraception
- Appointments are available for sex workers requiring sexual health checks. Appointments are available on Mondays, Tuesdays or Fridays
- Recently lost majority of funding and status is unsure

School-based Health Services

There is good evidence from the US that the School-based model improves access, particularly for females, and for young people who are socio-economically disadvantaged, at-risk, from rural areas and from ethnic minority groups (Mathias 2002; NSW CAAH 2005b; Pastore, Murray and Juszczak 2001).

School-based Youth Health Nurses
Crane and Roberts (2012) show that the success of these programs (in this case citing Queensland's School-based Youth Health Nurses) is due to education and training reforms of the last decade, where the "earning or learning" agenda has led to a greater number of marginalised young people staying in school, and making it an important access point for sexual health education. Given the high proportion of school aged students in Metro North Brisbane, this model may be particularly important. In Crane and Roberts, youth workers suggested expanding the prevention and early intervention role of School Based Youth Health Nurses to utilise their skills more effectively.

As a note of warning, school based programs may not be as effective in ATSI communities where school attendance is low of where young people are away from communities to attend school (Crane and Roberts 2012:49).

A Model of Health Service for Vulnerable young people

The above existing specialist health care services for 'vulnerable' young people who live in the Metro North Brisbane Medicare Local (MNBML) region target the most marginalised young people, who are homeless or at risk of homelessness, and/or have drug and alcohol issues. These groups of young people have complex health needs and outreach models incorporated with a health clinic embedded in a youth service ensures that marginalised young people have access to free and confidential health services. The above services need to continue to provide their vital services which reduce the use of emergency rooms in hospitals by this group of young people. However across the region there are other populations of young people who are homeless or at risk of homelessness who are not able to access these services.

Metro North Focus Group Outcomes

The focus group discussion raised very similar barriers and obstacles for young people accessing GP services that have been raised in this report. Participants went to some lengths to affirm the critical support offered by the existing youth medical services in place in several organisations but acknowledged that many young people in their region still experience substantial difficulties in accessing medical services.

Throughout the focus group and other consultations, three practical strategies to improve youth access to GP services emerged:
- Firstly, to affirm the significant contributions of existing youth focused medical services such as

Brisbane Youth Service, Indigenous Youth Health Service and Hot House.

- Secondly, focus group participants were able to identify GPs and GP Practices that were youth friendly and reported good health outcomes for the young people referred there. It was suggested that a local project to identify and support youth friendly GPs using a project model similar to that of the Youth Better Health Practice Framework, an initiative of the NSW Centre for Advancement of Adolescent Health (CAAH), be implemented in the Metro North Region.
- Thirdly, a GP Roster Pilot project to be trialled in two sites in the Metro North Region was suggested. This project would entail the following aspects:
    - The pilot project would explore outreach GP models that can provide greater access to primary health services to marginalised young people. The pilot would utilise existing structures, resources and networks to create opportunities for GP services to be delivered from localities and centres that would promote youth access and engagement. The pilot would be an opportunity to build and develop good practice frameworks in the delivery of primary health care services to marginalised young people. Importantly the pilot would be levering off existing practice wisdom from youth health programs and youth services in the region. The pilot project would:
        - Gather information about good practice in promoting access to GP services to marginalised young people
        - Locate GP services in youth friendly localities such as youth services
        - Identify interested GPs in the locality and develop a GP roster to service an outreach clinic one or two half days a week
        - Pilot areas in outer Metro areas such as Deception Bay and inner Metro areas such as Kedron to contrast and highlight regional variations
        - Gather and analyse information from the pilots to inform recommendations to Metro North Brisbane Medicare Local

Other significant suggestions from the focus groups and other consultations include:

- Explore funding options for a worker to support young people with an intellectual disability to access primary health care.
- Provide training to interested GPs in youth services in the MNBML region so that GPs gain a good understanding of the social determinants of health issues, including the health issues of ATSI, LGBT, homeless, substance abusers, refugees and migrants, and young people with intellectual disabilities.
- Explore opportunities to value add to Griffith University and The University of Queensland medical student placements and linking them with youth and community in the region.
- Establish an evaluation framework for primary health care providers to assess effectiveness

GP in session at Family Planning Qld

Strategy Two: Mobile Applications and Youth Access to Primary Health Care

The following section looks at the use of mobile applications (apps) in promoting access to primary health care amongst marginalised young people in Metro North Brisbane through exploring current literature, and discussing type of mobile applications, health application categories, app effectiveness and functionality.

Young people are the primary users of social networking and mobile technologies, and the internet is very important in the lives of young people. 90% of 16 to 19 year olds use the internet daily and spend an average of 22 hours a week online, more than any other age group (Collin et al. 2011). 50% of teens use an app 10 times or more per day (Olson 2012). In a 2011 American health information project, mobile technology was generally being used as a growing source of health information and health management with 15% of all mobile phone users found to be seeking health information and 9% using health tracking and management phone apps (Fox 2011). Being a marginalised young person does not alter these trends, and in some cases is strengthened by the online world being a 'safer space' (Stephens-Richter et al. 2010). 75% of respondents to the third Australian national survey of LGBTI young people stated they felt accepted online for who they were and feeling pride in their sexuality (Hillier et al. 2010). Culturally and linguistically diverse (CALD) populations experience some barriers to using mobile technologies; however, this technology is regularly used within CALD communities (O'Mara, Babacan and Borland 2010).

Type of Mobile Application

In the last couple of years, mobile apps have been growing in popularity and are being recognised as an effective tool in connecting people to health systems; despite some warnings that they are not a 'magic bullet'. In 2012, the NSW Government held the competition *apps4nswhealth*, asking contributors to develop mobile applications to address four challenges in the NSW health system. This followed on from the UK Department of Health's 2011 *Maps and Apps* competition, which saw over 500 entries, 12,500 votes and media interest.

Maps refer to the simple, one-way geographic representation of services which can be accessed via a smartphone, for instance, Western Australia's after-hours GP service app, and New York City Health's *NYC Condom Finder*. Western Australia's youth peak YACWA in 2013 is in the process of developing a map to provide an up to date directory of youth services in the state. The UK's Brook website and app provides information and maps clinics that deal with sexual and reproductive health in the UK.

Apps on the other hand generally refer to more complex systems of information transfer via smartphones. Apps by their nature are designed to do a small number of things well, and therefore cannot be lumped into a homogeneous group of technological wizardry. Health apps all display a theory of change, a certain understanding of empowerment and information flow and a particular take on an issue. Apps generally take one of the following forms (although many are built with interoperability in mind and display several of these characteristics):

Headspace's Fifth Army app was released during the Youth PHD project research period

- Providing a tool to users to track progress towards their own health goals;
- Access to an online community of peer support;
- Tools provided to primary health professionals for joint tracking of health goals – sharing of information via a clinician's database.

At present, health apps fall into several categories:

Preventative Health / Lifestyle - The most well promoted and used apps are those that tap into desires for a healthier lifestyle. These include the *iBody*, *Eat & Move-O-Matic* and *Wellness Diary*. These apps provide motivation and guidance in weight loss, exercise regimes and healthy eating, and allow the user to track their progress. Some health apps have been specifically developed to engage young people through 'gamification' – including the *Nike Fuel Band* and *Beam Toothbrush*, both seen as useful to addressing indigenous youth health issues in Australia. These apps are always controlled solely by the user.

Chronic Disease Management - These apps have become increasingly popular amongst those with chronic diseases, allowing users to store and manage their personal health information (*HealthVault*, *Google Health*), monitor intake and medication levels (LifeSensor, Confidant system and Diabetes Living Assistant), or providing reminders about appointment times. These are largely controlled by the user themselves, however, there have been developments linking these apps with GPs and health professionals' databases to provide inter-appointment health monitoring.

Mental Health – Specifically in relation to young people, there has been much interest in (and financial support for) the potential for mobile apps to voluntarily monitor and report on mental health issues. These have come to the fore since early 2012 and include the evaluated pilot *mobiletype*, *Always There* and *mindyourmood* in Canada, and the celebrated *My Journey app*, voted number 7 out of 500 mobile apps in the *MapsandApps* competition. In Australia, 2012 saw the introduction of *Smiling Mind*, an app created to promote meditation and to reduce stress. In Australia, the national headspace network has been at the forefront of app development, primarily focusing on mental health needs of young people. In March 2013, Headspace and the Cotton On Foundation in Australia released *The Fifth Army*, an app for iPhone and Android created to support peers of young people experiencing depression, bulling or homophobia. In 2013 also, Gold Coast Headspace has been supporting Care For Life in developing an app which will take over from the region's hard-copy Youth Services Directory. This app will also purchase the monthly top 20 songs and use this as a motive for young people to keep the app on their phone.

These apps have largely been developed by and for young people and range from providing a space for young people to share experiences and strategies on mental health (*Always There*), capturing how they feel in the moment and sharing that with their caregiver (*mindyourmood*, *mobiletype*) to providing information on recognising symptoms, tracking medication usage and contact details for further support and advice (*My Journey*).

Mobile Application Effectiveness

Limited detailed evaluations have been undertaken into the success of individual apps, with those that have mostly looking at mental health applications. Findings suggest that these apps are generally well received by young people and can provide an accurate representation of how young people are feeling at any given time (Ried et al. 2012). GPs who have made use of these apps to gain information on a young person's mental state between appointments have been very supportive of their use. Clinicians indicated that the *mobiletype* program saved them time, pinpointed problem areas and helped established rapport with young people (Reid et al. 2012). An exciting potential is that apps are generally quick and cheap to develop, allowing for the potential of constant change or even mothballing if evaluations show certain aspects do not work (Todd 2012). In broader lifestyle change apps, qualitative evaluation reports note that apps should be fun, interactive, easy to use and tap into young people's interests in gamification and status.

App Functionality

Developing an app for young people to increase access to Primary Healthcare may take many forms, not least the platform it is developed in. Holzinger et al. (2010) consider the pros and cons of a native application (developed specifically for a platform, ie Android or iPhone) versus a web-based application. They cite the ever expanding array of platforms that are coming online and that will need to be developed for, stating that web apps can now be developed for all platforms via HTML 5. Whilst native apps are able to make more use of the phone capabilities, web apps are becoming more and more sophisticated and are able to connect at a greater level to the phone's functions (such as GPS), even without being installed. A major limitation

of web apps however, is that they require a constant internet connection (via wifi or data) and this may be an impediment to marginalised young people.

In terms of content, there are several layers of app functionality, getting progressively more complex (Thomas 2012):

- Basic table functionality – basic list view with basic information
- Database driven custom functionality – extension of list view with various ways of displaying lists with filters, etc.
- Games – Anything from simple games to incorporating 3D physics engines.
- Enhancement or Modification of the device firmware or hardware – Apps that take functions of the phone (camera, alarm etc) and enhance or change their function.
- Fully dynamic apps – Similar to the database driven apps, these apps are the kind that rely purely on external information – Twitter, Weather Channel, Flipboard.
- Custom utilities - These are apps that are geared towards allowing the user to input content in a specific way. Examples are Pages, Adobe Ideas, and Numbers.

For the development of a youth health app, this will most likely take the form of a database driven custom functionality. Understanding the type and category of app required, and which platform it should be developed in, should be based on connections between young people, health professionals, youth workers and IT developers. In the US, the Healthcare App Network for Development and Innovation goes some way to providing this space.

App Development and Costs

In terms of pricing, native apps are usually more expensive than web apps. For a native database applications, quotes from various Australian based app developers have come in at around $10,000 for development of one app. On the other hand, web based apps can be developed professionally for a couple of thousand dollars, or online for free or limited cost using app building software (see for example AppMixPro).

As many app development companies are start-ups, the youth and communities sector has a good opportunity to engage with interested developers by providing them with high-profile clients and community projects that can build their name in the industry. For instance, Care for Life in the Gold Coast have secured a development firm to build and maintain a native app for around $1,500, who are very supportive of their cause and have offered them a significant discount on the work.

Youth Health App Content Suggestions

The following information about the content for a youth health app was collected through a focus groups, youth service and young people consultations. Respondents were asked for suggestions for the content of an ideal mobile app for marginalised young people:

- Free to download native app for all platforms
- Professional graphics and artwork provided by app developer
- Searchable database of all youth services, by location, issue, specialist service
- If search by issue (i.e - homelessness), then pulls in basic info on the issue
- Linkable to GPS and google maps/translink to let young people click and see how they can get to the service
- Map of all services
- Ability to make appointments with youth services through app which then connects to their phone's calendar
- Easily upgradable database by youth services and project officer
- Pictographic images and symbols that are culturally appropriate
- Information that is funny and engaging
- A rating scale for young people to grade their experiences at different health services

Apps provide an exciting new tool for health professionals and youth workers to connect with young people in the spaces where they live (think the virtual world). While they are indeed the 'flavour of the month' and have their challenges, they have an incredible potential to offer information and support to young people when and where they need it. Presently no mobile application that focuses specifically on the young people and primary health issues and services exists for the Brisbane Metro North region.

MOVING FORWARDS

The following strategies from the Youth Primary Health Development Project have emerged through extensive research and consultation with the Brisbane Metro North region, youth service providers, youth workers, health service providers and very importantly through detailed conversations with young people. The strategies are written in the context of a fiscally restrained, resource neutral environment. It is the expectation that many if not all the strategies of this report can be implemented through existing services and structures with little to no additional resource allocations.

Strategy 1: Strategy Implementation

1.1 Establish a Youth Health Access Leadership Action Group (YHALAG) to promote and support collaborative and integrative work in the implementation of the Youth PHD project strategies. This group will include key services from the youth and health sectors and will provide information, prioritisation and opportunity in strategy implementation.

1.2 Promote the project's research outcomes and proposed strategies to improve youth access to health services to all relevant networks and interagencies in the Brisbane Metro North region through presentations and providing a printed copy of the reports.

Strategy 2: Improving Referral and Collaboration through Referral Pathways

2.1 Develop a web based service directory with information about youth services and primary health care services, including referral procedures, services provided, hours and days of operation and handy referral hints such as expected wait times.

2.2 Develop a comprehensive hard-copy Referral Map describing the services and pathways for young people to access the range of health care services that provides quick access information to youth service providers, primary health services providers and young people.

2.3 Develop a Referral and Support information resource to provide youth workers with information and strategies on how to support a young person through a complex health system to promote health service access and follow through to ensure quality health outcomes for young people.

2.4 Strengthen existing youth health networks such as the Metro North Drug and Alcohol Network and the Deception Bay Coordination Action Group to assist in ensuring the linkages and referral pathways across organisations are understood and clear and can provide a platform where issues within the service delivery network are readily discussed, solved and strengthened. Networks having clear focus and direction on improving access to primary health care services to young people will provide better health outcomes for young people. Metro North Brisbane Medicare Local is encouraged to maintain their engagement with these networks.

2.5 There are small numbers of existing specialist health care services for 'vulnerable' young people who live in the Metro North Brisbane Medicare Local region. It is strongly recommended these services are maintained and strengthened.

2.6 Implement a trail project to investigate support requirements for young people with intellectual disabilities accessing primary health care.

Strategy 3: Improving GP Access through Youth Friendly GP Services

3.1 Establish and implement a local project to identify and support youth friendly GPs using a project model similar to that of the Youth Better Health Practice Framework, (an initiative of the NSW Centre for Advancement of Adolescent Health) that will provide guidance to GPs on how they can best meet the needs of marginalised young people (and hence, improve access) in their own practices.

This model should be based on the principles of Accessibility, Evidence-based approach, Youth participation, Collaboration, Cultural Competence and partnerships, Professional development, Sustainability and Evaluation.

Strategy 4: Pilot Outreach GP Roster

4.1 Trial a GP Roster Pilot project in two sites in the Metro North Region- Deception Bay and the Brisbane City area to improve access to primary health services for marginalised young people through GPs providing health services in youth friendly locations on a regular basis.

The pilot would utilize existing structures, resources and networks to create opportunities for GP services to be delivered from localities and centres that would promote youth access and engagement. The pilot would be an opportunity to build and develop

good practice frameworks in the delivery of primary health care services to marginalised young people. Importantly, the pilot would be levering off existing practice wisdom from youth health programs and youth services in the region.

Strategy 5: Improving Primary Health Information to Young People and Services

5.1 Implement an initiative that actively links youth health services to schools to promote effective information health care dissemination. Projects such as Dovetail and Metro North Brisbane Medicare Local trials that support the uptake and dissemination of current health information through school support staff to students will assist.

5.2 Implement a community education initiative that promotes awareness and tolerance around primary health care issues and access for LGBTI, ATSI and CALD young people.

Strategy 6: Health App Development

6.1 Develop a mobile application that improves access to primary health care information and services to young people that considers inclusion of the following features:

- Free to download native app for all platforms
- Professional graphics and artwork provided by app developer
- Searchable database of all youth services, by location, issue, specialist service
- If search by issue (e.g. homelessness), then pulls in basic info on the issue
- Linkable to GPS and google maps/translink to let young people click and see how they can get to the service
- Map of all services
- Ability to make appointments with youth services through app which then connects to their phone's calendar
- Easily upgradable database by youth services and project officer
- Pictographic images and symbols that are culturally appropriate
- Information that is funny and engaging
- A rating scale for young people to grade their experiences at different health services

QPASTT Dig Deeper Focus Group

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APPENDIX

Youth Primary Health Development Project

Fill This Space & Dig Deeper Consultation Reports

July 2013

Introduction

Youth Affairs Network of Queensland (YANQ) contracted seven organisations to undertake detailed consultations with marginalised young people in the Metro North Brisbane region. The purpose of this consultation was to target particular groups of marginalised young people in the region to enrich the data collected through the literature reviews, online surveys and focus groups for the Youth Primary Health Development Project.

1. Fill this Space Consultations

Deception Bay Community Youth Programs was targeted for an eight week consultation process called 'Fill this Space'. As a youth agency in one of the outer northern suburbs with a high population of young people and high levels of disadvantage, it was decided to establish a Youth Focus Group at this service. The group consisted of 6- 8 young people that met weekly to answer the research questions as well as advise how the research team could further engage with young people in Deception Bay.

The research in Deception Bay included:

- Utilising the Youth Focus Group to
    1. Answer key questions on the primary health care including the needs of young people; how they access information; and the barriers of accessing health care
    2. Provide information relating to young people in Deception Bay's use of social media and phone apps
    3. Share stories about accessing primary health care services
    4. Engage with a wider group of young people to obtain further information about the issues relating to primary health care services and information

5. Evaluate their involvement in the project

- Undertake four (4) one-on-one interviews on primary health care issues with highly disadvantaged young people who did not participate in the Youth Focus Group.

The Youth Focus Group recommended that they use the online survey developed by QUT as a way of engaging other young people. This group of young people were in the process of organising a youth event for 'Youth Week' and agreed that young people attending the event could be approached to fill in a hard copy of the survey.

After attending a training meeting with staff from YANQ, the Youth Focus Group recommended that the survey be reformatted into a two page survey so young people didn't feel overwhelmed by its size. The Youth Week event called 'Big Bay Out' was cancelled at the last minute due to extremely heavy rain. The Youth Focus Group agreed to proceed on a Thursday afternoon after school hours at the local Shopping Centre. Six young people from the Youth Focus Group completed 70 surveys with young people from Deception Bay.

The Youth Focus Group's final meeting undertook an evaluation of their involvement in the project.

2. Dig Deeper Consultations

YANQ engaged six organisations in the Metro North Brisbane region to collect information about young people's primary health care needs and access to information and services. The following organisations were involved:

- Brisbane Youth Service – supports young people who are homeless or at risk of homelessness and/or have alcohol and drug issues.
- Indigenous Youth Health Service - supports ATSI young people who are homeless or at risk of homelessness and/or have alcohol and drug issues.
- Open Doors- which support young people who are lesbian, gay, bisexual or transgender.
- Young Parents Program – supports young parenting women.
- Community Living Association – supports young people with an intellectual disability.
- Queensland Program for Assistance of Survivors of Torture and Trauma – supports refugee young people.

These organisations were contracted to undertake workshops with young people and youth workers to collect data concerning the following:

- Primary health care needs of young people
- Barriers young people have in accessing primary health care services and information
- Responses to primary health care needs that exist or could be available in their community
- Inspirations – any ideas to improve young people's access to primary health care information and services
- Stories – capturing stories of where primary health care services worked or did not work for young people who utilise their service
- Use of social media as a way of dissemination information about primary health care including the features of a phone app that would support young people's access to primary health care services

The organisations were also asked to support young people accessing their service to participate in the online survey. Each organisation provided YANQ with a final report documenting their findings. The following are the reports submitted by the participating organisations.

APPENDIX

Dig Deeper
Consultations at BYS
Workshop with Youth Workers 15 May 2013

Youth Primary Health Development Project

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1.0 Brisbane Youth Service

Brisbane Youth Service provides support, assistance and programs for vulnerable and homeless young people. Its main centre of operations is located in McLaughlin Street, Fortitude Valley. This is known as the Valley Service Hub. It also has two other premises for its Centre for Young and Centre for Young Women.

Valley Service Hub

Services provided at the **Valley Service Hub** include:

- **Housing assistance** – supporting homeless young people to find and maintain safe, stable accommodation and to develop the skills need to maintain their own property. BYS has supported accommodation units for young people 16 – 25 years.
- **Health Services**
  - Medical clinic– young people have access to a free medical clinic with doctors and a nurse who provide a wide range of health services;
  - Mental Health Support – including free and confidential counselling with a registered psychologist; and a day to day living Program which provides support to young people with a persistent mental illness who experience social isolation;
  - Drug and Alcohol Support – assisting young people who are trying to overcome drug and alcohol dependency
  - Health Education and Promotion – conduct health promotion activities which encourage young people to make positive choices about their health and general well-being.
- **Education Assistance** – The Youth Connections Program supports young people to return to, or continue with education and training, as well as providing numeracy and literacy tutoring.
- **Information and Referral**
- **Financial Assistance**
- **Visiting services** – including Centrelink and the Homeless Persons Legal Clinic
- **Storage for personal goods**
- **Mail and phone facilities**

Centre for Young Families

The Centre for Young Families is situated at Newstead. It provides innovative support and a positive approach to parenting for young people aged 25 years and under. It provides individual support and group work.

Centre for Young Women

The Centre for Young Women is situated at Stones Corner and offers young women the opportunity to meet with a team of dedicated women's workers, operating as a safe women's space. They provide a range of immediate and

longer term support services for homeless and disadvantaged young women (aged 12-25 years) and their families. The program provides:

- Medium term supported accommodation for young women in crisis (16-25 years of age and any accompanying children) on the north and south sides of Brisbane.
- Long term individual support – assistance to support young women sustain their tenancies
- Group work – aims to increase young women's self-esteem to assist them to build and connect with community support networks.
- Mentoring – established to link disadvantaged young women with volunteer, female community role models.

Brisbane Youth Service along with the Indigenous Youth Health Service are the only two youth services in the Metro North Brisbane Medicare Local Region that have a medical centre embedded into the day to day operations of their youth services. Funding for the medical services has been provided to Brisbane Youth Service in recognition of the group of young people it supports have complex needs and are or at risk of homelessness.

The model of service delivery is covered in Section ? of the Youth PHD Report.

2.0 Workshop with Youth Workers

The Youth Affairs Network of Queensland organised a workshop on 15 May 2013 with youth workers from the different youth services of Brisbane Youth Service. The meeting included the nurse from their medical clinic who has an excellent understanding of the health needs of vulnerable/homeless young people. Findings of the workshop included:

2.1 Needs

Q What are the key health issues for your group of young people?

That health services are free and confidential

1. **Lifestyle**
   - infections -poor hygiene and nutrition life style
   - assault - physical injuries
   - malnutrition
   - broken bones,
   - septicaemia
   - streptococcal infections (post heavy rain – Brisbane River flooding)
   - Hep B and Hep C
   - Diabetes
   - fungal infections
   - scabies
   - lice

- diarrhoea and vomiting
- toxic shock - tampons
- injuries as a result of domestic violence
- health issues as a result of neglect of physical body
- Panadol overdoses and many other drugs
- Assistance with medical reports for Court housing pensions etc
- Mental health care plans for psychology referrals
- Assistance with general health education

2. **Sexual health and Reproductive Health**
   - Chlamydia,
   - gonorrhoea
   - other STIs
   - Pregnancy
   - Terminations
   - rape – women
   - rape – men (jail)
   - gang rape
   - Female Genital Mutilation and associate trauma when giving birth
   - ectopic pregnancy due to untreated STIs
   - Pap smears
   - Pregnancy
   - check up babies
   - Maternal health
   - Contraception
   - A lot of young men tell me about their rape
   - Implanon insertion

3. **Drug and alcohol**
   - vein care
   - after affects of drug and alcohol including withdrawal
   - Hep C
   - Overdoses
   - Various ulcers and sores

4. **Mental health**
   - Post traumatic stress disorder
   - personality disorders
   - ADHD
   - Sleep disorders
   - Aspergers, autism
   - Acquired brain injury
   - Self harm
   - Depression
   - Psychosis

5. **Oral health**

- Various traumas
- Broken jaws
- Rotten teeth

6. **Other**

- Pacific Islanders have a lot of blood disorders

Note: We see a lot of health issues that a normal GP clinic would not see and would not be able to treat as they would not have the experience.

Q *Where do Young People get their health information from?*

- BYS health service (Liz – youth health nurse and visiting doctors)
- BYS workshops
- Friends
- Posters
- Hospitals
- Schools – very limited information for BYS young people as they disengage from institutions
- Warm referrals from BYS
- posters and brochures
- Each other, word of mouth.

Note: The users of BYS are marginalised young people, often traumatised. Their lives are chaotic and health is a low priority in their lives unless there is a crisis. If they engage with a health service that meets their needs they are more likely to engage with health information. This model of service delivery for health is fundamental as to whether young people will access the service. Trust is fundamental to their engagement.

2.2 Health Services Accessed by Homeless Young People

Q What health services do your young people access?

The following services are accessed by young people without referral

- BYS has its own health service
- IYHS
- Hospitals in crisis
- 139 Club
- Indigenous Youth Health Service

The following services are utilised by young people when supported to access.

- Stonewall Clinic – GP clinic in Windsor
- D Reece – Drug and Alcohol GP – Highgate Hill
- Hothouse
- Headspace
- QuIHN – Queensland Injectors Health Network

- Biala Sexual Health Service
- Ngarrama indigenous midwife team
- Indigenous team at the Mater

Note: BYS staff support their young people to connect with other health services through warm referrals. This work s best for the young person and the health service. A warm referral includes either a youth worker attending the service with the young person, or the youth health nurse contacting a health professional they already know or writing a comprehensive letter to a known health professional.

2.3 Barriers

Q. What prevents young people from accessing health information or health services?

- Our young people are most often in crisis and this makes it difficult to prioritise their time to access health information and services. Can't make appointments because they are chaotic in their lives.
- Money – young people can't afford a lot of the health services – lack of bulk billing and access to health services that do bulk bill.
- Literacy and numeracy
- Cost of medication (BYS provides free medication as young person cannot afford medication or is unlikely to visit a pharmacist to have script filled.
- Many of young people accessing BYS are not engaged in schools where health information may be delivered.
- doctors are not youth friendly
- health services are not youth compatible because
  - staff are judgemental – they don't feel respected
  - make inappropriate comments
  - require young people to wait for too long
  - are not flexible enough around behaviours of young people e.g. bring some friends with them to see the doctor;
  - the young people can't understand the given information about condition and treatment.
  - young people are often very scared when they are visiting a health service – this is not acknowledged.
  - Hospitals often won't provide proper pain relief due to judgement.
- Young people in care are often very mistrustful
- Some young people do not have health care cards to access health services
- Defunding of health services e.g.Biala has been defunded. It provides free sexual health services and is utilised by backpackers who don't have a health care card, sex workers and young people. Also BYS is not certain about ongoing funding of health service.
- Young people have learnt from their families not to engage with health services as they have low levels of awareness about health.

- Cultural factors impact on access to health services. E.g indigenous young men may undertake 'whistling'.
- Difficult for young people to assess their need for health service, given they have not had support to do so through out their childhood. They therefore leave it to the last moment.
- Transport
- Hours of operation
- Young people utilising BYP have a history of trauma and are fearful/not trusting
- If a young person has had a traumatic experience utilising a health service they are unlikely to want to re engage with the health system. This is particularly so in regards tomental health after a young person has experienced an IVO – often they have not had anyone explain to them why they had been experienced an IVO and how to manage their health so it may not be necessary.
- Peer pressure – their peers may be concerned that their friend in accessing a health service will share some information that may have a deleterious impact on them – so often peers discourage their friends from accessing health services. There is fear of retribution.
- Young people fear their loss of privacy – e.g. indigenous yp in regard to their elders or CALD young people in regard to interpreters.
- Other youth workers may not refer young people to a health service because they do not have the skills to recognise a health matter.
- Young people may feel unsafe in the health service e.g. conflict with another young person at the service
- Many GP's will see a young person under the age of 16 years by themselves without their parent or guardian. (Despite the evidence that young people benefit from seeing GPs on their own).
- Marginalised young people often don't have good hygiene – need services to recognise this and not judge them by appearance or smell etc
- Once a homeless young person has been housed they could live anywhere in Brisbane and may not be able to access the BYS health clinic. Need to have relationships with GPs across Brisbane who are youth friendly.
- Waiting time for outreach services for mental health - try and get a referral for outreach health service – can be up to a year – this is no good if a young person is experiencing anxiety
- The liver clinic has a wait list of a year – this is no good for a young person with hep c.

2.4 Responses

Q. What makes a good health services for young people?

- A place where they feel safe, respected and not judged
- Where the health service is embedded in a youth agency so that there are multiple entry points e.g. if a young person accesses the health service there are other opportunities for connection with other programs and services; and if a young person accesses other programs, in building their

relationship with the organisation they are likely to access the health service.

- Services need to build relationships with young people if they want them to access services.
- Services need to be preventative e.g needle exchange service saves state and federal government mega millions if young people do not contract Hep C.
- Strategies to transition young people from specialist youth health services to mainstream health care – how do we build pathways for young people into these services? How do we provide them with the skills? How do we build the skills of mainstream health services?
- Build a network of GPs – who bulk bill, are on major public transport routes, who have receptionists that are youth friendly, and doctors who are interested in young people and are prepared to be flexible in the way they deliver services.
- GPs and health services need to have a breadth of experience to enable them to support marginalised young people as their health issues are not found in a general practice in the suburbs.
- Health services need to accept young people who have a drug habit and be able to accommodate them whatever state they are in when they access the service.
- Non judgemental staff – young people who self harm often feel judge by nurses.
- Need to educate marginalised young people about health care so they can respond appropriate as they will not be learning this from their peers and family.
- Peer support models are highly effective ways of disseminating information
- not just about a service - but need help to have develop skills to to be healthy lifestyle
- close connections between GPs and youth services.
- Warm referrals work - not only between health services but also within BYS from different programs.
- Health professionals that are supporting marginalised young people need to have the skills to engage with them.
- Pharmacy at GP clinic
- Time for consultation and the acceptance that often an appointment is very complex
- Immunisation programme for all with opportunistic times available
- STI and general health checks
- Availability for follow up not appointment based
- Drop in clinic
- Provision of free treatment and condoms dams etc

2.5 Inspirations

- Build pathways for marginalised young people across Brisbane with health services who are trained to support young people as part of a

strategy to transition young people from specialist youth services to mainstream health care –

- Build this network of GPs who bulk bill, are on major public transport routes, who have receptionists that are youth friendly, and doctors who are interested in young people and are prepared to be flexible in the way they deliver services.
- Build relationships between youth services and youth friendly GPs and health services – once a young person builds a relationship with a GP then they will be able to continue to access health support
- Identify GP practices that have an interest in working with marginalised young people.
- Youth friendly health services need to be able to provide free contraception and medications when young person is unable to afford.
- These youth friendly health services are able to respond to the needs of the young person.
- BYS is able to provide training for health professionals on needs of marginalised young people and skills needed to work with them for best health outcomes. Link to MNBML re GP training.
- Confidentiality is key to success of youth friendly health service.
- Provide information to young people on their rights as a user of the health service e.g. Gillick principle – could commence a social media campaign
- Explore opportunities for GPs to do some work at BYS as part of their training to be a youth friendly GP.
- Look at the Brook Sexual Health Service website in London.
- Outreach services work really well for this group of young people.
- Health services could provide marginalised young people with a Go Card to assist them attend their services

2.6 Stories

Bad experiences

- I've seen instances where hospitalstaff are ignorant of a young person's health issue e.g. a nurse handling a young person's blood without gloves. That young person had Hep C.
- I had a terrible experience with a hospital managing her miscarriage. When she first presented with bleeding and cramping they told her to come back in a week as they didn't know if she was miscarrying – the young woman was very frightened and didn't want to wait for a week but had no choice. When she came back they told her she had miscarried and a told her she needed a curette. When they did that they did not provide her with any information about what might happen and what to look out for. A week later when I dropped by to see the young woman she was really sick. It turned out that they hadn't given her an ultra sound after the curette and she had some retained matter that was now infected. The hospital had been negligent - she could of died.

- Another young woman was treated for endometriosis without any testing and the GP did not explain to the young woman so she could understand what was happening.
- Disability – very hard to get specialised services for a young person with a disability. There is a real need. One young person who was deaf had been assessed as needing support but was not able to obtain any funded support for over a year as there was not service able to work with him. There is a real gap for young people with disability.

Good experiences

- I took a young man with serious kidney problem (he also had some intellectual impairment) - it was a warm referral as I knew the chief consultant – he was able to see him and he spent alot of time with him explaining the facts.
- If you know someone in the health system you have a much better chance of a good outcome for your client.
- Some of the ambulance/paramedics are very respectful and thorough. We had an incident with a young person at BYS – and we had to call the ambulance. When they turned up the young person was very resistant to any assistance as they did not want any treatment to interfere with their 'high'. The paramedics were very respectful of his request and were able to suggest how they could treat the young person without taking away their experience. In the end to young person ran away but the ambulance team found him not far from BYS. They contacted us to let us know where they were and though the young person didn't want any treatment from them, they were prepared to care for him. They treated him like a valued human being.

- 'some of paramedics who are really awesome' – sometimes they will let the friend/s of a young person being transported to hospital into the ambulance.

- A lot of the young mothers have very positive experiences with the outreach child health nurses –they build links for the young mothers.

- supportive following up. - does outreach

2.7 Social Media

A lot of the young people using this service have intermittent use of internet and phone – phones come and go.

They are more likely to use facebook for connection rather than information collection.

Youth workers would use a phone app. They would use a website and phone app.

3.0 Conclusion

Young people who are homeless or at risk of homelessness and use alcohol and drugs are the most vulnerable of all groups of young people. They have complex health needs as a result of their lifestyle including poor hygiene and nutrition as well as the health impacts of drug and alcohol use. The health issues they present with are likely to be more extreme than most GP practices would see in their suburban practices.

More often the reason for their homelessness or being at risk of homelessness is as a result of mental illness, mental illness as a result of drug and alcohol use or childhood trauma. All of these health issues compound with their lifestyle where they are exposed to higher levels of violence including sexual assault.

Given this group of young people are highly marginalised they are unlikely to access primary health care providers unless they are aware that they are likely to be non judgemental. The Brisbane Youth Service providing a medical centre as part of its youth service ensures this group of young people have access to a high standard of primary health care.

It is important however that primary health care providers across the city have awareness of how they can support these young people, as once they are stabilised in accommodation they will be living elsewhere in the city and will have need of ongoing primary health care.

It is possible that Metro North Brisbane Medicare Local could work with an agency like Brisbane Youth Service to provide them with assistance for training primary health care providers in the needs of these young people.

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"Dig Deeper"
Focus Group for Metro North Brisbane Medicare Local Project

APPENDIX

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APPENDIX

1. Service Information

The Community Living Association oversees a wide range of programs developed to assist people with a 'learning disability', intellectual disability, cognitive disability or an intellectual disability and mental illness, young people at risk of early school leaving and young people at risk of homelessness. Two services belonging to the Community Living Association participated in this research: Community Connections and ARROS.

Community Connections is a voluntary service that works with young people (aged 12-18) and their families who are 'at risk' of experiencing early home or school leaving or those who have recently left home and/or are living away from their families. The assistance provided includes direct support to young people, family mediation, counselling, group work and support work, skills development, advocacy and referral. Community Connections also provides direct support to parents/families/caregivers and/or services that are in contact with or support young people who are homeless. Community Connections utilises an early intervention and community development framework to encompass individual support, group and project work as well as creating links with schools and the wider community.

Community Connections has three programs: Reconnect (Department of Families, Housing, Community Services and Indigenous Affairs), the Youth Support Coordinator (or YSC) Initiative (Department of Communities, Child Safety and Disability Services) and Youth Connections (Department of Education, Employment and Workplace Relations).

ARROS is an outreach service that works with young people with an intellectual disability who are homeless or at risk of homelessness and is funded by Department of Communities, Child Safety and Disability Services. The objectives of ARROS are to locate appropriate accommodation options for young people with a learning difficulty, support young people with a learning difficulty to maintain and develop

relationships and identify roles and opportunities for these young people to participate in communities. The service also aims to support and challenge the capacity of communities to be inclusive, supportive and welcoming of these young people.

2. General information about target group

People with intellectual disabilities have a very poor health profile and are over-represented across a range of health issues. Connecting with health systems can be difficult. For example, barriers may include:

- Whether the person with an intellectual disability is able to communicate their health issues to a health professional.
- Whether persons with an intellectual disability will understand the advice/information given by a health professional. This can lead to people not understanding how to carry out post treatment follow up e.g. taking medication, wound treatment.

Persons with intellectual disability also are susceptible to advertising material that promotes poor food choices and at the same time may not understand the need for preventive health actions, such as

- Brushing teeth
- Diet
- Exercise
- Drinking water
- Use of sunscreen.

Please refer to appendix 1: Communicating appropriately with constituents of ARROS.

3. Methodology of engagement process

A support worker was commissioned by Community Connections to plan and facilitate the focus groups and discuss the findings from these groups in a report. The initial focus group was held with workers from the Community Connections and ARROS services. This focus group was a success – demonstrated by the wealth of knowledgethat came outthrough discussion. The workers were asked if they knew of any young people that would be suitable and wish to participate in a focus group. It was decided that the young people from each service (ARROS and Community Connections) would have separate focus groups, due to differing levels of need and vulnerability.

Within a few days, the Community Connections workers identified two young people who were willing to participate in the group. It was promoted that the young people would be reimbursed through a gift certificate, that there would be snacks provided and that it would be an informal 'no wrong answers' style of discussion. The questions supplied by YANQ had to be rewritten so that they would be easier for the young people to respond to.

However, this format was not suitable for the young people from ARROS. The ARROS workers felt that the young people who worked with the service were experiencing research burnout as many had recently participated in another research opportunity. Furthermore, the subject matter of the "dig deeper" project was thought to be too sensitive and personal to be discussed in a group format. This was particularly in regards to topics such as sexual and reproductive health. It was decided that the young people could still share their experiences althoughthrough a different arrangement. As a replacement for the focus group, an individual interview format was designed. As the support worker facilitating the groups was not known to the ARROS young people, it was suggested that the young person's worker could ask the research questions while the support worker scribed. Unfortunately, although this process was deemed less confronting and more appropriate for the young people by the ARROS workers, none of the young people were available to participate.

After this experience, it is suggested that focus groups may not be the most appropriate method of engaging with young people when the discussion topics may be particularly sensitive. The focus group format was effective for the workers as it generated a lively discussion and provided an opportunity for the participants to share knowledge amongst colleagues.

4.0 Findings

4.1 Needs

The workers' focus group identified several key health issues for the young people targeted by the project. Most prominent was sexual health and reproductive rights, particularly in regards to how young people process sexual health information if they have an intellectual disability and the vulnerability of these young people to being sexually exploited. Further challenges may arise for the young people if they fall pregnant and the subsequent importance of clear and supportive communication from health services in relaying options.

Several workers identified that young people experience health issues related to hygiene, such as skin infections. Often these health problems are a result of the young person being homeless or couch surfing and being exposed to unhygienic environments. Given that the care management of these infections often involves multiple self-application of topical ointment, some young people with an intellectual disability are unable to complete the prescribed course of treatment.

The workers' briefly raised four more issues. Firstly, the impact of violent relationships and violent environments that young people are living in on mental and physical health. Secondly, the impact of drug and tobacco use. A worker from ARROS identified that approximately half of the young people working with the service smoke (not necessarily only tobacco). Thirdly, one worker identified that issues around self-esteem and body image frequently came up through their work within young women's groups at local high schools (through the YSC program). Finally, it was mentioned that nutrition might also be an issue for some young people with an intellectual disability.

The two young people participating in the focus group did not provide elaborate detail regarding their key health issues, most likely because of the personal nature of the suggested discussion topics. However, they did identify that when they or their friends access primary health services, it is for problems such as mental health

or more generally, "when you're sick". The young people clearly stated that they and their friends have never and would never access health services for information regarding drugs or alcohol.

More discussion was generated when they young people were asked about where they access health information. One young person suggested that they knew of other young people who access a website called 'Web MD' (http://www.webmd.com/) to self-diagnose or find out other health information. The young person advised that this website is often alarmingly pessimistic in health outcomes, for example suggesting that health issues such as headaches are a symptom of cancer. The other young person had not heard of this website, but utilised Google in a similar manner. Facebook was also suggested by the young people as a means to access information, via making a status to ask friends about sickness or pain. One young person said they only directly ask friends about health problems if they are well trusted, mainly due to a fear that if the friendship does not work out, they may use the disclosed information against them. Finally, both of the young people stated that they felt comfortable asking their parents for health information.

Both of the young people access General Practitioners (GP's) regularly. One young person has a preferred doctor who they have been seeing for some time. This young person will generally ring for an appointment on the same day that they want to see them. If the GP is unavailable, depending on their level of sickness they will look for the closest bulk billing GP in the suburb they are in. Otherwise, if the issue was not urgent, the young person said they were willing to wait for an appointment so that they could see their preferred GP. The other young person had been accessing the same GP before they decided to find a new one. The reasons for the change were detailed, but centred on the young person's perception that the GP was not responding to their needs and not assisting the young person to get well again.

Both the young people stated that they have accessed a dentist in the past year. One young person had been quite a few times, primarily because they had

beenconsidering braces. Before this period of multiple visits, the young person thought they might have been once in the past fifteen years. This single appointment was possible because the young person's family had been supplied with a voucher for a cheaper or completely free dental check-up. The other young person had accessed the dentist once in the last year. Both the young people suggested that their lack of access was due to the financial cost of dental services.

The workers' focus group generated different ideas around where young people access their health information. The general consensus was that the workers were very involved in supporting the young people to communicate with health services and subsequently process the provided health information or prescribed treatment. Sometimes the worker's themselves were providing the health information, particularly in regards to sexual health. This was suggested to be because of the close relationship young people might form with their worker, and the nature of the conversations they have. In their experience, the workers also found that young people do access health information directly from GP's but that they often have to be very supported by either the worker or family members in this process.

4.3Barriers

The workers highlighted communication as a major barrier preventing young people from accessing both health information and health services. This issue is manifested through several means. The first component of this issue is the ability of health practitioners to understand and interpret the communication style of young people with intellectual disabilities. One worker described a young person they work with who does not identify with the medical terminology for anxiety, but does describe symptoms relating to anxiety such as his "guts" playing up. Another worker suggested that two young people that she works with whom have either identified or suspected intellectual disability would say 'yes' to every question or 'no' to every question asked by a health practitioner. A different worker remembered a time when they had supported a young person to access a GP and during a debriefing session following the appointment the young person had not recalled several key pieces of information the GP had voiced.

Similarly, the ability of the GP to support the young person's anxiety when informing them of unwanted news is vital. Unless this news is appropriately processed with the young person, extreme stress may occur. It is important that the young person understands the GP's advice so that this can be reported accurately back to the people in their life that support them. Consequently, if the health practitioner does not have skills in this area, the workers found that it was often up to them to supply extra support to ensure that the young people articulate what they want to say and that they understand the information given by the practitioner.

Furthermore, the workers found that the standard process for GP appointments often does not meet the needs of young people with intellectual disabilities. For example, the ten-minute consultation time is often not long enough. The young people also echoed this sentiment. One young person suggested that a good doctor would spend up to twenty minutes with them, while the "bad" ones spend "10 seconds".

The workers' identified that primary health care services often do not provide the immediacy that young people seek. Instead of going to a GP, young people will sometimes go straight to the emergency unit, or call an ambulance. This may be due to the services opening hours not being suited to late night health problems or GP's not having same-day appointments available. This was identified as an issue because if young people are not able to get an appointment, the need may be lessened by the following day and consequently there is no preventative or follow up care. One worker suggested that young people are not accessing health care services for preventative care at all. For example, if they are having trouble sleeping they may not access a service, but once the issue turns into something more recognisable, such as stomach pain, then the young person may recognise that they are in need treatment. The workers identified that continuity of care was another barrier preventing young people from accessing health care services. The young people that ARROS and Community Connections work with are often couch surfing or homeless. Consequently, it can be difficult for the young people to access a regular health service who have a thorough knowledge of the young person's health history and/or communication style.

Another worker suggested that the amount of information sharing required by young people at health services could be daunting and off-putting. If the young people are transient, then anxiety related to having to share their story to yet another practitioner may be a barrier to accessing a service. Furthermore, the implications of sharing their experiences, particularly in regards to mental health, may be negative.

The ability for young people with intellectual disabilities to follow through with treatments was identified as a barrier to good health. This was noted particularly in regards to physiotherapy, removal of stitches or the application of topical ointment. The workers suggested that these young people are unable to relate to the importance of participating in the follow up treatment because the immediate pain or problem had been fixed. One worker provided the example of a young person not wanting to do hand exercises because it's painful, but if they don't continue

completing the exercises they might not be able to use their hand at all. The worker suggested that the issue lay in making the connection between the importance of completing treatment plans and the perhaps dire consequences if they do not.

An experience shared by several of the workers is the process of working within a dual diagnosis of mental illness and intellectual disability. This can become a barrier for young people because of the lack of consensus between the two health service areas. For example, the young person may access a disability service that through assessment concludes that it is a mental health problem, so the young person is referred to a mental health service, but then the mental health service may conclude that it the issue is actually related to the disability. As a result, the young person does not receive adequate support in either service and the issue remains unresolved. The process of being bounced back and forth between services is also unhelpful and disheartening for young people.

Finally, it was identified that lack of support to access health services can be a barrier to young people. Often, the young person does not have any one other than a support worker to assist them to access health services. Consequently, if the support worker is unable to attend with the young person, they may not go at all. This may be related the worker providing free transport and also their ability to support the young person to ask the practitioner questions. The need for support can be further exacerbated when the young person has a dual diagnosis of anxiety and intellectual disability because they may not wish to leave the house at all without significant encouragement.

The young people suggested that sometimes they couldn't access health services because they have lost their Medicare card and cannot afford to pay for an appointment if it is not bulk billed. One young person spoke of leaving waiting rooms and not attending appointments if they had to wait for more than twenty minutes. Affordability also affects the ability of young people to access services that are not bulk-billed, such as dental care, as well as more preventative services such as nutritionists and gyms.

4.4 Responses

As explored in further detail below in the 'stories' section, services that meet the immediate needs of young people, such as the Indigenous Youth Health Service, can be highly effective. Other services, explored further in the 'inspirations' section, such as Brisbane Youth Service, have a specialised model of triaging that promotes consistency and relationship building. A common theme that arose from both the workers' and the young people's focus group was the importance of communication and relationship. GP's and other health services were described as 'good' when their method of communication was clear, non-judgemental and individually tailored to meet the needs of each young person. Given the complex needs of young people with intellectual disabilities, it is vital that health services prioritise ensuring that they understand the young person and vice versa.

As mentioned above, preventative measures are not well accessed by young people. This may be due to financial costs as well as some of the previously mentioned barriers. Nutritional, dental and some mental health services are often not accessible by young people until they have a serious condition. The young people echoed also this, however in more abstract manner. In order to make the 'responses' topic areas easier to respond to, the young people were asked "if you were the healthiest person in the whole world, what health services would you be accessing?" One young person said they would require the Queen of England's health service team because "more money equals better service". The other young person said they would need a regular check-up, in order to be aware of when their health was deteriorating.

It is recommended that the physical space health services work within should be less confronting and clinical. As mentioned before, adequate appointment times are required so that there is enough time for the young person to ask questions and receive the information they need.

The two young people participating in the focus group both agreed that they would not 'like' a page on Facebook to access health information. Similarly, although they utilise Google to research health information, they said they would not regularly access a specific youth related website.

The workers felt that the group of young people they work with most often access the Internet through their smart phones. Consequently, they believe that the screen would be too small for young people to regularly access websites. Facebook was suggested as a possible information source but it was determined that young people would be more likely to post a status or message a friend than look at a 'like' page for information. This was then confirmed in the young people's focus group. Furthermore, the issue with any type of website or app is the ability for young people with low or no literacy levels to engage.

4.5Inspirations

In the past, Community Connections has submitted an application for funding to create a position within their team that would have a dedicated role designed to support young people to build a relationship with a GP, provide transport and educate the GP about the young person's needs. Unfortunately, this wasn't successful. The workers felt that this role is needed in order to reduce the extra support that they have to provide to young people around accessing health services and so that young people can get as much support as they need. Therefore, one way of assisting the workers and young people of Community Connections and ARROS would be for funding to be made available for such a role.

One worker had a positive experience with a young person at another health service. Although the young person does not have an intellectual disability, their positive experience could translate well for other young people, including those with intellectual disability. This young person was accessing the GP at Brisbane Youth Service and benefited greatly from having a nurse who would stay in regular contact and triage her services. This was useful because although the doctors at that service are constantly changing, the nurse was able to maintain a sense of consistency and relationship building. With the young person's consent, the nurse was able to keep the worker informed about the young person's needs. This model was highly useful.

The workers brainstormed about the possible effectiveness of social media campaigns in addressing health problems relevant to young people. They discussed the need for such campaigns to be eye-catching and have some element of humour. These campaigns could be used as a method for GP's to promote themselves to young people, or to issue public health warnings or preventative strategies.

4.6Stories

On a positive note, there have been occasions when health services have met the needs of these young people successfully. One young person who participated in the focus group described their relationship with their GP as very good. The young person identified that this is because the GP is not judgemental, knows their full medical and life history and always makes time to explain things to them. Sometimes this may mean that the appointment is longer than the usual ten minutes. The young person is comfortable talking to this doctor about sexual health and feels that the GP is effective at addressing their immediate health concern as well as overall health, including preventative measures and checking in about past issues. The young person described this doctor as "straight forward". Ultimately, the long-term relationship has resulted in a clear understanding of how best to communicate with this young person.

One worker recalled a time when a few young people with intellectual disability wanted to access immediate health services from Indigenous Youth Health Service. The young people were able to call the service from the Community Connections office and Indigenous Youth Health sent a bus to pick them up straight away. Their immediate needs were met. It should be noted that this was a one off experience and another worker was unable to obtain a same-day appointment for young people from the service on different occasion.

A different young person who participated in the focus group has recently found a new GP after his previous GP did not meet his needs. The young person had a skin condition on his legs that would not go away. The young person felt the GP did not take this seriously as he did not prescribe any form of treatment, instead saying that it would go away on its own. After seeing a different GP who prescribed treatment, the condition went away and the young person was validated in thinking that his previous GP was not meeting his needs. The young person also felt that a mental health practitioner they accessed had made a judgement regarding diagnosis just by talking to the young person. The young person felt the practitioner needed to look

at more complex options, such as diagnostic testing, before making such decisions. The young person was also frustrated by being told they have the signs and symptoms associated with a particular disorder but did not actually have the disorder. The young person demonstrated great disappointment and irritation remembering both of these experiences.

Finally, another worker had an experience with one young person who was accessing a regular GP, with whom they had developed a strong working relationship. Unfortunately the GP decided that she would change her bulk billing policy whereby they would not provide bulk billing for any patients who smoke, or who are not in the processing of quitting. This disciplinary action did not deter the young person from smoking.

4.7 Phone App

There was a varying array of responses to the idea of YANQ developing a phone app. Although both of the young people have a smart phone (both Android), initially they said that they would not use it. Through further discussion, however, one young person said, “a lot of people would love that”. The young people said they thought it was most important that the app has a good name, transport options to access health services (particularly if it was linked to a map and pinned your location), a rating system (including anonymous reviews) for doctors, list bulk billing services and games. There were many conditions attached to the inclusion of games in the app, by the young people. One young person took particular interest in how the games would work. This young person felt that the games had to be purposeful or they could distract from the real point of the app. However, the other young person disagreed and felt that games were fun but not a real priority.

The workers believed that young people would access the phone app particularly if it told them where to find local bulk billing doctors. The ability to review doctors was also highlighted, but associated issues with moderating and confidentiality were then raised. Another worker reflected that as part of supporting young people to access health services, they are often role-play asking the GP questions and articulating symptoms and health needs. The worker suggested that the phone app could have prompting questions that young people could ask the GP about. Another suggestion was that the app could facilitate the identification of physical symptoms to later help the young person to communicate their problems with the GP. This could be through the app asking questions such as ‘does your throat feel funny?’ ‘Does your tummy feel funny?’ while a diagram points at the corresponding part of the body.

One worker felt that there are many young people who do not have smart phones and would not be able to access this technology. Similarly, if the young person lost their phone, the workers’ felt they may not re-download the app. Ultimately the phone app could not replace the importance of face-to-face communication. One

worker suggested that if all of a young person's needs were met through a phone app, then it would be one reason for the young person not to engage with humanity in the social world.

5.0 Conclusion

The "dig deeper" focus groups provided an opportunity for workers and young people to share their experiences of accessing health care services in the Metro North area. The focus group format was a particularly useful method to engage workers, however, it is suggested that a less intimidating approach is taken for future research with young people.

Both the workers and the young people identified several health needs. These included areas such as sexual health, reproductive rights, hygiene, self-esteem, body image, mental health, healthy relationships and the co-morbidity of having a diagnosis of both a mental health issue and an intellectual disability.
Many barriers were suggested as potentially impacting young people's access to service. Primarily, communication was seen as vital to young people with intellectual disability feeling comfortable accessing services and being able to maintain their treatment. Both the young people and the workers felt that preventative health care measures, although vital to good health and wellbeing, are currently underutilised by the young people.

Positive stories included the immediate response by the Indigenous Health Service and the special role of a nurse who was able to triage and maintain consistent contact with young people. Negative stories were also told; including a young person who felt their doctor was not responding appropriately and another doctor who refused service due a young person not wanting to quit smoking.

An idea that may benefit young people would be to create a dedicated 'health worker' within community organisations such as Community Connections who could engage with the young peoples' health care needs.

Finally, the phone app proposal was discussed. Overall, the app was seen as a useful tool for young people. Caution must be taken in order to ensure that the app is user

friendly and that it contains content that is important to young people, so that it is actually downloaded.

Ultimately, this has been a beneficial opportunity for the members of Community Connections and ARROS to share their stories; in the hope that health services continue to evolve and expand to meet the complex needs of all young people.

Appendix 1: Communication tips

Communicating Appropriately with Constituents of ARROS

Preamble

The constituents ARROS works with have an intellectual disabilityor other cognitive disability, learning difficulty or developmental delay. This means that their ability to understand facts, information, concepts, to make linkages of cause and effect and to communicate with others will be impaired to a greater or lesser degree. Additional communication issues almost certainly will arise because many people with an intellectual disability will agree with others or say yes to a proposition even though they do not know what is being said or being proposed. It is possible to speculate that this tendency to agree is to gain acceptance, not to be left out or appear stupid. People with an intellectual disability are also used to others making decisions for them and may go along with a person they see as more dominant or authoritative. Some people with an intellectual disability are also very fearful of getting into trouble and will agree with what others are saying because they perceive they could get into trouble if they don't. People with an intellectual disability may also unintentionally mislead others as to their capacity or understanding. They may say they can cook, or read, or tell the time, when they can't or can only do inadequately. This misleading can occur because they want to put themselves in a positive light, or because they actually believe they can do something when they can't. eg. I can read single words or write my name so I believe I can read and write. People with an intellectual disability can also be so fearful or anxious that they use communication as an avoidance tool; eg.' How are you today', 'I'm fine', 'How are things going', 'They're going good', 'What have you been getting up to', 'Nothing much', etc.

Good Communication Practices with People with an Intellectual Disability include:

- Being gentle, expressing happiness to see them so as to build their sense of safety and confidence.
- Showing interest in their communication, show you value what they say.
- Letting them tell their story in their own words at their own pace.
- Being careful not to intrude elements into their story. People with an intellectual disability have a tendency to take facts proposed by others and insert them into their story. This is particularly an issue if a serious concern such as an assault is being discussed. Research has shown that questions such as "did he have a red shirt" which introduce new elements into the story (i.e. red shirt) can be taken on

by the person with an intellectual disability. Open ended questions (what were they wearing) rather than closed ended are more likely to get an accurate recall.

- Becoming familiar with the person's non-verbal cues and (listening) watching for them. People often give away that they are unsure of what is being talked about or fearful of getting into trouble through non-verbals.

- Listening for the themes in people's dialogue. A person may bring up a topic a number of times in a seemingly unrelated way; this could be a cue that it is a matter of concern or interest for them.

- Listening to their behaviour. Joy, irritation, panic, fear, anger and depression may be expressed non-verbally and are as important communication as verbal communication.

- Watching physical manifestations, excessive sweating and skin rashes may communicate heightened stress or unhappiness.

- Monitoring your own reactions. Listening to your gut when it says, "they aren't following what I'm saying", or "they're agreeing to something they don't understand". Do not allow time constraints, your own tiredness, weariness or impatience to get finished override your gut message.

- Develop ways of checking understanding:
  - Could you tell me in your own words what we've been talking about?
  - What do you think the choices are following our discussion?
  - Asking them what they mean when they use very common language and expressions.
  - Break down the language and find out what actions are part of the process. eg. "I am going to save for my video', How? ' I will put money in the bank', When?, How? etc.

- Experiment with non-verbal communication tools. Drawing, anxiety charts etc.

- Checking in with others who have a good knowledge of the person.

- Developing the person's trust so that they can tell you how they're really feeling.

FILL THIS SPACE

A consultation of young people in Deception Bay

Youth Primary Health Development Project for the Youth Affairs Network of Queensland.

MARCH - JUNE

2013

APPENDIX

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Deception Bay Community Youth Programs
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1.0 Information about Deception Bay Community Youth Programs

Deception Bay Community Youth Program (DBCYP) is a not for profit youth specific community organisation. DBCYP works with young people aged 10 – 25 in the Deception Bay area. DBCYP is values based organisation and as such works from a strong social justice perspective drawing on developmental and strengths based theories. DBCYP programs include, Youths Support Coordinator Initiative (YSCI) working in high school with young people at risk of disengaging from education. GROW which is a fee for service program working with young people with severe barriers to accessing employment, Youth At Risk Initiative (YARI) which targets young people at risk or currently linked into the juvenile justice system, Young Parents and Alliance which targets young parents with children under the age of 12, and the Youth Housing program which DBCYP manages 8 long term affordable housing units.

DBCYP's client group are at risk young people aged 10 – 25 who experience significant social barriers living in the Deception Bay area. Many of the young people accessing our service experience low socio economic status, poor literacy, disengagement from community and/or culture, mental illness, homelessness, lack of education, drug abuse, family conflict and/or violence, significant and compounded trauma as well as poor general health and/or involvement in the juvenile and adult justice system.

DBCYP's work with young people in the Deception Bay Community is informed by DBCYP's values statement which provides a framework for our engagement methodology. This document sets out that we work from a strong social justice perspective as well as providing a framework for developmental and strengths based praxis.

2.0 Relevant Research

Research undertaken by DBCYP that is relevant to n relevant to the primary health care needs of young people in Deception Bay includes;

An Apple a Day is Not Enough in DBay (2003). This research was undertaken as a joint partnership between DBCYP and Queensland Health into the health needs of marginalised young people in Deception Bay.

Bays Cluster – Youth Support Coordinator Needs Assessment (2004) – research into issues impacting on engagement in education of the young people attending high school in Redcliffe and Deception Bay region.

Deception Bay Drug Action Plan (2005). This research was a community consultation on responses to the increasing use of drugs by young people in Deception Bay.

Youth In Transition – Multicultural Young People's Needs and Challenges in Deception Bay (2008) – research into the challenges for multicultural young people in their education and integration into their communities.

Young Parents Report (2011) – a report into the educational needs of young parents in Deception Bay.

3.0 Engagement Methodology

The engagement process was multi-faceted to ensure a diverse group of young people were included in the consultations. The engagement included:

- Establishment of a Youth Focus Group;
- One on one interviews with vulnerable young people;
- Surveying of 70 young people in Deception Bay

3.1 Establishment of a Youth Focus Group

A focus group was established to assist the researchers to obtain information about primary health care needs of young people in Deception Bay as well as inform the researchers about ways of engaging their peers in the data collection process.

As part of designing the engagement process it was acknowledged that the focus group participants have lived knowledge that is valuable to the researchers through their own life experience and their knowledge of their friends and family's experiences. Their time is also valuable. In acknowledgement of their time and knowledge, payment was provided to the core group of 7 young people for their involvement in the project. The members of the focus group were from a range of different cultural backgrounds including Anglo Australian, Pacific Islander and Aboriginal.

The Focus Group met 8 times for a period of 2 hours each session guided by briefed youth workers to:

- Discuss the primary health care needs of young people in Deception Bay , includinghe needs, barriers and possible strategies to address the lack of access for young people to health services;
- Inform and develop the best way to engage other young people in the research. This discussion then led to the use of the survey form prepared by QUT in Deception Bay. The young people from the focus group became peer researchers.
- To provide feedback to researchers on the possibly youth health projects proposed by the researchers, including a phone app with information about health services in the Metro North Brisbane Medicare Local region and the GP roster.
- To undertake training for surveys of their peers; and
- To participate in a final meeting to reflect on the learnings in the research.

3.2 'One-on-one' interviews with vulnerable young people

The Youth Focus Group required a long term commitment by the young people to attend eight (8) sessions over a three month period It was recognised that this required young people whose lives are relatively stable to be involved in the Focus Group.

However to ensure that the research included young people who were most 'at risk' one-on-one interviews would be undertaken with four young people. These interviews were facilitated by a DBCYP youth worker who had a pre existing relationship with them.

The four young people involved in these one on one interviews were from different cultural backgrounds. They also were paid for their time and knowledge. This was extremely beneficial as their needs, circumstances and the way they access health services where quite different to our focus groups responses.

3.3 Surveys of Young People

The Focus Group decided to utilise the survey prepared by QUT for the Youth Primary Health Development Project as a way of engaging a wider group of young people in the data collection. The Youth Focus Group provided feedback to QUT on some of the questions, however QUT was unable to make any changes as the survey form was already online and the data collected in Deception Bay would be included in the online data for their analysis.

Some of the Youth Focus Group were part of a group organising an event for Youth Week 2013 and they decided to link the survey to this event as there would be a large group of young people attending the event. The event was called 'Big Bay Out' and was going to be held at the local skate park. It was agreed that some prizes of movie tickets would be used as an incentive for the young people to participate in the survey given it would take some time to fill in the survey.

The Youth Focus Group agreed to become peer researchers and organised a training meeting to discuss the survey to ensure they were able to assist any young person filling out the survey form. As a result of this discussion YANQ reformatted the survey form into a two page format, as the peer researchers were concerned that young people would not be interested in completing a lengthy survey form in its original format.

The 'Big Bay Out' event was cancelled as a result of very wet weather on the day.

The focus group then decided to undertake the surveys at the local shopping centre on a Thursday after school. Over 70 surveys were completed on the day and then two of the peer researchers entered into the Survey Monkey pro forma linked to the YANQ website.

4.0 Information Collected by Young People in Deception Bay

4.1 Youth Focus Group Data

4.1.1 Needs - *What are the key health issues for your group of young people?*

- Drug and alcohol
- Obesity
- Malnutrition
- Body image
- Unplanned pregnancy
- Contraception
- Depression
- Grief/loss/abandonment
- Mental breakdown
- Eating disorders
-

4.1.2 **Health Services** - *Where do young people go to get help?*

D&A

- Youth service
- Friends
- Chaplains
- Maybe church leader but some young people said they defiantly would not go to their church leader

Sexual Health

- Internet
- Chemist
- Maybe friends but some said that friends might be judgemental
- Youth service
- Condom vending machine in male toilets at pub and the service centre
- Needs to be discreet

Mental Health

- Counsellor
- Friend
- Doctor
- Helpline
- Chaplain
- Church leader

Many of these examples were very general and when asked if the young people knew specific services that would be able to provide more detailed information the Focus Group demonstrated that they had little knowledge of specialist services e.g. sexual health service provided by Queensland Health in Redcliffe.

4.1.3 **Whatmakesagoodhealthservice?**

The young people in the focus group and targeted interviews agreed that they need staff to be **welcoming and non-judgemental**. They also needed the services in places they could **easily get to**. Other needs that were articulated were high concerns around drug use, mental illness and needing a youth specific service that they could attend.

Doctors

- Accessible
- Easy to get to (transport)
- Comfortable environment
- Friendly staff, non judgemental
- Confidentiality
- Consistency

- Bulk billing
- Not having to tell your story over and over again
- Not having to wait too long
- Good quality reading/comic books ANIME
- Activities rather than the Women's Weekly – crosswords
- Sufficient chairs in the waiting room/often too crowded
- Chairs in the waiting room are positioned so that when you walk into the surgery you don't have everyone looking at you.
- Surgeries not to be located next to the bus stop. Here in D Bay the doctor's surgery is next door to the bus stop and all your friends and acquaintances are sitting at the bus stop as you walk past to go to doctors surgery.
- Doctors are professional / open to hearing
- Doctors are able to talk to young people – talk to use respectfully and intelligently and not ask to many questions.
- The doctor knows what he is doing and easy to understand, easy to relate to.
- The doctor can't assume that we know what to do.
- They are good listeners.
- Friendly receptionist.
- Easy to book an appointment - book online and then get an SMS reminder.
- Community Health Nurses are a good service – they will visit you.
- DBCYP would be a good location for a doctor now that the school and GSFW are no longer located at the office – before there were too many kids here so you would of had no privacy.
- Getting medication – would be good to co locate pharmacy with doctors surgery – separate but next door.

4.1.4 Whatarethegapsinservices?

- Accessibility to services outside Deception Bay;
- Transport for young parents;
- Doctors to arrange transport if really sick e.g. obese or disability;
- Cheap /free health services – most of bulk billing practices are full and have closed books;
- A Drug and Alcohol service in D Bay – need to have a safe place to come to e.g. DBCYP;
- There are no other health services in D Bay other than doctors;
- Family planning needs to be discreet;
- Lack of knowledge about community health service.

4.1.5 Barriers

- Lack of transport, as the majority of the young people live in Deception Bay they spoke about how difficult it is to get to services in Caboolture and Redcliffe;
- Feel like they will be judged;
- Don't know what services to contact;
- Long wait times;
- Felt trapped, like they can't leave once they are there;
- Concerns of being reported to police;

- Concerns of being lectured;
- Many of the health practitioners have different life experience and can't relate to what they are going.

4.2 Responses from One on One Interviews on Needs and Barriers

Some key responses from the targeted interviews are as follows:

Four young people were interviewed. An indigenous 22 yr. old female, a 17 yr. old Caucasian male, a 18 yr. Samoan male and a 19 yr. old Tongan male.

Smoking cigarettes, drug and alcohol concerns, mental health, violence, stress and pressure scored highly in all 4 interviews as something that they were personally concerned about. Some other noted responses were concerns around dental health, self-harm and low self-esteem.

The ways these young people found out info or to discuss health concerns with was a very small pool. Some spoke to a trusted partner or a youth worker. Most said that they don't talk much to their friends about this or anyone. They all said they will talk to a doctor but only if it's really serious for eg "if I overdose I'll talk to a doctor then"

When they do talk to a youth worker or trusted person they are usually always satisfied with the information they received. It was also noted by the Tongan and Samoan young person that it wasn't important for the person they spoke with to be of the same cultural background as them as it was more important to speak with someone who had the right information and didn't judge them. The Indigenous woman stated that it was important to her and she also preferred to be able to speak to women about health issues as she is uncomfortable around older men due to sexual abuse in her past.

The biggest barriers that were evident from the four targeted in interviews were as follows;

- Nobody was able to relate to their concern
- Felt embarrassed
- Felt vulnerable
- Workers are not friendly
- Felt trapped
- Inconvenient location of service

When asked how things can be improved for young people to access health services the responses were all quite similar. One response was that if a health service was located where young people already congregate or have a reason to be there than they would attend a service more. For example "near a legal graffiti wall or skate park". Another response was having it at a youth service where they were already attending programs and trusted the workers there. Another young person suggested that having an incentive through Centrelink so that they were not out of pocket for the expenses of travel, buying medication etc. The main thing that came through the responses is that it had to not be so outside of the young person's normal routine or places they would attend.

Targeted interviews all agreed that they need staff to be welcoming and non-judgemental. They also needed the services in places they could easily get to. Other needs that were articulated were high

concerns around drug use, mental illness and needing a youth specific service that they could attend.

- The space needs to be clean but not cold;
- There needs to be an incentive to go besides purely health reasons;
- Need staff to be welcoming;
- Need staff to be non-judgemental and know what they are talking about;
- Needs to be easily accessible;
- Needs to be easy to see someone (not have to make appointment);
- Service needs to be culturally appropriate. Indigenous young people articulated this as very important. However other cultural groups especially Pacific Islander and Maori young people said it didn't matter if the worker had the same cultural background.

4.3 Inspirations

One participant discussed the use of Facebook as a way of sharing health information. They referred to the Narangba Mums Facebook page which is used by mothers to connect, share information as well as feeling a sense of community. The participant's partner used the Facebook page because it was a really good way of sharing information. It was suggested as an alternative social media to providing health information for young people.

Another suggestion for a good health service was the Murri Health Service in Caboolture. The model of service delivery of the clinic made patients feel as though they were really cared for – they would provide transport if you were too sick to travel and would follow up with you after your consultation. They were really thorough in their health consultations and took your well being seriously.

The young people interviewed in the one-on-one interviews did not reveal any inspirations. They accepted that good health would not be accessible for them, accepting the system was how it was and that they wouldn't utilise it that often.

4.4 Stories

Tongan 19 yr old male – " I have been going to counselling and I thought it was stupid to start with but it is really helping me. I never talk about this shit to people and now I can"

Caucasian 17 yr old male – "If I had something to look forward to I wouldn't use drugs"

Samoan 18 yr old – "I never look at websites about health stuff because I'm scared what it might tell me"

One of the young men from the focus group gave an example of having caught the flu and after finding it very difficult to access a local GP and what it was like to catch public transport when feeling so unwell. Once he arrived he was seen for only 5 mins and felt the doctor barely took him seriously. A few days later as he was not getting any better he was linked in with the local Murri health service. He spoke about how friendly the staffs were that they offered transport to get him to the appointment and follow up calls to see how he was recovering. He also said they had many other wrap around services such as counselling and dieticians that he could access. He said he would access them as soon as he started feeling ill from now on and not dread the visit.

4.5 PhoneApp

The focus group seemed to think that this was a good idea or using other forms of social media to get health information. They said that most young people had a smart phone, however not everyone. They discussed the possibility of a website that provided health information and a list of health services. They saw value on health issues and location of services being available through a phone app. They liked the idea of being able to rate services. They also discussed using a Facebook as a way of sharing health information as most young people use Facebook.

They listed features of a phone app to include:

- List of services
- Contact details;
- List services by area;
- List services by type (including services outside the region);
- The phone app needs to be free;
- Ratings of health services can be given;
- Health information is available on the app;
- A Search Bar is available;
- Make it fun.

The young people involved in the one-on-one interview said however that they would never use a phone app for a number of reasons including:

- not having access to the internet or phone regularly enough;
- low literacy skills;
- prefer talk to mates or a trusted adult;
- suspicion about government funded health information;

4.6 GP Roster

The Focus Group liked the idea of a GP Roster, if the GP's could work out of a youth service like DBCYP. They discussed the importance of consistency of the doctors who provide the service and that the doctor is sympathetic as it is important that the young people feel that the doctor cares about them. One young person spoke about the Murri Health Centre in Caboolture and what a great service they provide. This was given as an example of good model of service.

5.0 Youth Focus Group'sEvaluation of Engagement Process

The Youth Focus Group members valued being part of the research. There was a high level of commitment to their involvement and there was an almost 100% participation rate. They said it was very good that the researchers did their research in Deception Bay and that in future MNBML should continue to consult with communities like Deception Bay, Rothwell, Redcliffe and Caboolture.

In reference to the quality of information, it was noted that if you want quality information you need to design the information collection in a way that it works, otherwise you won't get good information.

Most of the comments on process focused on the surveying as the Focus Group members had participated in this work and for all of them it was the first time they had ever been involved in surveying other people.

They had a lot of personal learning from this on how to approach someone they don't know to ask them to undertake a survey. For some of the focus group members it was easier than others. One group member knew a lot of the young people so because of his relationships it was much easier for him to have young people fill out the survey.

They spoke about the difficulty of engaging young people who are part of a large group. It was observed that if you could get the leaders in the group to fill out the survey then the others would be more likely to fill it out as well.

They said that the survey was too complicated for the group of young people they were consulting. Most of the young people at the shopping centre were high school students and the language was too difficult and the subtly in some of the questions was confusing and seemed repetitive. They felt that the shopping centre was probably too public for young people to feel comfortable to answer the questions relating to themselves. They were more comfortable answering the questions about their friends.

Whilst DBCYP had liaised with the shopping centre management for permission to undertake the surveys, the communications had not been clear about where in the shopping centre, so some of the peer researchers were approached by the security guards and asked to move on. In future more clarification from the shopping centre management as to where peer researchers were allowed to operate would be helpful.

One peer researcher reported that one young person had really opened up about a friend who had been raped and they wanted to talk about it at length. This raises issues of disclosure and how peer researchers are trained to deal with this so that the person disclosing has an opportunity to speak to a professional counsellor. The other issue here is that the peer researchers are not trained counsellors so in the future what training do we give them so they identify disclosure and hand it over to the social workers supervising the surveys.

Some of the peer researchers thought a sausage sizzle might be a good way of engaging young people after school. They felt that the move tickets were not a strong incentive for participation. The sign that had been developed for the surveys was not visible enough for the position in the shopping centre.

There was a discussion with the researchers that all in all they did managed to have 70 survey forms completed which was a good outcome.

When asked what they learnt from their involvement in the project, the focus group members said:

- there were a lot of issues in D Bay;
- how to express my opinions;
- involvement in the project confirmed my existing knowledge;
- it feels like we have made progress - when this project started I didn't know anything about Metro North Brisbane Medicare Local.

- Not many young people know about where to go for specialist health services;
- I didn't know what bulk billing meant before this project - they need to teach this in high school;
- doctors need to go to marginalised young people and not expect them to come to them - they won't as many of them don't understand that they can see a doctor with payment because of bulk billing - they automatically assume they can't afford to see a GP.

In conclusion the engagement process was a very organic process and was directed by the focus group as much as possible. The focus group reported gaining a lot of insight into the health system and gained some invaluable research leadership and consultation skills. Key insights into engagement were gained such as the importance of strong relationships and rapport with young people was required to gain such sensitive information. In reflection there were a number of things that could have been done differently to gain better results. This learning could be utilised in any future consultations by Metro North Brisbane Medicare Local in this region.

12. Conclusion

Deception Bay is located in the outer north suburbs of the MNBML region which are characterised by low socio economic communities with high numbers of children and young people. Deception Bay is isolated from the train line and has limited public transport access to services outside of Deception Bay. This creates difficulties and opportunities for health care providers.

Whilst it can be argued that because of the physical isolation of Deception Bay that most of the young people could be characterised as being disadvantaged (this was the assumption made in the 'An Apple a Day is Not Enough In D Bay' research 2003) and the economic isolation due to difficult for families to obtain employment, it is difficult to include all young people in one group.

Some young people have strong relationships with their families and access primary health care through their families relationships with GPs. However there are many young people who do not have good relationships with their families, or who's families do not have good health habits, or who do not want to involve their families in dealing with particular health issues.

This coupled with low income levels makes it difficult for young people to access health care. Many young people have experienced traumatic childhood experiences which can result in higher risk of mental health issues and alcohol and drug use.

For those young people from more stable backgrounds, improving the way that GP's and other primary health care professionals organise their health care delivery would go a long way to improve young people's access to health care. Social media can also be used to improve access to health care.

However for those 'at risk' young people it is important consideration be given to ways health services can be available to these young people so they get access to health care before chronic health conditions occur. Access to a GP in a youth friendly space like a youth service is an ideal way for this group of young people to access health care. Working within the youth service also gives the health professionals access to the youth workers who have relationships with the young people and the skills to engage with this group of young people.

This group of young people have the highest need for primary health care services including psychological assistance with trauma and lifestyle issues. Early intervention can result in preventing long term health issues. Social media solutions are not real responses for this group of young people. Healthy and caring relationships are the key to their wellness.

APPENDIX

"Dig Deeper"

A Consultation with Young Mothers and Young Parents Program 2013

Youth Primary Health Development Project
Youth Affairs Network of Queensland

Young Parents Program
119 Stafford Road
Kedron 4031

3357 9944
www.youngparentsprogram.org.au

APPENDIX

1. Information on Service undertaking consultation

Young Parents Program (YPP) is a community-based health and support service for young pregnant and parenting women in Brisbane north. YPP receives recurrent funding from the Queensland Department of Communities to engage young women who were either aged 19 or under at first pregnancy, or are parents under the age of 23 years. YPP is committed to the full empowerment and valuing of pregnant and parenting young women, and works alongside them to strengthen their inclusion, health and wellbeing as they transition to early parenthood. We work with young women in the context of their children, families and communities.

Since its beginnings in 1986, YPP as an organisation is highly respected for its engagement with young women and the community, and frequently shares practice wisdom throughout the country about how and why the YPP approach is so successful. YPP works within a framework that embraces the principles of strengths based practice, feminism and social justice. Over many years, YPP workers and Management Committee have developed and refined a model of support for young pregnant and parenting women.

YPP currently offers the following services for young pregnant and parenting women:

- **Childbirth Education Activities for Young Pregnant Women**:

For the majority of young women, their first connection with YPP is via childbirth education classes. Historically, this has been run in partnership with the Royal Brisbane and Women's hospital. The Young Women's Health Worker (Antenatal) co-facilitates the group with a Childbirth Educator. The primary aims of this group are to provide information on pregnancy and birth in an informal and interesting way and to provide young pregnant women with the opportunity to develop a new peer support network. Information is also provided about social issues such as housing, legal and financial issues. This group is a significant resource and it helps to maintain and build on the links between YPP and the Royal Brisbane Women's Hospital.

- **Young Mums Group 1 (YMG1):**

Young mothers aged 20 years and under whose babies are less than 12 months old are invited to be part of YMG1. The aims of the group are many and include:

  - to receive support and share wisdom about parenting
  - for fun and relaxation

- to develop peer supports
- to access information and resources
- to recognise shared issues and the potential for social action
- to be exposed to a range of lifestyle alternatives
- to build access to participation in community and political life
- to express opinions and debate topical issues

- **Young Mums Group 2 (YMG2):**

Young mothers with babies older than 12 months, or women who have more than one child are able to attend YMG2. The aims of this group are similar to YMG1, but have the additional focus of identifying alternative resources and preparing the young parenting women to exit the YPP regular group program.

- **Under 23's**:

YPP continues to support young women to the age of 23. We provide minimal services within our recurrent funding, such as occasional drop in days, invitations to activities such as pregnancy refresher groups, individual telephone support and referral. YPP seeks project funds to provide regular groups and workshops for this group whilst continuing to seek recurrent funds.

- **Projects: The VALUE-ing Young Women's project**

YPP was funded in late 2011 under a Department of Families, Housing, Community Services and Indigenous Affairs (FAHCSIA) community action prevention program aimed at reducing violence against women. This is our new VALUE-ing project which is funded until the end of June 2014. The aims of this project are achieved through the delivery of 4 x 8 week health/unhealthy relationships programs, resource development and dissemination, community education, outreach and advocacy.

In addition to group activities, outreach with young pregnant and parenting women is also offered. Outreach is a best practice youth work model where workers meet young women in their home or a community venue where they are comfortable. Some marginalized young women do not attend group activities due to basic needs not being met. The focus of individual outreach is to address basic needs such as housing, income support, mental health issues and child protection to enable the young women to participate in society and community activities.

2. General information on young women accessing Young Parents Program

YPP currently supports over 280 pregnant and parenting young women under the age of 23, and their children. These young women are generally aged 19 and under when first pregnant and live on the greater north side of Brisbane. Most birth their babies at the Royal Brisbane and Women's Hospital. Primary aims are improving pregnancy and birthing outcomes for the young women ante-natal and general health and social outcomes for mothers and babies for the first year post-natally. The young women who access YPP come from a range of backgrounds including CALD/refugee, ATSI, and women with learning difficulties. Some of the issues and challenges experienced by these young women include: homelessness, domestic & sexual violence, child protection, social isolation, mental & other health, disengagement from education & employment, financial, and legal.

YPP develops meaningful relationships with young pregnant/ parenting women and other organisations to connect and engage with young women 'where they are at'. Through youth -friendly approaches, YPP aims to meet the needs of young women and help them develop a support network that reaches beyond their time with YPP. YPP also acknowledges the diversity of young women and the barriers to accessing services that many experience, and seeks to overcome these through innovative, responsive and sustainable methods.

Please see appendix 1, *Why YPP works,* and appendix 2, *What supporters and staff say*, for evidence supporting YPP's work with young pregnant and parenting women.

3. Methodology of engagement process

Young women were invited to participate in the consultation process through a number of methods including Facebook postings, announcements at group activities, and individual texts to young women. Information provided included a link to access the survey as well as information regarding date and location of workshop, and incentives for participation. In addition, YPP workers attended group activities with iPads and assisted young women to access and complete online surveys. YPP draws on range of innovative, responsive, and youth friendly approaches to engage and connect with young women and the wider community - the use of Facebook and text messages are an example of some of the youth friendly approaches YPP uses.

Young pregnant and parenting women face many barriers to participation, and the provision of infrastructure such as transport and child-minding assists young women to attend and share their

experiences and knowledge. To facilitate young women's engagement in the workshop, YPP provided assistance with transportation, on-site child-minding, lunch and financial incentive ($50 gift voucher).

A total of 14 young women registered interest in attending the workshop, with 9 young women and 7 children attending the workshop.

4. Results

Needs

The Young women identified the following as key health issues:

- Reproductive health
- Mental health
- Sexual health
- Drug and alcohol – not enough services around and not well advertised
- Oral health – need affordable services
- Lifestyle– e.g. physiotherapy, need more promotion of what's available, and more affordable spots available
- Antenatal care – sensitive, responsive and streamlined services.
- Postnatal care – home visits

YPP youth workers identified the following as key health issues:

- Reproductive Health (e.g. termination- access, cost)
- Sexual Health
- Smoking
- Mental Health
- Oral Health (access-long waiting list, expense)
- Lifestyle was identified as exercise, diet, risk taking behaviour
- Post natal depression
- Infant mental health
- Child health
- Nutrition (eating disorders and body image)
- Workers identified clinical support around contraception. Young women will access when offered to them.
- Domestic violence and family violence as a health issue.
- Breastfeeding/lactation consultation

Young pregnant and parenting women identified that they obtained health information from the internet (e.g. Google), their GP, books, YPP and other support services (e.g. Family Planning QLD), telephone help lines (e.g. 13 HEALTH), chemist/pharmacist, and family members (e.g. their mums).

YPP youth workers identified that young women obtained health information from: YPP (often told by young women that they would not have had the information otherwise), collaborative partners at YPP, friends/family, online-Facebook, and that most young women have apps for everything. The worst source of information was identified as T.V. –fictional sources (TV and movies).

Young pregnant and parenting women nominated the following health practitioners that they accessed:

- GPs
- Child health nurse
- Pharmacist
- Dentist
- Psychologist/psychiatrist
- Physiotherapist

YPP youth workers identified the following health practitioners accessed by young women:

- Midwives
- GPs
- Child health nurse
- YPP social workers

It was further noted that access was "not universally, not always willingly" and the definition of primary health practitioners was also queried.

Barriers

The young women identified the following as barriers to them accessing health information - mixed messages from different practitioners; Internet down, can't access Google; Doctors don't know information that you need.

YPP youth workers identified the following barriers for young women accessing health information:

- Cost
- Friendliness
- Judgement
- Access

- Lack of information
- Negative past experiences
- Analytic skills to question/naivety
- Competing priorities (homelessness, DV, friends etc)
- Transport (not knowing here to go)
- Resources-no access, internet/mobile credit
- Shy
- Fear- adverse outcome-judged as bad parent
- Child-minding
- Communication
- Cross cultural communication/ racism
- Confidence to change doctor

In terms of barriers preventing young women from accessing health services, the young women identified:

- Costs associated with treatment such as parking and transportation costs
- Lack of child-minding
- Unable to find a good GP
- Length of waiting time for appointments
- Judgments about ages
- Type of consultation – eg pap smears
- Availability of female doctor
- Sometimes 'it's who you know' that gets you access to services

YPP youth workers identified the following barriers that prevented young women form accessing health services: Lack of support- no friend/partner to go with them; No child-minding- difficult to take baby/child in to consultation.

A number of young women attending the workshop stated that they knew other young people who didn't access health services when they needed to. The reasons they provided for this were as follows:

- Due to cost eg physiotherapy too expensive
- Past experiences of being "treated like an idiot" and having concerns dismissed
- Having assumptions made because of their age – judgment
- Fear of being judged

Responses

The young women found the following to be health services that were good for young people:

- YPP
- Young mothers for Young Women
- Headspace
- Hothouse
- Family Planning Queensland
- CYMHS
- 13HEALTH
- Poisons Line

YPP youth workers identified the following as health services that were good for young people:

- Women doctors
- Culturally appropriate services (shame/community)
- Services that come to them
- Opportunistic services
- Come to their spaces
- Free
- Approachable
- Non-judgemental
- Comfortable in youth space
- Family Planning Queensland
- Child health Nurse

The young women identified health services that would assist young people stay healthy:

- Dieticians
- Nutritionist
- Optometrist
- Dental care
- Good, reliable GP
- Family planning services
- "one stop shop" –where a range of services available, especially after hours/weekends

YPP youth workers identified that health services that would assist young people to stay healthy included more services that were youth friendly, and a hub service that could provide:

- Accessible, youth checked space
- Flexible-outreach to homes or public spaces after first visit to clinic
- Safe space
- Multiple entry points
- Trust
- High level youth participation (advisory committee-supports for participation)
- Specific for learning difficulties, ATSI, CALD, young people in care

Ways young women identified that primary health services could improve their service to young people:

- Affordable care during day and night
- Home visits during the day
- Pharmacists open later

YPP youth workers identified the following ways that primary health services could improve services to young people:

- Social media- Facebook/ online chat
- Community feel
- Non-clinical in appearance but clinical enough for there to be balance
- Youth-anti-oppressive, feminist
- Safety-gender specific
- Valuing peer relationships
- Clinic at YPP –replicating effective responses for example YPP, and build on them:
- Outreach, child health, child minding and oral health

The young women gave mixed responses regarding the role social media could take in assisting young people to access health information and services. They felt that Facebook would not work, but that an App may be beneficial.

Inspirations

The young women felt that a home visiting service during the day would help their health needs be met. They also felt that a hub-style service that was a one stop shop that had GPs, dentists, Medicare office, psychologist, and optometrist and have all these services bulk-billed.

YPP youth workers felt that it would be beneficial for YPP to receive financial assistance and expand existing services offered. The also felt that it would be beneficial to create some sort of youth hub that was for young people aged 25 years and under, used creativity as a medium, used a community development approach (peer stuff, artistic stuff, website/app/ participatory), and tapped into youth expertise to educate each other. Other suggestions include:

- Clinical/complimentary services
- Outreach
- Info sessions for youth workers
- Close collaboration/ resourced by youth services
- Great website/online support/Facebook page
- Baby friendly
- Child-minding
- Minibus for transport
- 24hr presence (8pm-8am phone staffed by clinical staff)

Stories – young women

Not so good experience

The young women spoke about feeling judged at being a young parent by health practitioners, having their concerns dismissed, and being treated like "an idiot" because they were a young parent. For example when having 2nd or 3rd child, midwives making them feel stupid and telling the young women they should already know things because they are already mums.

Story: "I took her to the hospital because she wouldn't take a bottle, and hadn't had any fluids in like 2 days and she wouldn't pee. When I got there they said yes she's really sick, looks horrible and took her in. By the time it was nearly time for me to go, they said trial fluids, you can do this and she took her whole bottle. And the big doctor guy came out and said what are you here for? You shouldn't be here. And I said well she hadn't had a bottle in two days and he said well she's had one now hasn't she. And I said well yes, and he said go home, she's fine he doesn't need to be here, and you're taking up spaces that other children could be using"

This young woman talked about feeling judged and ridiculed and treated like an idiot because she was a young mother.

Good experience – a young woman's experience at Young Mothers for Young Women

Story: "They actually listened to me…helped me get what I wanted….When I wanted to donate cord blood, they gave me all the information I needed, and who I needed to talk to and then talked about

delayed cord clamping. They gave me all the information, didn't judge me, and said that that's a fantastic choice."

The young women spoke about positive experiences at YPP, and that YPP has always been a reliable and positive source of information. They also stated that as a result of their engagement with YPP they were able to access a range of health support services easily.

Stories – YPP Youth workers

Not so good experience

Story: A young woman form a refugee background waited a long period of time for an appointment with a mental health practitioner. Unfortunately at the time of the appointment no interpreter was available so a YPP worker supported the young mum at her appointment. The doctor mainly directed his questions to the YPP worker, failing to engage with the young mum. He proceeded to question her ability to parent and asked her why she didn't "stay in Sudan if that's how they parent there". The young woman left her appointment feeling highly uncomfortable, vulnerable and unimportant throughout the consultation.

YPP youth workers reported that numerous incidents of young women being subjected to negative experiences with health practitioners form across all disciplines have been reported to them.

Good experience – a young woman's experience at Young Mothers for Young Women

YPP has been able to assist many young women to access services like Family Planning Queensland (FPQ). The diversity of the young women includes Indigenous, CALD and women with mental health issues or learning difficulties.

We assist the young women with transport to and from their appointments and we are able to 'hold their hands' during procedures. Most of the young women have been incredibly grateful for the support and information we have provided about FPQ and they report their experience of FPQ has been positive. Most young women state they have been made to feel comfortable, valued, provided with good information and respected at FPQ.

YPP youth workers stated they have received positive feedback and information from young women on a number of health services and health practitioners on the north side. Young women frequently state they value YPP's support and information on appropriate health services and health practitioners and they also utilise their own peer networks to access information on services and individual health practitioners.

Phone App

All 9 young women participating in the workshop had a smartphone, 3 had an iPhone, 4 had an Android, and 2 had both types.

The Apps currently used by the young women were: Facebook, Centrelink, Optus, Games, Ebay, Suncorp, Internet, Wonderweeks, Fitness, children's games, health Apps, Instagram.

Out of the 9, 6 young women used information Apps.

The information Apps that they found easy to use/liked were: Centrelink, Willy Weather, Wonderweeks, Pregnancy, Doctor, Google.

The features they liked/made it easy to use included: Centrelink - Simple 4 digit pin to get into; don't need to remember passwords; Willy Weather – its just really simple; Wonderweeks - gives information about baby development and milestones; easy to navigate; easy access; that there's only a 4 pin and not full of advertisements; information.

Out of the 9 young women, 5 preferred web Apps, and the other 4 liked both web and native Apps.

Out of the 9 young women, 5 used 3G to download Apps, 2 used wifi, and 2 used both 3G and wifi.

Out of the 9 young women, 8 stated that they would use an App to find out about a health issue, one said that they would not use an App.

Out of the 9 young women, 8 stated that they would use an App to find a health service, one was unsure.

Features in an App that would encourage young women to use it to find a health service include:

- Whether the service bulk-billed
- Simple layout
- Information about my baby, myself, my family
- Free
- Easy to use
- Enter your location
- Select the type of service you want
- Doctors locations displayed
- Map

Table 1: Functions in an App listed in order of importance as identified by Young Women

Function	Tally
Gives some basic info about health issue you have	8
Health service listing tells you if they do bulk billing	8
You can search health service by health issue you have	7
You can see a map with all services pinned on it	6
It can connect to GPS/Google maps/Translink and help you get to the service	5
The app gives a star rating and allows you to rate the health service	5
Health service listing gives you the health professionals specialisation, gender and languages they speak	5
You can log any errors or issues with the app	2
You can share good service experiences with your friends on Facebook etc	2
Looks colourful, aesthetic and fun	0
Has a good name instead of a boring one like "youth health app"	0
Has games built in	0

Conclusion

In conclusion, several key factors were highlighted by both the young women and the YPP youth workers. These included appropriate youth focused health settings, service delivery and caring non-judgemental staff. Both groups identified the benefit of having a health service 'hub' where there were several easy entry points. A key factor for both the YPP youth workers and the young women is the manner in which young people are engaged and considered by health services and health practitioners.

Both groups stressed the importance of having the support of Young Parents Program to provide ongoing information on health services and health practitioners, to make referrals and to assist the young women to access health services.

The young women were positive of having an App developed and available free of charge. They indicated they would utilise it to search for information, answer queries and to locate different health services; however they wanted it to be simple, easy to use, and free and youth friendly.

APPENDIX

‘Dig Deeper’

A Consultation with Young People and Youth Workers at the Indigenous Youth Health Service

23 May 2013

Youth Primary Health Development Project
Youth Affairs Network of Queensland

Indigenous Youth Health Service
55 Annerley Road
Woolloongabba
3240 8971
www.iyhs.org.au

1. What is the Indigenous Youth Health Service?

The Indigenous Youth Health Service is primary health care service for homeless and at risk Aboriginal and Torres Strait Islander young people aged between 12-25 years. It has been operating since 1991 and provide culturally appropriate support to address all aspects of young people's health and social needs.

IYHS is a business unit of Aboriginal and Torres Strait Islander Community Health Service located at Woolloongabba. ATSICHS has a number of programs ranging from aged health care, family support to youth health support.

The model of service delivery for IYHS is a holistic health care centre, by providing a safe space for young people to access with activities, transport assistance and food as well as case management to assist young people achieve their personal goals. It has two programs – a health team and a Volatile Substance Misuse Program.

In the health team they have a male and female sexual health worker, a youth health worker, a drug and alcohol worker and Registered Nurse and a part time Doctor (one day a week).

In the Volatile Substance Misuse Program they have a male and female case managers, a family support worker, male and female diversionary workers and male and female outreach workers.

The key functions of IYHS are

1. Diversion
2. Case Management
3. Outreach
4. Rest and recovery.
5. Drop In

Diversion includes information and education to young people on lifestyle choices, sport and recreational activities, cultural activities and engagement, building relationships with youth workers to maintain engagement in order to support young people making healthier choices.

Case management is a holistic approach which includes working one on one with young people; identifying their personal goals using a strengths based approach to address their health and social issues.

Outreach includes street work, providing information, referrals, bridging vulnerable young people to IYHS for medical and hygiene services, and linking them to IYHS rest and recovery and drop in spaces.
Rest and recovery provides young people with a supervised safe place when high and access to food, showers etc and medical service.

Drop In provides young people access to food, showers, computers, doctor and other primary health care services, recreational activities and youth workers.

Social determinants of Health

IYHS recognises that ATSI young people's health is inextricably linked to their social and economic environment. Intergenerational trauma as a result of white colonisation of Australia impacts on the health and well being of ATSI young people today. The impact of the stolen generation on the ability of ATSI families to parent their families as well as the use of substances to deal with the trauma of past experiences impact on their young people. Many of the young people accessing IYHS are traumatised by their own personal experience and either are homeless or at risk of homelessness and are likely to be addicted to drugs and alcohol. Chroming is a particular feature of this substance abuse.

IYHS works with a young person not only to address their health needs, but also their education, housing, employment and cultural needs.

Medical Service of IYHS

IYHS has its own medical service with Aboriginal and Torres Strait Islander staff providing a culturally appropriate holistic health service. The doctor for the young people has been providing services for 20 years so fully understands the health needs of the young people that access the service. Due to the lifestyles of many of the young people utilising the service, the doctor will be treating health issues which are not commonly found in mainstream GP clinics. The complex needs of the young people require the doctors undertake long consultations focused on quality health care. This is different from other mainstream GP services were the costs of running a health service result in short patient consultation. Referral to allied health professionals employed by ATSICHS in the same building support young people's access to primary health care professionals in a culturally appropriate service (including oral health).

2. Workshop with Young People and Youth Workers

IYHS organised a meeting with five (5) young men and four (4) young women. Two parents had their babies with them in the room. The ages of the young people ranged from 14 – 19. The Youth Workers ranged from 22 – 26 years of age.

Three youth workers supported the young people in the workshop and facilitated the discussion. After the youth workshop they then discussed the topic based on their experience working with young people accessing IYHS. The youth workers were not the health professionals so had limited knowledge of the health issues. They said they would refer the young people to the health professionals about their health issues. Their responses are italic.

3. Needs

Young People

The young people in this group were quite shy and reluctant to talk about personal health issues. They discussed that they did access:

- Doctors
- Health checks
- One young person had asthma and needed medical assistance to manage his asthma
- Dental Health Services
- Sexual Health Services
- Reproductive health services (pregnancy)
- Drugs and alcohol services
- One young parenting women said she used her local doctor for health checks for herself and her baby.
- One young male said that coming to IYHS kept him out of trouble.
- Fitness was important for health.

Youth workers comments

The young people accessing IYHS are vulnerable young people who are homeless or at risk of homelessness, involved in substance abuse and may be involved in the juvenile justice system. Their health issues reflect the lifestyle of these young people.

The users of IYHS are often traumatised. Their lives are chaotic and health is a low priority in their lives unless there is a crisis. If they engage with a health service that meets their needs they are more likely to engage with health information. This model of service delivery for health is fundamental as to whether young people will access the service. Trust is fundamental to their engagement.

Young people accessed IYHS and other health services for:

Lifestyle issues

- *infections -poor hygiene and nutrition life style*
- *assault - physical injuries*
- *poor health due to poor nutrition*
- *broken bones,*
- *streptococcal infections and pneumonia*
- *Hep B and Hep C – Hep C a common result of incarceration*
- *Diabetes*
- *fungal infections*
- *scabies*
- *lice*
- *diarrhoea and vomiting*
- *toxic shock - tampons*
- *injuries as a result of domestic violence*
- *health issues as a result of neglect of physical body*
- *Assistance with general health education*

Sexual health

- *Chlamydia,*
- *gonorrhoea*
- *other STIs*
- *Terminations*
- *rape – women*
- *rape – men (jail)*
- *gang rape*
-

Reproductive health

- *Pap smears*
- *Pregnancy*
- *check up babies*
- *Maternal health*
- *Terminations*

Mental Health

- *Grief and loss leading to depression and suicide.*
- *Trauma - leading to post traumatic stress disorder*
- *personality disorders*
- *ADHD*
- *Sleep disorders*
- *Aspergers, autism*
- *Acquired brain injury*
- *Self harm*
- *Depression*
- *Psychosis*
- *Stress related to lack of finances for lifestyle include substance abuse*
- *Family violence*
- *Impact of racism, social exclusion and discrimination*

Drug and Alcohol

- *chromers – IYHS has a rest and recovery room to look after chromers and attend their needs, providing them access to facilities such as showers and food.*
- *A lot use alcohol*
- *Many use marijuana- a lot smoke on a daily basis*
- *There is a small minority injecting – we don't see often as they disengage as a result of their habit. We occasionally see them in outreach.*

Oral Health

- *Various traumas*
- *Broken jaws*
- *Rotten teeth*

The IYHS model

- *Holist health service providing support to address the social determinants of health as well as providing them with a culturally appropriate health service.*
- *we have workshops to educate them about chroming – provide them with more in depth information*
- *We have our own doctor we refer to. The young people prefer to wait for the IYHS doctor rather than access the doctors who are part of the ATSI CHS medical health service downstairs. This is because they know the doctor.*
- *A lot of our young people talk to our sexual health nurses as they are the best equipped to provide information on sexual health issues. basic STIs and reproductive health*
- *IYHS does provide follow up care. They will go and visit young people to make sure they have ongoing support for young parents.*
- *We need more counselling services e.g. IYHS doesn't have a counselling service. A lot of young people suffer from depression.*
- *Family support is also really important*

4. Health Information

Where do young people get their health information from?

Young People

- Medical Centres
- Internet
- Word of mouth

Youth Workers

- *We spend a lot of time with them, building a relationship with them through our support services such as transport, e.g. taking them to Centrelink. Information is shared as part of this contact. Our health services at IYHS also provide them with more detailed health information. Our strong relationships with them assists in providing information.*
- *We do a lot of health promotion. This often depends on the case management of the young person – identifying what information that will assist them in their lives. There is no point giving them information if they are not interested in it – that is why a relationship is so important .e.g. anger management may be needed so we will run a workshop for them.*
- *Allied health professionals come to ATSICHS – so can refer on where required.*

5. Barriers

Young People

- doctors don't explain clearly what is going on

- don't like waiting – you can be there for an appointment and wait up to an hour and then you see the doctor for 2 minutes!
- Waiting rooms are boring. The TV is boring and often young people can't read the magazines.
- Transport – have to catch a bus and a train
- having tests after consultation with the doctor can be difficult to get to
- young people experience shame so don't feel able to access services
- laziness – there was a view that some of their friends were lazy (lacked motivation) to care for themselves – what is the priority in their life – what is most important – having a feed, shower, shelter and money – everything else is secondary
- Don't like the doctors – don't feel comfortable
- Mainstream health services are not friendly/open
- You have to tell your story over and over – here at BYS it is all on the data base so you don't have to retell your story
- Young people don't go to the doctors because they don't care about themselves
- It has to be a crisis before some of my friends will go to the doctor.
- The health service staff are sometimes not friendly – you have to 'kiss arse' to get a service.

Youth Workers

- *The IYHS model works - Young people like coming to IYHS because people are open and friendly – there is a place for them to hang out and activities for them if they have to wait. Unlike mainstream services it is a culturally appropriate service which makes it more comfortable for the young people. It has Aboriginal and Torres Strait Islander staff and this gives them a sense of ownership and belonging.*
- *Because it is a holistic service we provide transport and food. Other health services don't do this.*
- *Most services don't provide culturally appropriate services which make the young people feel relaxed.*
- *Many Aboriginal and Torres Strait Islander young people experience shame and have language barriers. Mainstream health services need to understand what it would take for a young person to feel comfortable.*
- *Many of these young people come from families that are not healthy so they are not learning about good health at home.*
- *Many young people accept that they will have a genetic disease and don't see the need for preventative health measures to reduce the likelihood of these genetic diseases.*
- *Any health service providing services to Aboriginal and Torres Strait Islander young people needs to understand the social determinants of health – impact of education, income, employment, racism and this impacting on the health of the young person. Need to recognise that many of these young people have negative role models in their families – there are high rates of incarceration – may young people have family in jails. The health services need to be holistic if they want to address the health needs of these vulnerable young people.*

- *Education is key to health. If a young person has low literacy levels, they will have low health literacy resulting in reduced capacity to make informed decisions about their health.*

6. **Responses** - What are good health services?

Young People

- IYHS is a good service
- We like the IYHS model – it provides us with the support we need feeling comfortable
- The opening hours of IYHS are good
- The Northgate clinic of ATSICHS is used a lot by young people – they also use it for their kids
- the Close the Gap means we can access bulk billing doctors
- We like the activities here at IYHS – other services could provide a room with activities e.g. a games room. Maybe they could have a basketball court outside so you have something to do whilst you wait for the doctor.
- If I didn't come here I would get into a lot of trouble
- I like the positive attitude of people here – I always leave in a positive frame of mind.
- A lot of the young people who come here are on the streets – they always need a good feed.
- The nurses you see with your baby are really good. I learn a lot from them.

Youth workers

The model of a medical service embedded in a youth service really works for Aboriginal and Torres Strait Islander young people. Relationships with young people is key to success to engagement. Otherwise the Aboriginal and Torres Strait Islander young people are reluctant to access health services. This is a reflection that many of the families of these young people don't have a habit of accessing support for their health.

The youth workers discussed the IYHS model. What we do here really works. It is a wrap around youth service model.

- *Culturally appropriate services – the young people feel welcome here. Workers are friendly and have a joke with them. This relaxes the young people. We build a rapport with them.*
- *Engagement – building a relationship with the young people – can't get any further until you have a positive relationship with the young people*
- *There is a tag board which provides young people accessing the service some ownership of/responsibility for the service.*
- *We develop ongoing relationships with them.*
- *We do follow up to make sure they are continuing treatments, undertaking follow up appointments etc. The young people feel that we care for them when we follow up.*
- *Young people don't have to wait a long time for an appointment and we have activities for them to do if they have to wait.*

- *We provide food and transport.*

Mainstream health services could provide an Aboriginal and Torres Strait Islander worker to support engagement by young people. They would be able to explain what they have to do and assist them in understanding treatment options etc. They could be a point of contact and help organise appointments. It is important this is part of the overall philosophy of the service. It is important that young people know there are people who have shared similar experiences at the service.

Mainstream health services need to provide interactive (computers) waiting rooms so that young people are comfortable waiting.

Health is not a high priority for young people so wouldn't use technology to find out information. They notice their health but don't see the long term implications – they don't understand risk and long term health implications.

7. Social Media

Out of the 9 young people, only three had a smart phone. The others young people had limited access to a computer. The young people said that only 20% of people they knew had access to a computer. When asked if they would use internet information systems such as Facebook or an internet based health information website, they said that most ATSI young people that they knew didn't have regular access to a computer. They said that they also did not have the motivation to find information on a computer – that it was not a priority.

Some of the young women said that they used Facebook, but mostly for connection with friends. One young mother said she would use Facebook for health information.

When asked about a phone app they said that whilst most young people didn't have a phone for using a phone app, they thought it would be useful if the phone app enabled you to book appointments.

They mentioned the Indigenous Job Seeking Facebook Page – it was mentioned as an example of a good internet based information system. One young mother said that in her community they used paper based information systems such as flyers to let people know what was going on.

Some young people said they would use a phone app if they were away from home, though for some there may not be any internet coverage when they visit their country or family.

8.0 Conclusion

IYHS is funded to support and care for Aboriginal and Torres Strait Islander young people who are homeless or at risk of homelessness or may misuse drug and alcohol, such as chroming. This vulnerable group of young people will experience lifestyle

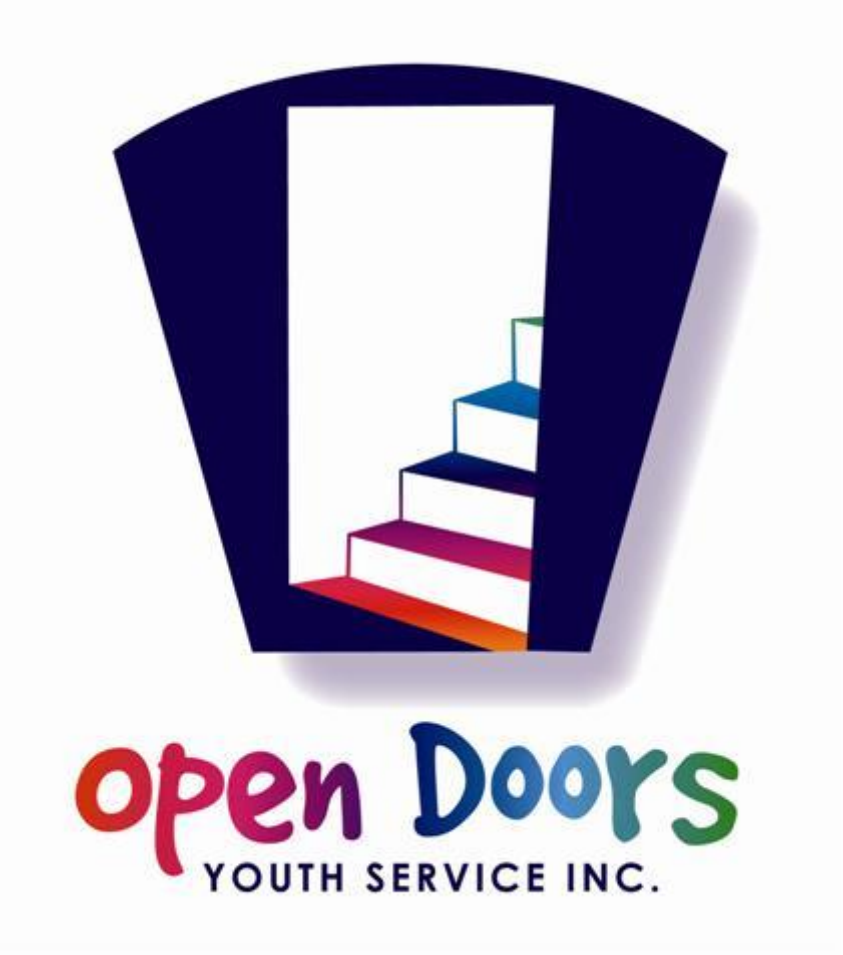
health issues which are different from other groups of young people who have a more stable living environment.

Intergenerational trauma significantly impacts on the health and well being of these young people. Mental health issues such as grief, loss, depression and suicide are common and often result in substance abuse, which also impacts on their health and their ability to continue in education, find employment and housing.

These young people are like all young people transiting from childhood to adulthood and have all the pressures of young people facing choices for their future lives, coping with the uncertainties and difficulties as they develop adequate skills to live their lives as adults – however these young people have many other challenges that they must encounter and transform that the majority of the population do not have to endure. Services like the Indigenous Youth Health Service recognise the challenges of these young people and provide a successful model of service delivery that meets their needs.

'Dig Deeper'

A Focus Group Workshop with LGBT Young People for Youth Affairs Network Queensland's Youth Primary Health Development Project
May 2013



APPENDIX

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1.0 About Open Doors

Open Doors provides counseling and support services for lesbian, gay, bisexual and/or transgender (LGBT) young people aged 12 to 24 and their families who live in South East Queensland. Open Doors is open from 9:00 am – 5:00 pm Monday to Friday. We accept referrals from young people, families, friends, schools and other services. The support we provide includes:

- Reconnect Program
- Peer Mentor Program
- Drop-In (12 to 18)
- Young and Proud (18 – 24)
- Jellybeans (transgender young people)
- QueerYarn (Indigenous young people)
- Queeriosity Youth Festival

Open Doors Youth Service works with young people between the ages of 12 to 24 and their families who are at risk of homelessness, questioning their sexual or gender identity or identify as Lesbian, Gay, Bisexual and Transgender (LGBT). There are three programs running at this present time:

- Reconnect program: Supports young LGBT people who are12 to 18 years
- Young and Proud: Supports young LGBT people 18 to 24 years
- Jellybeans: Supports young people who are transgender and/or gender questioning 12 to 24 years.

2.0 The Situation

Research from the Australian Research Centre in Sex, Health and Society (ARCSHS) shows that while there has been increasing acceptance of LGBTI people and small improvements in general health, abuse and poor mental health rates are much higher than the general population. The research suggests that LGBTI people are at increased risk of a range of mental health problems, including anxiety disorders, self-harm and suicide due, due to experiences of heterosexist discrimination and abuse. In particular, 80% of open LGBTI young people experience abuse in school. Rates of alcohol and drug use are also much higher than average in the LGBTI population.[1]

Open Doors and Hot House has published a document called *BENT – Alcohol and Drug Information for Lesbian Gay Bi and Transgender Young People*.The report is a resource for LGBT young people on use of alcohol and drugs. It identifies that depression, stress, anxiety and negative thoughts about life are more common amongst LGBT young people. This is because of the negative impacts of homophobia and the added stress in coming out.

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1 Leonard, William. et al. 2012. Private Lives 2: The second national survey of health and wellbeing of gay, lesbian, bisexual and transgender (GBLT) Australians. Australian Research Centre in Sex, Health & Society, La Trobe University.

It includes in the report reasons for use of alcohol and drugs by LGBT young people:

> "As an LGBT person, we are often exposed to some unique stressors throughout our lives which can affect how we feel about ourselves. Coming out, worrying about how others may react, fighting off homophobia (and maybe loss of family and friend's support) is all stressful. At times some people may use alcohol or other drugs to try to feel better or to feel accepted. Alcohol, cigarettes and drugs (even just experimenting) can impact on our mental health and coping as well. At first things might feel better, but commonly people later start to experience depression, anxiety, panic or worse."

The report also includes data on the use of alcohol and drugs by LGBT people. This includes:

- LGBT young people are more likely to be offered drugs, are more likely to come across drugs and are more likely to use drugs - making them a particularly vulnerable group within our community.
- Alcohol, cigarettes and other drug use is 2 to 4 times more likely by LGBT people than in the general population.
- Around 1 in 3 LGBT young people drink weekly, which is higher than drinking by straight young people.
- About 1 in 3 LGBT young people have used an illegal drug (compared to 1 in 10 straight people). Cannabis is the most commonly used illegal drug.
- Cigarette smoking is almost double that seen in the general community. Rates of smoking are significantly higher amongst lesbians than straight women.
- Some drugs (like amyl nitrate) are pretty much only used by some gay men, and rates of other drugs (like ecstasy) are used more in clubs and raves.
- Rates of use by transgender people have been estimated as very high.
- Experimenting often starts at a slightly earlier age compared to straight people. Being younger can mean being less experienced, which can increase harm.
- Although drugs and alcohol are seen more within the LGBT community, not all LGBT people use. In fact, research has found that around 70% of LGBT young people have never used an illegal drug.
- But without a doubt, alcohol and drug use is around us and does place many people 'at risk' of having or experiencing alcohol and drug problems.
- The LGBT community is also concerned about this. Beyond Perceptions (an Australian study on LGBT people) found a majority of LGBT people were worried about how common alcohol and drug use is in the community and the negative impact it can have on the wellbeing of individuals and the wider LGBT community.

Studies show that LGBTI people may delay seeking treatment in the expectation that they will be subject to discrimination or receive reduced quality of care. Just over three quarters of young people in the (ARCSHS) study reported having a regular GP. Nearly 7 per cent of those who reported having a regular GP saw their GP 12 or more times in the past 12 months, nearly 50 per cent 2 or 3 three times in the past 12 months, and 17.5 per cent once in the previous 12 months.

APPENDIX

3.0 Focus Groups

To engage young people to participate in the research, Open Doors ran a series of workshops during drop in times. Reconnect drop in is on Wednesday afternoons from 1:30pm to 6:00pm, as well as Friday afternoons from 12:30pm to 4:30pm. Young and Proud drop in is on the first and third Saturday of every month.

3.1 Health Issues for LGBT Young People

Some of the key health issues for the young people at Open Doors Youth Service were:

- Sexual Health
- Mental health
- Drugs and Alcohol

Youth Workers at the service identified the key health issues for LGBT young people. Whilst LGBT young people are like other young people and experience health issues like all young people, because of their sexual and gender identity they are more likely to experience:

- Mental health issues – the process of identifying gender and sexual identity can be extremely stressful for a young person because of their experience associated with homophobia and transphobia in their family, school and general community. Stresses for a LGBT young person occur in the process of formulating their identity as well as after coming out with their identity. They are 10 times more likely to experience mental health issues as a result of their experience of identifying gender and coming out.

  Prior to 'coming out' is when a LGBT young person is likely to suicide. This is after they realize their sexual identity but before they disclose their sexuality to someone. Being LGBT is one of the highest risk factors for suicide for a young person. The level of suicide for these young people is under reported as there is no way of knowing once the young person has died. Homophobia and transphobia are internalized and externalized.

- Drugs and Alcohol – LGBT young people have much higher rates of use of drugs and alcohol than that of their heterosexual peers. They are 14 times more likely to use drugs than other young people.

- Sexual Health issues – because there is no LGBT sexual health education provided at school, LGBT young people have less information available to them about healthy sexual relationships including safe sexual practices. They are more vulnerable to being taken advantage of; they are more likely to commence sexual activity at a younger age; andbe engaged in unsafe sexual practices.

- Health issues associated with changing gender - The process of changing gender is a long and costly process. A young person under the age of 18 years must seek a legal order from the family court to commence treatment (even if their parents support their gender change). The young person then must seek psychological counseling prior to treatment to change gender as well as post change. They will also be required to see a

psychiatrist during this period and may undergo surgery. Medication for this procedure will include hormones, testosterone, and if a younger person, puberty blockers. This process is expensive and takes a long time impacting on the mental health of the young person due to them not feeling whole, inability to pay for treatment as well as the other social pressures experienced by changing gender.

- Violence –LGBT young people are more likely to experience violence at school or in their community than their heterosexual peers. Domestic violence is under reported in the LGBT community.

3.2 Where LGBT Young People Access Health Information

The majority of the Young People accessing Open Doors Youth Service research health information on the internet, seek support and information from school guidance counselor and Open Doors youth service.

Primary health practitioners accessed are:

- Family GP
- Psychologist
- gender therapist
- Neurology
- GP at BYS

3.3 Barriers to Accessing Health Services

LGB Young People have similar health issues to all young people and barriers for this group relate more to capacity of primary health professionals they come in contact with to be non judgmental and informed so that the LGB young person feels relaxed when seeking health advice.

Transgender young people have greater difficulty in accessing health services due to the difficult processes associated with changing gender. A transgender young person is required to access a psychologist for up to two years whilst undertaking gender change as well as medical procedures and ongoing medication. This includes specialist medical services, which are limited in number and costly. Whilst there is a Medicare rebate of a psychologist for 12 weeks, this does not cover the cost of services required over a two year period. Also there are a limited number of specialists for gender change processes and a limited number of LGHT friendly doctors. Youth workers reported that a young person who has been seeing the family doctor during their childhood may feel unable to speak to their GP for fear of confidentiality (fearingthey may speak to their parents) and fear of judgment. If a young person is under 18 years they will be on their parents Medicare card. Open Doors workers report young people have presented at their service extremely distressed because their GP has dismissed their experience e.g. may have been told that they are going through a phase.

Young people identified the following barriers.

(a) Inconvenience of time and location
(b) Lack of information, waiting lists, embarrassment, queer friendly, number of specialists available, costs, past experiences, location and credibility of services.
(c) As above and particularly surrounding not knowing that services do exist and that they are able to access them.
(d) Cost (particularly transgender)
(e) Confidentiality

3.4 Responses

Young People identified the following services that would assist LGBT young people:

(a) Existing services include Headspace, Kids Help Line, school nurse and other youth specific services e.g. BYS health clinic, Open Doors.
(b) An increase of LGBTI friendly GPs – GPs to undertake education on LGBT issues.
(c) Free clinics
(d) An increase in LGBTI, self-esteem and mental health education for health practitioners.
(e) Social media could assist this group particularly if it was in website form.
(f) Small rainbow sticker in the surgery.

Youth Workers identified services that are available for LGBT young people

- There are some LGBT medical practices available
- Gladstone Road Medical Centre, Highgate Hill
- Stonewall Medical Centre, Windsor QLD 4030
- Brisbane Gender Clinic (Biala Health Centre)
- Various GPs
- Counselling Services
- Open Doors Youth Service 12-18 yrs
- Sistas of Venus – young women
- Toehold – gay and bisexual young men 25 years and under

3.5 Inspirations

(a) Create awareness or programs for schools, have counselors available.

(b) Create a Qld LGBT Website to assist young people in their identity and coming out, linked to a phone app. See below. The website would list LGBT friendly GPs, health services and other support services.

3.6 Stories

Client D is 15 year old whom identifies as 'transgender'. At birth Client Dwas born as a biological female, however Client D identifies as male, and therefore prefers male pronouns to be used in reference to his gender, e.g. He, himself, his. Client D has been diagnosed with chronic depression and anxiety disorders and has attempted suicide more than 8 times in the previous 6 months. He finds accessing primary health services a confronting experience. Client D is also from a low socio-economic background, with both parents unable to work due to disability. Client D comes from a large family, and is the youngest of 5 children – who are all male. Client D therefore struggles to find accessible doctors who he can gain support through under Medicare.

Client D finds accessing support through primary health services confronting – he has had experienced being an inpatient for psychiatric support in hospitals. During his experience through accessing psychiatric and medical services, Client D is consistently referred to as his female name, or birth name. This often escalates Client D's depression and anxiety as he has now been living as a male for some time. On many occasions doctors have refused to refer to Client D as male – and this has significantly affected his mental health, increasing the risk to his safety and wellbeing. Client D is unable to access 'gender' specialist services due his financial circumstances. There are no doctors in his local area that he can access under Medicare who have had any training in working with transgender children, young people or adults. Referral to any support services have been through his school support network.

Client L is a 21 year old female in a lesbian relationship. Recently whilst on holiday overseas Client L stepped on a syringe on a beach. Client L had to wait for test results and wished to access a primary health care professional who could advise her and her partner on sexual health safety. Client L had extreme difficulty finding a doctor who was sympathetic to the current situation and whom had knowledge of same-sex sexual relationships and safe practices, and was comfortable discussing this. The only doctors available whom have specific knowledge in this area were not accessible Medicare and therefore
Client L found them difficult to access due to her financial situation and lack of transport. Client L suggested that it would be much easier if medical services advertised (in house or externally) that they had LGBT trained nurses and doctors.

Client T is a 20 year had accessed primary healthcare through their university to speak about their feelings of gender diversity. Client T was referred to Open Doors Youth Service by their university doctor, who had been accessible under Medicare. Client T attended an appointment with Open Doors and was then referred on to primary health care professionals that could support his specific needs and were sympathetic to his situation. Client T has reported their doctor was sympathetic and very supportive of his situation, had reasonable knowledge of what support was available. Through the referral to Open Doors, Client T has commenced their gender transition, is accessing primary health professionals including psychologists, psychiatrists and first line health care accessible under Medicare. Client T now recommends the process and network to other young people who are finding themselves in similar circumstances. He has found his entire experience accessing primary health services to be positive.

3.7 Phone App

Getting into it:

1. Young people who had smart phones either had and apple or android.
2. Games , data usage, maps, banking, transport, instagram and viber apps.
3. Young people found that information apps did not apply to them and that they preferred using aps for entertainment purposes.
4. Native aps were preferred as access to the internet was not always available or affordable. Wifi was predominantly used to download and use apps.

Content:

1. Answers ranged from yes to unsure.
2. Yes, particularly relating to youth services.
3. An app that 'speaks', directions, maps, zoom function, colourful and emoticons.
   - You can search health services by the health issue you have.
   - It can connect to GPS/google maps/ translink and help you get to the service.
   - You can log any errors or issues with the App.
   - The health service listing gives you the health professional's specialization, gender and languages they speak.
   - Health services tell you if they do bulk billing.
   - Support services specializing in LGBT– doctors, support services etc – website aimed at all young people – a whole process in coming out – a life journey

4.0 Conclusion

LGBT young people are at greater risk of mental health and sexual health issues, alcohol and drug use and violence as a result of their experience of their sexual and gender identity. This impacts on their health and well being, including a greater incidence of suicide as a result of realizing their identity.

Primary health care services have a role in supporting this group of young people develop healthy lifestyle choices by ensuring their staff are trained to understand the needs of LGBT young people. Their GP's have an important role in their lives, and can make a significant impact on their mental health circumstances through their understanding and support.

“Dig deeper” QPASTT focus group

“Dig Deeper” Focus Group consult by QPASTT on behalf of the Youth Affairs Network of Queensland for Metro North Brisbane Medicare Local.

QPASTT focus group- young people aged 12- 24 years. A discussion of the pathways and barriers to accessing primary health care amongst vulnerable young people in the Metro North Brisbane health district.

APPENDIX

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1. Information on QPASTT

The Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT) provides flexible and culturally sensitive services to promote the health and wellbeing of people who have been tortured or who have suffered refugee related trauma prior to migrating to Australia.

QPASTT aims to provide services which address the range of physical, psychological and social needs that survivors of torture and trauma have. Our services are free and confidential.

QPASTT is a not-for-profit, community organisation working across Queensland with offices located in the suburb of Woolloongabba in Brisbane, Logan, Toowoomba, Rockhampton, Townsville and Cairns.

QPASTT is managed by a committee drawn from refugee communities, human rights workers, health and welfare workers who have experience in providing services to people of refugee background. QPASTT is politically-neutral and non-denominational.

More information may be obtained from our website-

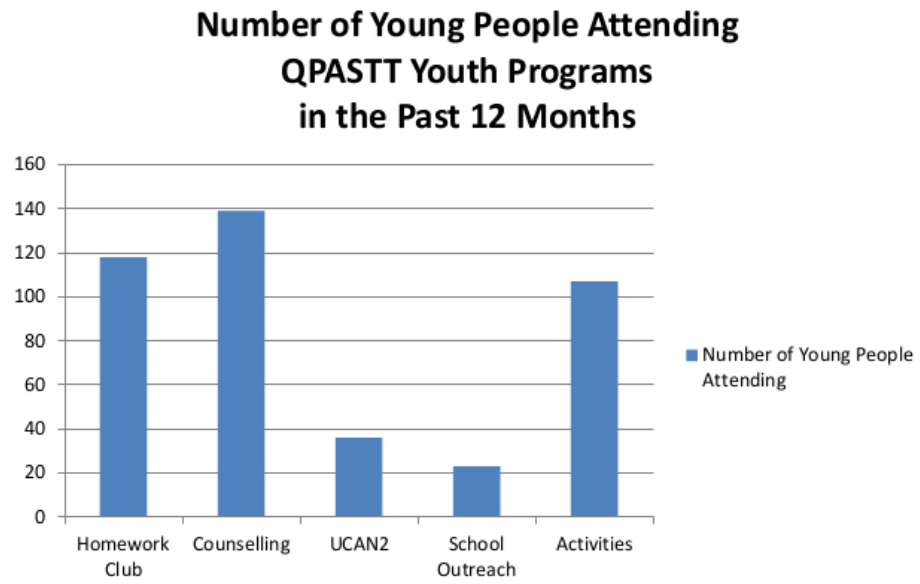
http://www.qpastt.org.au/

APPENDIX

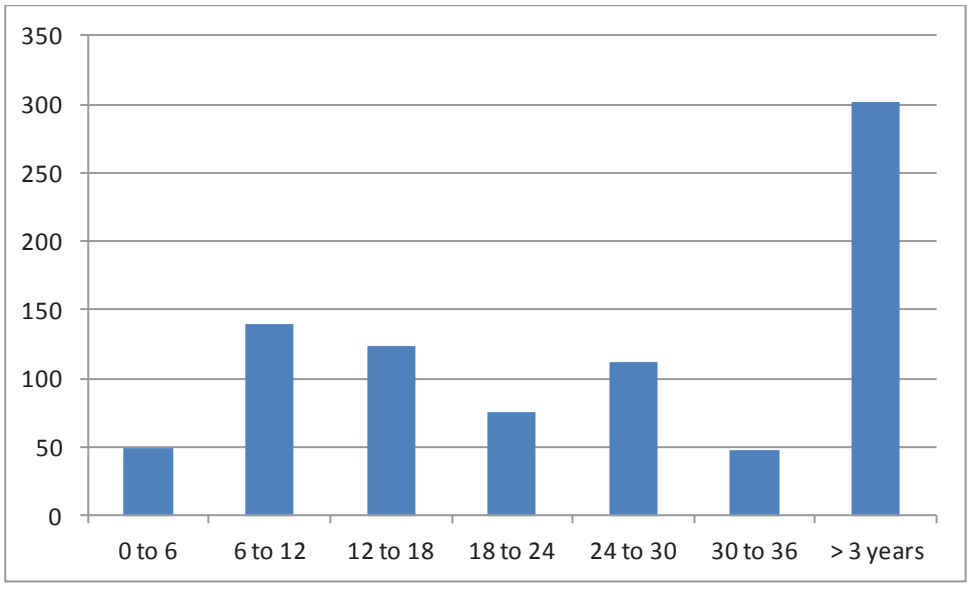
2. General information about young people accessing QPASTT youth services.

The QPASTT Children and Youth Team provides a range of services for children and young people of a refugee background including; child and youth counselling, Homework Club, youth leadership programs, therapeutic group work, school holiday activities and school outreach. The figures below outline the age range, country of origin, length of time in Australia and programs that young people are enrolled in.

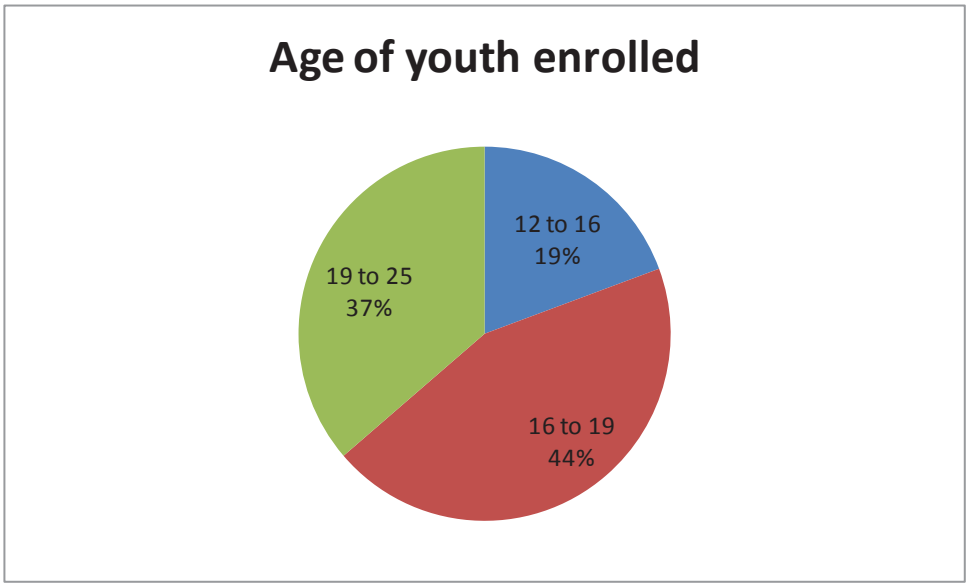
Number of youth enrolled in QPASTT programs-



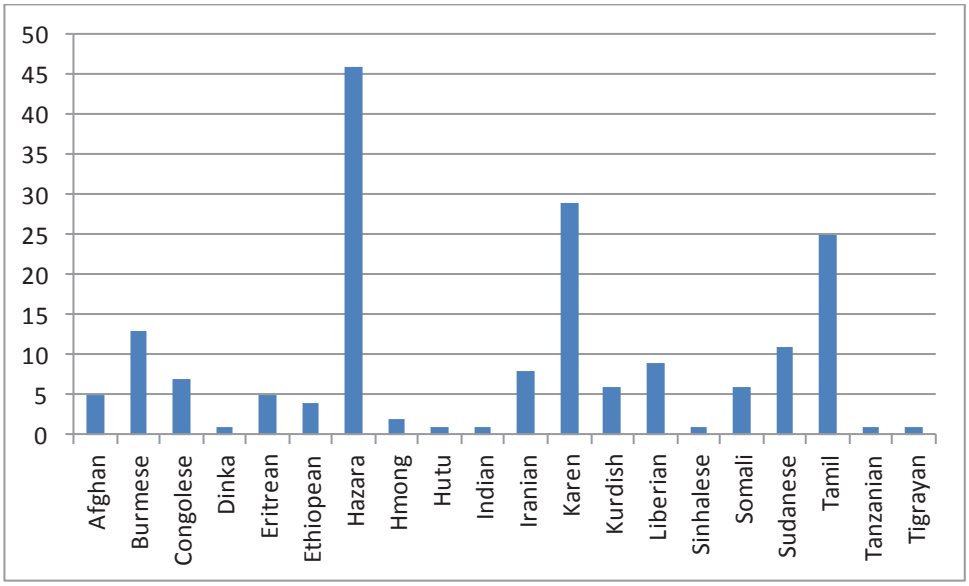
Length of time in Australia (months)-



Age (years)-



Country of origin/ cultural background-



APPENDIX

3. Supporting literature on working with refugee young people

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Hendrika, V. K. (2005). Dreams and recovery from trauma.Journal of Psychology and Theology, 33(4), p313-315. URL: http://search.proquest.com/docview/223674972?accountid=13380

Herman, J. (1997). Trauma and recovery. New York :BasicBooks, p112-143

Liang, B., Tummalanarra, P., Bradley, R. & Harvey, M. (2007).*The Multidimensional Trauma Recovery and Resiliency Instrument.*Journal of Aggression, Maltreatment & Trauma, 14 (1-2), P55-74.doi:10.1300/J146v14n01_04

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Schneider, E. M. (2008). *Revisiting trauma and recovery*.Womens Studies Quarterly, 36(1), p269-271. URL: http://search.proquest.com/docview/233637582?accountid=13380

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Worcester, S. (2006). *Trauma takes toll on young refugees*. Clinical Psychiatry News, 34(5), p64- 78. URL: http://go.galegroup.com.ezp01.library.qut.edu.au/ps/i.do?id=GALE%7CA149500886&v=2.1&u=qut&it=r&p=HRCA&sw=w

Young, L. (2007). *q& a: Common questions about trauma in refugee children*. CrossCurrents, 10, p18-21. URL: http://search.proquest.com/docview/218659993?accountid=13380

4. Methodology of engagement process

The young people that were consulted for this report were members of the Youth Voice committee. The Youth Voice project is open to and run by young people aged 12-25 years from diverse backgrounds who are keen to explore ideas and educate their peers and the broader community on social justice issues, social policy and government processes impacting on young people. The main purpose of the Youth Voice project is to provide a constructive platform for young people to discuss issues which are important to them as they directly relate to local and regional government processes. The Youth voice aims to strengthen the social inclusion of young people in their community by providing opportunities for participants to develop leadership, peer support and advocacy skills.

Ten Youth Voice committee members attended a workshop in which they were asked a series of questions about their experiences of primary health care, the barriers they felt existed and their strategies to improve services. The young people in attendance were aged 15 – 25 years. Three are in enrolled high school, three are enrolled in TAFE, two are enrolled in University and one is employed full time. The cultural backgrounds of the young people in attendance included; Afghani, Iraqi, El Salvadorian and Australian.

Also consulted in separate interviews were three bi-cultural youth workers from refugee backgrounds; Somali, Karen and Afghani. These youth workers do school outreach to seven schools and are in contact with many refugee young people on a regular basis.

5. Youth consult information

a. Needs

It was found that 60% of young people consulted found sexual health to be of importance, 10% stated that reproductive health was important, 70% indicated drugs and alcohol as key issues, smoking was a health issue for 20%, oral health and access to dentists were crucial for 60% of the young people. Areas that the young people indicated to be of the most importance were mental health with 80% indicating this as a key health issue, wellbeing, self-esteem and happiness were also important to 80% of the young people consulted and lifestyle, including health and fitness was a key health issue for 70%.

b. Barriers

The young people consulted outlined a large range of barriers to accessing health-care. Financial barriers were a common response with young people stating that the cost of accessing services such as dentists and optometrists were likely to deter them from accessing these health services when needed. In addition the cost of services such as physiotherapy, chiropractic, acupuncture, massage, naturopathy, dieticians, aromatherapy and homeopathy were a major deterrent for young people as most of these services do not bulk bill. A lack of bulk billing doctors, particularly female doctors, was an added financial stress with young people stating that many GP's whom bulk billed were often not taking new clients.

A further barrier was long wait times. The young people outlined long wait times to see specialists as a deterrent. Furthermore waiting at the reception to see a GP was "boring" and a barrier.

Another barrier was feelings of shame or embarrassment. One example of this is the feeling of shame for young women to discuss medical concerns with doctors, particularly as a large number of doctors were older males. One young person stated that she often felt like her family doctor, an older male, would feel uncomfortable if she raised a female health concern and as such she was unlikely to raise these issues with him. Another concern was the feeling of shame and embarrassment of discussing mental health concerns with doctors, many of the young people consulted stated that they would be deterred from

going to the doctor about a mental health concern as they didn't want to be considered "crazy" or "mental". Some of the refugee background young people consulted said that the view of mental health in their country was very different, that only those who were very unwell or "mental" sought help. It was discussed that for the young people the word "mental health" in itself was a barrier due to the word "mental".

A lack of use of professional interpreters was a barrier for young people, particularly newly arrived youth. Some young people stated that not using interpreters created feelings of fear and distrust. It was stated that language barriers in addition to a lack of knowledge regarding the Australian health system contributed to confusion and fear.

Additional barriers included the lack of "youth friendly doctors", this included feeling as though doctors were "out of touch" due to their age, that doctors were patronising and that the power imbalance between doctors and young people was "overwhelming". Many young people stated that they felt as though doctors did not take the time to treat them, that pain killers were advised too often instead of looking deeper into the issue.

Further barriers included a lack of female doctors, confusion regarding bulk billing, confusion around privacy and confidentiality for minors, a lack of consistency between services, having to rely on parents or carers to transport them when they are unwell, a lack of knowledge about alternative therapies, lack of knowledge about how to access certain services (for example speech and language pathologists) and the feeling that the system doesn't understand CALD background young people.

c. Responses

The young people and youth workers consulted were able to identify a number of ways in which services could respond to these barriers and better engage young people with primary health services. These included;

- More doctors in schools/TAFE's/ universities
- More bulk billing doctors/ professionals in a central location
- Friendly staff- staff whom are young and from different cultures
- Make staff more youth friendly, have doctors just for young people and equip doctors and nurses with skills specifically relating to youth health

issues. Encourage health professionals to build relationships with young people to instil trust in them.
- Reduce waiting times
- Medicare coverage for alternative therapies or lower the cost
- Culturally appropriate services, including accessing professional interpreters instead of using family members or friends to interpret
- Equip young people with knowledge about services, e.g. Seminars in schools and tertiary institutions
- Lower cost of medications, increase the number of medications on PBS
- More free counselling at University and school
- Sexual health services in schools and Universities
- Making waiting rooms more youth friendly- free Wi-Fi, a place to make tea and coffee for free, freebies for young people, youth friendly posters, artwork and music, youth programs on the TV's, youth magazines
- Advertising campaigns (posters, brochures, social media) using pictures of youth from different cultural and religious backgrounds
- Free swimming lessons for young people at TAFE and University
- More access to free sport/ gyms/ physical activity
- Engage youth through fun activities to educate them about different heath services
- Outreach. E.g. go to schools
- Mental Health Services (flexible, not just counselling, e.g. art therapy in school)

d. Inspirations/ Recommendations

The young people and youth workers consulted for this report stated that there were several ways in which young people can be assisted to access services. Firstly, it was suggested that an online and paper directory be created that is youth friendly and outlines bulk billing services in local areas, including GP's, alternative therapies, optometrists and dentists. This should outline which services have female doctors, bi-lingual doctors and access professional interpreters. It was suggested that this directory have a system in which young people can rate services and read other peoples feedback. It was stated that this directory should have an explanatory section about the health care system. This explanatory section should clearly outline where

Medicare doesn't cover the entire cost of a service, for example at Optometrists or Dentists.

It was also suggested that schools and primary health services work together to deliver more holistic service to young people including sexual health and mental health services. This would remove the barrier of transport in accessing health services.

It was also suggested that a photo campaign (billboards, flyers, bus stop posters) that made accessing health interesting and easy for young people would be helpful to change the patterns of help seeking behaviours. These billboards should have young people of many different cultures and of varying body types. This campaign should reiterate that it doesn't need to be something "big" to go to the doctor, that it could be something as simple as school related stress, wanting to know more about nutrition, or having trouble sleeping.

e. Stories

A number of noteworthy stories came out of the consultation with young people and youth workers.

One young person (whom for the purpose of this report will be referred to as Y) had issues accessing a dentist. Y is of a refugee background and is an unemployed, full time University student. Y sends much of their Centrelink payment to family in their home country and only keeps enough for necessities. Y experienced a lot of pain from a toothache and went to a dentist for a quote, the initial consult fee was $70 which Y could not afford. Y heard about the student dentist at University and went to the clinic. Y needed a root canal and could not afford the cost of this treatment, even at the reduced cost of the student dentist. The dentist set up a payment plan so that Y could get the necessary treatment done.

One young person (whom for the purpose of this report will be referred to as Z) stated that they had a number of issues when accessing health services for assistance with mental health issues. Z did not want to access their school guidance officer for fear of the stigma associated with visiting her office, instead Zwent to see the school chaplain. Z felt although the

chaplain did not listen, instead choosing to "preach Christianity" and informed Z to pray instead of seek help. Zstruggled to find a bulk billing doctor, as the only 2 in Z's area were not taking new patients. Z gave up and did not seek help for this issue for several years.

f. Phone App

All of the young people consulted had a smart phone including i-phones, Samsung and Nokia. The most popular ap.'s that young people used were organisational applications, music, games and social networking. All of the young people stated that they preferred to use native applications as cost was a barrier for using web applications. Some stated that if necessary they would use a web application, but only rarely. All of the young people consulted said that they would use a phone application if it came from or was indorsed by a reputable source, such as QLD Health or Medicare. It was stated that a rating system would help young people to identify services that were good and assist them in knowing where services were located. The young people stated it would be useful to know which services accessed interpreters, which services had bi-cultural doctors/ practitioners and which had female doctors/ practitioners. In terms of features for the application the young people stated that an ability to personalise the application would encourage them to use it, this included being able to choose a colours scheme and an ability fort the application to remember their name and what they had last searched for. The young people also expressed that it would be helpful for the application to include information such as opening hours and booking information. It was stated that the application would need to be advertised widely in a public forum via posters, billboards and online advertisements to inform young people that it existed, the young people featured in the advertising should be from a diverse range of backgrounds including culturally and linguistically diverse young people, religiously diverse young people and disabled young people. The 5 main functions that the young people identified as critical for the phone application were (in no particular order)-

1. Being able to search for health services by the issue they have,

2. The ability for the application to link to GPS/ Google Maps/ Translink and help young people to get to the service,
3. The ability to see a map with all of the services pinned on it,
4. The health service listing gives you the health professionals specialisation, gender and languages they speak,
5. The ability to see if the service bulk bills

6. Conclusion

It is evident that a large number of barriers exist in relation to engaging with and accessing primary health services for young people. Further work needs to be done to assist young people to feel comfortable, listened to and welcome in primary health settings. Furthermore the cost of primary health appeared to be the largest barrier and should be addressed in order to improve youth access to primary health services and therefore improve the health and wellbeing of young people. The young people consulted in for this report stated that this was a useful experience for them and that they would appreciate being continued contact regarding the outcome of the consultation.