

# YOUTH HEALTH

## A Guide to Action

A big thank you to Aotea College, Porirua, Smokefree Stage Challenge  
participants who feature in the cover photo.

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# Foreword



HON ANNETTE KING



HON JOHN TAMIHERE

Improving the health and wellbeing of young New Zealanders is an investment in the future of our nation. Not only is this a goal worth pursuing in its own right, it also contributes to achieving Government objectives in the areas of education, economic development, justice and welfare for young New Zealanders.

*Youth Health: A Guide to Action* proposes a plan of action to improve the health of New Zealand's 12 to 24 year olds. It sets out goals, objectives and specific actions aimed at doing this. It is primarily for the health sector – but we hope it will also inspire others whose policies and programmes impact on young people.

Special emphasis is placed on dealing with the challenges to health that face many young people who are already suffering from social and economic disadvantage. The fact that young Māori continue to suffer a greater degree of ill health than their non-Māori counterparts is a matter of deep concern to the Government.

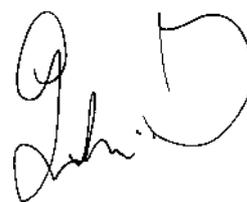
This action plan proposes a shift in the way the health sector has traditionally seen young people: from being “at risk” and as “a problem to be solved,” to being valued participants in the community's efforts to create a healthier environment. The action plan takes its cue from the Government's Youth Development Strategy Aotearoa in recognising that the wellbeing of young people is dependent on healthy connections with whānau, schools, peers, work and training, culture and environment. The broad definition of health explicit in the action plan is consistent with Māori and Pacific models of health.

Part of the action plan involves building up the skills of the workforce and the body of knowledge around youth health issues. This has been identified as a necessary adjunct to the extension of programmes and services for young people.

Most importantly, the action plan creates opportunities for young people to actively participate and engage in health policy and service development. Young people want to be involved in decisions that affect them – at the personal level and at the community level. They are clear about what they want from health services. Making this happen is up to all of us.



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# Preface

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While this document is intended as a guide primarily for the health sector, other sectors and the community at large have a significant role to play in ensuring the good health of young people.

That is why we hope that many of the actions recommended in here will be picked up and acted on by local councils, Iwi development groups, schools, and other organisations whose work impacts on young people. Working together across sectors will be the most effective way of creating an environment in which all young people can grow and flourish. We know that there are already a number of innovative youth-focused projects happening at the policy level, in communities, marae and health centres around the country. We want to share the information on what works so that more young people can benefit.

It will be the Ministry of Health's responsibility to take the lead in advancing the recommendations in this document. Over the next months we will be working together with our colleagues in the health sector and in other sectors to implement as many of the recommended actions as we can.

We will also be establishing some realistic indicators of progress, so that in three years time, we can see what impact this Guide to Action has had on youth health services and, consequentially, on youth health.



# Acknowledgements

This document contains the ideas of many people about what needs to happen to improve the health of young people in Aotearoa New Zealand.

We would like to acknowledge the contribution of everyone who reviewed the document and whose ideas, insights and wisdom have added value to its content.

This has been a joint project with the Ministry of Youth Affairs and we would like to thank Rebecca Thomson in particular for her constructive contribution and support.

We want to thank the members of the Ministry of Youth Affairs' Youth Advisory Forum whose energy, optimism and commitment are reflected, we hope, in the document.

Our guides throughout the development of the plan have been the members of our Youth Health Sector Reference Group. Their commitment to youth health continues to be demonstrated through their involvement over many months in the creation of this plan. We thank each of them for their inspiration and their patience.

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# The Action Plan in Summary

*Youth Health: A Guide to Action* proposes a shift in the way the health sector has traditionally seen young people: from being a problem to be solved to being active participants in creating a healthier world.

As well as identifying the risks to mental and physical health where young people's lifestyles make them particularly vulnerable, the action plan proposes ways of making health services more youth-focused and youth-knowledgeable. It emphasises the need to gather better information about factors that affect young people's health and about 'what works' for young people.

The action plan emphasises the need for the health sector to reach out more actively and be more responsive to young people – particularly rangatahi – who suffer poorer health than their peers.

## The Goals

### 1. A safer, more supportive environment for New Zealand's young people

Young people's health is affected by what is happening in their families and whānau, with friends and in school. Families, schools, communities, and local and central government agencies all have a role to play in improving young people's health and keeping them well.

### 2. A measurable improvement in young people's mental health

New Zealand has high rates of youth suicide, particularly among rangatahi, and high rates of mental illness and drug and alcohol abuse. Devising effective ways of keeping young people mentally healthy is a priority.

### 3. A measurable improvement in young people's physical health

Taking risks and trying new things are integral to young people's lifestyles. Finding ways of reducing the negative outcomes is part of the action plan.

### 4. Young people influencing health policy and programme development

Young people want to be actively involved in decisions that affect them and in decisions about their own health care. Programmes and services work better when young people participate in their design and/or delivery.

**5. A higher level of knowledge about youth health and youth health services**

Youth health has been relatively neglected as an area of focus for research and medical specialisation. The action plan encourages the systematic acquisition and sharing of knowledge about youth health and youth health services.

**6. High-quality, youth-friendly, accessible health services**

Existing health services often present barriers to young people. Cost, confidentiality, and privacy are issues for young people.

There are four population-specific goals:

**7. A measurable improvement in the health of rangatahi**

**8. A measurable improvement in the health of Pacific young people**

**9. A measurable improvement in the health of disabled and chronically ill young people**

**10. Better health outcomes for young people with multiple disadvantages**



# Summary of Actions by Setting

In this summary, we have taken a selection of actions from each of the goals and have linked them to the various environments in which young people live and interact.

SETTING	RECOMMENDED ACTIONS
<p>Family</p> <p>Whānau</p>	<ul style="list-style-type: none"> <li>▶ Promote the extension of parent education programmes to provide knowledge and support for families and whānau in dealing with young people’s developmental needs, particularly in the areas of mental health, sexual and reproductive health, and alcohol and drug abuse.</li> <li>▶ More effectively provide and co-ordinate support to whānau and families of young people with chronic illness and mental illness.</li> <li>▶ Identify the initiatives that are most effective in decreasing family violence and promote the wider implementation of these.</li> <li>▶ Ensure that young people who cannot live at home have access to financial and other support (including access to adequate housing).</li> </ul>
<p>School</p> <p>Kura</p> <p>Tertiary Education</p> <p>Training</p>	<ul style="list-style-type: none"> <li>▶ Promote ‘Safer Schools’ and the implementation of anti-bullying programmes in schools.</li> <li>▶ Acknowledge and respond to the needs of young people who are perceived as different because of their sexual orientation or migrant status.</li> <li>▶ Support young people with chronic illness and increase awareness among students and school personnel of the issues for this group.</li> <li>▶ Support further implementation of ‘Health Promoting Schools’ (including the ‘Mentally Healthy Schools’ resource).</li> <li>▶ Promote the extension of the range of Māori language resources to support the Health and Physical Education Curriculum.</li> <li>▶ Look at the feasibility of establishing or extending school health clinics in collaboration with schools, GPs, public health services and DHBs.</li> <li>▶ Ensure that students have ready access to counselling and advice, particularly in the areas of mental health and alcohol and drug abuse.</li> <li>▶ Provide training to assist teachers and other school personnel in recognising early signs of mental illness and alcohol and drug abuse.</li> </ul>

SETTING	RECOMMENDED ACTIONS
<p><b>Community</b></p> <p><b>Hapū and iwi</b></p>	<ul style="list-style-type: none"> <li>▶ Promote the active participation of young people in community development initiatives.</li> <li>▶ Promote programmes that provide opportunities for disadvantaged young people to extend their skills.</li> <li>▶ Positively promote the contribution that young people of different cultures and ethnicities make to the life of the community.</li> <li>▶ Support the development of community-based youth health centres.</li> <li>▶ Strengthen working relationships across sectors on youth-specific projects.</li> </ul>
<p><b>Primary health care</b></p> <p>(GPs, public health nurses, family planning, etc)</p>	<ul style="list-style-type: none"> <li>▶ Actively involve young people in designing primary health care services for young people.</li> <li>▶ Explore ways of reaching out to those young people who don't use existing health services, through: <ul style="list-style-type: none"> <li>– youth-specific health services</li> <li>– mobile clinics at sports events, marae, dance parties, central city and rural locations</li> <li>– extending the role/reach of public health services and practice nurses</li> <li>– supporting Māori and other communities to develop their own services.</li> </ul> </li> <li>▶ Ensure that health services meet the needs of refugees and migrant young people.</li> <li>▶ Encourage family health clinics to look at how they could become more 'youth focused' – taking account of young people's expressed desire for privacy and confidentiality. Look at how user friendly they are for Māori and Pacific young people, and from the perspective of disabled and deaf young people.</li> <li>▶ Support the extension of school-based health clinics, particularly for schools in low-income communities.</li> <li>▶ Compile a web-based directory of health services for young people.</li> <li>▶ Review consistency of eligibility of young people to access to health and other social services.</li> <li>▶ Develop youth-focused guidelines to assist health workers to recognise early signs of mental illness and alcohol and drug abuse.</li> <li>▶ Ensure that admissions and transfers of young people in hospital are based on the best interests of the young person.</li> </ul>

SETTING	RECOMMENDED ACTIONS
<b>Hospital and specialist health services</b>	<ul style="list-style-type: none"> <li>▶ Look at how hospital-based and specialist health services could become more 'youth focused'.</li> <li>▶ Ensure that families of young people with chronic illness have access to respite care and support.</li> <li>▶ Develop a continuity of care for young people with chronic illness and complex needs across hospital, hospice and community services.</li> </ul>
<b>District Health Boards</b>	<ul style="list-style-type: none"> <li>▶ Actively involve young people in developing policies and health services for young people.</li> <li>▶ Ensure that youth health services in the region are reaching those most in need.</li> <li>▶ Consider innovative approaches to taking health care services to young people who don't use GPs.</li> <li>▶ Explore, together with schools and GPs, the feasibility of extending school-based health centres, particularly in low-decile schools.</li> <li>▶ Identify gaps in mental health services for rangatahi and Pacific youth.</li> <li>▶ Purchase services and programmes in line with advice in the DHB Toolkits.</li> <li>▶ Increase the range and number of respite and care packages for young people with chronic mental health problems.</li> <li>▶ Promote cross-sectoral initiatives to reduce suicide.</li> <li>▶ Collect data that accurately identifies age and ethnicity of young people using health services.</li> <li>▶ Develop a profile of the disabled and chronically ill young people in regions.</li> </ul>



# 1. Why a health action plan for young people?

Most young people are healthy most of the time. Generally, this age group is at the peak of physical health.

But the years between 12 and 24 are also the years when the chances of being caught up in risk-taking behaviour are high, and where the negative consequences can be lifelong. While most young people appear to deal successfully with the developmental changes that occur during this period, there is evidence that many do not.

Compared with other age groups, young people have:

- ▶ high rates of mental illness
- ▶ high rates of alcohol and drug use and abuse, particularly among young men
- ▶ a higher rate of suicide and suicide attempts
- ▶ high rates of sexually transmitted infections.

Morbidity and mortality data show that young New Zealanders have higher rates of suicide, teenage pregnancy, abortion and suffer more injuries – especially from traffic accidents – than their counterparts in other OECD countries (Ministry of Health 2002).

Both the age group and the international comparisons suggest that, as a community, we are paying insufficient attention to the health of young people and the importance of creating a healthy environment for youth development.

That young Māori continue to suffer more ill health than their non-Māori counterparts is a matter of particular concern.

On the basis that healthy young people become healthy adults, it is in the community's interest to focus on keeping young people well, and to find more effective ways of doing this.

Between 12 and 24 are the years when the chances of being caught up in risk-taking behaviour are high, and where the negative consequences can be lifelong.





## 2. Who are “young people” ?

Terms such as ‘youth’, ‘rangatahi’, ‘teenagers’, ‘adolescents’ and ‘young people’ are often used interchangeably to describe both the whole group and various sub groups in the age range from around 10 years to the mid-twenties.

Young people who are the primary focus of this plan are those between the ages of 12 – 24 years. This is consistent with the age group defined as ‘youth’ in the Government’s Youth Development Strategy Aotearoa and fits with the World Health Organization definition of ‘young people’.

It is important to recognise, though, that there are different needs and risks associated with various developmental stages within this age range, and what works for young people aged 12 and 13 years may well be inappropriate for those aged 16, let alone for those aged over 20 years.

### Proportion of the total population

Young people aged 12 to 24 years account for around 20 percent of New Zealand’s population (Statistics New Zealand NZ Census 2001).

### Health status of young people

Young people’s current health status is described in detail in the Youth Health Status Report (Ministry of Health 2002), which was commissioned to support this action plan. In the sections below we highlight some of the data from the Report.

### Mortality Rates

In 1998, a total of 495 young people aged between 12 and 24 years died. This represents an age-specific death rate of 71 deaths per 100,000 young people aged 12 to 24.

More males than females aged between 12 and 24 years die each year in New Zealand. Males accounted for 72 percent of the young people who died in 1998.

Māori young people are more at risk of dying than are non-Māori youth. The death rate of young Māori (99.3 per 100,000) was 57 per cent higher in 1998 than the death rate of young non-Māori (63.3 per 100,000).

Within the age group 12 to 24 years, young people aged 16 to 24 years are at the greatest risk of dying prematurely.

The most common cause of death among young people aged 12 to 19 years is from injury in motor vehicle accidents. The second most common cause of death is suicide. For those aged 20 to 24 years, suicide is the most common cause of death, followed by motor vehicle accidents.

Between the mid-1980s and the mid-1990s significant changes occurred in the death rates associated with specific causes: deaths from motor vehicle crashes dropped by 40 percent for males and 30 percent for females, but deaths from suicide increased by over 100 percent for males, and over 160 percent for females.

## Hospitalisation

The most common cause of hospitalisation in young males is some type of injury. In females, it is fertility-related issues.

Young females in the 12- to 15-year-old group are hospitalised at approximately the same rate as males. (However, the rate changes with age as female fertility increases.)

### KEY POINTS

## Specific health risks for young people



### 1. Alcohol and drugs

- ▶ Approximately 79 percent of 14- to 17-year-olds drink alcohol
- ▶ Young men aged 18 to 24 years are disproportionately heavy drinkers, and are most likely to consume six or more drinks in a single session.
- ▶ Females' volume of drinking increased between 1995 and 2000 across all age groups.
- ▶ Around 23 percent of deaths in the 15 to 24 year age group were attributable to alcohol (1996 data).
- ▶ Around 10 percent of young people are estimated to be dependent on cannabis by the age of 21.

### 2. Mental illness

- ▶ Mental illness becomes more common as young people move through adolescence.
- ▶ Young men tend to have higher rates of conduct disorder and alcohol and substance abuse.
- ▶ Young women tend to have higher rates of anxiety and depression.
- ▶ Alcohol and drug abuse is frequently associated with mental illness in young people.

### 3. Injury

- ▶ Falls, road traffic and other transport accidents, assault and abuse, sports injuries and self-inflicted injury were the leading causes of injury-related hospitalisation in 1999 and resulted in over 14,000 hospitalisations among young people aged 12 to 24 years.
- ▶ Males have higher rates of death caused by injury than females.
- ▶ Māori have higher rates of death from injury than non-Māori.

#### **4. Tobacco**

- ▶ While a new survey shows the rate of smoking among fourth formers (year 10) is the lowest since 1992 (ASH 2002), smoking rates among young people are still high.
- ▶ Smoking prevalence increases rapidly during the late teens.
- ▶ Females are more likely to smoke than males.
- ▶ Young Māori women are the most likely to smoke with nearly half of those surveyed smoking daily, weekly or monthly.

#### **5. Sexually transmitted infections and unwanted pregnancies**

- ▶ The number of cases of bacterial infections – chlamydia and gonorrhoea – among young people 15 to 24 years has increased since 1996.
- ▶ Six out of 10 pregnancies among women under the age of 25 years are reportedly ‘unwanted’ (Dickson et al 2002).
- ▶ Between 1988 and 2000, the abortion rate increased by 62 percent among females aged 15 to 19 years and by 66 percent among those aged 20 to 24 years.



# 3. What is a 'healthy young person'?

Health has more than just a physical dimension. This action plan shares the Māori view that health is holistic. For Māori, health has four equally important elements:

- ▶ *te taha hinengaro* (emotional and mental health)
- ▶ *te taha whānau* (connection to family)
- ▶ *te taha wairua* (spiritual health)
- ▶ *te taha tinana* (physical health).

For young people, care and support on all of these levels is important for healthy development.

In this section we list some of the characteristics that are generally agreed to be indicators of good health and wellbeing.

## Emotional and mental health

Young people who are emotionally and mentally healthy have a strong sense of identity.<sup>1</sup> They understand and feel at ease in their particular cultural settings. They have a sense of self worth and a sense of purpose. They see a pathway ahead leading to a positive future.

They are optimistic. They feel safe – emotionally, physically and sexually. They are not abused physically, sexually or emotionally. If they need help and support, they know where to find it.

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<sup>1</sup> For disabled youth, the process of achieving their own sense of identity may be particularly complex.

They are able to form friendships and maintain healthy relationships. They are sensitive to and accepting of diversity. They are able to manage conflict and express both positive and negative emotions

They have the opportunity to explore their potential in a wide range of areas – academically, in sports and in a diverse range of occupations.

## Physical health

Young people who are physically healthy eat sensibly and are physically active. They understand and are able to manage the physiological changes that are happening to them. They don't smoke and don't drink excessively.

Physically healthy young people are comfortable in seeking health advice and know where to find it. They have a healthy appreciation of their sexuality and know how to protect themselves from harm. They explore their physical potential in a range of sporting and physical recreational activities.

## Cultural and spiritual health

Young people who are culturally and spiritually healthy are likely to be secure in their particular cultural identity, and have the ability to express this identity without fear. They have an appreciation of values other than the material, and accept the diversity of values and cultures of the people around them.

They have the opportunity to explore fully their own cultural and spiritual heritage. They are able to express themselves fully in a variety of artistic media such as performance, visual and written creative arts.

### **Secure, safe and valued in their family, their whānau and their community**

Young people who are secure, safe and valued have sufficient food, warmth and shelter. They are supported by warm and loving caregivers. They are safe from physical and emotional abuse. They have older people they can trust and confide in.

They are given the opportunity to develop within reasonable boundaries. They feel able to express themselves without fear of ridicule.

Safe, secure and valued young people are likely to have good friends who support them. They are able to maintain healthy relationships.

Their ideas, energy and skills are appreciated by their communities, and they have the opportunity to participate in community affairs. They are not discriminated against in the workplace or other settings.



## 4. Young people's views on health services

In this section we look at the type of health service provision young people have said they would like to see, what they experience as barriers to health care, and the implications of these views for the design and delivery of health care.

### Where young people go for health care

A recent survey of students from Lower Hutt secondary schools asked "Where do you usually go for health care?" Students could tick more than one option.

The responses were:

- ▶ Family doctor (93 percent)
- ▶ Accident and emergency/after hours clinic (23 percent)
- ▶ Hospital clinic (22 percent)
- ▶ School clinic (12 percent)
- ▶ Youth health centre (6 percent)
- ▶ Traditional healer (5 percent)
- ▶ Alternative therapist (4 percent)

(Lower Hutt Youth Project 2002)

The same survey showed that over a quarter of the students didn't get health care when they needed it because of cost, or because they 'didn't want to make a fuss'.

Traditional health service providers are under-utilised by people aged 10 to 24 years

### Young people's preferred style of health care

Other studies have indicated that existing health services are under utilised by people aged 10 to 24 years (Midland Health 1996; Wellington Youth Health Project, 2001).

In these studies, young people indicated a preference for youth-specific health services, particularly those linked with other youth activities like recreation and sport.

There is anecdotal evidence that young people are high users of internet health information sites. In support of this claim, a US survey (FPANZ 2002) found that half of the young people surveyed used the internet to find out information on topics including sexually transmitted infections, diet, fitness and exercise, sexual behaviours, contraception, physical abuse and dating violence.

### What kind of services young people want

A survey of young people in Wellington (Wellington School of Medicine 2001) indicated that the services they wanted most were:

- ▶ sexual and reproductive health services
- ▶ counselling
- ▶ alcohol and drug services
- ▶ general practitioner services.

The combined data from the research (Gray 1994; Midland Health 1996; Wellington School of Medicine 2001) indicate that young

people believe that the ideal health service would be:

- ▶ free or affordable
- ▶ locally delivered
- ▶ confidential
- ▶ non-judgemental
- ▶ culturally appropriate
- ▶ staffed in a gender-appropriate way
- ▶ offering a comprehensive range of health care services
- ▶ staffed by people who can relate to young people
- ▶ easy to access (services available where and when young people require them).

### Perceived barriers to good health care

The studies also found that although young people report being reasonably happy with the health care they receive, many report barriers to access to care.



Among these are:

- ▶ the cost of doctor's visits and prescriptions
- ▶ embarrassment, and a concern to avoid making a fuss
- ▶ lack of, or perceived lack of confidentiality
- ▶ lack of appropriate and accessible services for mental health and drug and alcohol problems
- ▶ lack of knowledge about sexual and reproductive health care services, as well as embarrassment and concerns about affordability
- ▶ an absence of Māori, Pacific or Asian staff and/or a lack of cultural sensitivity
- ▶ a lack of accessible information regarding services
- ▶ the perception that communication between adults and young people is sometimes authoritarian, judgemental and patronising
- ▶ lengthy waiting times or inability to get an appointment
- ▶ the physical location and accessibility of services, including transport problems.

### Implications for health service design and delivery

Young people's health needs, their service preferences and patterns of service use are gradually being reflected in changing patterns of primary health care delivery.

Over the past few years, more youth-focused services have begun to emerge – with a number of schools expanding their health service provision, and other community-based one-stop shops being established in a number of cities.

Are these youth-specific services providing more effective health care for young people? In the next section the evidence is examined.

# 5. What works for young people

As a part of the groundwork for the Youth Health Action Plan, the Ministry of Health commissioned an evidence-based review of the effectiveness of youth-specific health services (Matthias 2002). We asked the reviewers to look at the impact of youth-specific primary care on:

- ▶ access
- ▶ use of health services
- ▶ use of emergency services
- ▶ health outcomes, and specifically their impact on mental health.

The review produced the following findings:

- ▶ Youth-targeted primary care (e.g. school-based health centres, 'one-stop shops') increases access and utilisation of health care significantly for young people. In one study, young people used youth-specific health services up to 10 times more than traditional health services such as family doctors.
- ▶ Young people who use these services most, tend to be those who are most vulnerable – those from lower socioeconomic settings, those who have chronic health problems, those with the highest health risk behaviours (eg, unprotected sex, drink driving).
- ▶ The youth-targeted primary care services that demonstrate the greatest increase in access and use are those that offer mental health, substance abuse counselling, sexual health, and preventive services such as cervical screening, STI screening or general checkups.

- ▶ A number of studies demonstrated reduced use of emergency departments and after hours services among youth who have access to youth-focused primary care services. It is likely this drop is due to appropriate management of health problems in primary care with continuity of care and provider.
- ▶ When youth are asked what they prefer in health services there is resounding support for services that are targeted at youth, whether they are in a separate physical setting (eg, a school-based health centre, a youth centre, or within a traditional provider setting, such as an adolescent clinic run by a family doctor).

'There is resounding support for services that are targeted at youth, whether they are in a separate physical setting (eg, a school-based health centre, a youth centre, or within a traditional provider setting, such as an adolescent clinic'

- ▶ There is some evidence of better health outcomes (such as greater use of contraceptives, lower depression scores) for young people who use youth-targeted primary care services. However, given that health outcomes have multiple contributing factors, it is difficult to attribute a change in health to a single intervention such as youth-focused primary care.

- ▶ There is evidence that shows that increased access to and utilisation of health services results in better health status.

## What works for Māori?

Health services that work for Māori are likely to be based on the five principles identified by Mason Durie (1995) as being associated with successful outcomes:

- ▶ **choice** – ensuring that mainstream and kaupapa Māori options are available for Māori consumers
- ▶ **relevance** – providing services that address actual needs and are culturally meaningful
- ▶ **integration** – ensuring that health services are connected and that there are links with other sectors, in line with an holistic approach to health
- ▶ **quality** – providing high quality of care and evidence-based treatment linked with good outcomes
- ▶ **cost-effectiveness** – considering economies of scale and value for money.

## Public Health Programmes

Public health programmes play an important role in keeping young people well.

Some public health programmes are long-term investments in young people's health – like fluoridation of the water supply, and legislation setting age limits for the legal sale of harmful products such as tobacco, alcohol and gambling.

Some respond to new health risks – like the development of the vaccine against meningococcal disease.

Others aim to change attitudes and behaviour like the anti-smoking 'Why Start?' campaign, and the 'Like Minds, Like Mine' programme that aims to change attitudes toward people with mental illness.

Successful public health programmes can reduce the risk and impact of injury and disease, improve the quality of life, prolong life and may well reduce the need for health care services over time.

## 6. The context for the action plan

Young people's health and wellbeing are closely linked with what is going on in their family, their whānau, their schools, their workplaces and their communities. Stable relationships with parents/caregivers, a sense of belonging and achievement, and a feeling of connectedness with other people and the community are as important for young people's wellbeing as good health services are.

Achieving better overall health for young people means working on a number of fronts simultaneously. Families, schools, and workplaces as well as local and central government agencies all have a role to play in improving young people's health and keeping them well.

### Youth-focused developments

At both government and community levels, there are a number of developments that hold promise for young people.

- ▶ Schools have the newly mandated Health and Physical Education Curriculum as a valuable tool – not only for increasing awareness of health issues for young people, but also for encouraging a greater level of participation by students in shaping the life of schools.
- ▶ Local councils are becoming involved in supporting and developing youth initiatives such as the AIMHI project in South Auckland.
- ▶ Youth-specific and school-based health services are emerging in a number of communities. There are several youth health centres around the country, as well as a

growing number of school health clinics. More such centres and clinics are emerging as health professionals collaborate with students, educators, boards of trustees and District Health Boards to improve the health of young people.

- ▶ New funding is being directed into primary health care, with the aim of making health services more accessible to young people, particularly to those with high health care needs.

'Families, schools, and workplaces all have a role to play in improving young people's health and keeping them well.'

The government has recently released the *Youth Development Strategy Aotearoa* (Ministry of Youth Affairs 2002) and *New Zealand's Agenda for Children: Making Life Better for Children* (Ministry of Social Development 2002).

Both the Agenda for Children (which focuses on the 0 to 17 age group) and the Youth Development Strategy Aotearoa propose fundamental changes to the way we think about children and young people. Both have themes in common. Both advocate:

- ▶ raising the status and profile of young people in government business
- ▶ building a common understanding of what is needed to support young people's healthy development

- ▶ focusing on the big picture, on the child and young person's whole life and circumstances, not just isolated issues or problems
- ▶ whole-of-government actions rather than single sector solutions
- ▶ the active participation by young people in decision-making processes that affect them.

Both strategies encourage organisations to think about how they can become more effective providers of programmes and services for young people.

In health, a youth development approach can be applied in many ways:

- ▶ by adopting systems of care that put the young person at the centre, with agencies working together across the various environments to meet the young person's needs. Examples of this kind of model are the individual packages of care that are put together for young people with severe mental illness
- ▶ by identifying and working to a young person's strengths. For example, a young person in conflict with parents could be supported through the close relationship they might have with, say, grandparents. Increasing young people's knowledge of their culture and traditions and building leadership skills through mentoring programmes are also examples of the strengths-based approach
- ▶ by asking young people for their help and advice in making health services more youth-friendly
- ▶ by supporting, encouraging and mentoring young people who want to be involved in health policy and management processes.

## Youth Development Strategy Aotearoa

The Youth Development Strategy Aotearoa provides a policy platform for public sector agencies when developing policy advice and initiatives related to young people aged 12 to 24 years inclusive. The Strategy is about how government and society can support young people to develop the skills and attitudes they need to take part positively in society now and in the future.

This involves helping young people gain:

- ▶ a sense of contributing something of value to society
- ▶ a feeling of connectedness to others and society
- ▶ a belief that they have choices about their future
- ▶ a feeling of being positive and comfortable with their own identity.

The key principles of a youth development approach outlined in the Strategy are:

- ▶ understanding young people and their needs within their wider social and economic contexts and the dominant cultural values with which they grow up
- ▶ understanding that healthy development is shaped by young people having positive connections with many social environments, including family and whānau, peers, community, school, training, tertiary education and work, and promoting these connections
- ▶ applying a consistent strengths-based approach to young people's health and wellbeing, which addresses both risk and protective factors, as well as developing the range of skills they need
- ▶ supporting and equipping the people who work with young people to enable quality relationships
- ▶ providing opportunities for young people to fully participate and increase their control of what happens to them and around them through advice, participation and engagement
- ▶ acknowledging that positive, healthy youth development is informed by effective research, evaluation and information gathering.

The youth development approach is similar to those described as 'socio-ecological', 'resiliency', and 'Ottawa Charter' approaches. The difference is that the latter terms are derived from a whole population perspective rather than a youth perspective. Current examples of initiatives based on this kind of approach include Mentally Healthy Schools and Health Promoting Schools.

Source: *Ministry of Youth Affairs 2002*

## Links with health and disability strategies

This youth health action plan is part of the New Zealand Health Strategy.

*The New Zealand Health Strategy* and the *New Zealand Disability Strategy* are the two key documents that set the overarching direction for the development of health and disability services in New Zealand.

The development of an action plan for youth health was foreshadowed in the New Zealand Health Strategy. Also signalled was the action plan's focus on mental health and on extending the range of accessible, well co-ordinated and appropriate services for youth, particularly Māori and Pacific young people.

The action plan is closely linked to other youth-related strategies. It picks up action points from the New Zealand Youth Suicide Prevention Strategy; the Sexual and Reproductive Health Strategy; and the Youth Offending Strategy.



# 8. How the action plan was developed

## Guiding rather than directing

The plan has been constructed as a guide, rather than a directive to action, for three reasons:

- ▶ We are seeking to influence attitudes, actions and policies in other sectors beside health. Many of the factors affecting youth health lie outside the health sector, and the health sector has advocacy powers only in these areas.
- ▶ There are more actions recommended here than agencies or individuals can be expected to tackle at any one time. Rather than prune the list and lose many excellent ideas, we decided it was better to keep all recommended actions on the table. In this way the Guide to Action provides an ongoing point of reference for agencies and others who are at different stages in developing youth focused services.
- ▶ The range of health issues and the diversity of needs in the youth population is great. The 'Guide to Action' approach has allowed us to provide suggestions for action in areas that are outside current priority areas, but where ongoing development in respect of youth health is nevertheless important.

## Sources of information, advice and feedback

The development of the plan has been informed by several pieces of work that were carried out as part of the process:

- ▶ a stocktake of youth-specific health services

- ▶ a literature review on youth-specific health services
- ▶ a survey of young people's views on health issues
- ▶ a review of the evidence of the effectiveness of youth-specific services
- ▶ analysis of current data on the health of young people.

Central to the development of the plan has been the Youth Health Sector Reference Group. We have drawn extensively on the experience, wisdom, knowledge and advice of this group whose members are broadly representative of the range of people working in the area of youth health. They in turn have consulted with their colleagues and others in their networks to get a wider consensus on particular issues. The Ministry of Youth Affairs' Youth Advisory Forum has contributed directly to the content of the plan, providing ideas and feedback on the direction of the plan and the priorities for action.

Feedback and a 'reality check' on the actions in the plan have been sought from a number of agencies, including district health boards, community health organisations, general practice groups, special interest groups, and other government agencies. Their comments and feedback have helped give shape to the plan as it is now.

## The principles underpinning the plan

The principles underpinning the plan balance the Government's and young people's concerns for the future. They indicate what is important to the Government and what it wants to achieve over the next three years. They reflect the aspirations expressed in the Youth Development Strategy Aotearoa, that the health of young people should be viewed holistically. They take account of what young people have told us about how they want to see the health sector develop, and what is important to them.

## Addressing inequality

Tackling the causes as well as the symptoms of young people's ill health is important if we are to reduce inequalities. Health services can make a difference by reaching out to meet the needs of

### Treaty of Waitangi

As a Treaty partner, the Government recognises the special relationship between Iwi and the Crown, and appreciates that the principles of the Treaty of Waitangi – partnership, participation and protection – underpin this action plan to improve rangatahi health.

Partnership means working together with Iwi, hapū, whānau and Māori communities to develop strategies for Māori health gain and appropriate health and disability services.

Participation means involving Māori at all levels of the sector in planning, development and delivery of health and disability services.

Protection means ensuring Māori enjoy at least the same level of health as non-Māori and safeguarding Māori cultural concepts, values and practices.

The Government is committed as a matter of priority to taking the necessary steps to reduce the inequalities that exist between Māori and non-Māori.

those young people who are most in need of health care, and by working collaboratively with other agencies to effect changes in the wider environment.

## Keeping young people well

Investment in the health of young people pays off for society in the long term.

Providing young people with the knowledge, the support and the resilience to cope with the risks they encounter is the best way to reduce negative youth health statistics.

In service design, giving emphasis to health promotion and disease prevention makes sense. Health services need to be alert to emerging problems and, wherever feasible, should intervene earlier rather than later.

### **Participation of young people in shaping health services**

Health services for young people are more likely to be effective when young people are active participants in their design and development. Young people need to be encouraged and given the necessary information to take responsibility for their own health and wellbeing.

### **Involving families, whānau and the wider community**

Families and whānau should be listened to, and, wherever appropriate, be involved in the health care of their young people. Strong, healthy family relationships are the cornerstones of young people's psychological and physical good health. Individuals and community groups who are influential in young people's lives should be engaged proactively in their health care.

### **Understanding the culture, development and diverse needs of young people**

An understanding of the developmental needs of young people, and the culture and context of their lives is important for those who work with young people. The diversity of the youth population needs to be appreciated.

### **Providing quality care**

Young people are entitled to the same consideration as adults in the provision of care. Young people's care should be based on international best practice and research, and take into consideration their emotional, developmental, social, cultural, spiritual and cognitive needs. Quality research and evaluation and good data should inform policy, programme and workforce development.

### **How the goals, objectives and actions were arrived at**

The priorities set by the Government in the *New Zealand Health Strategy* and the *New Zealand Disability Strategy* have been the starting point in setting the goals and objectives for this action plan. Incorporated with these priorities are the areas identified by the project's Youth Health Sector Reference Group as the key to improving youth health.

The recommended actions have emerged from a process of discussion, debate and feedback from a wide range of people working in youth health-related areas – from grassroots level to policy, from community health workers through to specialists in tertiary care.

The recommended actions cover the range of health sector activity, from policy development to the care of young people in hospitals. Some actions relate to areas outside health services, reflecting the dependence of young people's good health on what is happening in the community, in school, in training, in the workplace and with family, whānau and friends. Some of the recommended actions are already happening, often in the context of other initiatives. We have left these in.

The goals for the action plan are listed below:

<b>1</b>	<b>A safer, more supportive environment for New Zealand’s young people</b>
	Young people’s health is affected by what is happening in their families, with friends and in school. Families, schools, communities, and local and central government agencies all have a role to play in improving young people’s health and keeping them well.
<b>2</b>	<b>A measurable improvement in young people’s mental health</b>
	New Zealand has high rates of youth suicide, mental illness and alcohol and drug abuse, particularly among rangatahi. Devising effective ways of keeping young people mentally healthy is a priority.
<b>3</b>	<b>A measurable improvement in young people’s physical health</b>
	Taking risks and trying new things are integral to young people’s lifestyles. Finding ways of reducing the negative outcomes is part of the action plan.
<b>4</b>	<b>Young people influencing development and implementation of health policies and programmes</b>
	Young people should be actively involved in decisions that affect them. Programmes and services work better when young people actively participate in their design, delivery and evaluation.
<b>5</b>	<b>A higher level of knowledge about youth health and youth health services</b>
	Youth health has been relatively neglected as an area of focus for research and medical specialisation. The action plan encourages the systematic acquisition and sharing of knowledge about youth health and youth health services.
<b>6</b>	<b>High-quality, youth-friendly, accessible health services</b>
	The development and support of accessible health services for young people are integral to their health and wellbeing. Existing health services often present barriers to young people. Cost, confidentiality, and privacy are issues for young people.
<b>7</b>	<b>A measurable improvement in the health of rangatahi</b>
<b>8</b>	<b>A measurable improvement in the health of Pacific young people</b>
<b>9</b>	<b>A measurable improvement in the health of disabled young people</b>
<b>10</b>	<b>Better health outcomes for young people with multiple disadvantage</b>

# 8. The action plan

In this section we outline each of the ten goals of the action plan along with related objectives and action points.

## Goal One

### A safer, more supportive environment for New Zealand's young people

#### Objectives

- ▶ A greater awareness of youth health issues, and a greater sensitivity to the diverse needs of the changing youth population.
- ▶ Greater co-ordination and collaboration among initiators of youth-oriented policies.
- ▶ Safer, healthier schools (both physically and emotionally).
- ▶ Better support for young people who are away from home.
- ▶ Better support for young people in the workplace.
- ▶ A stronger community focus on youth development opportunities.

#### RECOMMENDED ACTION POINTS

##### A greater awareness of youth health issues

- ▶ Actively promote a better understanding by key agencies of issues relating to youth health and wellbeing.
- ▶ Promote the active participation of youth in health, from policy through to public and personal health matters.
- ▶ Promote rangatahi Māori consultation/involvement in health issues.
- ▶ Establish youth forums in DHBs, IPAs, PHOs, and hospitals.
- ▶ Actively monitor the ongoing changes in the youth demographic that are resulting from differing fertility rates and immigration trends, and adapt policies and programmes to take account of these changes.
- ▶ Ensure that research into, and advocacy for, youth health issues are supported.
- ▶ Support independent research and advocacy for rangatahi Māori.
- ▶ Regularly monitor progress in implementation of recommended actions in 'Youth Health: A Guide to Action'.

## RECOMMENDED ACTION POINTS

### **Greater co-ordination and collaboration among initiators of youth-oriented policies**

- ▶ Strengthen relationships and collaboration with other sectors on specific projects (e.g. with Ministry of Education for school-based initiatives, New Zealand Police for anti-bullying and personal safety programmes, Ministry of Justice for Sale of Liquor Act review/issues).
- ▶ Develop clear communication, collaboration and evaluation strategies to reduce the risk of duplication in planning and funding.
- ▶ Identify networks of people within ministries and departments with a responsibility for matters related to youth health and link them together.
- ▶ Assess the impact of proposed policies (both central and local government) on the health of young people.

### **A stronger community focus on youth development**

- ▶ Encourage 'Healthy Cities' programmes in local government that engage young people at policy and planning levels.
- ▶ Encourage the development of programmes that are culturally appropriate and accessible<sup>2</sup> and that reflect the diversity of the youth community.
- ▶ Further invest in and support community action and community development projects to address youth health issues.
- ▶ Advocate for urban and transport planning that cater for the needs of young people.
- ▶ Promote and advocate for the development of appropriate youth facilities in local communities in consultation with young people.

### **Safer, healthier schools**

- Promote 'Safer Schools' and the implementation of anti-bullying programmes in schools.
- Support further implementation of 'Health Promoting Schools' (including the 'Mentally Healthy Schools' component of the programme) by:
  - considering funding Māori providers to extend the reach of 'Health Promoting Schools' (or similar model) into Kura Kaupapa Māori and Kohanga Reo
  - developing more Māori language resources to support the programme
  - strengthening national Māori and non-Māori co-ordination of the programme
  - developing and sharing models for expansion of the programme
  - offering further training in implementation of 'Mentally Healthy Schools'.
- ▶ Acknowledge and respond to the needs of young people who are perceived as different because of their sexual orientation or migrant status.

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<sup>2</sup> 'Accessible' means removing not just the physical barriers but also other barriers that limit disabled people's access. Often they need communication support and access to information in alternative formats.

## RECOMMENDED ACTION POINTS

- ▶ Support and increase awareness among students and school personnel of the issues for young people with chronic illness and disability who may have both interrupted schooling and special needs in a school setting.
- ▶ Promote the extension of the range of Māori language resources to support the Health and Physical Education Curriculum.
- ▶ Provide opportunities for parent education on young people's developmental needs.
- ▶ Look at the feasibility of establishing or extending school health clinics in collaboration with schools, GPs, public health services and DHBs.
- ▶ Ensure that students have ready access to counselling and advice, particularly in the area of mental health and alcohol and drug abuse.
- ▶ Provide training to assist teachers and other school personnel in recognising early signs of mental illness and alcohol and drug abuse.

### **Better support for young people who live away from home**

- ▶ Promote the review of policies to ensure that young people who cannot live at home have access to financial and other support (including adequate housing).
- ▶ Take steps to meet the pastoral and health care needs of Asian students who are studying in New Zealand and living away from their families.

### **Better support for young people in the workplace**

- ▶ Promote programmes educating employers about creating youth-friendly workplaces.



## Goal Two

### A measurable improvement in young people's mental health

#### Objectives

- ▶ A greater range of mental health programmes that focus on wellness.
- ▶ A lower rate of youth suicide and suicide attempts.
- ▶ A lower rate of rangatahi suicide and suicide attempts.
- ▶ Earlier identification of mental illness and alcohol and drug abuse.
- ▶ More youth-focused and youth-specific mental health services, particularly for alcohol and drug abuse.
- ▶ A stronger focus on the mental health needs of refugee and migrant youth populations.
- ▶ A reduction in the stigma and discrimination associated with mental illness, chronic illness and disability.

#### RECOMMENDED ACTION POINTS

##### **A greater range of mental health programmes that focus on wellness and wellbeing**

- ▶ Develop, implement and evaluate community-based mental health promotion initiatives with a focus on Māori, Pacific and disadvantaged young people.
- ▶ Develop, implement and evaluate programmes based on evidence to foster greater understanding of mental health problems, particularly depression.
- ▶ Develop a range of public health programmes to prevent problem gambling among young people.
- ▶ Develop a greater range of mental health programmes that focus on wellness, positive relationships and self-esteem.

##### **A lower rate of youth suicide and rangatahi Māori suicide**

- ▶ Continue with intersectoral implementation of the New Zealand Youth Suicide Prevention Strategy (both 'In Our Hands' and 'Kia Piki te Ora o te Taitamariki').
- ▶ Develop and implement best practice guidelines for emergency department and mental health service personnel on the identification and management of people at risk of suicide.
- ▶ Fund services and programmes that are in line with advice in the Toolkits for DHBs on suicide prevention, and ensure that these services are well publicised and accessible.
- ▶ Improve the responsiveness of mainstream mental health services to the needs of rangatahi.
- ▶ Develop Māori mental health and mental health promotion programmes and services.
- ▶ Develop processes that improve and strengthen the Māori mental health workforce.
- ▶ Improve the capacity of those who work with young people to identify and respond effectively to behaviours associated with suicide.
- ▶ Promote the extension of parent education programmes that provide knowledge and support for families and whānau of young people in dealing with young people's

## RECOMMENDED ACTION POINTS

developmental needs, particularly in the area of mental health, alcohol and drug use, and sexual and reproductive health.

### **Earlier identification of mental illness and alcohol and drug abuse**

- ▶ Educate peers, parents, teachers and other school personnel in recognising early signs of mental illness and alcohol and drug abuse.
- ▶ Assist families and caregivers to identify early signs of mental ill health in chronically ill young people.
- ▶ Develop youth-focused best practice guidelines to assist health workers in the early recognition of co-morbid mental illness and drug and alcohol abuse.
- ▶ Develop rangatahi-specific best practice guidelines to assist in health workers in the early recognition of mental illness and drug and alcohol abuse among Māori.

### **More youth-focused and youth-specific mental health services, including for alcohol and drug abuse, and gambling**

- ▶ Determine best practice alcohol and drug treatment services for youth, and assess existing services against the criteria.
- ▶ Develop youth-focused services for the treatment of co-morbid mental illness and alcohol and drug abuse.
- ▶ Increase the range and number of respite and other packages of care for young people with severe mental health problems.
- ▶ Identify the unique mental health needs of youth with disabilities and chronically ill youth.
- ▶ Develop a range of new public health programmes to prevent problem gambling among young people.
- ▶ Develop treatment services for young people who are experiencing problem gambling.

### **A stronger focus on the mental health needs of refugee and migrant youth populations**

- ▶ Ensure that refugee and migrant youth are supported and have access to mental health counselling and other mental health services.
- ▶ Improve the responsiveness of mainstream mental health services to the needs of Pacific youth.
- ▶ Assist the Pacific community where necessary in developing its own mental health support services.

### **A reduction in the stigma associated with mental illness, chronic illness and disability**

- ▶ Develop information, resources and programmes that help young people learn about mental health problems, and that provide them with strategies for supporting a friend who has mental illness, disability or chronic illness.
- ▶ Develop culturally appropriate programmes that target Māori, and which aim to reduce stigma and discrimination associated with mental illness.

## Goal Three

### A measurable improvement in young people's physical health

#### Objectives

- ▶ A lower rate of injury-related harm among young people.
- ▶ A reduction in STIs and unintended pregnancies.
- ▶ A reduction in smoking, alcohol consumption and illicit drug use by young people.
- ▶ A lower rate of obesity among young people.
- ▶ More physical activity among young people.
- ▶ An improvement in young people's oral health.
- ▶ An improvement in the management of young people with diabetes.

#### RECOMMENDED ACTION POINTS

##### **A lower rate of injury-related harm**

- ▶ Identify effective injury prevention programmes and promote their use with target groups.
- ▶ Maintain intersectoral linkages (eg, between Ministry of Health, Accident Compensation Corporation and Land Transport Safety Authority) to reduce road traffic and other injury rates among young people.
- ▶ Implement the Family Violence Project youth initiatives aimed at prevention of, and early intervention in, partner and child abuse.
- ▶ Support a greater focus on effective education and support interventions for young people in the area of partner and child abuse.
- ▶ Identify and further extend initiatives that are effective in decreasing family violence.
- ▶ Increase blood awareness to minimise the risk of blood-borne diseases (eg, Hepatitis C) through tattooing, piercing and IV drug use.

##### **A reduction in STIs and unintended pregnancies**

- ▶ Implement the recommended actions in the Sexually Transmitted Infections Action Plan and the Unwanted Pregnancy Action Plan.
- ▶ Explore ways of reaching out to those young people who do not use existing sexual health services (particularly rangatahi) through:
  - youth-specific health services
  - school-based health clinics
  - services specifically designed for rangatahi
  - mobile clinics at places where young people gather, and at sports events, central city and rural locations
  - extending health promotion and community action programmes.
- ▶ Ensure that sexual and reproductive health services meet the need of refugees and new migrants.

## RECOMMENDED ACTION POINTS

- ▶ Ensure that sexual and reproductive health advice and support is available to meet the particular needs of disabled young people.
- ▶ Promote and support sexuality education in the Health and Physical Education Curriculum through the development of sexuality education resources and training for teachers.
- ▶ Co-ordinate existing websites and 0800 lines to provide accessible, easy to understand sexual and reproductive health advice for young people.
- ▶ Support the development of te reo Māori and Māori-designed resources and programmes for rangatahi.
- ▶ Develop specific sexual and reproductive health programmes/services for young people in correctional facilities, on remand or in residential care.

### **A reduction in smoking, and harm associated with alcohol consumption and illicit drug use**

- ▶ Integrate effective current drug and alcohol health education programmes into the Health and Physical Education Curriculum.
- ▶ Advocate for the limitation of alcohol advertising in sports venues and youth venues generally.
- ▶ Advocate for withdrawal of alcohol advertising from broadcast media.
- ▶ Take comprehensive, evidence-based measures to prevent the uptake of smoking by young people.
- ▶ Use policy, regulatory and legislative measures to discourage smoking, and to minimise the harm associated with alcohol and illicit drug use.
- ▶ Promote the most successful smoke free initiatives and share the good news stories.

### **A lower rate of obesity among young people**

- ▶ Implement and evaluate multi-faceted community action programmes that promote healthy eating and physical activity among young people.
- ▶ Ensure youth who are overweight or obese have access to appropriate weight management programmes and support.
- ▶ Develop messages that raise young people's awareness of factors contributing to overweight and obesity.
- ▶ Identify and address the unique needs of youth with disabilities in relation to being overweight and obesity.
- ▶ Ensure that the food and nutrition guidelines for young people are promoted and implemented widely.
- ▶ Promote healthy eating and the provision of healthy food in school cafeterias, workplaces and recreation venues.
- ▶ Promote the teaching of basic cooking skills and nutrition knowledge (eg via the Health and Physical Education Curriculum).

## RECOMMENDED ACTION POINTS

- ▶ Ensure that groups who interact with youth are aware of the issues regarding body image, healthy weight, healthy eating and eating disorders.

### **More physical activity among young people**

- ▶ Promote physical activity among young people, particularly young women.
- ▶ Promote the New Zealand Physical Activity Guidelines (Hillary Commission, 2001).
- ▶ Promote lifetime physical activity, such as cycling and walking.
- ▶ Work closely with schools and local communities to promote physical activity among young people.
- ▶ Ensure that young people are being included in the planning of new initiatives.
- ▶ Ensure that programmes meet the needs of disabled young people, and those with chronic illness.
- ▶ Review the effectiveness of a selection of existing programmes involving rangatahi.

### **An improvement in young people's oral health**

- ▶ Take steps to ensure that all adolescents are able to access and complete oral health care treatment.

### **More effective management of young people with diabetes**

- ▶ Work with Diabetes Youth New Zealand and other stakeholders to review access to services and to develop national service frameworks.
- ▶ Use the National Paediatric Diabetes database to capture data in a nationally consistent manner.



## Goal Four

### Young people influencing health policy and programme development and implementation, and actively participating in managing and making decisions about their own health

#### Objectives

- ▶ A greater level of active participation by young people in development and implementation of health policies, programmes and services.
- ▶ Better communication between health service professionals and young people as health service consumers.

#### RECOMMENDED ACTION POINTS

##### **Active participation of young people in development and implementation of health policies, programmes and services.**

- ▶ Identify the most effective ways for young people to actively participate in the planning of new initiatives, and to participate and/or collaborate in their implementation and evaluation.
- ▶ Create opportunities for disabled young people and young people with chronic illness to actively participate in the planning and implementation process.
- ▶ Compile a 'Guide to Young People's Participation in Health Programme and Service Development and Implementation' that picks up on the need for practical support for participants with transport, timing of meetings, training, mentoring and advice.
- ▶ Promote peer support programmes in schools and through youth agencies, such as youth health centres.
- ▶ Sponsor youth-run workshops/seminars on health issues, with appropriate support.
- ▶ Develop measurable objectives in relation to youth participation against which agencies can be held to account.

##### **Better communication between health service professionals and young people**

- ▶ Assist health professionals to talk honestly and directly to young people about their health problems.
- ▶ Make information that is specific to young people easily accessible and understandable – particularly through websites.

## Goal Five

### A greater level of knowledge about youth health and youth health services

#### Objectives

- ▶ A more detailed dataset about young people and their health status.
- ▶ A more detailed dataset about rangatahi Māori and their health status.
- ▶ More evidence-based data on effective health care interventions for young people.
- ▶ More research on young people's health, with a particular focus on rangatahi health.
- ▶ More information about health and health services that is readily accessible to young people.

#### RECOMMENDED ACTION POINTS

##### **A more detailed data set about the health status of young people, particularly rangatahi Māori**

- ▶ Devise key indicators of youth health and report annually on these.
- ▶ Develop baseline data in order to monitor trends in youth health and wellbeing.
- ▶ Ensure that the data relating to ethnicity are accurately collected.
- ▶ Develop a profile of disabled young people and chronically ill youth in each DHB area.

##### **More evidence-based data on effective health care interventions, including mental health**

- ▶ Ensure that the requirement to evaluate and review is built into new youth programmes and services.
- ▶ In evaluations, collect information on ethnicity, age limits, youth participation, accessibility (transport, cost, reception/welcome, 'youth friendliness') and effectiveness.
- ▶ Provide regular updates to DHBs on the latest research into what works for young people.

##### **More research on young people's health**

- ▶ Identify and get agreement on priorities for topics related to youth health.
- ▶ Ensure that in any research on young people, the design allows for equal explanatory power for rangatahi Māori.

## RECOMMENDED ACTION POINTS

### **More information about health and health services that is readily accessible to young people**

- ▶ Compile a database of health services specifically catering for youth and make this database accessible to young people and their families and whānau.
- ▶ Develop a mechanism for communication to (and between) a national network of youth health providers.
- ▶ Strengthen youth health information and resource services for service providers and communities.
- ▶ Support the use of web-based information technologies for promoting accurate health messages and information for young people – where this is supported by evidence of effectiveness.



## Goal Six

### More effective, high-quality, youth-friendly health services, which are readily available to young people throughout the country

#### Objectives

- ▶ A wider range of health service choices available to young people, particularly youth-specific services, one-stop shops and community-based services.
- ▶ A more co-ordinated approach to the development of youth-oriented initiatives.
- ▶ A health sector that is more responsive to the diversity of young people's health care needs.
- ▶ Development and use of nationally agreed quality standards.
- ▶ More health professionals trained in youth health.

#### RECOMMENDED ACTION POINTS

##### **A wider range of health service choices available to young people**

- ▶ Explore ways of reaching those young people who do not use existing services, through, for example:
  - extending the role and reach of public health services
  - using mobile clinics at sports events, dance parties, central city and rural locations
  - supporting the establishment of youth-specific health services
  - extending school-based health services
  - supporting Māori and community groups to develop and provide their own health services.

##### **A more co-ordinated approach to youth health initiatives and service delivery**

- ▶ Take stock of current initiatives/service provision and identify opportunities for more co-ordinated delivery to, and greater collaboration with, other services, agencies or providers.
- ▶ Promote greater collaboration between health professionals, where this would improve outcomes for young people.
- ▶ Develop a continuity of service for young people with chronic illness and complex needs across hospital, hospice and community services.

##### **A health sector that is more responsive to young people's needs**

- ▶ Set up in each DHB a youth advisory committee to advise on all youth services from primary care in schools through to specialist youth health and youth mental health facilities.
- ▶ Support the recruitment of Māori and Pacific young people into the health workforce.

## RECOMMENDED ACTION POINTS

- ▶ Develop 'accessibility standards' to be used in auditing providers in relation to their provision of an accessible<sup>3</sup> service to disabled young people.
- ▶ Compile a directory of health and other services for young people and publish it on a youth-oriented website which meets Web Accessibility Initiative (WAI) guidelines (see Goal 5).
- ▶ Develop training resources for health professionals and others involved in youth health with guides to working with visually impaired, Deaf,<sup>4</sup> disabled and chronically ill youth.
- ▶ Ensure appropriate<sup>5</sup> professional interpreting services are available to Deaf youth and migrant youth groups.
- ▶ Take note of the recommendations of the Paediatric Specialist Services Review, namely:
  - paediatrics will be responsible for the care of children and young people in hospital up until the age of 18 years. As a guiding principle, admissions and transfers of young people to adult hospital facilities should be based on the best interests of the young person
  - community-based health services and agencies will work towards delivering specific youth services for young people aged 12–24 years of age
  - contracting should reflect young people as a population group with specific needs
  - outreach clinics will be developed to improve access to specialist health services for young people, particularly for those most in need.
- ▶ Act on the recommendations of the Paediatric Specialist Services Review and develop models for respite care and support for families of young people with chronic illness.
- ▶ Identify and bridge gaps in service provision for young people with chronic illness and complex needs.



<sup>3</sup> An accessible service addresses the physical, information and communication needs of its consumers, through alternative methods of communication and the production of information in mediums other than print.

<sup>4</sup> The use of a capital D for Deaf denotes a group of people who consider themselves a distinct cultural and linguistic minority.

<sup>5</sup> Appropriateness is vital especially in the areas of mental and sexual and reproductive health.

## RECOMMENDED ACTION POINTS

- ▶ Involve young people in making primary health care services more 'youth friendly'.
- ▶ Ensure that young people presenting at primary care clinics have the opportunity to raise any underlying health concerns that they may have.
- ▶ Listen to whānau and families and draw on their experience and knowledge of their young people.

### **Development and use of nationally agreed quality standards**

- ▶ Provide effective models of health care for young people that incorporate the key elements of access, transition, co-ordination and integration across disciplines and sectors.
- ▶ Implement the NZ Paediatric Society's National Standards (when they are finalised) for the Care of Adolescents in Health Care Facilities.
- ▶ Ensure the needs of young people (aged 12 to 24 years inclusive) are included in implementing the recommendations of the Palliative Care Strategy regarding children and young people.
- ▶ Develop a national code of ethics for youth health workers and those involved in supporting youth, building on existing work in this area.

### **More health professionals trained in youth health**

- ▶ Enhance the focus on youth health in the course content of medical schools.
- ▶ Enhance the focus on youth health within existing workforce development and training initiatives.

## Goal Seven

### A measurable improvement in the health of rangatahi Māori

#### Objectives

- ▶ A more effective range of services for rangatahi Māori, particularly in relation to mental health, sexual and reproductive health, tobacco, alcohol and drug abuse, and injury prevention.
- ▶ Greater involvement and active participation by rangatahi in the development of the policy, the design and delivery of youth health services.
- ▶ More rangatahi in the health sector workforce.

#### RECOMMENDED ACTION POINTS

##### **More effective services for rangatahi**

- ▶ Develop best practice guidelines for health workers involved in delivering services to rangatahi (see Goal Six).
- ▶ Review the effectiveness of a selection of existing programmes targeted at rangatahi.
- ▶ Work with the Ministry of Education to develop advanced Māori language health resources for students coming out of kura kaupapa Māori and wharekura.
- ▶ Promote and extend health promotion community action models through the development of whānau, hapū, iwi and Māori communities.

##### **More effective services in the areas of mental health, sexual and reproductive health, alcohol and drug abuse and injury prevention**

###### **Injury Prevention**

- ▶ Extend effective injury prevention programmes for rangatahi.

###### **Mental health**

- ▶ Continue with the implementation of *Kia Piki te Ora o te Taitamariki* and *In Our Hands*.
- ▶ Assist communities to develop suicide prevention plans for rangatahi.
- ▶ Provide information for Māori parents and caregivers on youth suicide prevention.
- ▶ Develop and evaluate intersectoral initiatives that contribute to increasing the resilience of rangatahi.

###### **Tobacco, alcohol and drug abuse**

- ▶ Develop best practice guidelines to assist primary health workers in the early recognition of the signs of alcohol and drug abuse among rangatahi.
- ▶ Take comprehensive, evidence-based measures to prevent the uptake of smoking by rangatahi.

**Sexual and reproductive health**

- ▶ Implement the recommended actions in the Sexually Transmitted Infections Action Plan and the Unintended/Unwanted Pregnancy Action Plan.
- ▶ Explore ways of reaching out to those young people who do not use existing services through:
  - youth-specific health services
  - school-based health clinics
  - services specifically designed for rangatahi
  - mobile clinics at places where young people gather, and at sports events, central city and rural locations
  - extending the role/reach of public health services.
- ▶ Ensure that there is sexual and reproductive health advice and support available to meet the particular needs of disabled rangatahi.
- ▶ Support the development of te reo Māori and Māori designed resources and programmes for rangatahi.
- ▶ Develop specific sexual and reproductive health programmes/services for those in correctional facilities, on remand or in residential care.
- ▶ Develop appropriate sexual and reproductive health resources, including by Māori for Māori programmes and resources, developed from a kaupapa Māori perspective.

**Greater involvement by rangatahi in the development, design and delivery of youth health services**

- ▶ Identify the most effective ways of involving rangatahi in policy and programme design and delivery.
- ▶ Evaluate the effectiveness of the rangatahi participation processes across the Ministry and DHBs.
- ▶ Evaluate the effectiveness of different media for communicating health messages to rangatahi.

**More rangatahi in the health sector workforce**

- ▶ Identify training opportunities in health for rangatahi.
- ▶ Ensure that schools' careers advisers have information about health sector employment and career opportunities.

## Goal Eight

### A measurable improvement in the health of Pacific young people

#### Objectives

- ▶ Greater involvement and more active participation by Pacific young people in the development of the policy, the design and delivery of youth health services.
- ▶ Better access to primary health care for Pacific young people.
- ▶ A more effective range of services for Pacific young people particularly in the areas of mental health, sexual and reproductive health, injury prevention, physical activity, health information, youth peer support and life skills development.
- ▶ A greater focus on health promotion for young Pacific people.
- ▶ More health services in Pacific settings, ie, communities and churches.
- ▶ A skilled and capable workforce that is more responsive to the health and disability needs and priorities of Pacific young people.

#### RECOMMENDED ACTION POINTS

##### **Greater involvement and more active participation by Pacific young people in the development of the policy, the design and delivery of youth health services**

- ▶ Develop and implement a framework for effective participation of Pacific young people at all levels of the health and disability sector.
- ▶ Publicise where Pacific young people can go for good advice and information on health and disability issues and services and compile a youth health directory.
- ▶ Establish national and regional networking, advocacy, support group and fono opportunities for Pacific young people.

##### **Better access to primary health care services for Pacific young people**

- ▶ Promote awareness of the barriers that exist for young Pacific people in relation to access to primary health care.
- ▶ Find effective ways of overcoming those barriers.
- ▶ Locate more services in Pacific communities and in Pacific environments (eg, churches).
- ▶ Identify and promote new primary care initiatives for Pacific young people in youth-friendly settings and environments.
- ▶ Support collaborative initiatives between primary care youth services and specialist services.

##### **A greater focus on health promotion**

- ▶ Promote the use of models of health promotion that work for Pacific youth and young Pacific families.
- ▶ Disseminate good health information to Pacific young people using relevant media including the Pacific radio network.

## RECOMMENDED ACTION POINTS

- ▶ Promote effective preventative care strategies for Pacific young people and their families, taking account of key settings and environments such as church and youth groups.

### **A more effective range of services**

- ▶ Regularly monitor and review the health and disability support services that Pacific young people use.
- ▶ Support the development and funding of health programmes for Pacific young people that:
  - focus on early intervention
  - are short term
  - involve peer support.
- ▶ Promote research on Pacific health and disability issues, including studies of models of service for Pacific youth, and the social determinants of Pacific youth health.
- ▶ Develop and implement standards and competency guidelines for those working with Pacific youth in the health and disability sector.

### **A skilled, capable and more responsive workforce**

- ▶ Provide appropriate training and development on issues relating to Pacific health in the course of workforce training for all health professionals.
- ▶ Recruit and support the training of young Pacific researchers and youth health workers.
- ▶ Support the leadership development of Pacific youth workers in the health and disability sector.

## Goal Nine

### A measurable improvement in the health of disabled young people and young people with chronic illness

#### Objectives

- ▶ Improved access to health care and rehabilitative services for disabled young people and young people with chronic illness.
- ▶ A greater level of involvement by disabled youth and young people with chronic illness in decision-making about health issues that affect them.
- ▶ Health services that are more responsive to the needs of disabled youth, young people with chronic illness, and young people in palliative care.
- ▶ Greater intersectoral collaboration and a more integrated approach to service delivery for people with disabilities.

#### RECOMMENDED ACTION POINTS

##### **Improved access to health care and rehabilitative services**

- ▶ Identify and address barriers that are faced by disabled young people when accessing health services.
- ▶ Integrate into service provision for young people those complementary health practices that have been proven to be effective.
- ▶ Trial an accessible 0800 line and an internet site with health service and support information specifically for disabled young people and those who are chronically ill.
- ▶ Explore innovative solutions to address barriers to access to health services facing disabled youth in rural areas.
- ▶ Ensure hospitals identify and meet the needs of hospitalised young people.

##### **A greater level of involvement by disabled youth and young people with chronic illness in decision-making about health issues that affect them**

- ▶ Identify effective ways of involving disabled and chronically ill youth in health policy and programme development (eg, development of disability awareness materials, auditing standards and youth forums).
- ▶ Link in with existing youth disability groups (eg, CCS youth representatives, NZ Federation for Deaf Children).
- ▶ Ensure that health services follow Equal Employment Opportunity practices and actively encourage the recruitment and employment of people with disabilities.

## RECOMMENDED ACTION POINTS

### **Health services that are more responsive to the particular needs of disabled youth, youth with chronic illnesses and young people requiring palliative care**

- ▶ Identify effective ways of involving family and whānau in health service determination – drawing on their experience and knowledge of their young people.
- ▶ Identify where greater collaboration among health professionals would improve outcomes for young people.
- ▶ Identify where greater collaboration among professionals from different sectors would improve outcomes for young people.
- ▶ Develop training videos for health professionals and others involved in youth health, with guides to working with disabled young people and young people with chronic illness.
- ▶ Develop a resource kit for professionals on when and how to interact with families, whānau and caregivers of disabled young people, young people with chronic illness and young people requiring palliative care.
- ▶ Identify effective ways of making hospitals (and hospices) more youth-focused in atmosphere and service provision.
- ▶ Develop a resource kit for bereaved families.
- ▶ Evaluate the effectiveness for disabled youth of selected programmes.

## Goal Ten

### Young people with multiple disadvantage<sup>7</sup> have better health outcomes

#### Objectives

- ▶ A higher priority accorded to the health needs of young people with multiple disadvantage.
- ▶ Increased access and more flexible service delivery for young people with multiple disadvantage.

#### RECOMMENDED ACTION POINTS

##### **A higher priority accorded to the health needs of young people with multiple disadvantage**

- ▶ Give priority for funding to primary health care organisations that provide health care coverage to young people with cumulative disadvantage.
- ▶ Promote collaboration between public health services and primary health services to meet the needs of young people with high unmet health needs.
- ▶ Promote the use of the Ministry of Health's *Intervention Framework to Improve Health and Reduce Inequalities*.
- ▶ Implement the health-related recommendations of the Youth Offending Strategy, namely:
  - establish Youth Offending Teams and include a representative from the health sector
  - implement a health assessment process prior to the first family group conference for some young people
  - explore options for increasing the provision of youth-appropriate forensic services for serious young offenders with severe mental health problems.
- ▶ Work with the Ministry of Education and Child Youth and Family Services to develop joint service initiatives for children and young people with high and complex needs.

##### **Increased access and more flexible service delivery for young people with multiple disadvantage**

- ▶ Identify proactive ways of reaching young people who have high but unmet health needs through, for example:
  - extending health promotion and community action programmes
  - more use of mobile clinics, including at: sports events, inner city locations, alternative education centres, prisons, residential care facilities, rural locations
  - supporting the development of youth-specific health services
  - extending services provided at school-based health clinics.

<sup>7</sup> Young people who suffer from the cumulative impact of low or no income, abusive or violent environments, substandard housing, inadequate schooling, mental illness, chronic illness and drug or alcohol abuse.

#### RECOMMENDED ACTION POINTS

- ▶ Ensure that there is good liaison between schoolbased health clinics and specialist education services.<sup>8</sup>
- ▶ Ensure that youth-specific services are available to meet the multiple needs of young people with chronic illness.
- ▶ Recruit and train child and adolescent psychiatrists with specialisation in forensic psychiatry.



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<sup>8</sup> Learning disorders are a significant risk factor for mental health co-morbidity.

## 9. Health issues for specific groups of young people

In this section, we highlight some of the health issues confronting specific groups in the youth population. This provides a little more context for actions recommended in the action plan. It also draws attention to some concerns that may not yet have been recognised or responded to in current health service provision.

### Rangatahi

Young Māori represent almost 20 percent of New Zealand's total youth population (Statistics New Zealand NZ Census 2001). With young Māori continuing to suffer more ill health than their non-Māori counterparts, the health sector has a responsibility to work with whānau, hapū, iwi and Māori communities to find solutions. This means going beyond treating the symptoms of ill health.

For Māori, good health is increasingly associated with Māori development, with strengthened cultural identity, with self-determination, with hope for the future.

In practical terms, for the health sector this means involving rangatahi in policy and programme design, offering training opportunities in health, developing the capacity of Māori providers, and advocating with colleagues in other sectors for adequate housing and support for young people – as well as making sure that existing health services are responsive and appropriate to the needs of young Māori.

### Pacific young people

Most young Pacific people currently resident in New Zealand were born here. These young people face the challenge of developing their own identities out of two or more cultures and often, conflicting attitudes and values. Pacific culture, values and practices are very strong in New Zealand, and many young people's social, spiritual, cultural and youth development activities centre around the church.

For the health sector, recognising young Pacific people in the context of their families is important, as is acknowledging the differences between Pacific communities.

Pacific health workers advocate working alongside and through the church and community networks as the most effective way of promoting the good health of Pacific young people.

### Young people from minority ethnic communities

New Zealand has a diverse range of ethnic communities. According to the 2001 Census (Statistics New Zealand), nearly one in five New Zealand residents was born overseas. One in 15 is of Asian ethnicity. A high proportion of new migrants each year come from non-English speaking backgrounds.

The needs and views of young people from different ethnic backgrounds vary with their backgrounds and the time spent in New Zealand. For example, many young people

come to New Zealand as students and then return on temporary visas, so are often not eligible for health benefits that come with full citizenship. They may not have money or insurance to cover the costs if they become unwell.

Others may have entered New Zealand as refugees, and have health needs that relate to experiences prior to their arrival in this country.

Issues for these young people may include:

- ▶ language barriers
- ▶ difficulties associated with making the transition to adulthood in a new and sometimes alien culture
- ▶ lack of connections into the community and knowledge of how to access health services
- ▶ being caught between two cultures: their own and that of their new country
- ▶ bullying, and fear of racism.

The health sector and the education sector share a duty of care for these young people. Feedback from the youth health sector indicates that there is an urgent need for the Ministries of Education and Health, in consultation with ethnic communities, to find appropriate ways of meeting the health needs of new young migrants and their families.

## Disabled young people

About 8 percent of young people have physical, sensory or other impairments that limit their daily activities in some way (Statistics New Zealand NZ Census 2001).

This group includes:

- ▶ physically disabled youth
- ▶ blind, visually impaired or deaf/blind youth
- ▶ Deaf youth
- ▶ intellectually impaired youth.

Often these young people face huge barriers to achieving the kind of life that their peers take for granted. Because they are perceived to be 'different', disabled young people are often bullied at school and many do not feel that they are part of a supportive environment.

For this reason, families, whānau, schools and health workers need to be particularly alert to signs of emotional and mental ill health among disabled young people.

Communication and access to health services is a major issue for disabled youth.

- ▶ Health information needs to be in an accessible form (eg, in large print, in audio or electronic format wherever feasible) and free of charge.
- ▶ Premises need to be easy to locate.
- ▶ Health staff need to be aware of and sensitive to the particular issues that disabled youth face.

## Chronically ill young people

Young people with chronic illnesses (including cancer, diabetes, asthma, cystic fibrosis and multiple sclerosis) face some special challenges – particularly in connecting and keeping up with their peers. For those at school, their illness can mean that they have days and sometimes weeks away from classes. This interrupts both their learning and their relationships with their classmates. The symptoms of their illness – sometimes physical, like coughing; sometimes practical, like having to take medication – can make them feel self-conscious, and the object of embarrassing attention.

For the older group, money worries can compound their illness. Finding a job that is flexible enough to allow for intermittent bouts of sickness is difficult. Many costs associated with their illness are not covered through the public health system.

Chronically ill young people say that if people were more aware of how they felt and the issues they faced, that would make a difference.

## Lesbian, gay, bisexual and transsexual young people

Young people whose sexual identity sets them apart from their peers are often having to function in an environment that is less than supportive. Many lesbian and gay young people report having to deal with bullying and discrimination in schools and in their workplaces.

For some young people this sense of exclusion can be overwhelming and may result in depression and even self-harm.

The primary need of this group of young people is support. Teachers, school counsellors and school-based health professionals are likely to be the first to identify pressure points for these young people, but families and whānau and primary health care workers also need to be alert to the signs of bullying or discrimination and ensure that appropriate support and pastoral care is available.

## Young parents

Young parents, and particularly young mothers, are potentially under greater pressure (with less support) than previous generations. With many of their peers postponing childbearing until their late 20s, young parents' network of mutual support has shrunk. Grandparents may be in the workforce, and family and whānau are often scattered.

Young parents may also be under financial stress.

Young parents, and in particular young mothers, need:

- ▶ supportive communities, families and whānau
- ▶ support groups and income support
- ▶ opportunities for continued education and personal development.





# Appendix 1

## Ministry of Health and intersectoral health strategies

- ▶ New Zealand Disability Strategy 2001
- ▶ New Zealand Health Strategy 2000
- ▶ He Korowai Oranga: Māori Health Strategy Discussion Document 2001
- ▶ New Zealand Strategic and Action Plan for Public Health (discussion document)
- ▶ Reducing Inequalities in Health (June 2002)
- ▶ New Zealand Youth Suicide Prevention Strategy (1998) (an intersectoral strategy)
- ▶ An Integrated Approach to Infectious Disease: Priorities for Action 2002–2006
- ▶ The National Drug Policy 1998–2003 (an intersectoral strategy)
- ▶ National Alcohol Strategy 2002–2003 (an intersectoral strategy)
- ▶ Building on Strengths: A Guide for Building on Strengths: A Mental Health Promotion Strategy 2002 (under development)
- ▶ Healthy Food – Healthy Action: An integrated approach to nutrition, physical activity and healthy weight for New Zealand (under development)
- ▶ New Zealand Cancer Control Strategy (in early scoping phase)
- ▶ Pacific Health Action Plan 2002
- ▶ Child Health Strategy 1998
- ▶ Sexual and Reproductive Health Strategy (2001) (being developed into action plans)
- ▶ The Primary Health Care Strategy (2001)
- ▶ Through the Eyes of a Child: A National Review of Paediatric Speciality Services
- ▶ The Palliative Care Strategy (2001)
- ▶ Child Health Information Strategy (2000)
- ▶ The Health Workforce – A Training Programme Analysis

# Appendix 2

## Other relevant documents and strategies

### **United Nations Convention on the Rights of the Child**

Ministry of Youth Affairs, December 2000  
ISBN 0-478-25000-2

Contact: Ministry of Youth Affairs  
PO Box 10 300  
WELLINGTON  
[www.youthaffairs.govt.nz](http://www.youthaffairs.govt.nz)

### **Youth Development Strategy Aotearoa**

Ministry of Youth Affairs, January 2002  
ISBN# 0-478-25004-5

Contact: Ministry of Youth Affairs  
PO Box 10-300  
WELLINGTON  
[www.youthaffairs.govt.nz](http://www.youthaffairs.govt.nz)

### **New Zealand's Agenda for Children: Making Life Better for Children**

Ministry of Social Development,  
June 2002

Contact: Ministry of Social Development  
Private Bag 39993  
WELLINGTON  
[www.msd.govt.nz](http://www.msd.govt.nz)

### **WELLCHILD – Coordinated child health**

Royal New Zealand College of General Practitioners and Ministry of Health  
Revised 4<sup>th</sup> edition, May 2000  
ISBN # 0-9582176-6-1 (HP 3419)

Contact: Ministry of Health  
C/o Wickliffe Ltd  
PO Box 132  
Dunedin  
[moh@wickliffe.org.nz](mailto:moh@wickliffe.org.nz)

### **About Time**

Department of Corrections, May 2001  
ISBN #0-478-11330-7

Contact: Department of Corrections  
Private Box 1206  
WELLINGTON  
[www.corrections.govt.nz](http://www.corrections.govt.nz)

### **A Quick Reference for Primary Care Providers – detection and management of young people at risk of suicide**

Royal New Zealand College of General Practitioners  
Ministry of Youth Affairs, September 2000

Contact: Royal New Zealand College of General Practitioners  
PO Box 10440  
WELLINGTON  
[www.rnzcgp.org.nz](http://www.rnzcgp.org.nz)  
[www.nzgg.org.nz](http://www.nzgg.org.nz) – National Health Committee/Guidelines Group.

### **Health for Young People – Effective General Practice Care for Young People**

Royal New Zealand College of General Practitioners  
Reissued 2000

Contact: Royal New Zealand College of General Practitioners  
PO Box 10440  
WELLINGTON  
[www.rnzcgp.org.nz](http://www.rnzcgp.org.nz)

### **Suspected Child Abuse and Neglect**

Ministry of Health;  
Royal New Zealand College of General Practitioners  
New Zealand Medical Association; Child, Youth and Family, December 2000

**Youth Offending Strategy**

Ministry of Justice, April 2002

ISBN 0-478-20174-5

Contact: Ministry of Justice  
PO Box 180  
WELLINGTON  
[www.justice.govt.nz](http://www.justice.govt.nz)

**Health and Physical Education Curriculum**

Ministry of Education

ISBN# 0-478-23008-7

Contact: Learning Media  
PO Box 3293  
WELLINGTON  
[www.learningmedia.co.nz](http://www.learningmedia.co.nz)

**New Zealand Injury Prevention Strategy  
(Currently Under Development)**

Accident Compensation Corporation (ACC)

Contact: Accident Compensation  
Corporation  
PO Box 2521  
WELLINGTON  
[www.acc.org.nz](http://www.acc.org.nz)

**Road Safety Strategy 2010 –  
a consultation document**

Land Transport Safety Authority

National Road Safety Committee, October  
2000

ISBN# 0-478-20693-3

Contact: Land Transport Safety Authority  
PO Box 2840  
Wellington  
[www.ltsa.govt.nz](http://www.ltsa.govt.nz)

**Blueprint for Mental Health Services in New  
Zealand – How things need to be**

Mental Health Commission, November 1998

ISBN 0-478-11357-9

Contact: Mental Health Commission  
PO Box 12 479  
WELLINGTON  
[www.mhc.govt.nz](http://www.mhc.govt.nz)

**Report on Progress 1998–2000 towards  
implementing the Blueprint for Mental Health  
Services in New Zealand**

Mental Health Commission, February 2001

ISBN# 0-478-11375-7

Contact: Mental Health Commission  
PO Box 12-479  
Thorndon  
WELLINGTON  
[www.mhc.govt.nz](http://www.mhc.govt.nz)

**A Child's Right to Medical Treatment:  
Reconciling the Perceived Conflict between  
Children's Rights and Parents' Rights –  
Discussion Paper**

Office of the Commissioner for Children

Contact: Office of the Commissioner for  
Children  
PO Box 5610  
WELLINGTON  
[www.children@occ.org.nz](http://www.children@occ.org.nz)

**Final Report on the Investigation into the  
Death of James Whakaruru**

Office of the Commissioner for Children,  
June 2000

Contact: Office of the Commissioner for  
Children  
PO Box 5610  
WELLINGTON  
[www.children@occ.org.nz](http://www.children@occ.org.nz)

**Building a shared vision for our community**

Ministry of Pacific Island Affairs

Pacific Capacity Building

Christchurch Programme of Action

Contact: Ministry of Pacific Island Affairs  
PO Box 833  
Wellington  
[www.minpac.govt.nz](http://www.minpac.govt.nz)

**Growing Young –Towards a Comprehensive  
Child Health Strategy**

Community Paediatric Committee

Paediatric Society of New Zealand

Contact: Paediatric Society of New Zealand

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Ministry of Youth Affairs. 2002. *Youth Development Strategy Aotearoa*. Wellington: Ministry of Youth Affairs.

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