

The youth health specialty in New Zealand:

Collaborative practice and future development

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Nursing and medical collaboration and youth service development to advance youth health outcomes in New Zealand

ABSTRACT

Nurse practitioners, youth health nurses, and youth health doctors working collaboratively within the youth health sector, provide a significant contribution to the health and well-being of young people. Community-based youth health services and school-based youth health services such as VIBE seek to complement the care delivered by Primary Health Organisations (PHOs) and other allied health care services in the community. Youth health services provide a strength-based approach to health care delivery. Youth health and development is supported by utilising a 'whole of life' approach that addresses the presenting health care need and identifies additional health care risk and resilient factors. The development of postgraduate youth health qualifications, vocational registration for doctors specialising in youth health, youth health nursing clinical training pathways, youth health service standards and a national framework for health service delivery to young people have the potential to improve youth health outcomes in New Zealand.

Introduction

The youth health specialty in New Zealand has developed significantly

Gill Alcorn has been working in the youth health specialty for 14 years. She worked as a school nurse at Naenae College in Lower Hutt for 11 years and was involved in primary health care delivery and health curriculum teaching. Gill held the position of HOD Health at Naenae College prior to being employed at VIBE as a youth health nurse specialist, as part of a MOH/HVDHB Nursing Innovation in August 2003. She was endorsed as a Nurse Practitioner - Primary Health Care (Youth Health) in December 2005 and is actively involved in the development of the youth health specialty nationally.



over the past 10 years. Youth health statistics in New Zealand reflect poor health status within this client group when compared to international data.¹ Social concerns with regard to teenage pregnancy, youth abortion, sexually transmitted infections, self-harming, suicide, depression, alcohol and other drug use, physical and sexual abuse, youth violence and dental care uptake can be positively influenced by developing community-based health services and school-based primary health care services in New Zealand.²

Community-based youth health services, such as 198 (Youth Health Centre in Christchurch) and VIBE (previously the Hutt Valley Youth Health Service), have been models for the development of other youth services nationally. Evolve (Wellington Youth Service), KYS (Kapiti Youth

Support), YOSS (Youth One Stop Shop – Palmerston North), Rotovegas (Rotorua Youth Health), Directions Youth Health Centre (Hastings) and WAVES (Taranaki Youth Health Service – to be launched 2007) have been developed as the result of community youth health need, community partnerships and the committed work of professional staff and young people.

VIBE – A model of community-based and school-based youth health service delivery

VIBE is a free, confidential health and support service for people 10–24 years and celebrated its 10th year of operation this year. VIBE has a commitment to youth health and development^{3,4} and two youth board members participate on the VIBE trust board. Six peer support work-

ers (17–24 years of age) are currently employed at VIBE and are central to the operation of the service. Peer support workers meet and greet clients, liaise with staff across the service, and undertake reception duties, mentoring, project work, and community education. A youth development^{5,6} approach in health care delivery is paralleled in building capacity in youth staff employed within VIBE.

The author was endorsed as a Nurse Practitioner – Primary Health Care (Youth Health) in December 2005 and in this role provides nursing leadership within VIBE. Dr Anganette Hall is employed jointly by VIBE and the HVDHB as a Youth Health Specialist and provides two clinical sessions, medical oversight and specialist consultancy to VIBE clinicians and community clinicians. This employment structure supports integrated care between primary and secondary health care services in the Hutt Valley. VIBE community-based service employs a GP (0.3 FTE) and an additional GP (0.1 FTE) is employed as a sexual health doctor under a WIPA secondary sexual health contract. Four youth health nurses work part-time (1.2 FTE) at the VIBE community-based sites. Figure 1 indicates the primary reason for a young person accessing VIBE health services.

VIBE services are highly utilised and over 6000 young people are registered with the service. A seamless approach to youth health is facilitated by having Medtech linked across the eight service sites. Reducing barriers to health care for youth clients and reducing health inequalities are important driving factors in the development of youth specific services. Ensuring that service delivery is youth appropriate and responsive to the health needs of Maori,⁷ Pacific,^{8,9} and refugee communities is reflected in the range of staff employed within the service and the parallel emphasis on professional development and establishing collaborative partnerships within the community.

Figure 1. VIBE: Community-based and school-based services; 1 Jan 2006–31 Dec 2006

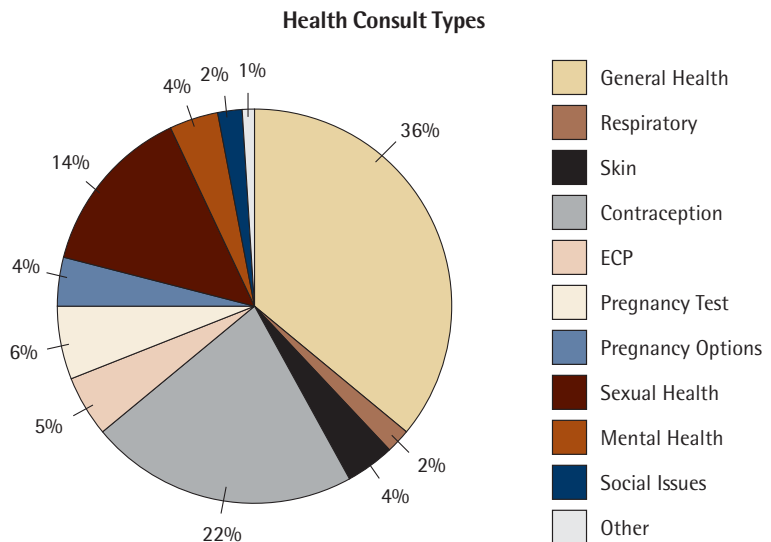
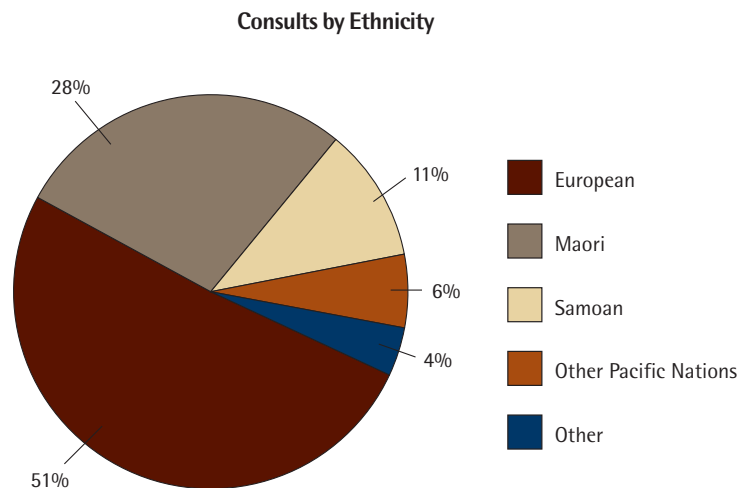


Figure 2. VIBE: Community-based service and school-based services; 1 Jan 2006–31 Dec 2006



Collaborative relationships are maintained with local PHO clinicians and allied community health services. When the need arises, and with the permission of youth clients, health care information is shared in order to advance integrated primary health care. Youth health services^{10,11} positioned within the primary health care sector provide young people with a youth friendly environment to explore health issues and challenges. Youth services¹² in New Zealand such as VIBE have a commitment to providing affordable, approachable, and accessible¹³ health

care for young people and complement the health care services currently available within the community.

The role of a nurse practitioner (youth health) at VIBE

The nurse practitioner (NP) is the only full-time clinical position at VIBE and this role includes self-referral clinics, multidisciplinary review, policy and practice development, staff development, consultancy and liaison. Young people access VIBE for a range of health concerns, which can be divided into three

VIBE – Free and confidential health and support service for people 10–24 years			
Youth Development Model HEADSS assessment Strengths-based assessment and intervention	VIBE Service Strand	Staffing	Service
	VIBE Management/Operations	Manager (1.0 FTE) Operations co-ordinator (1.0 FTE)	Management, community liaison, intersectoral initiatives Administration, accounts
	VIBE Health Service <i>Community-based</i> Lower Hutt Upper Hutt Orongomae Marae Epuni Care and Protection Unit <i>VIBE school-based services</i> Taita College (900 students) Naenae College (800 students) Wainuiomata High School (1000 students) St. Bernard's College (480 students)	Nurse practitioner – youth health (1.0 FTE) Youth health specialist (0.2 FTE) General practitioner (0.3 FTE) Youth health nurses (1.2 FTE) Sexual health doctor (0.1 FTE – WIPA) General practitioner (3 hrs: per 500 students) School nurse (7 hrs: per 500 students)	Primary health care for young people 10–24 years. Self referral, peer referral, family/whanau referral, community referral i.e. GP, practice nurse, LMC, school guidance counsellor Primary health care for secondary school students Primary health care, health promotion, health curriculum support, health policy development, liaison
	VIBE Social Support Service	Senior social worker/ referrals co-ordinator (1.0 FTE) Social support worker (1.0 FTE) Youth and community worker (1.0 FTE) Peer support workers x6 (2.1 FTE)	Social support services for young people 10–24 years Referral, liaison, case management, social work, mentoring, goal setting, youth development projects, community education (i.e. sexual health, sexuality, contraception)
	VIBE Youth Transition Service	YTS manager (1.0 FTE) Career nroker (1.0 FTE) Youth transition mentors x4 (4.0 FTE)	Youth transition services for young people 15–19 years. Individualised career/ study planning, CV writing, interview skills, focus group intervention, employer/ training provider liaison, placement into employment/ training, follow-up liaison, community networking

broad clinical areas: general health, sexual and reproductive health and mental health. The presenting health concern is addressed in partnership with the young person and additional health needs are identified. Health risk factors and resilient factors are explored utilising a strength-based approach to care. Underlying issues that influence the young person's health and well-being are explored including: family relationships, school experience, study/employment, substance use, relationship issues, sexuality, mood/

self-harming behaviour, safety/exposure to violence/traumatic stress (HEADSS assessment model).^{14,15} The identification of personal strengths and interests, pro-social relationships, friendships, plans and goals supports the young person's positive self-view and is a basis for ongoing health care engagement.

The NP undertakes physical assessment, screening, diagnostic testing, laboratory review, and treatment as required. Liaison with medical and nursing colleagues and case review is undertaken, and multidisciplinary

review is utilised to inform intervention planning. Viewing the young person's health need in the context of their whole life frequently requires consultations in excess of 20 minutes but positive outcomes are evident from this approach to health care delivery. Referral to VIBE youth transition for personal development/ study/ career mentoring or VIBE social support for AOD/goal setting/relationship interventions is made possible by the co-location of VIBE service strands. Improvement in mental health and a reduction in substance

use are supported by a 'whole of life' approach to health care. The opportunity to explore with a young person their personal journey allows a window of opportunity for change to be imagined and supported.

The NP has a key role in ensuring efficient referral processes within VIBE and to GPs, practice nurses, community mental health, AOD, secondary hospital services, WINZ, CAFS, NET, birthEd antenatal programme, LMCs, and counsellors. The NP provides youth health consultancy within the Hutt Valley community and responds to health-related questions from young people posted on the VIBE website. Cell phone, txt and email are frequently-used methods of communication with young people concerning follow-up, result giving and appointment availability.

Personal health and population health are viewed by the VIBE NP as important parallel practice dimensions. VIBE and birthEd (HVDHB antenatal education provider) have developed a youth-appropriate antenatal education programme for young women, their partners/support persons/whanau members. The courses commenced in February 2005 and over 120 young women have accessed this programme. Feedback from the programme indicates that it is a supportive, non-judgemental learning environment and participants would highly recommend the programme to other young women. This initiative has its base in reducing inequalities, youth-appropriate practice, strength-based care, promoting breastfeeding and positive parental attachment and building positive connections in young people's lives.

The NP is committed to nursing workforce development at VIBE and within the youth health sector. The NP is actively involved in delivering workshops to undergraduate and postgraduate nursing students, mentoring nursing students on clinical placement, and is currently supporting two new graduate nurses into youth health nurse positions at VIBE. The NP provides co-leadership of the Greater Wellington

School Nurse Group. This group of 16 school nurses meets twice per school term for professional development, liaison, and policy and practice development. NP (youth health), youth health nurse specialists and youth health nurses working at an advanced level of practice provide a significant contribution to the health and well-being of young people in New Zealand.

School-based services

VIBE school-based services were established in 2003 with funding from HVDHB and are delivered at four low deciles secondary schools in the Hutt Valley. A partnership model is demonstrated between VIBE, RPH, School Boards of Trustees, and school senior management. School-based clinicians maintain professional relationships with pastoral care staff, guidance counsellors, social work staff and teachers, and support health curriculum delivery¹⁶ and health policy development within the schools. GPs have, in most instances, been employed from local PHOs, with one GP employed from outside the local area. A practice ratio of seven school nurse hours per 500 students and three doctor hours per 500 students was included in this contract.

School-based services nationally have developed from different funding sources from within the education and health sectors. School nurses are either employed directly by schools, or the nurses and doctors work under health contracts managed by community trusts such as VIBE. Other professional organisations employ school health service staff including Independent Practice Associations, Family Planning Associations, Regional Public Health, or PHOs. School nurse:student ratios in New Zealand are highly variable, with current legislation only requiring trained first-aiders to be employed within schools. The employment of registered nurses in schools varies from nurses undertaking part-time nursing and school absences/administrative duties, to schools employing nurses, to full-time registered nurse positions. The Counties Manukau District Health Board

Case Study

15 years – female

A young woman self-referred to the VIBE nurse practitioner one week following the ingestion of magic mushrooms and other drugs. She reported having been placed in cells at police station to detoxify and family were contacted. Assessed by family GP following incident. One week after incident she remained concerned about her physical, auditory and sensory symptoms.

HEADSS assessment

Risk factors

Family separation/loss, poor school connection, STI risk behaviour, street work, history of drug and alcohol use from 12 years.

Resilient factors

Parent supportive of young person accessing health care, enjoyment of design at school, motivated to access AOD/youth transition support, able to identify possible career goal.

NP intervention

- Mental health assessment/depression/suicide risk screen
- Physical assessment
- STI screening
- Contraceptive education/ECP
- AOD screen
- Family/whanau liaison
- Follow-up care – STI treatment/COC
- Referral to Community AOD service
- NP supported initial appt. with AOD counsellor @ VIBE
- Referral to VIBE Youth Transition Service for personal development/study/career mentoring

(CMDHB) has supported a joint health/education initiative called AIMHI (Achievement in Multicultural High Schools) which has seen the development of student support services in decile 1 (high deprivation) secondary schools. These schools demonstrate an advanced model of school-based primary health care delivery, including school nurses (3.0FTE), GP (0.6FTE), social worker, administrator, and physiotherapist.

The future development of community-based and school-based youth health services in New Zealand

The National Youth Health Working Advisory Group, a group of doctors and nurses working in youth health, are currently working to advance the youth health specialty in New Zealand. Important issues that members of the National Youth Health Working Advisory Group are progressing currently include:

- Youth Health Service Standards
- Academic programme development in youth health
- Career pathway for doctors and nurses within the youth health specialty
- Vocational registration for doctors in youth health
- Youth health nursing educational framework – NZQA courses, Postgraduate Certificate in Nursing (Youth Health), Master of Nursing (Clinical) – Youth Health, Nurse Practitioner (Youth Health) endorsement
- Proposed establishment of 'The Youth Health Society New Zealand Incorporated' – a professional society for youth health practitioners
- A national framework for health service delivery to young people in New Zealand
 - School-based health services
 - Community-based youth-specific services ('one stop shops')

VIBE/birthEd Antenatal Education Programme

Participants of the programme highly recommend the programme for other young women

'There was so much – I felt so prepared.'

'I don't think I would have coped – I wouldn't have gone to classes with older people.'

'Knowing about what was happening so I wasn't freaked out about what was happening.'

'All the information – it helped me so much knowing about all the effects of drugs and that's why I chose a natural birth.'

'I met other people going through the same experience.'

'If I didn't come I wouldn't know what to do.'

'Cool. You can take your partner but it's good, you don't feel excluded if you don't have a partner.'

'It was a comfortable environment – I didn't feel judged.'

- Alternative Education-based and Teen Parent Unit-based health services
- Young people in care-based services (Youth Justice Units/Care and Protection Units).

Collaborative community partnership between health and education are required to support the ongoing development of school-based services nationally. School-based services require development to reflect appropriate school-nurse/GP:student ratios. A ratio of 1.0 FTE school nurse position per 750 students as legislated in some states in the United States¹⁷ is a benchmark to be considered in future school health service development. A ratio of 0.2 FTE school-based GP hours per 750 students is a benchmark to be considered in order to advance improved youth health outcomes in New Zealand.

The development of accessible and youth appropriate primary health care services nationally¹⁸ has the potential to support educational success, pro-social development and improved youth health outcomes.

Nurse practitioners in youth health, youth health nurse specialists, and youth health nurses work in collaboration with doctors to improve the health outcomes of young people. Developing capacity in the youth health nursing and medical workforce in New Zealand is a primary health care priority. Workforce development in youth health is an important means to address health inequalities and to improve the health of young people in New Zealand.

Competing interests

None declared.



VIBE youth health nurses



Peer support workers Henio, Juliet and Winika

St Bernard's College students – Interactive group participation at VIBE



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