

Optimising Adolescent and Young Adult Care in Queensland

A Statewide Strategy
2022 - 2027



Optimising Adolescent and Young Adult Care in Queensland: A Statewide Strategy

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*We acknowledge the Traditional Owners of the land on which we walk, talk, work and live. We pay respects to Elders past, present and all generations of Aboriginal and Torres Strait Islander peoples now and into the future.
(Artwork produced for Queensland Health by Gilimbaa)*

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Forewords

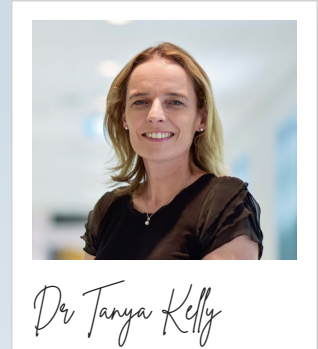
The Queensland Clinical Senate Chair

Dr Tanya Kelly
Chair, Queensland Clinical Senate

The first recommendation from the Queensland Clinical Senate’s ‘Adolescent to young adult care: doing better’ meeting in late 2020 was the co-design of a statewide system-level strategy addressing adolescent and young adult care. To see this recommendation come to fruition is incredibly rewarding for Senate members and guests and, most importantly, vital for our adolescents and young people. Investing in the health and wellbeing of our young people can have a profound impact on their lives and our future generations.

As the president of the International Association for Adolescent Health, Professor Susan Sawyer, said: ‘This generation of adolescents can transform all our futures; there is no greater priority in global health than ensuring they have the resources to do so.’ Patton GC, Santelli JS, Sawyer SM et al, 2016.

Congratulations to everyone involved in the creation of this excellent strategy — it has the potential to change the lives of young people and their families for the better. They deserve nothing less.



Qld Child & Youth Clinical Network Chairs

Dr Clare Thomas & Dr Rachel Beswick

There is no life stage that provides more opportunities for biopsychosocial development and growth than the adolescent and young adult (AYA) years, making this time crucial for health, mental health and wellbeing outcomes of young people and the future adults they will become. The Queensland Child and Youth Clinical Network believes that every young person should receive developmentally appropriate quality AYA care, regardless of where they live or receive care. To achieve this, our community and the health system requires a shift to prioritise young people, recognise them to be a unique cohort and

implement developmentally appropriate, patient-centred, value-based healthcare. Championing this shift will strengthen developmentally informed, strengths-based care for young people benefiting the health outcomes of current and future generations of Queenslanders. QCYCN recognises that to do this, quality AYA Care needs to be delivered by a system that recognises and supports AYA healthcare clinicians, celebrates AYA initiatives, and supports multidisciplinary healthcare professionals through appropriate AYA education and training. To deliver patient-centred, values-based AYA healthcare, we must continue to engage young people and families as consumers and partners in all levels of health care design, delivery and evaluation. This strategy provides a road map to start this process. It

has been meaningfully co-designed with consumer and clinician experts from across disciplines, sectors and geographic locations in Queensland whose contributions and insight made this work possible. The outcomes demonstrate the actions required to optimise care for young people across Queensland.



AYA Consumers



Ellie Buchan

The AYA years are an exciting time in any person's life, filled with anticipation of the future. But what happens when life gets interrupted by a complex illness or health condition? Who do you turn to? How do you access the help that you need? I face these questions daily as a young person living with both lifelong disabilities and complex illness. Navigating the healthcare system is a daunting task, and from a young age, it is one that I have had to travel alone. My experience of transitioning between paediatric and adult healthcare services was one of trauma that I am only now learning to overcome. Sadly, my experiences in the healthcare system are far from unique. I have had

the privilege of working alongside dedicated clinicians who share my vision of creating a kinder, more compassionate healthcare system for AYAs, a vision which this strategy aims to make a reality for young people in Queensland.

Consumer Carer

Michelle King

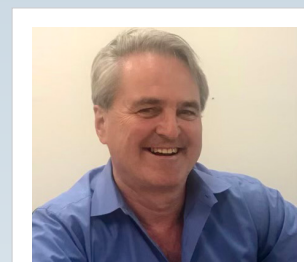
As a parent of a young woman with profound intellectual and multiple disabilities, we are Queensland health system veterans with many specialists, allied health services, tests and checks, medications, and health supplies and equipment to manage within a complex system. Navigating healthcare is especially challenging for young people with profound intellectual and multiple disabilities who rely on others to coordinate, access, and make decisions about their care. Our experiences have shown us that good quality health care, focused on the circumstances of young people, a good transition from paediatric to adult systems, and more space for young people in the adult system are all vital. We need to accommodate the circumstances and capabilities of young people. Meeting young people where they are at, and offering respectful support for them, their experiences, their families, and their communities is something we can all aim for and take away from this strategy. Young people and their supporters have been listened to and this shows in this important strategy.



Health Professionals

Dr Cameron Bennet
Co-chair, AYA Subnetwork,
Queensland Child & Youth Clinical Network

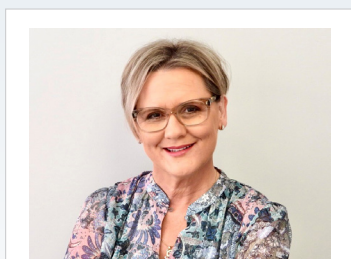
As chair of the AYA Subnetwork I commend this strategy and its vision. It has been built upon the good work of many individuals, over many years. At its core it recognises that quality AYA care requires a partnership between the individual, the care teams and models through which they transit. It recognises and supports best health and developmental outcomes. In particular, it is aware of the collaborative nature between paediatric health, adult health and mental health that is required to enable good care. This strategy outlines a roadmap through focus areas identified, by a widely representative stakeholder group. It outlines recommendations for the immediate, short, and long term and indicates those jurisdictions most likely responsible. It points to the particular attention required for priority groups. It catalogues the abundant evidence supporting the excellent outcomes achieved by this approach. It is a call to action. One which I urge all health services to adopt.



Dr Cameron Bennet

Australian Association for Adolescent Health

Geraldine Dyer
President



Geraldine Dyer

The Australian Association for Adolescent Health Ltd (AAAH) is the national youth health peak body. The Optimising AYA Care in Queensland strategy is a welcome and valuable document, adding value to the growing voice for action from in health around Australia. While each state may have some differing approaches to the advancement of AYA health and wellbeing, the outcomes sought by all are the same. This document clearly states up front that it is for whole of state and includes the voices of both young people, which is apparent and powerful, as well as *a wide range of other stakeholders*. Equally important is the very clear statement that this strategy is the responsibility of everyone who provides care for young people. Young people face unique

and age-specific barriers which limit their access to healthcare and AAAH believes that it is through high level strategy and policy, service collaboration and integration across the entire health system, and the engagement of young people and providers in education and training, that universal, age-appropriate, culturally sensitive health care will be achieved. AAAH is pleased to endorse the Optimising AYA Care in Queensland Strategy which has listened to the voices of young people and will provide a way forward to achieve quality health care for adolescents and young adults.

Vision for AYA Healthcare

By 2027

Every young person 12-25 years in Queensland receives quality Adolescent and Young Adult (AYA) healthcare that is developmentally tailored and culturally considered, to dually support the best health and developmental outcomes. This is designed and delivered in partnership with the young person and their significant others.

To achieve this, AYA care needs to be championed and consistently delivered by a whole health system that is educated and empowered to provide quality AYA care. Quality AYA care is required wherever young people live or receive physical health and/or mental health care. It is everyone's responsibility. Quality AYA care is recognised as strengths-based, capability-based and developmentally tailored care ([Position Statement: Adolescent and Young Adult Care, QCYCN 2021](#)).

I dream of a person-centered, well-connected model of care that services young people with a variety of needs - from the one-touch to the complex systemic interactions.

L – 23yrs

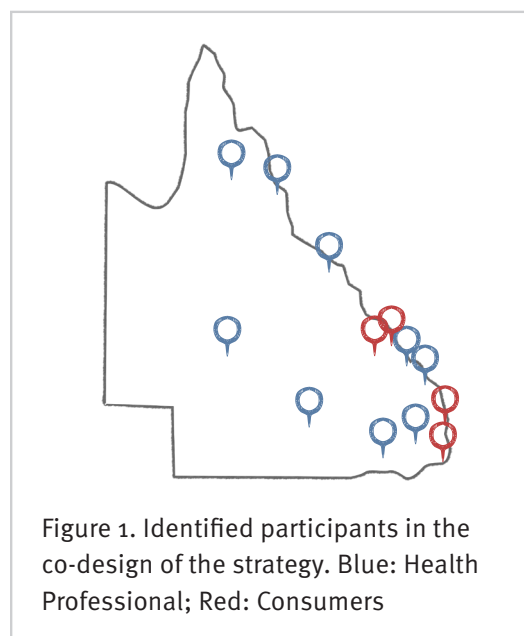


Introduction

The Optimising AYA Care in Queensland (OPAYAC) strategy brings together the voices of young Queenslanders, their carers, and health professionals to conceptualise quality AYA care and identify how services can be improved to deliver such care for young people. The data that informs this strategy has been tested against the evidence base to position the strategy as a document to guide gold standard AYA care both now and into the future for the Queensland healthcare system. The OPAYAC strategy is founded on the principles and practices of quality AYA care identified within the 2021 QCYCN AYA Position Statement. It reports on the focus areas and *future directions* needed to improve care and outcomes for young people.

How did we get here?

This strategy has been developed by the Queensland Child and Youth Clinical Network (QCYCN) through co-design with consumers and multidisciplinary health clinicians. It is based on principles of meaningful consumer engagement and is founded on the lived experience of consumer experts and clinicians who strive every day to provide the best care to young people and their families. Mixed methodology surveys and focus groups were used to explore what participants determined quality AYA care to be, current challenges within the health system and opportunities to optimise care for young people in Queensland. This strategy reflects the recommendations identified by the OPAYAC participants, supported by gold standard national and international policy and research.



Audience

Quality AYA care is everyone's responsibility. The OPAYAC Queensland strategy is relevant to all professionals and health services caring for AYAs aged 12-25 years requiring health and/or mental health care, regardless of service, stream or discipline. This includes Health Service Executives, Allied Health Professionals, Educators, General Practitioners, Health Workers, Aboriginal and Torres Strait Islander Health Workers, Medical Specialists, Nurses, and others from within paediatric and adult tertiary care, community care and general practice. This strategy is a *call to action* for all health professionals and health services working with young people across Queensland. Consistency in applying evidence-based approaches to care for young people is required to support meaningful change, improve healthcare efficiency and effectiveness, and ensure the best health outcomes [1-5].

Focus Areas Identified:

The outcomes from OPAYAC identify four focus areas of priority to optimise AYA care for all young people in Queensland. These are outlined below, along with the action required to achieve these. Across all focus areas, specific action should be taken to improve access, care and outcomes for priority AYA populations including Aboriginal and Torres Strait Islander young people, among others.



1. Optimising AYA Care

Goal: Provide consistent and integrated quality AYA care across sectors to improve the patient experience and access to healthcare.

Actions: Embed quality AYA Care principles, approaches, and practices into all health services through the development of AYA services within each Hospital and Health Service (HHS) as well as the development and implementation of AYA frameworks and models of care that are optimal for each service.



2. Maximise Partnership & Collaboration

Goal: To ensure health systems are designed, delivered and evaluated through partnership with young people and their families.

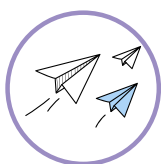
Actions: Develop, nurture and maximise cross-sector and service collaboration to optimise integrated care pathways for AYAs. Maximise AYA consumer engagement and embed meaningful consumer partnership as a foundation for all work in AYA health.



3. Empower & Educate

Goal: Empower clinicians, healthcare professionals and staff across the health sector, to work confidently to full scope with AYA patients to deliver quality AYA care. Empower AYAs and their families to maximise health management and better partner in their health and care.

Actions: Develop AYA-specific education and training options and pathways for clinicians and practitioners/staff across the sector. Increase consumer health and healthcare education.



4. Systemic Change & the Future of AYA Care

Goal: Foster cultural and systemic policy change to prioritise quality AYA health and care with prevention and wellbeing championed in all service delivery.

Actions: Increase recognition and long-term investment through embedded appropriate governance, policy, support and leadership that is concerted. Introduce key performance indicators specific to AYA health and care.

Short/Medium Term Recommendations (2-3 years)

– Strategies advocated for by Healthcare sector OPAYAC Participants

Anticipated Costing Key:

NC: No Cost or already being actioned \$: Low Cost/Project Funding
 \$\$: Systemic Funding Change/Investment Required

Anticipated Sector Responsible Key:

QH: Queensland Health HHS: Hospital & Health Service
 HP: Health Professionals C: Consumers (see page 12 for more details)



1. Optimising AYA Care

All AYAs to receive psychosocial screening in all health interactions e.g. HEEADSSS Assessment.	QH, HHS, HP	\$\$
Increase accessibility to AYA healthcare coordination and navigation	QH, HHS	\$\$
Develop frameworks and models of care to support health services including transition pathways between sectors, services, and HHS. Priority population groups to be prioritised (see page 19).	QH, HHS	\$
Ensure care pathways into/within the tertiary systems are clear to improve access and navigation	QH, HHS	\$\$
Explore the use of technology to reduce non-attendance, provide quality AYA care and timely care closer to home	QH, HHS	\$
Recognition of GPs/community health providers with specialist skills in AYA healthcare. Develop an accessible directory of GPs/community health providers with specialist interest. All Health Professionals to promote GP engagement and connection to community health in all AYA care.	QH, HHS, HP	\$
Maximise technology in care delivery and support innovative service improvement initiatives.	QH, HHS	\$
Advocate for increased access to health services within education settings for AYAs	QH	\$\$



2. Maximise Partnership & Collaboration

Maximise communication/collaboration between all health service providers across sectors (HHS, PHNs, CCHS, NGOs, Education, NDIS, DCYMJA)	QH	\$
Support sectors within and connected to Queensland Health to develop AYA strategies specific to priority population groups (see page 18)	QH	\$\$
Advocate for multidisciplinary chronic illness care across sectors with a holistic health and wellbeing approach	HHS, HP	\$



3. Empower & Educate

Co-design resources for AYAs in: all health care environments including but not limited to: hospital and community based health services; mental health; sexual health; alcohol and other drugs; sun safety; the Qld Health system and how it works; primary care and working with general practitioners (GPs); self-management; available services and supports.	QH, C	\$
Advocate for AYA health care education in undergraduate multidisciplinary health education courses	QH	\$\$
Educate all professionals to apply quality AYA care principles into medical record practices. Identified areas of improvement include from age 14: Identification of a young person as the primary contact; patients' capacity for informed consent; confidential care; AYA patients proactively provided with discharge summaries and access to medical records.	QH, HHS, HP	\$\$
Develop and make available education and resources for parents/carers to empower partnership with their AYA and their care. Identified topics include: AYA health/mental health; health literacy; how the health system works; sun safety; rights to access care; how to advocate for your AYA; available services and supports; AYA development; risk and resilience; effective parenting during AYA years.	QH, C	\$



4. Systemic Change & the Future of AYA Care

Advocate for increased sharing and unity of medical records across the health system to facilitate safe effective clinical handover.	QH, HHS, HP	\$\$
All health services to complete the Queensland Health Child Safe Organisations Self-Audit Tool	HHS	NC
Standardise discharge summaries across the tertiary health system to improve clinical handover to patients and health sector	QH, HHS, HP	\$\$

Medium/Long Term Recommendations (3-5 years)

– Strategies advocated for by OPAYAC Healthcare Participants

Anticipated Costing Key:

NC: No Cost or already being actioned \$: Low Cost/Project Funding
 \$\$: Systemic Funding Change/Investment Required

Anticipated Sector Responsible Key:

QH: Queensland Health HHS: Hospital & Health Service
 HP: Health Professionals C: Consumers (see page 12 for more details)



1. Optimising AYA Care

Advocate for co-designed AYA service accreditation standards to embed AYA care across services and sectors, including consideration of care standards for Aboriginal and Torres Strait Islander AYAs and other priority populations.	QH, HHS	\$\$
Address inequity in access through: improving AYA specialist services availability; assisting with cost, transport and concessions for AYAs; maximising telehealth services; embedding AYA as a priority in health policy.	QH, HHS	\$\$
Advocate for the development of AYA Specialist Services in all HHS. See currently page 27 OPAYAC Focus Group Report for recommendations from participants	QH, HHS	\$\$
Develop service navigation tools to support AYAs in managing their health care. Health professionals to support referral pathways.	QH, HHS	\$



2. Maximise Partnership & Collaboration

Advocate for every HHS to develop and support AYA consumer committees. Monetary remuneration, role descriptors, contracts and clear expectations including time commitment to be embedded.	QH, HHS, C	\$\$
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3. Empower & Educate

Advocate for standardised health education for AYAs within all education. Queensland Health to partner with providers to co-design and support health education delivery. Topics recommended: health/mental health and wellbeing with validation and normalising; resilience; sexual health; alcohol and other drugs; parenting; social media, resilience and safety; managing life; health and healthcare literacy; Qld Health system and how it works; rights to access care; how to advocate; available services and supports.	QH, HHS	\$\$
Advocate for AYAs and carers to work as peer mentors within all areas of health	QH, HHS	\$\$
Advocate for clinical supervision and support for the AYA workforce facilitating health professionals to work to their full scope of practice	QH, HHS	\$\$
Advocate for the development of AYA medicine, adult generalist, nursing and allied health training pathways	QH	\$\$



4. Systemic Change & the Future of AYA Care

Advocate for specific AYA health governance structures, supporting AYA services and AYA initiatives	QH	\$\$
Advocate for changes to Medicare and lobby funding bodies to support the delivery of AYA care	QH	\$\$
Advocate for changes in data capture (AYA cohort 12-25 years) to improve population service planning within health and each HHS	QH, HHS	\$\$
Undertake health economic evaluation to understand AYA health outcomes, care, impacts, gaps, inequities, and effective health service delivery	QH	\$\$
Advocate for health services to embed co-designed KPIs to promote the inclusion of AYAs in health service planning and delivery including KPIs to address health inequities for priority population groups (see page 18).	QH, HHS	\$\$
Evaluate and research funding mechanisms (federal and state) and current investment in AYA services across sectors for Queensland to inform future investment and allocation of resources to reduce duplication, identify gaps and ensure effective service planning/provision.	QH	\$\$

Responsibilities

The following summarises the actions recommended for Queensland Health, Health Services, Health Professionals and Consumers to optimise AYA care in Queensland.

Queensland Health (QH)	Health Services/Hospital and Health Services (HHS)	Health Professionals (HP)	Consumers (C)
<ul style="list-style-type: none"> Continue to prioritise AYA health and care for Queensland Establish AYA Governance structures Establish a high level, Queensland-wide AYA consumer Board Provide funding support for phase 2 and the implementation of recommendations to implement optimal AYA care, including funding implications Advocate for health services to embed co-designed KPIs specific to AYA healthcare in all HHS. Advocate for national, systemic changes required to support optimal AYA care. 	<ul style="list-style-type: none"> Recognise AYAs as a unique cohort. Ensure this is reflected in all health service policy and practice guidelines Identification and implementation of HHS KPIs specific to improve outcomes for AYA population Allocate funding to support quality improvement and service development initiatives in AYA care to align care with evidence-based quality AYA Care (see The Position Statement on Quality AYA Care, evidence in the AYA Innovation Hub and the recommendations here) Support staff to engage in AYA education and training Establish an AYA advisory board using principles of meaningful AYA engagement and appropriate governance. Establish a network of AYA champions within each health service Establish an AYA expert consultation service within each HHS to support clinicians across all streams access advice when providing care for young people. Ensure processes for health service evaluation capture appropriate AYA data and adequately evaluate the quality of AYA care and consumer experience Collaborate and advocate for sector-wide systemic changes required for optimal AYA care. Establish peer mentor positions for AYAs and carers to work within all areas of health. 	<ul style="list-style-type: none"> Review current practice and adapt practice to align with evidence-based quality AYA care (see The Position Statement on Quality AYA Care, evidence in the AYA Innovation Hub and the recommendations here) Connect with AYA champions within your health service to adapt practice to provide quality AYA care. Engage in AYA education and training to advance understanding of AYA care and skills Foster collaboration with AYA specialist services and expert professionals in your HHS and across Queensland Advocate for your health service to recognise and prioritise AYA care Support young people to advocate for quality AYA care Advocate for systemic changes required to optimise AYA care 	<ul style="list-style-type: none"> Engage with your health professionals and services Work with health professionals to ensure that your health needs are understood Connect with other young people/parents and carers Advocate for the needs of every young person and the importance of AYA care Get involved in consumer engagement opportunities asking for the support you need in these roles.

Benefits of optimising AYA care for Queensland

Advocating and investing in AYA healthcare initiatives has been shown to lead to significant disease prevention and health promotion gains. The evidence illustrates that:

- Globally, well-designed AYA care improves health literacy and quality of life while reducing hospital readmission rates and length of stay [6].
- It is estimated that there is a 10-fold health benefit for every dollar invested in adolescent health and that investment has a ‘triple dividend’ benefit for health, society, and the economy as well as current and future generations (Figure 2) [6, 7].
- Within Australia, shifts within health to provide a patient-centred approach are supported by several national charters, health care accreditation standards, and frameworks [8, 9].
- Locally, services have estimated that by delivering dedicated AYA services, inpatient admissions for eating and obsessive-compulsive disorders can save 30 annual bed days per annum and reduce readmissions, re-presentations and failure to attends by 5% [10].

Quality AYA healthcare requires advocacy and investment from all levels of government, including planning and policy makers, through to the passionate healthcare professionals delivering care to young people. This advocacy and investment needs to prioritise implementing quality AYA care principles, practices, and approaches to ensure health equity for young people.

It is estimated that there is a



10 fold
health benefit for
every dollar invested

in adolescent health and that investment has a ‘triple dividend’ benefit for health, society, and the economy as well as current and future generations



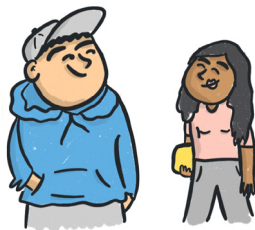
Quality AYA Care Benefits

A Triple Dividend of Benefits⁶



For AYA Now

Promotion of positive behaviour and prevention, early detection and treatment of problems such as substance use disorders, mental disorders, injuries and STI's



For AYA Future Lives

Support for establishing healthy behaviours and reducing harmful exposure, conditions and behaviours in adolescence helps set a pattern of health lifestyle and sustainable, green societies and reduces morbidity, disability and premature mortality in adulthood



For the next generation

Promotion of emotional wellbeing and healthy practices in adolescence and prevention of risk factors and burdens can help protect the health of future generations

Improving AYA health services will lead to a healthier, functioning and engaged generation of adults in Queensland. It is worth the investment and needed NOW

S – 22yrs

We have an incredible opportunity to invest now to generate huge benefits and savings in the future. Health trajectories really are set up during this life stage, and these determine health outcomes, use, and how young people flourish and contribute. The economic and social benefit of investing now is huge. The cost of not is also huge -

HP QLD Health

If we look after young people as they transition to adulthood, we will achieve good health outcomes, maximise their participation and reduce the health care burden into the future

AYA Carer

Figure 2. Triple Dividend of Benefits to investment in AYA Quality Care [6]



Policy Context

There is mounting evidence demonstrating that AYAs are a unique population with unique health care requirements which differ from paediatrics and adult populations.

- Several Australian organisations have developed frameworks, strategies, and policies to guide the development of youth-friendly health services [3-7, 10-26].
- In Queensland, several policies echo the sentiment that healthcare needs to pivot to deliver patient-centred quality care that is developmentally appropriate, agile, empowering and culturally safe for all patients, families and support networks [25-35].

Many aspects of care for AYAs are not distinct from the care required by other cohorts. These include striving for patient-centred care; adherence to human rights frameworks with equitable access and humanistic approaches. However, quality AYA care necessitates an in-depth understanding of adolescent development and principals of positive youth development. The AYA years present a time of immense opportunity to support young people's inherent capabilities and resilience while also developing health literacy and self-management capacity and embedding health-promoting behaviours to foster acute and future-focused health and wellbeing [1]. Proactive, developmentally appropriate health care for this cohort is imperative to achieve optimal outcomes. Such care is also recognised to have long-term impacts, including reducing disease burden and morbidity, optimising health, and developmental outcomes, reducing health system and social burden and optimising the health of future generations [1]. Nothing currently exists in Queensland that promotes these unique needs with the statewide whole systems lens, required for this population in our health service. The outcomes of the OPAYAC project align with local Queensland policies as well as national and international AYA healthcare frameworks. This strategy also aligns with Queensland Health's strategic directions and service commitments to deliver quality healthcare for all throughout the state [25-35].

Current AYA Healthcare in Queensland

Queensland's health system is complex with public, private, primary and community care health services across the state being largely disconnected due to funding and governance. Within Queensland there are 16 Hospital and Health Services with 122 public hospitals, 109 private hospitals, 31 Primary Health Networks and many independent General Practices (GP), Non-Government Organisations (NGOs) and Community Controlled Health Services (CCHS) who provide significant care and support to 12–25-year-olds. Education, NDIS, and the Department of Children, Youth Justice and Multicultural Affairs (DCYJMA) are also significant care providers to Queensland's AYA population. Unlike children, care for AYAs in Queensland is not centralised and young people are cared for across several sectors and all geographical locations [36-40]. Systemically, care remains fractured and unconnected, with tertiary healthcare delivered largely within paediatric or adult models [1, 17], compromising the delivery of quality, consistent AYA care. Together, the need to urgently optimise AYA care and align care provision with best-practice, evidence-based approaches has been recognised as a health system priority [41].





Australia's AYAs

Health Profile

As of June 2019, 3.3 million AYAs were estimated to be living in Australia, making up 13% of the national population [36]. Just over half were male (51%), and the leading causes of disease burden among males were suicide or self-inflicted injury (12.8%), alcohol disorders (7.2%), road and traffic accidents (5.7%) and depressive disorders (5.4%); the leading causes of disease burden among females were anxiety disorders (11.3%) and depressive disorders (8.9%). Aboriginal and Torres Strait Islander AYAs males were more likely to be impacted by suicide or self-injury (20%) and alcohol disorders (12%) than non-indigenous males, and females were more affected by anxiety disorders (13%) and depressive disorders (9.8%) than non-indigenous females [42]. The high rate of mental ill-health in AYAs is not a new trend, as reflected in the Child and Adolescent Survey of Mental Health and Wellbeing (2013-2014), which illustrated that 14% of children aged 12-17 met the criteria for one or more mental illness [43]. Since this time, and especially in light of the COVID-19 pandemic, psychological distress in 12–25-year old's has continued to increase, with increasing emergency department (ED) presentations for mental health concerns, increasing admissions for eating disorders and overwhelm among youth health services [44-48]. The Mission Australia Youth Survey in 2021 found that 76.5% of 15 to 19-year-olds reported poor mental health and wellbeing and that the pandemic impacted this [49]. Promisingly, single-occasion and rates of risky engagement in alcohol and other drugs (AOD) use has decreased since 2001, but a proportion of young people aged 14-24 remain in danger of risky levels of AOD use (single-occasion risky drinking 30%; lifetime risky drinking 13.1%; daily smoking 6.8%; illicit use of drugs including pharmaceuticals 24%; e-cigarette use 22.3%) [50, 51].

Death rates for young people have fallen over time from 42 deaths per 100,000 in 2009 to 35 deaths per 100,000 in 2018 [36], with the leading cause of death associated with intentional self-harm (51%), land transport accidents (26%) and accidental poisoning (8%). In 2017-2018 there were over 73,000 cases of hospitalised injury among young people aged 15-25 years, with the leading cause of injury related to land transport accidents (18%) [44, 45]. Young people aged 15-24 years accounted for 17.8% of all suicide deaths in 2020, with suicide rates increasing from 9.3 per 100,000 in 2010 to 12.4 per 100,000 in 2020 [52, 53]. The most common health risk factors faced by young people continue to include nutrition, physical activity and being overweight and obese and additional factors include sun exposure, substance use and sexual and reproductive health [36, 54, 55].

Priority AYA Populations

Although all AYAs require access to developmentally tailored quality AYA care, there are also some specifically vulnerable AYA populations to consider.

Aboriginal and Torres Strait Islander AYAs

- Far more likely to be disadvantaged across various health and socioeconomic indicators than non-indigenous young people in Australia [27, 56-58].
- Two times as likely to die from all causes of death [57].
- Ten times as likely to experience homelessness [57].
- Fourteen times as likely to be under juvenile justice supervision [57].
- Young Aboriginal and Torres Strait Islanders report seeing and experiencing racial discrimination in health and want to see their culture celebrated with care that suits their cultural family structures and needs [28-30].

AYAs living with disability and chronic or life limiting conditions

- In 2018, 9.3% of young people aged 15-24 years had a disability, defined as “any limitation, restriction or impairment which restricts everyday activities and has lasted, or is likely to continue, for at least six months” [59].
- 37.5% of 15-24 year old’s in Australia reported one or more chronic health conditions, with young people managing multi-morbidities more likely to have or develop a mental health condition [59].
- Advances in technology and increasing survivorship are seeing an increasing proportion of the AYA population surviving childhood and entering adulthood with complex, co-morbid and/or chronic health and mental health conditions. This includes young people with chronic conditions in childhood, such as congenital cardiac disease, spina bifida and muscular dystrophy, with over 90% now estimated to survive into adulthood [60, 61].

AYAs living in rural and remote areas

- Higher mortality rates, dental decay rates, and limited access to primary healthcare [58].
- Less likely to achieve minimum standards for reading, writing and numeracy, less likely to be studying and more likely to be jobless and living in overcrowded housing [58].
- Death rates in 15–24-year old’s in remote and very remote areas of Australia were 3.3 times higher than in major cities in 2019 [50].

Socioeconomically disadvantaged AYAs

- More at risk of mortality, with rates for 15-24 years 1.9 times higher than in high socioeconomic areas of Australia [50, 58].
- Low family income increases emotional distress within the family, affecting parenting and wellbeing outcomes for AYAs [26].

AYAs who identify as LGBTIQ+

- In 2021, 63.8% of 14- to 21-year-old LGBTQA+ young people reported being diagnosed with a mental health condition [62].
- LGBTIQ+ young people are more likely to have attempted suicide, with LGBTI 16–27-year old’s five times more likely and transgender youth aged 14-25 years fifteen times more likely [62].

AYAs who experience homelessness

- 24,200 15-to-24-year old’s were homeless in 2016 [63].
- Harm caused by a disruption in safe stable housing has a significant impact on an AYAs health and wellbeing long-term [63].
- Family and domestic violence, housing crisis and inadequate living conditions all contributed to this population seeking assistance from specialist homelessness services [63].

AYAs from culturally and linguistically diverse backgrounds – including those from refugee and asylum seeker families

- Barriers to access healthcare exist for AYAs from culturally and linguistically diverse backgrounds [26].
- Pre-migration trauma and relocation stress negatively impacts on mental and physical health [26].
- In 2018, 31% of AYA males and 37% of AYA females experienced high to moderate levels of psychological distress [64, 65].

Young Women with Families

- Mothers under 20 years’ experience lower education and employment, leading to socioeconomic disadvantages for the women, child and family [66].
- Pregnant adolescents are more likely to experience depression than pregnant adults [66].

AYAs who experience violence and/or abuse

- 1 in 8 females and 1 in 9 males aged 18-24 experience physical and/or sexual violence in 2016 and 1 in 8 adults expressed experiencing abuse before the age of 15 years [26, 67].
- In 2019, there were around 38,400 assault offences reported against young people aged 15-24 years with young women more commonly assaulted than young men [67].
- Exposure to violence can have long-term impacts on AYAs health, education, social, emotional, and behavioral outcomes [67].

AYAs living in out of home care

- 16,100 AYAs aged 12-17 years were living in out-of-home care in 2020 and 50,800 had engaged in child protection services [68].
- Out-of-home care rates were twice as high in ‘inner and outer regional’ areas in comparison to major cities across Australia [68].
- For an AYA to be engaged in out-of-home care services, abuse and neglect will have been present within their home, which has been shown to increase the risk of long-term adverse health and wellbeing outcomes such as mental health concerns, impaired social skills and a higher likelihood of criminal offending [68].

AYAs in youth detention

- On average, 798 young people aged 10-17 were in youth detention on an average night in 2020 with the vast majority (91%) males and 64% unsentenced [69].
- Young people involved in the justice system often have significant complex health needs with an increased risk of developing serious mental illness [26].

Improved delivery of AYA healthcare is particularly important for vulnerable young Queenslanders. While whole population improvements should be considered in all contexts for these cohorts, to ensure these marginalised populations have fair and just opportunities for optimal health, further support and funding is needed to specifically improve health services for these priority population groups. Complex gaps in care provision have been identified in health nationally and across the state specific for these vulnerable populations, and risks associated with these gaps are particularly amplified for youth [27-30, 59-71]. Cultural and community connection, lived experience and trauma-based care practices are needed to effectively engage priority populations and services striving to deliver this should be supported across the health sectors. By prioritising these groups of young people, health can play a pivotal role in promoting the developmental trajectory of young people as they grow into our next generation of Australian adults.

Empowering young people through embedded consumer engagement and authentically collaborating with Aboriginal and Torres Strait Islander youth and CCHSs is essential to improve our services for the most vulnerable AYA populations

HP QLD Health



For young people, particularly young women, to be taken seriously in healthcare settings and be provided with adequate access and support to essential services founded within a holistic, whole-person approach mindset

M – 25yrs



Flexible care arrangements that are considerate of young people's needs are essential. Young people with complex health conditions need their support networks during admissions, particularly in Adult hospital settings in Queensland

AYA Carer

AYA Health Care Utilisation in Australia

In 2020-21, young people 15-24 years accessed a range of health care services, but the majority sought healthcare from general practitioners (71.2%) compared to medical specialists (24.9%) [72]. A total of 6.5% were admitted to a hospital, with 13.6% visiting a hospital ED [72]. This 13.6% did not make young people a minority within the ED sector, with the rates of 15–24-year old's accessing ED on par with all other age groups except 0-4 years and 75+ years [73]. The 2020-21 health care utilisation statistics were comparable to 2018-19. In 2018-2019, young people aged 12-24 comprised 21% of all individuals receiving Medicare subsidised mental health services from psychiatrists (19%), general practitioners (GPs; 21%), clinical psychologists (22%), other psychologists (22%), other allied health care providers (23%) [74]. While this data represents AYAs who did access health, national and international evidence continues to highlight the barriers young people experience who need healthcare intervention. Confidentiality concerns, lack of suitable services, cost, cultural safety, location, transport, referrals, discrimination, and health literacy all impact this population, and especially act as significant barriers in vulnerable AYA populations [75].

Queensland's AYA Population

In 2016 there were 613,147 young people (14-25 years old) living in Queensland, totalling 13% of the population [71]. This includes 43,521 15–25-year-old Aboriginal and Torres Strait Islander people, equating to 19.6% of the Aboriginal and Torres Strait Islander population in Queensland [76]. AYAs aged 12-25 years live across all regions of Queensland, with approximately 60% residing in metropolitan or the southeast corner and 40% across the rest of the state [33]. The data that is available demonstrates that this AYA cohort are significant users of tertiary health services. In 2017-2018, 15-18-year-olds accounted for 90,960 emergency presentations [38], 44,650 hospital admissions and 133,900 outpatient occasions of care [39]. AYAs are also the primary users of paediatric mental health services, accounting for 68% of all activity statewide (308,110 provisions of services for patients 13-17 years) [40]. In March 2022, the National Disability Insurance Scheme (NDIS) financially supported 14,509 young Queenslanders 15-24 years, with 82% of access decisions eligible during the 2021-22 quarter [74].

Despite the statistics indicating that young people are significant users of health care services in Queensland, there is a lack of recognition of this use and their unique healthcare needs, as well as inadequate funding in sectors and specific services to meet these needs. To truly improve outcomes and optimise care, initiatives within health need to be across sectors to better facilitate integrated care, with all sectors working together more consistently to provide valuable care wherever the young person accesses health, particularly within primary health care and the community [77]. Clinical teams must be supported to collaborate with all care providers relevant to the patient to facilitate the early identification and treatment of any psychological concerns commonly linked with illness [9, 61]. This will fulfil the need to improve coordinated, patient-centred care and is a circumstance that is not widely applied as a standard within healthcare in Queensland, according to OPAYAC consumer participants.

Quality AYA Care

To meet the objectives and responsibilities of AYA health care, a strengths-based approach is required that aims to build the developing agency of young people [78]. Advantageously, there is relative consistency in the factors that young people identify as contributing to youth-friendly care and AYA-responsive health services [1]. These include feeling respected, appropriately communicated with, and involved in decisions about their care; feeling in control; having access to appropriate information; trusting relationships with providers; and feeling listened to and understood [1, 27, 79, 80].

Quality AYA Care aims to fulfil the objectives and responsibilities that underpin AYA health and meet the identified needs of young people. The key domains consider the philosophy of care, youth-friendly approaches, youth-friendly practices, and health service requirements. These domains and the principles that make up each domain were identified during the OPAYAC project by participants to be foundations of quality AYA care. These have been validated against the evidence base available both nationally and internationally.

I wish that health service providers in Queensland spent the time to listen to us, and are supported to do this

M – 22yrs





The Philosophy of Care

The philosophy of care and framework of practice must respect and adhere to human rights, work to promote equity in care and access to care, understand the unique biopsychosocial processes of AYA development, be focused on positive youth development, recognise the inherent capabilities of young people, respect self-determination, be patient and family-centric, be humanistic, and empower young people in life and care [1, 3, 7, 81].

Youth-Friendly Approaches

Youth-friendly approaches underpin practice and are strengths-based approaches that promote partnership, patient-centred and family-centred care. Quality youth-friendly approaches are holistic, multidisciplinary, integrated across sectors, individually tailored and flexible. These augment what is known about general quality health care and the specific importance of accessible, acceptable, equitable, appropriate, effective, evidence-based, culturally relevant care that is flexible, coordinated, offers continuity, and maximises available technology. To optimise care in vulnerable youth populations, youth-friendly approaches need to be considerate of the health inequities faced by young Queenslanders and informed by the voice of these communities, working in partnership to promote optimal outcomes for all AYAs [19, 27, 82-85].



Quality youth-friendly approaches are holistic, multidisciplinary, integrated across sectors, individually tailored and flexible.

Youth-Friendly Practices

Youth-friendly practices are holistic and include youth-friendly engagement; youth-friendly patient-specific communication; consultation about healthcare options including the opportunity to discuss provider's gender particularly for AYA of some cultural backgrounds, religious faiths and/or those who have experienced sexual violence; considerations of confidentiality, capacity, and consent; psychosocial risk and protective factors, resilience, and care planning; time alone; supporting self-management; and supporting transition between all healthcare sectors and health services [1, 3, 5, 86-98].



Transition within healthcare is an important component of youth-friendly practices but is not the only aspect important to optimising healthcare for AYAs. Transition is described as the purposefully planned process of transfer of an AYA within health that seeks to support and meet their medical, psychosocial, and vocational needs as they move from childhood to adulthood [59, 93, 94, 97]. During the AYA years, transition principles are relevant for every transfer of care, but particularly for AYAs with ongoing health needs who have received care within child-focused services and must transfer to adult-focused services [71, 89, 93, 97]. Effective communication strategies between MDT professionals from all sectors involved in the young person's health and care are essential to facilitate transition, support the AYA and their families [13, 88, 94].

Youth-friendly practices are holistic



Health Service Requirements

To support the implementation of quality AYA Care, health services and health care professionals need to have appropriate supports and structures to facilitate AYA care being a priority of service delivery. Guidelines and health system policy are required that outline the rationale for AYA health and youth-friendly care, identify the philosophy of practice and theoretical foundations, and delineate youth-friendly approaches and practices and how these will be embedded within each service [1, 3, 85, 88, 99]. Similarly, resources are required to enable clinicians to provide care that aligns with guidelines and policy. These include adequate and appropriate clinic space or youth friendly health environments, time, flexibility, and clinical resources and partnerships across sectors to understand, apply and embed youth-friendly practices. Psychosocial assessment tools, resources for documentation, communication, and referral pathways may also be required. Health services also need access to appropriate education and training in AYA health and quality AYA care to ensure confidence in working with this population [4, 41, 100, 101]. In addition, youth-friendly environments with co-locating/cohorting considered and lived experience professionals provide the important foundations for effective and inclusive care [65,70]. Evaluation and research are essential to delivering quality care [8]. Timely, developmentally appropriate, coordinated data capture is also required to accurately inform our understanding of health outcomes. Furthermore, a consensus is required about metrics to measure quality AYA care, including validated PROMS and PREMS measures for the AYA cohort [1, 12, 102]. Finally, meaningful partnerships with young people in health service design, delivery, evaluation, and research are crucial to underpin effective health service delivery and quality AYA Care [1, 103, 104].



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Related Strategies



Appendices

Governance and Collaboration

- Clinical Excellence Queensland and the following Clinical Networks:
 - The Queensland Child and Youth Clinical Network
 - Queensland Rural and Remote Clinical Network
 - Queensland Digital Health Care Clinical Network
 - Queensland Respiratory Clinical Network
 - Queensland Renal Clinical Network
 - The Queensland General Medicine Clinical Network
 - The Queensland Persistent Pain Clinical Network
 - The Queensland Diabetes Clinical Network
 - The Queensland Cancer Clinical Network.
- Hospital and Health Services (HHS), including:
 - Cairns and Hinterland HHS
 - Children’s Health Queensland
 - Central Queensland HHS
 - Central West HHS
 - Darling Downs HHS
 - Gold Coast HHS
 - Mackay HHS
 - Metro North HHS
 - Metro South HHS
 - South West HHS
 - Sunshine Coast HHS
 - Townsville HHS
 - West Moreton HHS
 - Wide Bay HHS
- The Child and Youth Mental Health Service and Network
- Mater Young Adult Health Centre
- Brisbane Youth Services
- The Institute for Urban Indigenous Health
- Primary Care representatives
- Health Consumers Queensland
- Queensland Aboriginal and Indigenous Health Council
- Queensland University of Technology

Glossary

Acronym	Description
AOD	Alcohol and Other Drugs
AYA	Adolescent and Young Adult
CCHS	Community Controlled Health Service
DCYJMA	Department of Children, Youth Justice and Multicultural Affairs
ED	Emergency Department
GP	General Practitioner
HEEADSSS	Psychosocial Assessment that examines psychosocial risk and resilience in AYAs by examining: Home, Education and Employment, Eating and body, Activities, Drugs and alcohol, Suicide, depression and mental health, Sexuality and Safety.
HHS	Hospital and Health Service
KPI	Key Performance Indicator
LGBTQA+	Lesbian, Gay, Bisexual, Transgender, Asexual/ Aromantic/Agender+
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer +
LGBTI	Lesbian, Gay, Bisexual, Transgender, Intersex
NDIS	National Disability Insurance Scheme
NGO	Non-Government Organisation
QCYCN	Queensland Child & Youth Clinical Network

Related documents:

- [Qld Child & Youth Clinical Network Position Statement: Adolescent and Young Adult Care](#)
- [Clinical Excellence Queensland Clinical Senate Adolescent to young adult care: doing better meeting report](#)
- [Optimising AYA Care in Queensland Co-design outcomes](#)
 - [OPAYAC Focus Group Outcomes Report](#)
 - [OPAYAC Statewide Survey Outcomes Report](#)

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