

## Universal Health Coverage for Young People: Position Paper

### Summary

- **Adolescence is an important life stage** during which health concerns and emergent health risks can be managed to promote lifelong health and wellbeing
- **Access to Universal Health Coverage** for all young people, including those from socially marginalised backgrounds, is required to adequately address their health needs
- **Young people face unique, age-specific barriers** that limit their access to health care
- **Respectful, non-judgmental and youth-friendly health care** can engage hard-to-reach groups of young people
- **Training for healthcare professionals**, youth participation in the design of health services, and the use of new technologies can each improve young people's access to quality healthcare services
- **Support to navigate the healthcare system**, particularly for young people with chronic health conditions, is essential to prevent young people disengaging from health care across the adolescent and young adult years

*Universal health coverage* is the concept that all people have timely and affordable access to the health services they need.<sup>1</sup> This position paper of the Australian Association for Adolescent Health advocates for better access to health care for young people in Australia aged 12 to 24 years.

### Why is young people's health important?

Health is important for young people not only for today, but for their lifelong wellbeing and for the health of the next generation.<sup>2</sup> Behaviours that increase current or future health risk, as well as new health conditions themselves, often emerge during adolescence. For example, 75% of mental health conditions have their onset prior to 24 years of age, and sexual and reproductive health concerns become prominent at this time.<sup>3</sup>

Some of the most concerning health issues affecting young people today include:

- high rates of mental health problems for those aged 12 to 17 years: 26% of females and 15% of males report high or very high levels of psychological distress, 11% have self-harmed and 8% have seriously contemplated suicide in the previous year<sup>4</sup>
- more than half (57%) of all notified sexually transmissible infections in Australia are among 15 to 24 year olds, with chlamydia accounting for 90% of these<sup>5</sup>
- young people aged 15 to 24 are more frequently victims of assault compared to their older peers<sup>3</sup>
- one in three young people in Australia aged 15 to 24 years is either overweight (20%) or obese (13%)<sup>5</sup>

Young people with existing chronic health conditions and disability experience changing health care needs as they go through adolescence. At least 12% of adolescents have a pre-existing chronic condition, and when coupled with increasing health risk behaviours typical during this life stage, health outcomes can be significantly compromised.<sup>6</sup>

### Some young people are in greater need of support

Some groups of young people experience particular disadvantage. These include Indigenous young people, young people who experience homelessness, young people who come into contact with the youth justice system, young refugees, sexuality and gender diverse young people, and young people with a disability.

There are clear links between disadvantage and health outcomes which result in marginalised young people having greater health needs. For example, in 2013-2014 in Australia:<sup>3</sup>

- Indigenous young people were six times as likely as non-Indigenous young people to be under the child protection system
- Homelessness services provided assistance to almost 17,000 young people aged 15-24 who were experiencing domestic and family violence. Of these, 80% were female
- Young people in contact with the justice system were more likely to have a mental health problem than young people in the general population
- Eight per cent of young people aged 15-24 had some form of disability

### **Barriers to healthcare access**

Adolescence is a crucial life stage. During this time, a young person develops capabilities that are required to thrive into adulthood including health literacy skills and the capacity to engage with health services. This makes adolescence a dynamic and important period for services to identify risk and intervene early.<sup>7</sup>

In Australia, young people aged 12 to 24 experience barriers to health care<sup>8,9</sup> including those which are:

- unique to adolescence – for example, concerns about confidentiality, which might be linked to needing parent or carer support to access a service, inexperience with accessing health care independently, or a lack of knowledge about health services
- outside the health care system – including transport and geography
- within the healthcare system – such as costs and the lack of professional training in youth-friendly approaches

Navigating the health system is complex, particularly for young people who are learning how to access services independently and who might lack knowledge about different components of the health system, referral mechanisms and how to coordinate their care. Young people with a chronic illness often experience challenges transitioning from paediatric to adult health care. Preparation by paediatric services and more active follow-up by adult services can smooth this transition for young people.<sup>2</sup> Evidence-based principles for transition care provide a framework for this process, and include having a systematic and formal transition plan, coordination, empowering young people to self-manage, good communication between young person, their family and health professionals, and follow up and evaluation.<sup>10</sup>

Current Australian research<sup>9</sup> is exploring navigation around all levels of the health system, the role of technology in help-seeking and the experiences of some groups of marginalised young people. To date, this research has identified that technology is integrated into many aspects of help-seeking, decision-making about, and access to, health care. Cost has become the most prominent barrier for all young people. This research supports other studies that have found that barriers experienced by all young people are exacerbated for those who are marginalised. Further, marginalised young people encounter additional barriers, such as stigma and a lack of appropriate services.<sup>11,12</sup>

Young people need to feel safe in order to access services. Marginalised young people are more likely to require a more overt sense of safety. Services that are friendly, respectful and non-judgmental, and where young people can be actively involved in making decisions about their health and wellbeing, increase access and ongoing engagement.<sup>2</sup>

Professionals can find young people challenging to work with and may also lack understanding of the impact of the needs of marginalised young people and of compounding disadvantage.<sup>13</sup> Developing the attitudes, knowledge and skills to engage with young people<sup>14</sup> and learning to become advocates within the health system are important roles that professionals can play.



Improving engagement, access and smooth navigation around the health system can also be facilitated via youth participation in service design and formal and informal education to improve health literacy. Technology can be used to reach out to young people, improve their understanding about how health services can help and facilitate direct contact.<sup>15</sup>

### Access to health services for all young people

The World Health Organisation states that for societies to achieve universal health coverage, we need a strong and efficient health system with integrated and person-centered care, affordable health services, access to medical technologies and a capable workforce.<sup>1</sup>

For young people, universal health coverage includes the availability of a range of health services from acute care, management of chronic illness, transition care, health promotion, prevention, rehabilitation and palliative care. Young people also need to appreciate the relevance of accessing available healthcare services. Key features of accessible health services include accessible preventive health care, particularly in sexual health, outreach and nontraditional services to reach marginalised groups, early intervention, and holistic service provision for a range of health problems that emerge or have significance in adolescence.

Healthcare providers require the knowledge, skills and attitudes to provide confidential, non-judgmental and respectful health care. In addition to health services, aspects of universal health coverage can be achieved through schools, communities and social media.<sup>2</sup> This includes comprehensive sexuality education in schools and school programs that include approaches to reduce stigma around mental health and sexual diversity.

### Standards and guidelines

Australian guidelines and toolkits for the provision of youth-friendly health care include:

- The Royal Australian College of Physicians. *Transition of Young People with Complex and Chronic Disability Needs from Paediatric to Adult Health Services*<sup>16</sup>
- The Royal Australian College of Physicians, *Standards for the Care of Children and Adolescents*<sup>17</sup>
- *Youth Health Resource Kit*<sup>18</sup> describes the skills and practical steps healthcare workers can use to respond effectively to young people.

### Recommendations

- **Federal and State governments implement policies that ensure equity of access to health services** at primary, secondary and tertiary levels, with special attention to marginalised young people
- **Youth participation** - healthcare providers embed young people's participation in the design of health services. This might require specific training or actively seeking advice from other services and organizations who model excellent youth participation, to ensure that it is not tokenistic
- **Health services embrace new technologies** as a way of improving young people's participation and engagement in service delivery. This could include developing an engaging and informative web presence, using online tools to make appointments and send reminders, and using a range of technology strategies for communication.
- **Training for workers** is provided by universities, professional colleges and health services in how to best engage and communicate with young people, and manage youth health and medico-legal issues. The resources and guidelines listed above are just some that can support such training.
- **Holistic healthcare checks** are provided by General Practitioners annually for all young people

### Contributors

Fiona Robards, Melissa Kang, Susan Sawyer, Carmen Cheong-Clinch, Jane Cooper, Jessica Harper, Susan Towns, Kim Van Vu, Sarah Youngson.

**Peer Reviewed** by Dr Sharon Medlow, Associate Professor Donald Payne and five young people including Alice Zhang, Jack Layard and Joshua Vinson.

### Citation

*Australian Association for Adolescent Health Ltd (AAAH), 2018. Universal Health Coverage for Young People: Position Paper. AAAH, Australia.*

### References

1. World Health Organisation. Universal Health Coverage. Geneva: WHO, 2016.
2. Patton GC, Sawyer SM, Santelli JS, Ross DA, Afifi R, Allen NB, et al. Our future: A Lancet commission on adolescent health and wellbeing. *Lancet* 2016;387(10036):2423-78.
3. Australian Institute of Health and Welfare. Australia's welfare. Canberra: AIHW, 2015.
4. Lawrence D, Johnson S, Hafekost J, Boterhoven De Haan K, Sawyer M, Ainley J, et al. The mental health of children and adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Canberra: Department of Health; 2015.
5. Australian Institute of Health and Welfare. Australia's Health. Canberra: AIHW, 2014.
6. Sawyer SM, Drew S, Yeo MS, Britto MT. Adolescents with a chronic condition: challenges living, challenges treating. *The Lancet* 2007;369(9571):1481-9.
7. Sanci L, Chondros P, Sawyer S, Pirkis J, Ozer E, Hegarty K, et al. Responding to young people's health risks in primary care: A cluster randomised trial of training clinicians in screening and motivational interviewing: e0137581. *PLoS One* 2015;10(9).
8. Booth ML, Bernard D, Quine S, Kang M, Usherwood T, Alperstein G, Bennett DL Access to health care among Australian adolescents: Young people's perspectives and their socio-demographic distribution. *Journal of Adolescent Health* 2004; 34(1): 97-103.
9. Robards F KM, Sanci L, Steinbeck K, Jan S, Hawke C, Kong M, Usherwood T. Access 3: young people's healthcare journeys, preliminary report. Sydney, Australia: Department of General Practice, Sydney Medical School Westmead, The University of Sydney in partnership with the Australian Centre for Public and Population Health Research, Faculty of Health, The University of Technology Sydney; 2017.
10. Agency for Clinical Innovation. Key Principles for Transition of Young People from Paediatric to Adult Health Care. Agency for Clinical Innovation and Trapeze, Sydney Children's Hospital Network, 2014, Sydney, NSW.
11. Brown A, Rice SM, Rickwood DJ, Parker AG. Systematic review of barriers and facilitators to accessing and engaging with mental health care among at-risk young people. *Asia Pac Psychiatry* 2016;8(1):3-22.
12. Robards F, Kang M, Sanci L, Usherwood T. How marginalised young people access, engage with and navigate healthcare systems in the digital age: systematic review. *Journal of Adolescent Health* 2018; 62:365-381. <https://doi.org/10.1016/j.jadohealth.2017.10.018>
13. Robards F, Kang M, Tolley K, Hawke C, Sanci LA, Usherwood T. Marginalised young people's healthcare journeys: professionals' perspectives. *Health Education Journal*, February 2, 2018 <https://doi.org/10.1177/0017896917752965>
14. Tylee A, Haller DM, Graham T, Churchill R, Sanci LA. Youth-friendly primary-care services: how are we doing and what more needs to be done? *Lancet* 2007;369(9572):1565-73.
15. Nair M, Baltag V, Bose K, Boschi-Pinto C, Lambrechts T, Mathai M. Improving the quality of healthcare services for adolescents, globally: a standards-driven approach. *The Journal of Adolescent Health* 2015;57(3):288-98.
16. Royal Australasian College of Physicians. Transition of Young People with Complex and Chronic Disability Needs from Paediatric to Adult Health Services: RACP Health Policy and Advocacy, Paediatric and Child Health; 2014.
17. Royal Australian College of Physicians. Standards for the Care of Children and Adolescents. Sydney: Paediatrics & Child Health Division, RACP, 2008.
18. NSW Kids and Families. Youth Health Resource Kit: An Essential Guide for Workers. Sydney: NSW Kids and Families, 2014.