Youth Rangatahi Health Plan

2006 - 2009

West Coast
District Health Board
Te Poari Hauora a Rohe o Tai Poutini

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Kai te mihi atu ki te ao o te Tai Poutini
Greetings to the people of the West Coast
Ko tenei te Tai o Poutini Kaupapa Hauora Rakatahi
This is the West Coast Youth Rangatahi Health Plan
Tatou e whakarite te haere o te Kaupapa Hauora Rakatahi ki a koutou ka uri o nga waka
We who have completed this Youth Health Plan offer it out for all the descendants of the various waka
o nga hau e wha, o te rohe o Poutini mai Karamea tai atu ki Okahu, ki tai ki uta.
of the four winds, of the West Coast region, from Karamea, to Jackson's Bay, from the beaches to the mountains.

E tipu, e rea
Grow up, tender shoot
No reira mauri ora.
Therefore may the essence of life be with you

Whakatauki

He noho tahi, tena pea ka tika
Discuss together, that things may come right

Introduction

The term "young people" describes young males and females aged 12 to 24 years inclusive. There are many terms to describe this age group, such as youth, rangatahi, adolescent, teenager, young adult, taitamariki and taiohi (Ministry of Youth Affairs, 2002). Unless otherwise specified, where the term youth or young person is used in this document it should be taken to mean people aged 12 to 24 years.

Young people accounted for 18% of New Zealand's population at the 2001 census and there were a total of 4578 people in this age group living on the West Coast (15% of the West Coast's population). In 2001, there were 558 rangatahi Maori normally resident on the West Coast (12% of the West Coast's youth population). While Maori accounted for only 8.4% (2547) of the West Coast's total population, just under one quarter of Maori living on the West Coast (22%) in 2001 were aged between 12 and 24 years (Statistics New Zealand, 2001).

Most young people are healthy and generally this age group is at the peak of physical health. However, young people have higher chances of being caught up in risk-taking behaviour and the negative impacts of such behaviour can be lifelong (Ministry of Health, 2002b). Furthermore, over the past 40 years, young people have not shared the health gains of other population groups (Ministry of Youth Affairs, 2002).
Compared with other age groups, young people nationally have:

- High rates of mental illness.
- High rates of alcohol and drug use and abuse.
- A higher rate of suicide and suicide attempts.
- High rates of sexually transmitted infections (Ministry of Health, 2002b).

In 2002, the Government launched the *Youth Development Strategy Aotearoa* and in the same year the Ministry of Health released *Youth Health: a Guide to Action*, which contains goals, objectives and recommendations to improve young people's health.

Improving child and youth health is one of the West Coast District Health Board's six priorities in its District Strategic Plan 2005 – 2015. This reflects a wider national initiative to address the health and development issues faced by young people in New Zealand.

This document outlines the West Coast District Health Board's Youth Rangatahi Health Plan. The West Coast Youth Rangatahi Health Profile is the background document to this plan. The Youth Rangatahi Health Profile draws on national and local youth health data and the Plan sets out specific action for improving youth health in the following priority areas: injury, sexual health, mental health, alcohol, tobacco and other drugs. The key findings from the Youth Rangatahi Health Profile are summarised in the next section.

Youth Rangatahi Health on the West Coast

Nationally, New Zealand has an age-specific death rate of 71/100,000 in young people aged 12-24. Young males are at greater risk of dying than young females and account for 71% of all deaths in this age group. Rangatahi Maori are at greater risk of dying than non-Maori young people (99.3 /100,000 vs 66.3/100,000). The highest death rate among young people is in the 16 to 24 year age group (83% of all deaths in people aged 12-24). The leading cause of premature death for young people is injury (both intentional and unintentional). While the actual numbers of young people aged 12-24 on the West Coast are small, the pattern of deaths is similar to the national picture.

Because of the effect of pregnancy related conditions, young females are more likely to be hospitalised than young males. Nationally, hospitalisation rates are higher for rangatahi Maori than for non-Maori and pregnancy and injury-related conditions are the leading causes of hospitalisation amongst young people. West Coast patterns of hospitalisation for young people are generally similar to the national picture though rangatahi Maori are not over-represented compared to their proportion of the West Coast population.

Between 2003-2005 there were a total of 1618 admissions of young people aged 12-24 on the West Coast. Rangatahi Maori accounted for 12% (198) of these admissions and New Zealand European 82% (1332). Maori admission rates correspond to the proportion of West Coast young people identified as Maori at the 2001 census. There were 606 young male admissions between 2003 and 2005 (38% of the total), 11% (64) of whom identified as Maori. The leading cause of admission for males was injury (includes poisoning, the toxic effects of drugs and burns) this accounted for over one third (226 admissions in total) of all admissions. There were 1012 young females admitted between 2003 and 2005 (63% of the total), 13% (134) of whom identified as Maori. The leading causes of admission for young females were pregnancy-related conditions (42% of female admissions, 426 admissions in total) and injury (10% or 101 admissions).

Unintentional and Intentional Injury

Deaths

Between 1999 and 2002 there were 1,104 deaths nationally from all forms of injury in young people aged 15-24. In the same period there were 12 deaths in this age group on the West Coast (169/100,000). All those dying were young males. This means the West Coast has the highest crude injury mortality rate of all DHB regions. Motor vehicle crashes are a leading cause of death in young people aged 15-24 and between 1999 and 2002, there were 460 deaths nationally from this cause. In the same period there were seven deaths on the West Coast (all males), giving the West Coast the highest crude mortality rate (98/100,000) for motor vehicle crashes in young people.

The West Coast DHB had the second lowest rate of suicide (8/100,000) for *all ages* between 2001 and 2003 (Ministry of Health, 2006). There have been very few young people die by suicide on the West Coast. Over the ten years from 1992-2002, there were eight male and no female deaths in the 15-24 age group on the West Coast. The male suicide death rate (all ages) on the West Coast (36/100,000) is just above the national average, and the region has the tenth highest rate of all 21 DHBs (University of Otago Injury Prevention Research Unit, 2006)

Hospital discharges

Between 2002 and 2004, there were 168 discharges from hospital for all types of injury on the West Coast for young people aged 15-24. This gives a rate of 1750/100,000, which is the third highest discharge rate from injury nationally. For young males, the West Coast has both the highest rate of discharge for injury from motor vehicle crashes and for males being striking or being struck by an object. Fewer than 2% of injuries in young West Coast males are self-inflicted compared to 36% in young females.

The West Coast had the second highest rate of self-inflicted injury in young females (337/100,000) of all DHB regions though the absolute number of discharges was only 15. Thirteen of these were caused by poisoning (315/100,000) giving the West Coast the third highest rate of self-poisoning for all DHB regions. The other leading cause of injury-related hospitalisation in young females on the West Coast is motor vehicle crashes.

Between 2002-2005, 37 young people aged 12-24 were notified to the West Coast Medical Officer of Health after being seen at Grey Hospital as the result of poisoning caused by a hazardous substance. Their average age was 18 and just under two thirds were female. The leading cause of poisoning was alcohol (30%), followed by ingestion of prescription medicines (27%) and paracetamol (22%).

Risk factors for injury and self-harm

About 40% of West Coast students surveyed reported that they did not always wear a seat belt when travelling in a car. About one third reported having been in a car with a driver who had been drinking alcohol, and a quarter had done so within the last month. A third reported that they had been in a car driven by someone who was potentially drunk and a quarter had done so in the last month. Half the young females and a third of the young males had been in a car being driven dangerously by someone, and almost as many had done so in the last month. Many West Coast students surveyed reported being hit or deliberately harmed by another person in the last year (39% females and 52% males). A small minority (14% females and 11% males) reported having experienced unwanted sexual behaviour from another person at some point in their lives.

Sexual and Reproductive Health

Between 2003 and 2005, there were 426 admissions for pregnancy related conditions, childbirth and the period after birth on the West Coast. Seventy-three admissions were young Maori females (9217/100,000 per year). In 1999, the rate for young Maori nationally was 11,099/100,000 (Ministry of Health, 2002a). The hospitalisation rate for Maori is higher than for non-Maori and reflects the higher fertility rate for Maori. Both Maori and non-Maori hospitalisation rates for West Coast young people are consistent with the national pattern.

The abortion rate for West Coast female young people is similar to that seen nationally. Sexually transmitted infections are relatively common in the 15 to 24 year age group nationally, though specific West Coast data is not available. The most commonly reported infections nationally are chlamydia, gonorrhoea, genital warts and genital herpes and these are also the commonest conditions seen in West Coast sexual health clinics.

Half of the secondary school students surveyed on the West Coast have had sexual intercourse. Of those that are sexually active, most had their first sexual experience under the age of 15 years. Most students surveyed reported wearing a condom to protect against sexually transmitted infection and pregnancy. However, a significant minority do not.

Mental Health and Wellbeing

There is increasing concern in New Zealand about high rates of mental illness and suicide in young people. Mental illness becomes more common as young people move through adolescence. Approximately one quarter of young people are said to have some form of mental illness in early adolescence compared with one third by late adolescence. Some of this increase may be attributable to alcohol and drug abuse, and dependence (Ministry of Health, 2002a). While the suicide rate for the entire West Coast population is low compared to national figures, the West Coast DHB region has the highest rate of intentional injury for young females.

Mental health service use

In 2002, the West Coast DHB mental health services saw 407 clients aged between 10 and 24 years (inclusive). The age-standardised rate of mental health clients aged 15 to 19 years on the West Coast is 8820/100,000. This is almost three times the national rate. For youth aged 20 to 24 years, the rate is 6246/100,000, which is over twice the national rate (New Zealand Health Information Service, 2005).

Factors affecting youth wellbeing

Just over a third of students surveyed on the West Coast say they are very happy or satisfied with their life and most students (females 73%, males 75%) report being under little or no stress. Approximately half of West Coast students report that they are usually in a good mood. However, a significant number of students (female 27.1%, male 12.9%) say they have thought about killing themselves at least once or twice in the last month.

A minority of West Coast students surveyed (females 36.9%, males 27.9%) said that they usually get praise from their families when they do something well. This is far less than in the national youth survey where over three quarters of students reported being praised. (Adolescent Health Research Group, 2003). On the West Coast, 78.2% of female students said that their families care a lot about them, but only 66.3% of males felt the same way. Nationally, over 90% of students felt that their families cared about them a lot (Adolescent Health Research Group, 2003).

On the West Coast, less than half of students (females 47.6%, males 40.4%) say that their family pays a lot of attention to them and a similar number (females 44.7%, males 38.2%) say they receive a lot of encouragement to have their own ideas or beliefs. However, most students (females 77.7%, males 71.9%) talk with family members about at least some of their problems.

Bullying at school is recognised as a growing problem in New Zealand schools. On the West Coast, most students (females 79.8%, males 70.4%) reported feeling safe at school most of the time. However, a significant number of students (female 46.6%, male 46.2%) reported being bullied in the last year. A minority (females 11.6%, males 16.5%) also report being bullied at least once weekly.

Alcohol, Tobacco and Other Drugs

Alcohol

Alcohol is the most widely used drug in New Zealand and it is an important cause of morbidity and mortality among young people. Young males aged 18 to 24 years are disproportionately heavy drinkers and the volume of drinking is increasing for females. Half of all alcohol-attributable deaths and almost three quarters of the years of life lost due to alcohol are caused by injury (ALAC, 2005). Around one quarter of deaths among those aged 15 to 24 years are attributable to alcohol (Ministry of Health, 2002a). Alcohol is a key determinant of many negative health outcomes for West Coast young people, including injury from motor vehicle crashes, sexually transmitted disease and unplanned pregnancy, poor mental health, suicide and self-harm.

Nationally, by the age of 15 years, almost 90% of high school students have consumed alcohol (Adolescent Health Research Group, 2003). Just over 80% of high school students surveyed on the West Coast admit to having drunk alcohol. Of those West Coast students who have drunk alcohol, the vast majority have done so by the age of 15. Just under half the females and 40% of males had started drinking between the ages of 13-15, and a third of females and a quarter of males had started drinking between the ages of 10-12. Overall, about two thirds of West Coast students who say they drink alcohol, report an episode of binge drinking (drank 5 or more alcoholic drinks in one session – within 4 hours) in the last 4 weeks. This means that approximately half of all the West Coast high school students surveyed report binge drinking within the last 4 weeks. The majority of young people (about 66%) said that they got their alcohol from parents (YATA, 2005).

Tobacco

Tobacco smoke damages young people's health when pregnant women smoke, when young people are exposed to second-hand smoke and when young people themselves become committed smokers. Most adult smokers have started smoking by the time they are 18 years of age (Ministry of Health, 2002a). National evidence suggests that more than a third of all students have tried smoking by the age of 13 years. Female students of all ages are more likely to smoke cigarettes than male students (Adolescent Health Research Group, 2003). This was also true in the West Coast survey where female students were more likely to have tried smoking cigarettes than males (females 59%, males 29%). In the 2005 ASH survey of year 10 students, students had the sixth lowest smoking prevalence of 21 DHBs.

Marijuana

Marijuana is the most commonly used illicit drug in NZ and daily or almost daily use over the long term places users at increased risk of adverse health consequences. Marijuana intoxication can also impair educational performance. Rates of marijuana use and dependence are higher among males than females and are higher among Maori than non-Maori (Ministry of Health, 2002a). Nationally, at the age of 13 years, about 20% of students have tried marijuana and by 16 years this rises to 50%. Regular use (those who use it weekly or more often) is less prevalent and peaks in the 15 year old age group (females 8%, males 10%) (Adolescent Health Research Group, 2003). On the West Coast, less than 50% of students surveyed (females 44%, males 33%) reported having ever smoked marijuana. Consistent with national findings, a small but significant minority of students (females 8%, males 11%) report regular use (weekly or more often) of the drug.

Health Services for Young People on the West Coast

Previous New Zealand studies have suggested that health services are underutilised by young people aged 12-24 (Ministry of Health, 2002a) and they also suggest that young people have a preference for youth-specific health services, particularly those linked to other youth activities like school, recreation and sport. The Ministry of Health's *Youth Health: A Guide to Action* summarises the characteristics of an ideal youth health service:

- Free or easily affordable
- Locally delivered
- Confidential
- Non-judgemental
- Culturally appropriate
- Gender-appropriate staff
- Offers a comprehensive range of services (including, mental health, sexual health and alcohol and other drug counselling)
- Staffed by people who can relate to young people
- Services are available where and when young people require.

Both the health care providers and young people who took part in consultation on the WCDHB Youth Rangatahi Health Plan supported this list. Young people were particularly concerned about their confidentiality and being identified when visiting services, such as GPs or hospital-based clinics. Many expressed embarrassment, particularly in asking for sexual health advice or contraception. The location and accessibility of services was also a problem for those who did not have their own transport. Young people also expressed the view that existing services were not always "youth-friendly" and adult providers could be judgemental or authoritarian. There was support from both providers and young people for a specific youth-focussed health service on the West Coast and alternatives like a mobile clinic, school-based clinics or a one-stop youth health clinic (like the 198 Youth Health Centre in Christchurch) were mentioned by some.

There is evidence that youth-focussed primary care (Mathias, 2002) increases access and utilisation of health care by young people, and that young people who use these services tend to be those who are most vulnerable. The kinds of youth-focussed services that show greatest uptake are those that offer mental health, substance abuse counselling, sexual health and preventive health services like STI screening and general checkups.

The Process of Developing this Plan

The development of this plan began in 2005 and was initially led by the West Coast DHB's Child and Youth Health Committee. Community and Public Health's Youth Health Promoter then led the process of research into the health needs of West Coast young people. The research carried out for this plan included

1. A survey of West Coast high school students carried out during the MeNZB™ immunisation campaign. The survey used questions from Youth2000, a national survey carried out by the University of Auckland's Adolescent Health Research Group to allow responses to be compared with national data.

2. A survey of out of school youth, using a similar questionnaire.

3. Focus groups with groups of West Coast young people to discuss their views on how health of rangatahi young people on the West Coast could be improved.

4. A one day Youth Health Forum, held in late 2005.

5. Review of routinely available data on mortality and health service utilisation by West Coast young people.

6. A survey of youth health and social service providers on the West Coast (all provided some services to young people aged 12-24).

The information collected in 1-6 was combined in the draft West Coast Youth Rangatahi Health Profile presented to the WCDHB Community and Public Health Advisory Committee in June 2006.

Following this, further consultation on the identified youth health priority areas was carried out alongside consultation on the priority areas for child health. This consultation included advertisements in West Coast newspapers inviting comments on the identified priorities. A list of the organisations and individuals consulted in the various stages of the development of this plan is included in the Appendix.

West Coast Youth Rangatahi Health – A Plan of Action

This plan outlines actions under each of the key health areas identified in the West Coast Youth Rangatahi Health Profile. The recommended actions are based on the Ministry of Youth Affairs' *Youth Development Strategy Aotearoa (2002)* and the Ministry of Health's *Youth Health: a Guide to Action (2002)*, as well as the comments and suggestions made by West Coast providers and young people during the consultation process.

The WCDHB Youth Rangatahi Health Plan is designed to be implemented in tandem with the recommendations of the WCDHB Child Health Plan. Many of the recommendations in that plan will also have a positive effect on the health of young people aged 12-24.

Injury

Aim

To reduce the rate of death and hospitalisation due to injury among West Coast young people

Recommended Actions

1. The WCDHB will take a more active role in intersectoral action (with ACC, LTSA, Police and local authorities) to promote improved road safety on the West Coast
2. Improve the collection and analysis of data from the Emergency Department on alcohol and other drug involvement in young people admitted for intentional and unintentional injury

Sexual Health

Aim

To reduce the rates of sexually transmitted infections and unplanned pregnancy among West Coast young people

Recommended Actions

3. Encourage the West Coast PHO to extend the present free contraceptive consultations for young people aged under 22 to include all consultations for sexual health and promote this service to young people
4. Promote the availability of free condoms through a wide range of outlets including Community and Public Health, GPs and sexual health clinics
5. Investigate ways in which existing sexual health services can be made more easily accessible to young people throughout the West Coast, particularly to out-of-school youth
6. As part of Health Promoting Schools, work with schools to support the provision of comprehensive evidence-based sexual health programmes through the Health and Physical Education Curriculum

Mental Health

Aim

To improve the mental health of young people on the West Coast

Recommended Actions

7. Improve the capacity of those who work with young people to identify and respond effectively to behaviours associated with suicide, serious mental illness and substance abuse
8. In line with the WCDHB Primary Mental Health Plan, increase the availability of community-based services, such as counselling and brief intervention for young people with mild to moderate mental health problems

Alcohol, Tobacco and Other Drugs

Aim

To reduce alcohol, tobacco and other drug-related harm among young people on the West Coast

Recommended Actions

9. Maintain a range of policy and regulatory measures to discourage smoking and minimise the harm associated with alcohol consumption by young people (eg. controlled purchase operations and enforcement of restrictions on sale of alcohol and tobacco to those 18 and under)
10. Work with other agencies such as Community and Public Health and ALAC to support community initiatives to reduce alcohol-related harm among young people
11. As part of Health Promoting Schools, work with high schools to support the provision of comprehensive evidence-based tobacco, alcohol and other drug harm reduction education through the Health and Physical Education Curriculum

Health Services for Young People on the West Coast

Aims

Health services for young people on the West Coast will involve young people (including rangatahi Maori) in their development and implementation

Young people on the West Coast are aware of all services that are provided for them

West Coast primary and secondary health services are "youth-friendly" and effective in addressing the health needs of West Coast young people, particularly rangatahi Maori

The role played by services other than health in supporting and maintaining the health of young people and rangatahi Maori is recognised

Recommended Actions

12. Support young people and rangatahi Maori to be actively involved in the WCDHB Child and Youth Health Committee and any other service development groups for youth services on the West Coast
13. Explore (with the WCPHO and other West Coast providers of youth health services) the feasibility of establishing a comprehensive youth-focussed primary health care service on the West Coast
14. Support the compilation and maintenance of a comprehensive database of West Coast health services catering specifically for young people and make this database readily accessible to young people and rangatahi Maori, their families and whanau, and health service providers
15. Link this database to other web-based and 0800 telephone health information services for young people and promote the site to West Coast young people
16. Provide training for staff of the WCDHB providing services to young people to improve the responsiveness of these services to the needs of young people and rangatahi Maori.

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Appendix Individuals and Organisations Consulted in Developing this Plan