In early 2009, Wellington Regional Public Health secured extra funding to provide an enhanced service, led by public health nurses (PHNs), for adolescents at three colleges in the region covered by Capital and Coast District Health Board (CCDHB).

These youth health services were to be based in the schools. A total of 1.5 full-time equivalent (FTE) was available, divided into 0.5 FTE for each college. My job was to investigate which three colleges should receive this service, taking into account the current services in the schools and considering areas of high socio-economic need. I also had to devise a plan for delivering the service.

Range of providers

The CCDHB zone can be roughly split into three areas (see map opposite): Kapiti Coast, Porirua and Wellington City (and its surrounding suburbs). Service delivery in these localities is spread among a range of providers. In Porirua, services are provided in schools by local primary health organisations (PHOs); in the other two areas, some colleges were provided with weekly PHN clinics and a very small number of schools said they were directly employing their own nurses. Porirua was excluded from further consideration given that it already had an existing school-based service in operation.

Young people in the CCDHB region also benefit from the availability of two “youth one-stop shop services”, Evolve, in Wellington City, and Kapiti Youth Support, on the Kapiti Coast. (Vibe is another youth one-stop shop service that provides extensive support in the Hutt Valley DHB area).

I examined a range of socio-economic factors such as decile rating, social deprivation indices, census data, National Certificate of Educational Achievement success rates, mental health statistics and youth death rates. I also considered the ethnic make-up of colleges, giving additional weighting to those with significant populations of Maori, Pacific Island and refugee students, as these are populations that have particularly high health needs.

Regional Public Health anonymously records numbers of, and reasons for, student referrals in its regional health surveillance system (RHSS). Information was extracted from this database and was considered as part of the detailed picture of presenting physical health, mental health and social needs.

In addition to these quantitative factors, I also spoke to a number of stakeholders across the communities to see if there were any substantial qualitative issues not reflected in the quantitative data.

A shortlist of five colleges was drawn up, in ranking order of highest health need. Five, rather than three colleges were identified — as another criterion of the project was that the schools had to accept the offer to receive the service.

This was invaluable, as it opened possibilities for clinical updates, supervision and a future extension of the range of nursing services that we provided.

Sexual health protocols

This concern was of particular note as the nursing service provided by Regional Public Health was to offer sexual health services, following the concurrent development of sexual health protocols that I had been given the job of completing. The other top youth health presentations (from RHSS) included mental health, alcohol, tobacco and other drug use, obesity and skin problems. The nursing service was positioned to address all these health needs. It would have been ethically difficult to offer an intensive on-site youth health service that did not include a sexual health component.

Following consultation, it was decided to split one of the 0.5 FTE roles between the two colleges on the Kapiti Coast. This was done because the communities of these colleges are deeply intertwined. Although these college communities have a generally low level of socio-economic deprivation, the local community has concerns about access to general and mental health services, as highlighted in the Kapiti Coast Community Report, 2006.

The remaining two slices of 0.5 FTE were allocated to Rongotai Boys College and Wellington East Girls College, both located in Wellington City.

The schools were then approached and implementation was initiated, following the process recommended by the Ministry of Health’s best practice guidelines. Confidentiality is a key concern for adolescents accessing health care services (see box 1). This was important to address with the school community, in order to ensure it clearly understood how the nursing service would operate.

By March 2009, our service had started in the colleges. At this time a sexual health consultant (0.2 FTE) was also appointed to provide an advisory service across Regional Public Health. This was invaluable, as it opened possibilities for a future extension of the range of nursing services that we provided.
The nursing service was configured to offer health promotion as well as student health clinics. This allowed us the opportunity to work with students to develop initiatives that addressed a preventative approach to the management of health care, rather than being just the archetypal “ambulance at the bottom of the cliff”.

Health promotion activity took a while to get off the ground as establishing the service was the initial priority. Setting up the service included defining what we could and couldn’t do, increasing awareness among college staff, explaining the nature of our service to students, working out referral mechanisms, establishing systems for maintaining confidentiality, obtaining clinical supplies, establishing clinical support mechanisms and, most importantly, taking the time to listen to young people and their concerns, so the service could be tailored to best meet these needs.

Most of this work was well underway; then pandemic H1N1 influenza arrived. This pretty much dictated what we needed to do from a public health perspective. It had an impact on the level of service delivery, as being PHNs meant we were at times diverted away to help assist with the H1N1 emergency response.

Our health promotion and education focus at this time was centred on personal hygiene. We liaised and updated school staff, undertook audits of school toilets and their hygiene facilities, spoke to students about the importance of maintaining hygiene and helped ensure the correct response to sick students. Attendance rates at colleges plummeted, as anyone with influenza-like symptoms was advised to stay at home.

Thankfully the H1N1 storm settled, which allowed us to return to normal work routines. We are developing a more organised programme of health promotion this year.

Despite the H1N1 challenge, we were still able to provide some non-hygiene-related health promotion activity in 2009. We sat in on and contributed to the delivery of sexuality education, provided and staffed interactive lunch-time display stands around issues such as family violence, invited outside speakers into colleges and provided support to a student-led smoking cessation day at Wellington East Girls College. At Kapiti College, we helped student peer mediators organise a mental health-themed music concert as part of Mental Health Awareness Week.

Involvement with the student council or health committee can be one of the more important health promotion activities in the college setting, as this can have a powerful effect on a whole-school approach to youth development.

The new clinics have had good uptake, with a total of 820 nursing consultations in the first year. The reasons for these visits included sexual health, smoking cessation, alcohol abuse, other drug use, mental health problems and obesity. The nurse in the clinic managed many of the students concerns, although some were referred onwards, most commonly to the youth one-stop shop services — Evolve and Kapiti Youth Support.

Not all visits to the college clinics were from students with a “problem”. Many were from students without a “problem”. These visits included those who couldn’t wait another day to see the nurse, or who hadbow to be seen, or were concerned about the service.

Box 1: Confidentiality and consent as it applies to adolescents

Health Information Privacy Code (1994).
A patient is entitled to complete confidentiality, irrespective of age; an exception to this is when disclosure is necessary to prevent or lessen a serious and imminent threat to public health or safety, or the life or health of an individual.

Subsection (2) of Right 7: Every consumer must be presumed competent to make an informed choice and give informed consent, unless there are reasonable grounds for believing that the consumer is not competent.

Subsection (2) of Right 5: Every consumer has the right to an environment that enables both the consumer and provider to communicate openly, honestly and effectively. There are no age-based thresholds on which competence is measured within the code.

Section 3 has been repealed. This means that people under the age of 16 can consent to their own medical treatment in relation to receiving contraceptive prescriptions, advice, services and termination of pregnancy.

Care of Children Act (2004).
Section 38: A female of any age can give or withhold consent for abortion.

Box 2: Youth health workforce development

SYPHANZ membership:

Annual youth health conference:
http://www.involve.org.nz/

Best practice guidelines:
http://www.schoolnurse.org.nz/
students who were seeking information to help make decisions around psycho-social concerns in their lives. The HEEADSSS, assessment tool (Home, Education, Eating, Activities, Drugs, Suicidality, Sexuality, Safety) was used in many of these consultations as it provides a holistic, in-depth means of helping a young person work out what is going well (resiliencies) and what could be going better (risks).

Youth health is a relatively new and rapidly expanding area of nursing practice in Aotearoa/New Zealand. The Society of Youth Health Professionals Aotearoa/New Zealand (SYHPANZ) is a national organisation that was formed in 2007 to help support a planned approach to youth health workforce development (see box 2).

Dynamic and progressive specialty

Nowadays, most college health nurses are far removed from being merely the providers of pan-adol and band-aids (schools should have their own first aider to provide such services). Youth health is a dynamic and progressive specialty that will have a dramatic impact on the health of young New Zealanders in a number of key areas, including the reduction of teenage pregnancies, reducing sexually transmitted infections, including the reduction of teenage pregnancies, reducing smoking and other drug use and the improvement of mental well-being.

Youth health is an area where nurses are empowered to have a hand in shaping the future of tomorrow’s health outcomes and it is a privilege to be part of this.

Craig Waterworth, RN, MSc, is a youth public health nurse at Regional Public Health, Hutt Valley District Health Board, Wellington. He works mainly in boys’ secondary schools, providing nurse-led clinics and health promotion. He has also nursed in the British Army, and in general practice and sexual health settings.

This article was approved by Kai Tiaki Nursing New Zealand’s practice article review committee in April this year.

MINI-EXAMPLES:

Two public health nurses describe the health promotion projects they supported in schools under the college enhancement programme.

Dorianne Page: SMOKEFREE IN WELLINGTON EAST

Encouraging young people to be smokefree has been a real passion for me for a number of years. The college enhancement initiative has allowed me to offer significantly more support for the young women of Wellington East Girls College than I had been able to give with the previous model of service delivery.

During the first few months of the college enhancement project, I was keen to support individual students stopping smoking, providing counselling and nicotine replacement products during my clinics. I also referred students to community cessation services offered through local marae and Pacifica providers who I had met through smokefree networks.

In early September last year, the school approached me and asked me to help with a student-led Smokefree Week promotion. I gave the girls information and support for their event, as well as providing promotional banners and posters from Regional Public Health and items for prizes from the Health Sponsorship Council. I also recruited Rosita Vai, a well-known singer and smoking cessation youth advocate at Pacific Health Services, to speak at the event.

After her appearance at Smokefree Week, Rosita was keen to be involved with the students at East. I suggested that we co-facilitate peer support meetings for smoking cessation at lunchtime and she agreed. The school was happy to support the initiative. In October we began weekly sessions, which were well attended. I continued to support all students, not just those attending the sessions, through my clinics in their attempts to be smokefree.

Shennan Brown: MENTAL HEALTH IN KAPITI

I work in Kapiti College as part of the college enhancement programme. I had been talking to a group of students last year about a health promotion project that I would run in the school. The students thought it would be good to do something about positive mental health.

Later in the year I approached the students again to see if they wanted to get involved with activities supporting Mental Health Awareness Week. They were still really keen. The students were part of the school’s peer mediation team, so were well informed about what makes good mental health. The theme in the Kapiti community was “mental health unplugged” and the students thought this was a good theme for them to go with.

We decided to organise a concert. The theme was “a young people’s celebration of positive mental health” and the concert was called “Youth Mental Health Unplugged”. The Kapiti PHO became involved too — the concert became a collaboration between the students, the PHO and myself. The commitment from the students was amazing and their leadership qualities outstanding. They worked tirelessly to promote the concert and involve as many groups as possible. The concert, held on October 31, was a success — we had bands, dancers and singers joining in.

I was approached recently by a senior student at the school wanting to do a similar thing this year but over a longer period of time so they could involve more students. I was heartened to hear this as I thought it showed the impact of the promotion and how important they thought the theme was.

FOOTNOTE: As this issue went to print, Capital and Coast District Health Board decided to withdraw funding for the enhanced school nursing service outlined in this article, as part of cost-cutting in the service.

It was to finish at the end of June and it was unclear what service would remain at the four colleges involved.
GAINING TRUST IN KAPITI’S COLLEGES

By Kathy Stodart

A school nurse must be non-judgmental and do more listening than talking, says Shennan Brown, who has worked with adolescents as a public health nurse for the past 12 years.

“You have to make them feel OK to tell you anything, that you are a safe place to talk about their worst fears.”

Brown has provided school clinics at Kapiti College for the past 10 years. Under the enhanced service, this has expanded to 10 hours a week each at both Kapiti and Paraparaumu Colleges, on the Kapiti Coast, north of Wellington. Her time is divided between school clinics and health promotion activities.

She shifted from cardiac critical care into public health nursing 12 years ago and relishes the different style of nursing. “I feel so privileged to be in people’s homes and in schools and learning to listen.”

Making the nursing service work well involves setting up good relationships at the school, particularly with the counsellor and the deans. And she makes it clear she is there for the students and does not get involved in any school punishment.

The service had been greatly improved by the extra hours, she says, allowing her to provide a better contraceptive service, as well as more health promotion work.

As a school nurse, she is allowed to supply contraception, as directed by the Contraception, Sterilisation and Abortion Act. She can give students pregnancy tests and also provides information on sexually transmitted infections.

Other general health issues she deals with include stopping smoking (she can supply nicotine patches and gum), skin care such as acne and eczema, peer and family relationships, headaches, sleeping problems — which can be a sign of depression — and stress.

She makes it clear to students that her service is absolutely confidential, except where she has concerns for their safety (that they might hurt themselves or someone else, or that someone else might hurt them). She is then required to refer the issue to outside authorities. “Tell them I need to talk to someone else about that and I ask them who they would prefer it to be.”

Being young is not a requirement for working with young people, Brown says. “In fact I think you have a better rapport with young people as you get older.” She says boys come to see her to get condoms and she thinks they feel more comfortable doing so because they see her in a more motherly way rather than someone they are trying to impress. “I’m not trying to be their buddy.”

However, the work is not just about handing out condoms. She looks at the whole person, through the HEEADSSS assessment tool, a questionnaire which assesses the students’ strengths and vulnerabilities in dealing with life.

Although the issues students present haven’t changed too much over the past 10 years — the main ones are sexual health, drugs and alcohol, depression and weight issues — she says that when she started to spend more time in the schools she noticed a big issue that young people were raising was problems in relationships, with family and with peers (aside from sexual relationships).

Helping deal with these can be an ongoing process between nurse and student, as the student tries out suggested techniques for dealing with difficult situations and comes back to report how they went.

She has also noted an increase in boys coming in for something as simple as condoms, which will then lead to a chat about other things going on in their lives. “The presenting issue is a way in. I can then ask them to do a HEEADSSS assessment.”

Students can text her to make appointments, to ensure their privacy.

Brown is confident she is making a difference — “they keep coming back” — and enjoys working with challenging students. And she marvels how some students with terrible home lives can function so well at school, while others from supportive homes can go off the rails. In each case, she says, you have to honour the young person’s journey.