

Innovative Access to Health Services for Rural/Remote Young People

Bernard Denner, Mallee Track Health & Community Service (MTH&CS)
and Centre for Rural & Regional Health Education (CRRHE), **Lindsay Lynch**,
MTH&CS
PO Box 130, Ouyen, 3490
(03) 5092 1111 mobile 0419 566 750 Email: onntrack@ruralnet.net.au

This Paper will share how a community pathway was developed to offer adolescents in two remote/rural areas of Victoria an innovative way to access local health services and a means by which to socialise through their Secondary Schools and a Youth Drop In Centre.

The Mallee Track Health & Community Service (MTH&CS) developed a community health model school program, called the Community Health School Link Program (CHSLP). The Victorian Department of Human Services School Nurse Program (SSNP) offered support and a range of resources and best practice methods for our community Model of Early Intervention for Adolescents that was not available to the area or through Local Providers.

The aim of the CHSLP was to provide options within the secondary school system for young people to confidentially access Local Health Providers and discuss day-to-day issues that impact on their health and wellbeing. The MTH&CS in collaboration with two Secondary Colleges within the region and 110 kilometers apart, developed a program that placed a local health worker as a School Link Worker in the schools. The program provided students with access to the Worker and provided additional opportunities for the Worker to participate in school programs that addressed the health and wellbeing issues of the students. The CHSLP also supported the Link Worker with a greater understanding of the issues faced by young people in general.

The Drop In Centre, which complemented and extended the school-based program, was a direct result of feedback from a Youth Forum developed by the community where local youth overwhelmingly expressed a need for a place to socialise. The Drop In Centre is a joint community project between MTH&CS and local business organizations, represented by Ouyen Inc, and has the support of the general community.

The MTH&CS rented the local unused scout hall as an investment in youth health and asked the community to support the Centre in the way that they support sport - as part of their community culture. The Youth Centre provided secondary school students with an after school option, five days per week, to develop activities that meet their needs and improves their life by providing opportunities to socialise and talk to peers. It is also a good place for youth from outlying areas who needed somewhere to 'kill' time after school before their football and netball training commitments and provided youth living in the area with their own space in which to meet. Adolescents residing in remote/rural areas are often disadvantaged by the lack of access to areas such as the Mall and Shopping Centre venues that are so popular in larger Centres for young people under 18 years.

The quality of life for adolescents is improved when there are opportunities to socialise and talk to peers. It is also improved when the need to have quick and confidential access to health services is provided.

BACKGROUND

The region of the Mallee Track is 5½ hours north west of Melbourne with a combined population of 3200 people with a population of approximately 380 young people. The Mallee Track Region covers 11000 square kilometres with four service centres up to one-hour drive apart. Two secondary colleges at Ouyen and Murrayville service the region with a combined population of 356 students (Murrayville Community College also services Pinnaroo in South Australia).

The history behind developing the youth initiative was based on the findings of work carried out by the Centre for Rural & Regional Health Education (CRRHE) an affiliate of the Centre for Advancement of Men’s Health (CAMH) with youth in rural Australia and Canada and the general Health Status of Victorian rural youth, especially suicide and road deaths.²

Table 1. Selected Common Adolescent Issues (Top 10)¹ Comparison Victoria and Canada

	Victoria	Canada
1)	Sex	Sex
2)	Relationships	Relationships
3)	Dating	Sexuality/Drinking
4)	Dealing with Girls	Dating/Social Skills
5)	Sexuality / Intimacy	Talking to Girls
6)	Drinking	Talking to Parents
7)	Jobs for Me	Pregnancy/Birth
8)	Social Skills	Manners
9)	Career Paths	Jobs for me
10)	Being a Bloke	Talking to Teachers

Table 2 Australian Mortality Rates²

**Victoria – 1999
15-24 years**

Cause of Death	Males	Females
Suicide	60	16
Transport Accident	91	24
Drugs	7	1

In Victoria the current Labour Government introduced a secondary school nurse program in 2001 with 200 schools benefiting from the program. The program provided an opportunity for students to have access to an innovative program that provided another option for students to address their day-to-day issues. The Mallee Track Region was one of the areas that missed out on the Program.

The two secondary schools and their communities were disappointed with this outcome and representation by the local Northern Mallee Primary Care Partnership to the Department of Human Services (DHS) was unsuccessful in gaining a local Secondary School Nurse.

METHOD

Community Health School Link Program (CHSLP)

The MTH&CS recognised the health and wellbeing needs of youth in this remote/rural and the benefits of the Secondary School Nurse program.

The appointment of Bernard Denner (CRRHE) to the MTH&CS to develop Early Intervention programs to the region created a new interest in securing a program for youth. Representation to DHS and the SSNP Regional Manager Ms Tulsa Andrews provided an opportunity to develop a new concept in partnership with the DHS Program. CHSLP was the developed framework by which SSNP would be known in the MTH&CS region. The name described the program effectively as a Community Health Program linking schools with health services and providing a partnership and relationship to deliver outcomes for local youth.

The DHS SSNP offered a range of support based on the existing SSNP that could be sustained under the umbrella of the MTH&CS within current Loddon Mallee DHS budget arrangements for the SSNP. These included:

- Access to copies of the Secondary School Nursing Program (SSNP) Consultation Papers, Role Statement and LMR SSNP Orientation Manual.
- Access to names and numbers of all school nurses in the Loddon Mallee Region
- Peer support
- Invitation extended to any appropriate PD offered in the Mildura/Swan Hill area
- Invitation extended to portions of the SSN Northern Mallee Cluster meetings involving issues relating to the delivery of health in Secondary Schools
- Invitation extended to Principal and/or Student Welfare Coordinator to be members of the Northern Mallee Regional Reference Group for School Nursing
- To be included in a mailing list for any health education/promotion information
- Introduce workers to key members of DHS (eg. Health Promotion Officer, Child Protection etc)
- Possibility to borrow SNP resources for short periods, when available

An agreement was developed with both schools, based on the SSNP, with protocols that were agreeable to both parties and recognised the statutory obligations of both. The CHSLP provided the two link workers, and the SSNP provided opportunities to attend professional development sessions that were not otherwise available to workers in the area. The CHSLP also provided an opportunity for local community health workers, including other local

providers such as Loddon Mallee Women's Health (LMWH), to participate in adolescent life skills programs not previously available.

Draft Secondary School Administrative Protocols were set up and these included:

Community Link Worker

- The Community Link Worker will be expected to operate within the guidelines of documented Secondary College procedure and parameters expected of all staff in the conduct of their professional duties. These include the expectation of appropriate behaviour and language consistent with school and DE&T policy.
- The Welfare Officer will remain the College contact person with overall responsibility for the College's welfare program.
- The College Welfare Officer and the Community Link Worker will be required to negotiate and clearly define their working relationship and responsibilities in relation to other inter agency services in accordance with Privacy Legislation.
- The College Welfare Officer will be responsible for overseeing and monitoring contact between students and all other related inter-agency services.
- In order to improve student outcomes, it is expected that there will be a close working relationship and sharing of appropriate knowledge between the Community Link Worker and the College Welfare Officer. It should be recognised that the Welfare Officer is a reliable provider of assistance, support and local knowledge.
- The Welfare Officer is to be kept informed of all relevant issues in relation to students and outcomes that may affect the good conduct of College operations.

Students

The Community Link Worker must be aware of their duty of care and obligations in ensuring that "all reasonable steps are taken to ensure student safety".

- In encouraging and nurturing a team approach to gaining the best possible outcomes for students, the Community Link Worker will encourage students to consent to the sharing of specific information with appropriate staff.

Health Promotion / Health Education Role

The role of the Community Link Worker is to provide services to the Secondary College for approximately four hours per week. The program will provide students with access to the Community Link Worker to discuss their day-to-day issues, and if necessary, to provide a pathway within the agreed Community Health School Link Program to additional services to meet their needs as identified by the Community Link Worker.

These Protocols were negotiated as a Memorandum of Understanding between both parties in order to deliver a sustainable outcome for youth.

The CHSLP developed this partnership with the schools and MTH&CS Health Workers (Stewart Lawrie & Joy Brown) have within their existing working hours and as an extension of their work as a Social Worker and Community Health Nurse maintained a manageable commitment to the schools. The Program has also provided the Workers with a

range of new skills and Professional Development opportunities not otherwise available to the Service or area.

RESULTS

The Results of the CHSLP and the relationships forged with other services has created other opportunities:

- School health and lifeskills program assistance in partnership with LWMH
- Community sessions on understanding adolescents and early intervention in recognising suicide risk factors.
- Provision of programs to help teachers and health providers with skills in dealing with primary and secondary school students especially with suicidal and behavioural problems.
- CHSLP worker half day per week at school
- Sessions for parents addressing issues around alcohol

It has also provided adolescents with:

- Better and confidential access to local MTH&CS and Mildura Health Services
- New services to meet their needs
- An opportunity to chat with an ‘independent’ person and be listened to
- Lifeskills Programs in partnership with LMWH that reduces their Risks
- An Open day at Health Service to highlight careers in health
- Programs that REDUCE their Ignorance and Improve their Resilience
- Partnership Outreach Education Model (Poem) Program sourced from Youth Services Mildura for students at risk

By providing these opportunities in their space... school students have benefited with an additional OPTION in addressing the day-to-day issues that impact on their life.³

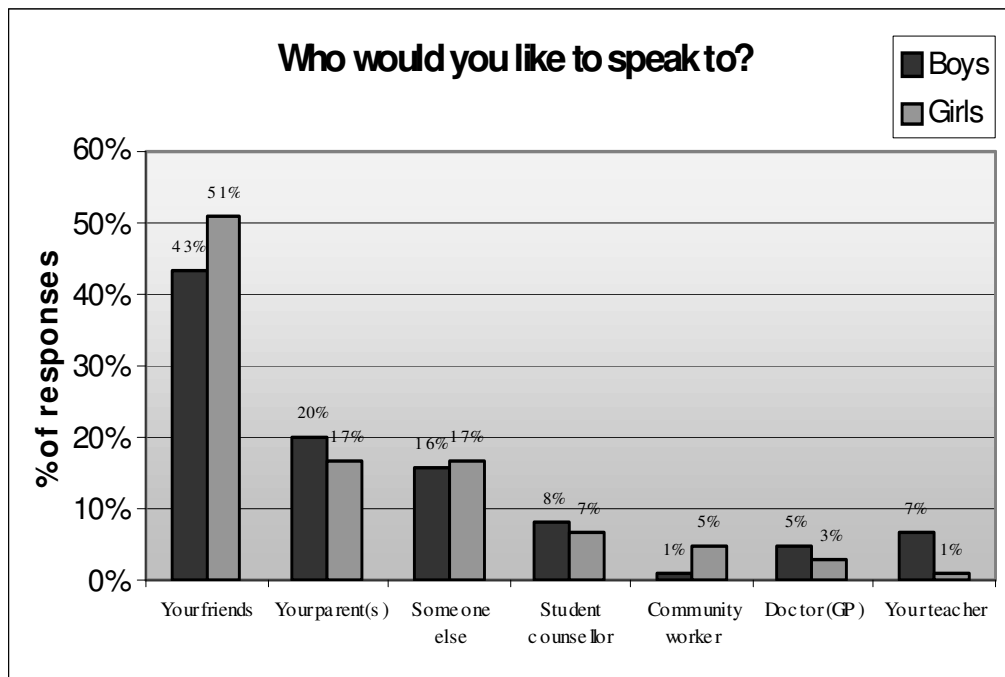
Table 3. Selected Common Adolescent Issues (Top 10)³ Central Victoria

BOYS	GIRLS
1) Sex	Sex and Relationships
2) Relationships	Dealing with Boys
3) Dating	Emotions
4) Dealing with Girls	Sexuality / Intimacy
5) Sexuality / Intimacy	Being a Woman / Self Respect
6) Drinking	Dating
7) Jobs for Me	Career Paths
8) Social Skills	Drinking
9) Career Paths	Living Alone / Together
10) Being a Bloke	Dealing with Parents

THE YOUTH DROP IN CENTRE

Rural areas are disadvantaged when it comes to community facilities and outlets for youth activities. Ouyen with a population of approximately 380 adolescents provides an excellent sporting outlet through football, cricket, tennis, basketball and netball but little else. The young people wanted their space, somewhere to socialise and ‘meet up’ with friends after school hours. Research through CRRHE also supported this need to communicate beyond the hours of school with their peers about ‘stuff’.⁴

Table 4. Who participants would like to speak to about their issues³



The Ouyen Youth “Drop Inn” Centre, affectionately called the “Tin Shed”(Old WW2 Army Barracks), is not a new concept for providing youth with a space. The Tin Shed is unique because it is in a very remote area with a population of less than 1250 and was achieved without state or federal government funding.

The local community provided adolescents with the opportunity to express their views and needs with a community youth forum. The loudest message from the forum was for a drop in centre that gave them some ownership of a space.

The MTH&CS CEO (Mr Lindsay Lynch) and Board of Management were keen to provide this opportunity. Through the “On Track” Community Health Program, managed by Bernard Denner, and the MTH&CS Ouyen Neighbourhood House, along with community support through Ouyen Inc, the opportunity to develop youth initiatives, like a drop in centre was provided.

After a search of vacant and run-down buildings MTH&CS was fortunate to secure, at a reasonable rent, an old disused scout hall. The establishment of the Centre was fully

supported with great generosity from the community and before long the centre was completely furnished and operational.

The marketing and media publicity for the centre clearly generated support from a range of organizations:

- Mildura Rural City Council (MRCC)
- MRCC Youth Services Unit
- MRCC School Focus Youth Services
- Juvenile Justice Department
- Mildura Court House
- Local Businesses
- Coffex Coffee
- Ouyen Lions Club
- Telstra CountryWide
- Powercor
- North West Mallee Community Capacity Building Initiative
- Local Politicians- National Party
- Local schools
- Local Police
- Community Volunteers

The support included financial and donations of goods and services. It also provided the youth with a donation of paint from Ouyen Lions Club to redecorate what was a very drab military green interior to a multi colour décor that has created a warm and youth friendly space.

The direction of the Youth Centre was to provide local youth with a place where they could socialize and hangout and was designed as another OPTION for local youth:

- By providing young people in Ouyen & districts with a space in which they can socialize and develop activities that meets their needs in a rural community.
- By providing their Centre with a Youth Committee providing guidance to the running and development of the centre
- The committee has ongoing support and guidance of the MTH&CS which provides supervision of the centre on a day-to-day basis.

It was also important to provide Basic Rules to maintain a safe and appropriate behavioural environment and an alcohol and smoke free space. Like many rural areas, alcohol is a culture and the 'Tin Shed' wanted to provide alternatives – conversation, socializing and being able to 'hang out' without alcohol.

Coffex Coffee a major coffee supplier was contacted with the view of providing espresso coffee machine and chocolate as part of the society café culture that is popular with young people in regional and capital cities. Conversation and meeting with people of your age is an age-old tradition that all ages benefit from. In remote rural areas where socializing opportunities and venues are limited and social activities beyond local sport limited such as theatres, discos, clubs and interest groups are not always available. A place to go and chat is an important community asset.

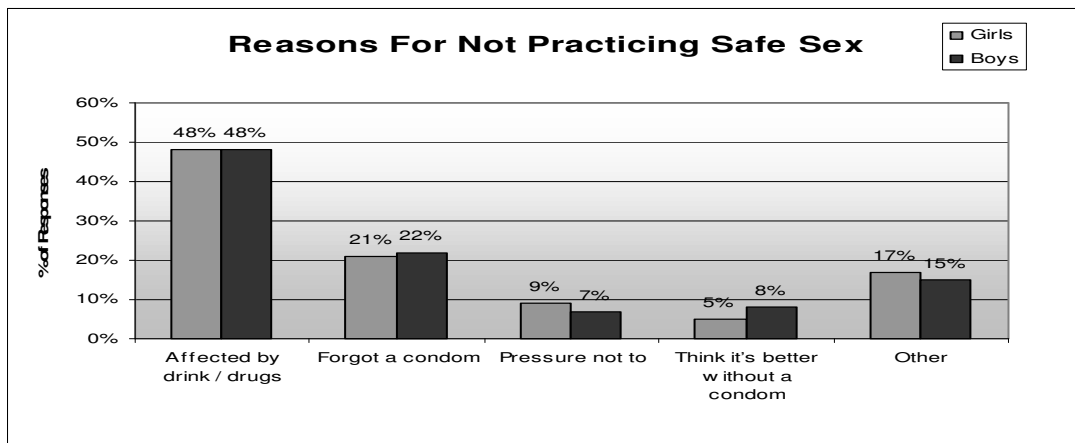
The ‘Tin Shed’ has provided a range of activities for youth:

- A Tin Shed painting day with 25 youth participating
- Espresso Coffee training with 15 students qualifying for an Industry Certificate
- Vanilla Slice Café with 15 adolescents raising \$603 for future Tin Shed activities
- The Shed activities include Internet, DVD, Big Screen, Exercise equipment, books and kitchen facility
- Film Nights and BBQs, attracts up to 25 participants
- ‘Going to the Big Smoke’ sessions
- Programs through Youth Services Mildura for disadvantaged youth
- Youth Worker one day a week through MRCC Mildura
- Work experience opportunities
- Attending community development meetings to represent youth
- Sessions with local Police to tackle issues around safe and responsible drinking
- Outings to be organized

In the first 6 months since the opening in April 2002 the ‘Tin Shed’ has had 661 visits from local youth.

The MTH&CS involvement in youth has led to a range of health initiatives to fill gaps in the delivery of services including the installation of condom machines in the town in conjunction with the local council. Safe sex practices are an issue for rural communities with a transient population also the sexual behaviour of youth and the risks associated with the drinking culture.⁵ Rural towns generally do not respond favourably to the installation of condom machines, so the introduction in Ouyen and Murrayville has been low-key but with an effective awareness promotion that has seen a usage rate beyond expectations.

Table 5. Reasons for not practicing Safe Sex³

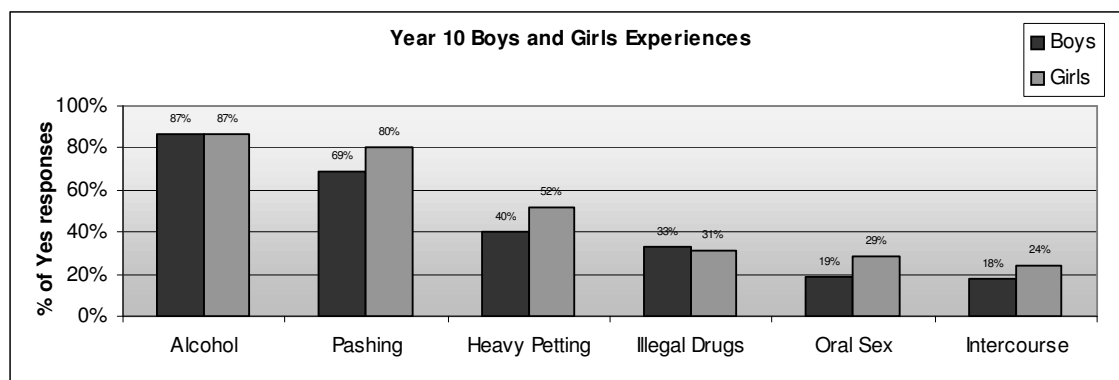


Schools provide an ideal setting in which to address Adolescent Health especially young adolescent males. The MTH&CS CSHLP based on works of CRRHE Lifeskills Program for Adolescents and the experience of the DHS SSNP provided young people with Confidential Access to health services. The program and sessions conducted jointly with the school and additional sessions conducted at the Tin Shed provide a greater understanding of risk factors and a means by which to minimise their risks associated with

adolescence. The evaluation and feedback from such sessions provides local health workers and GP's with a greater understanding of the needs and risks of their local youth

Creating pathways through General Practitioners and Counsellors to address issues confidentially is an important development for rural youth. Feedback from the Lifeskills program clearly highlights the range of issues associated with sex and alcohol that young people experience.⁶

Table 6. Experiences of Year 10 Boys and Girls³



The aim of the MTH&CS Adolescence Programs is to develop a pathway for the education and empowerment of adolescents to Recognise their risks and then to deal with their health needs preventively rather than reactionary. The model was designed to reduce the risk rates associated with adolescent health. The short-term goal is that adolescents will recognise their risks, accept responsibility for their own health outcomes and then seek a means by which to reduce their risk.

Furthermore the program recognises the value of connective ness between peers and the community and the value of offering a space where they feel comfortable and equal.

Conclusion

Adolescent Health is a very important issue as the results of adolescents "unwellness" - physically, socially and mentally affects families, communities and the their peers, besides the impact on themself.

It is important to recognise that young people are different and that their needs are different. Recognising that difference provides Health Practitioners and the community with a greater ability to achieve results for young people at a time in their life, that impacts on and influences their future health and wellbeing.

The Model of Early Intervention for Adolescents is adoptable and adaptable for any rural or remote rural community whether it is indigenous or non-indigenous. Allied health workers and local community workers can effectively use the program to have an impact on the health status and wellbeing of their young people. The outcome of providing these opportunities for young people has a direct impact on the wider community.

Policy Recommendations

The Federal and State Governments should recognise the value of Early Intervention programs that value young people as an asset in their community. Implement Policy that provides opportunities for young people to contribute in their community and to their own wellbeing through involvement in connectiveness with each other. The community in partnership with Health Services and Schools could be funded or encouraged through resources and best practice models, to develop opportunities for youth to reduce their health risks and increase their socialising opportunities.

In Victoria the State Government should expand the Secondary School Nurse program to areas not currently serviced by the program by supporting a Community Health Partnership between Health Services and Schools to deliver a Community Health School Link Worker in partnership with the local regional DHS Secondary School Nurse Cluster.

Rural youth are the future of rural communities. We need to encourage, support and value them as adolescents – **NOW**.

KEEP THIS PAGE IN SO I CAN REFER TO WHEN NECESSARY

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4. Fletcher R (1992) *Australian men and boys, a picture of health*, Newcastle, Department of Health Studies, University of Newcastle