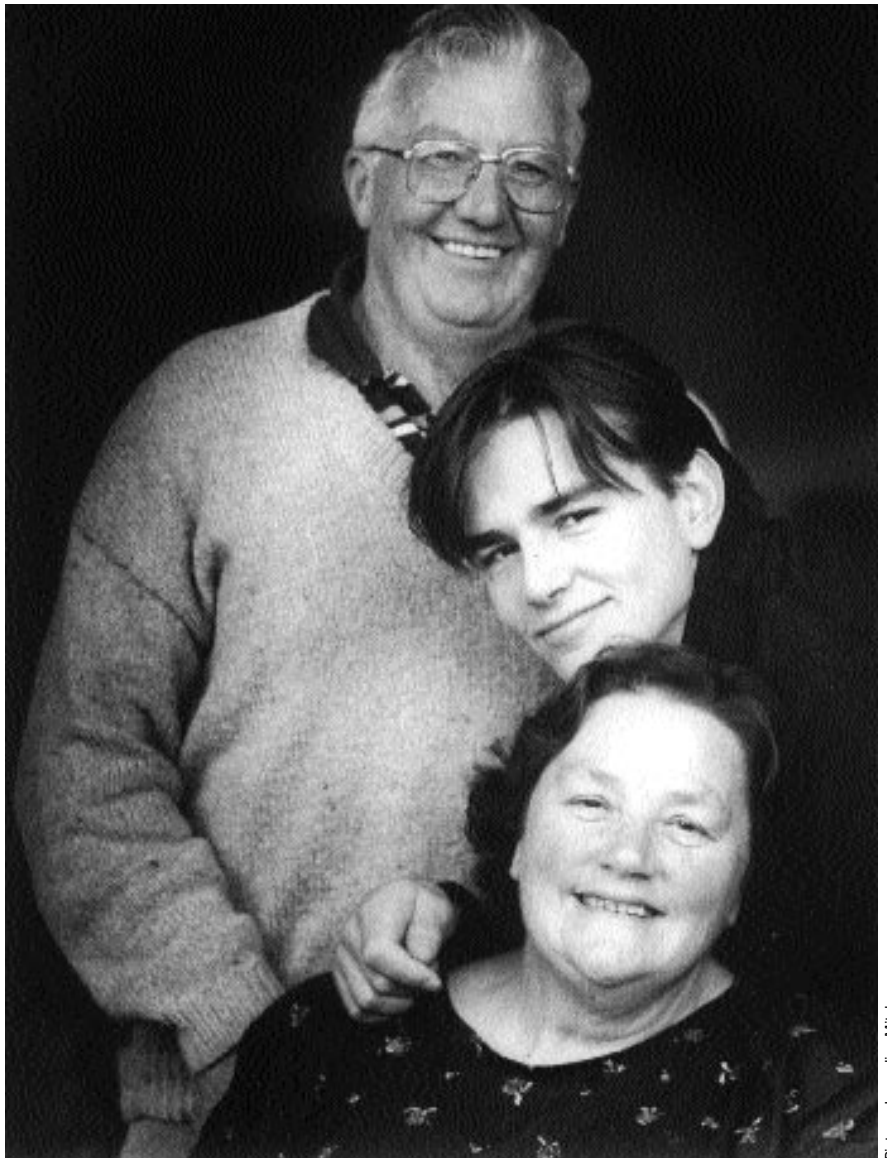


FAMILIES, YOUNG PEOPLE AND HEALTH CARE

A Timely Alliance

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Picture: Jacqueline Miteiman

The past 25 years, the equivalent of one generation in a person's lifetime, has witnessed technological, medical and socio-political changes unparalleled in recorded history. These changes have contributed to compromising the primary role of the family in health care and the health of young people.

Within any given society, the level of health and wellbeing of its vulnerable groups serves as a barometer of the health of the society at large. As we move toward the 21st century, integrative services and policies which address the contemporary health problems of young people in the context of the current system of health care provision need to be given priority. The promotion of family health and the strengthening of links between young people, their families and the community are central to this undertaking.

Challenges in Family and Adolescent Health Care

In promoting an alliance between families, young people and health care, we identify four key challenges: first, identifying a philosophy of family and adolescent health care; second, developing an integrated and comprehensive approach; third, engaging creativity and hope in care; and fourth, defining the nature of family and adolescent health research.

Identifying a philosophy of family and adolescent health care

We live in difficult times in public sector health care, fuelled in recent years by recession and economic rationalism. The risk of becoming preoccupied by issues of strategic planning, quality management, quality assurance and clinical outcome measures is ever present. And yet, those involved in health care delivery seek to meet the diverse health care needs of young people and their families, to go beyond traditional modalities, if possible, and really make a difference.

This is not a straightforward endeavour. There are the health compromising legacies of childhood to deal with (for example, congenital and acquired chronic illness, and abuse and neglect) as well as the many special issues associated with adolescence. As the latter increasingly derive from social causes (McIntyre 1988),

a blinkered view and a narrow response are inadequate.

There is also the need to consider, in terms of adolescent health and behaviour, the legacies for the future, for there are profound links between the health issues of adolescence and those of adult life (WHO 1986). If we want young people to become healthy, confident and effective individuals, socially connected and caring people, our interventions now are of critical importance. As expressed by behavioural scientist, Richard Jessor (1989): 'Adolescence is the crucible for the shaping of health in adulthood and later life.'

Whatever the logistic constraints within a health system there is a need to broaden the focus of health care to encompass a philosophy which views families within the context of the community, and young people within the social context in which they live. Pursuing such a philosophy requires vision, commitment and creative thinking.

This article discusses the importance of the promotion of family health, the strengthening of links between young people, their families and the community, and the development of integrative services and policies.

Developing an integrated and comprehensive approach

There is wide consensus that integrated, comprehensive health service models are essential for addressing the contemporary needs of young people. In a broad-based adolescent service, young people have access to well informed health care providers, can have a range of their needs attended to, and feel comfortable being grouped together in a supportive environment. This approach fits with the mission of the Department of Adolescent Medicine at The New Children's Hospital, Sydney, in seeking to improve the individual and collective health of young people and their families.

The Department's outpatient facility provides a friendly and accessible environment where young people can start to relax, build relationships and deal with issues. There are specific clinical services here, but the underpinning goal is to understand the physical disorders and presentations of adolescents in a psychosocial perspective and to respond in a developmentally appropriate way. As a backdrop to the multitude of professional skills on offer, there is a culture of comprehensiveness, creativity and caring.

Health services need to include early intervention programs not only for young people but also their families. An example of such a program may be found in the Post Natal Clinic/Young Mothers Group, initiated in 1989. All young women under the age of 19 who had a baby at a neighbouring maternity hospital were referred to this program. While volunteers looked after the babies, teenager mothers (sometimes with their partners) became involved in the 'post-natal cafe' and a veritable supermarket of clinical services focusing on their own and their babies' health care. Young mothers were educated and guided, encouraged to get to know each other as well as the multi-disciplinary staff (which included early childhood nurses from the community) and participated in creative activities. Domiciliary follow-up was provided by an outreach post-natal nurse. In essence, this unique, holistic service supported embryonic families at the point of their often problematic entry into this new and important phase of their lives (Zubrzycki et al. 1991).

Another area in which an integrated approach has proved invaluable is in the assessment and management of adolescents with complex and ill-defined medical presentations (Bennett et al. 1992). In such cases, which constitute 70 per cent of referrals to the Department's general adolescent clinic, family issues and problems are addressed alongside the medical assessment and management. The development of a Family Consultation Service has brought doctors and social workers into very close contact for collaborative assessment and management, supported by a broader team which includes a consultant family therapist and psychiatrist.

Engaging creativity and hope in care

Calling upon the talents, creativity and active involvement of young people in their own care is an important aspect of adolescent health care. In two very different settings, an

adolescent ward and a community-based centre for high risk youth, artistic expression is given special recognition. When artists and musicians enter into stimulating relationships with ill or troubled young people, working comfortably alongside their more traditional (but often equally creative) health care givers, magic is in the making.

The Youth Arts Program has completed its first decade of pioneering work. It began as facilitated group work and arts activities in hospital wards and has evolved to encompass many different dimensions of adolescent health care, youth work and arts practice. The rationale was, and remains, to generate an empowering youth culture within an institutional environment based on active participation and creative expression. Activities such as the creation of games, drawings, paintings, murals, masks, sculptures, films, slides, stories, poetry, songs, plays, magazines and radio documentaries have become commonplace. Their impact, however, has been profoundly positive, often re-affirming the importance of promoting self-worth among young people, their families and friends.

One of the most challenging problems in adolescent health care is dealing with angry, despairing, lonely young people, particularly those who are homeless. Family conflict, breakdown, violence and sexual abuse are common reasons for young people leaving home. Invariably they grieve the loss of their families who are out of sight, but not for long out of mind (Bennett 1995). Because of their lifestyles and lack of appropriate support systems, homeless young people are vulnerable to serious health problems: poor nutrition and hygiene, drug and alcohol abuse, mental health problems and sexually transmitted diseases. They are often poorly educated and unemployed, rarely having the skills or confidence to successfully negotiate the complexities of the health system. Integration and comprehensiveness are viewed as the sine qua non of adolescent health services for such young people (Bearinger and McAnarney 1988; Schorr and Schorr 1988).

In 1990, the Department of Adolescent Medicine established an outreach service for young people at risk in inner western Sydney, many of whom were homeless (Chown 1994). 'Cellblock', whose unusual name derives from its original location in an old police station, provides a community based environment which is attractive, easily accessible and successfully integrates health and the creative arts to foster the strengths, talents and abilities of young people. Medical care, counselling, creative arts programs, health education, general support and advocacy are all on offer in one site. Drawing inspiration from innovative models in North and Latin America (MacKenzie 1994), a hallmark of the service (now part of Central Sydney Area Health Service) is medical outreach to a number of local youth refuges and youth centres.

Creativity in its various forms has played a major role in the creation of Cellblock's multi-disciplinary approach to health services for marginalised young people. Artistic, theatrical and musical expression provides a poignant voice to those who cannot clearly articulate their often tortured experiences in

other ways, not only highlighting the value of tapping into the creative spirit of young people but also the importance of a sense of connectedness and belonging to family and/or caregivers.

Defining the nature of family and adolescent health research

In recent years there has been a growing call across professional disciplines to pursue a family perspective in health research and health care (Markman 1992). This paradigm shift has been a natural outcome of developments across several health-related areas. These developments have included a significant growth in the number of collaborative activities involving the fields of behavioural science, family medicine and health promotion; the validation of numerous multi-dimensional models of family relationships, structure and family functioning; and the increasing popularity of adopting a biopsychosocial approach in medical and health care practice.

Fisher, Terry and Ransom (1990) identified four tasks associated with advancing a family perspective in health research: (1) translating the operating principles of family theory into standardised effective measures for use in health research; (2) identifying how much of a family needs to be studied before a family perspective can be claimed; (3) specifying a testable model of ordered multiple causation (or system interdependence) without being accused of adopting a linear causal 'epistemology'; and (4) establishing a method of assessment, ways of managing data and specific research designs which do not violate the underlying principles of a family perspective.

This shift has also been accompanied by a increasing focus on an understanding of resiliency and health enhancing factors and not just risk factors (Doherty and Campbell 1988). In defining a research agenda for the 1990s, Cowan et al. (1993) highlighted the need to establish links between society, family and self and to view family research as a moral enterprise, not one preoccupied with disadvantage, illness and pathology. Family health research will, in their view, increasingly contribute to the nature of services available to families.

Adolescent health research has experienced a remarkable growth over the past decade. In part this has reflected an increasing concern among health professionals and behavioural scientists regarding the pace and impact of changes occurring in society upon the adolescent population (Collins 1991; Eckesley 1993). In considering the future of such research, Dornbusch et al. (1991) proposed new directions in the areas of health conditions, health behaviours and developmental processes as well as identifying opportunities for interdisciplinary research, particularly in regard to interactional and interpersonal processes.

Recent family health research has reaffirmed what we all intuitively know, namely, regardless of the health status of the young person, family health, particularly healthy family relationships, are central to the promotion of competency among young people (Reed 1995). With the support of the Australian Rotary Health Research Fund, further

studies are now being undertaken which seek to identify aspects of family relationships and family functioning which promote the development of positive self-image and health status among clinical and non-clinical groups of young people and their families.

A Timely Alliance

How are these 'common-sense findings' to be translated into the services, education programs and policies which support family health and promote the wellbeing of young people? A key to this central question lies in the need for a more effective collaboration between health care, university and community-based services on behalf of families and young people (McHale and Lerner 1996). Such collaboration forms the basis of the Centre for the Advancement of Adolescent Health, an initiative of the Department of Adolescent Medicine at The New Children's Hospital, Westmead, New South Wales (see accompanying boxed inset).

Family and adolescent health care seek to do a great deal more than merely focus on problems or treat illness. Approaches must be multi-dimensional, addressing all aspects of a young person's life, including their family, in order to promote wellness – not only physical, emotional and social wellness (Canada Health Promotion 1987), but also spiritual, creative, imaginative and soulful wellness.

To achieve this, health care systems and research undertakings must embrace a paradigm shift. Whatever the rationale and whatever the outside pressures (Blank 1994), current priorities need to break the cycle of disadvantage, focus on the diverse and changing needs of young people and their families, and promote an alliance between family, young people and the community.

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The Centre for the Advancement of Adolescent Health

The Department of Adolescent Medicine at The New Children's Hospital, Westmead, New South Wales, has been at the forefront of developments in the field of adolescent health and medical care for the past two decades. As well as pioneering a comprehensive, integrated and creative model of adolescent health care linking inpatient, ambulatory care and community services, the Department has undertaken focused research, provided undergraduate and postgraduate education and training, and supported policy planning activities at both state and national levels.

The Centre for the Advancement of Adolescent Health, representing an alliance between health care, academic and advocacy bodies, is a natural progression from these activities and embraces a broader

agenda in the context of needs in New South Wales and Australia.

The Centre exists to promote and improve the health and wellbeing of adolescents and their families in New South Wales and Australia through:

- *Research development and coordination* – establishing a network of experienced researchers within the Centre and from affiliated research groups in New South Wales and Australia, to share skills and information, undertake collaborative projects and coordinate strategic planning in adolescent and family health research.
- *Education and training* – fostering the development of interdisciplinary education and training in adolescent and family health.

- *Policy support* – providing a coherent professional resource for advice on the development, implementation and monitoring of health policy impacting on the health and wellbeing of young people and their families in New South Wales and Australia.
- *National and international networking* – acting as a reference point within Australia and internationally via its linkage with professional organisations including the Australian Association for Adolescent Health, the National Centre for Health Promotion, the International Association for Adolescent Health, and the World Health Organisation.

Intersectoral collaboration across research, education, policy development and networking provides the necessary building blocks for the promotion of health and wellbeing among young people and their families.