

What works ?

What the evidence tells us...



**Most young people
take risks...**

- Health risk behaviours occur together

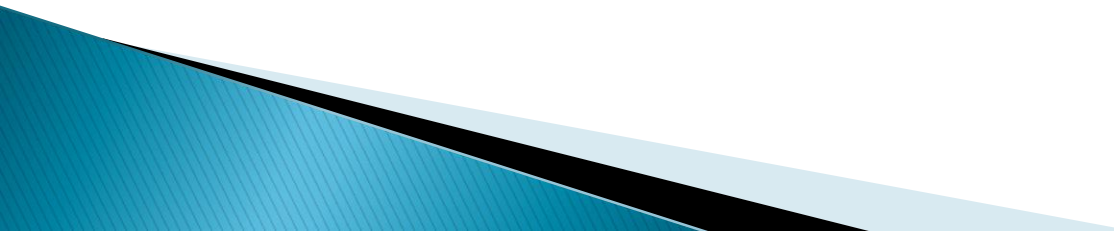


- Most young people, perhaps up to 80%, try one or more health risk behaviours with potentially negative health consequences



Evaluation research has repeatedly shown that *problem reduction* interventions alone directed at youth are rarely effective.

What does work?

- ▶ Most effective programmes designed to prevent a specific youth health problem do so primarily by **promoting competencies**
 - ▶ **Healthy Adolescent development** underlies prevention of health problems
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Effective Teenage Pregnancy Prevention

- ▶ Clear and consistent messages about safer sex
- ▶ Accurate information over the lifespan (not just 'the talk')
- ▶ Addresses the social pressures
- ▶ Easy access to appropriate services
- ▶ **Youth development programs** that assist in developing skills, educational and vocational opportunities
- ▶ Programmes are long-term and intense

(Kirby 1997)

Effective Drug and Alcohol Prevention

- ▶ Requires whanau/family involvement
- ▶ Programmes are long-term and intense
- ▶ Addresses social pressures & decision-making
- ▶ Engages youth participation (peer support)
- ▶ Easy access to appropriate services
- ▶ **Youth development programs** that assist in developing skills, educational and vocational opportunities

(Denny, 2004)

Preventing mental health concerns

- ▶ Emotional wellbeing focus
- ▶ Reduce risk and increase resources/capacity
- ▶ Social and emotional skill building
- ▶ Requires whanau/family involvement
- ▶ Programmes are long-term and intense
- ▶ Engages youth participation (peer support)
- ▶ Easy access to appropriate services
- ▶ **Youth development programs** that assist in developing skills, educational and vocational opportunities

(Denny, 2004)

Effective programmes for youth

- ▶ Skills building
- ▶ Participation
- ▶ Membership
- ▶ Norms & expectations
- ▶ Adult–youth relationships
- ▶ Accurate information/services

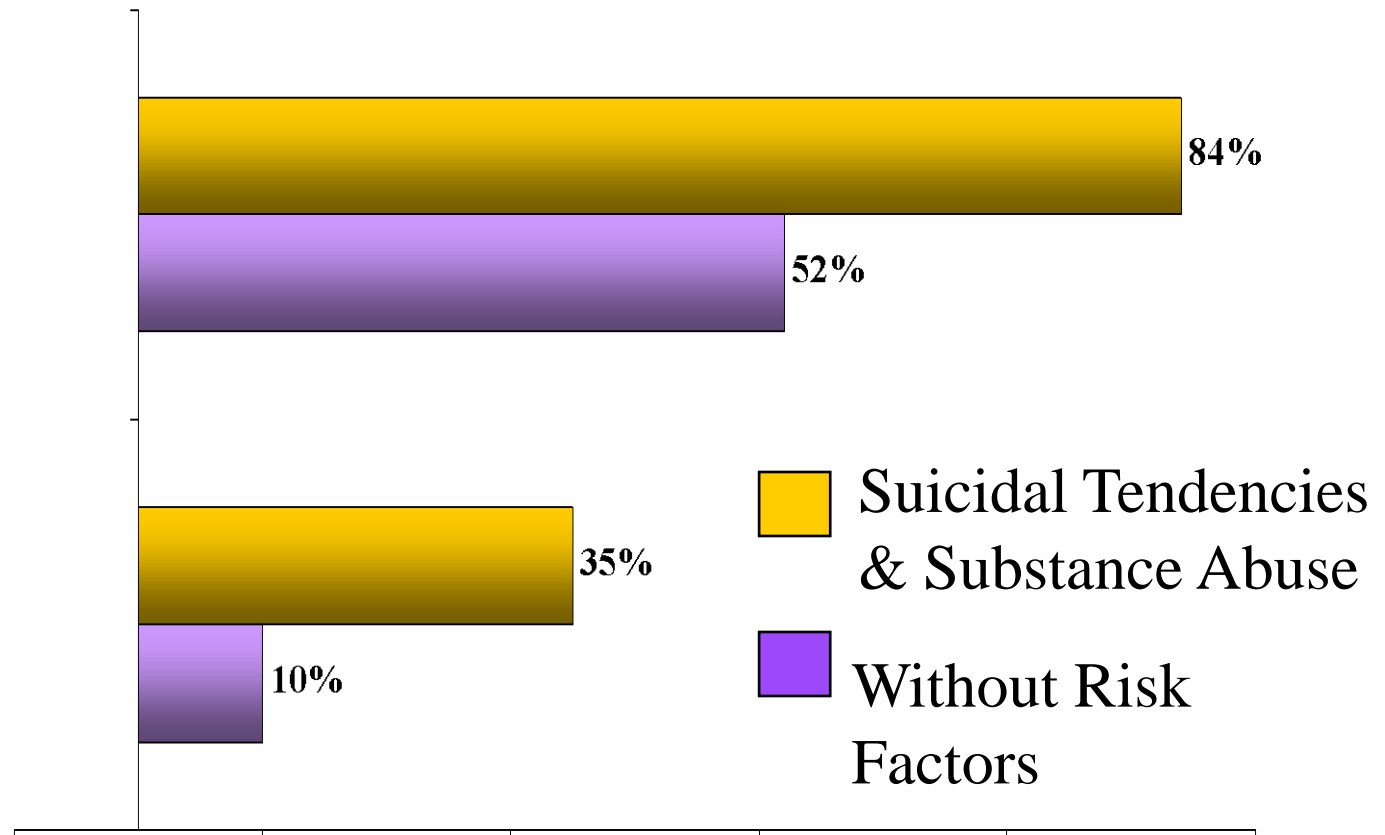
Probability Profile for Violence Perpetration Among Urban American Indian Youth

Without

Protective
Factors

With

protective
factors



Multivariable logistic regression for suicide attempt for Maori youth in New Zealand

	DF	Chi	Walds CI		OR	P
Age (junior secondary school)	1	17.4730	1.687	4.245	2.676	<0.0001*
Gender	1	1.2952	0.841	1.920	1.271	0.2551
Anxiety	1	7.3353	1.261	4.242	2.312	0.0068*
Depression	1	25.7448	2.460	7.639	4.335	<0.0001*
Witness adults hit someone	1	10.7700	1.271	2.584	1.812	0.0010*
Friend/ family member suicide	1	52.5049	2.855	6.214	4.212	<0.0001*
Uncomfortable in Pakeha (NZ Euro) surroundings	1	8.2918	1.184	2.435	1.698	0.0040*
Family connection	1	13.6972	0.927	0.977	0.952	0.0002*

Risk-focused prevention

Healthy Youth Development

Identify risk factors



Identify risk AND protective factors

Referral, services, programmes and treatment



Use protective factors as a key to supporting and linking opportunities

High risk groups



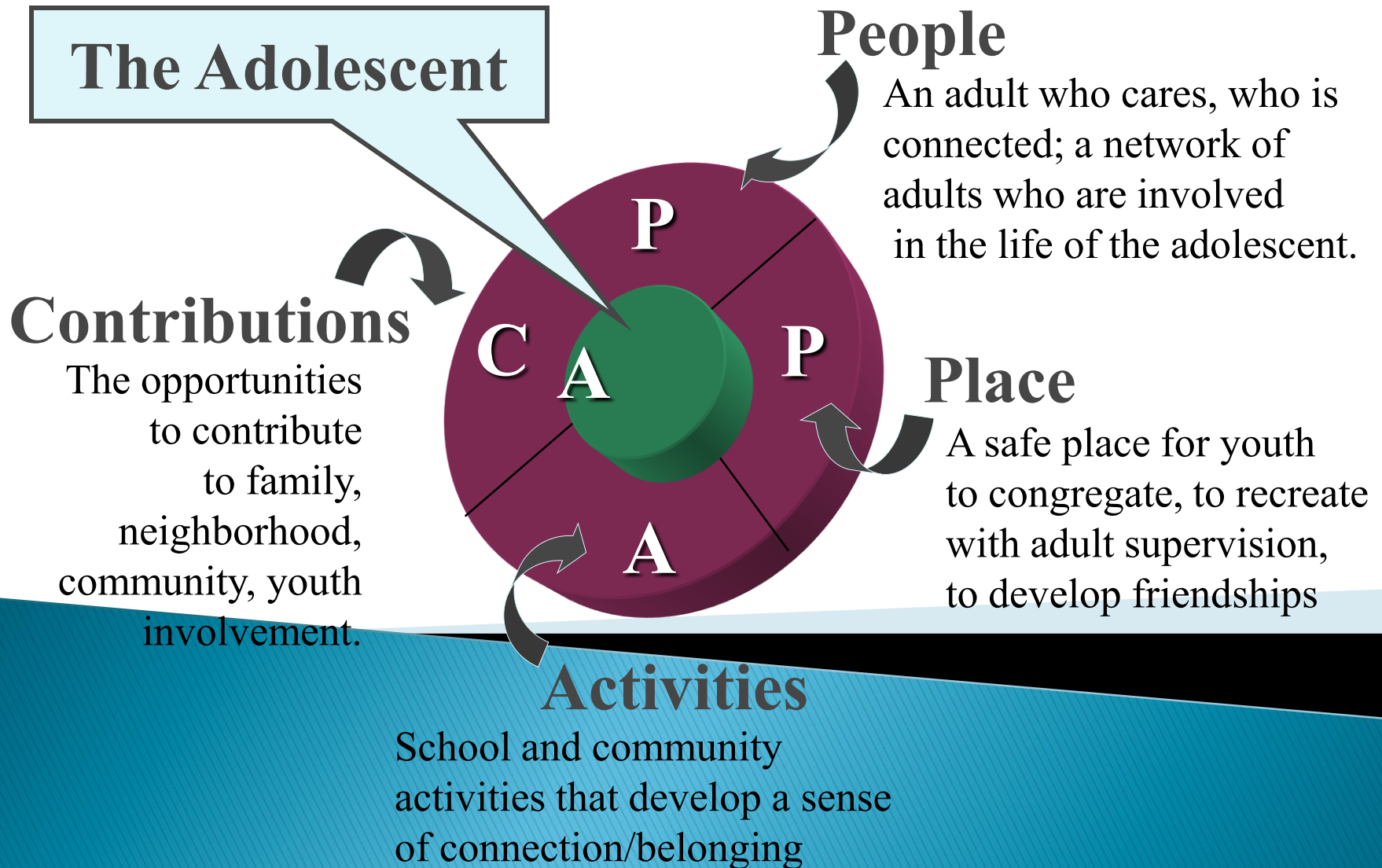
All youth take risks, minimise the harm and provide opportunities

Fragmented, isolated & competitive funding



Collaborative and interdisciplinary groups, meetings and services

PCAP Model





We engage in a very different set of activities when our goal is development rather than problem-prevention

WHO 1999