



# **YOUTH HEALTH NURSING**

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**7<sup>th</sup> September 2010**

# AIM OF TODAY'S PRESENTATION

- Developmental perspective
- Health issues for young people
- Risk and resiliency
- Youth health care



# YOUTH DEVELOPMENT

- 100 years ago sexual maturity, adult roles, adult opportunities, adult responsibilities, marriage, parenthood all took place at about the same time (15 to 18 years)
- Now physical and sexual maturity are at 13 years, cognitive maturity at 18 years, finishing education and first baby much later



# STARTING THE ENGINE WITHOUT A SKILLED DRIVER

## Hypothesis:

- Earlier timing of puberty results in several years with a sexually-mature body and sexually-activated brain circuits
- Yet with *relatively immature neurobehavioral systems necessary for self-control and affect regulation*

## Predict:

- Increased risk for disorders of self-control; difficulties navigating complex social-emotional situations

# BRAIN REGIONS & FUNCTIONS

- Frontal lobe-self control, emotional regulator, restructured in teen years
- Corpus Callosum- intelligence, consciousness and self awareness, reaches full maturity in 20's
- Parietal Lobes- integrate auditory, visual and tactile signals, immature until 16
- Temporal Lobes- emotional maturity, still developing after 16



# PRE-FRONTAL CORTEX

- The “CEO” of the brain
- Grows during late childhood
- Prunes during adolescence – in response to learning opportunities (back to front)
- Develops more complex connections throughout youth
- Reaches adult configuration around 25 or 30 years



# TEENS THINK WITH THEIR AMYGDALA

- Develops more fully in early adolescence
- Utilised more fully in early adolescence
- Sensing emotions
  - Fear
  - Threat
  - Danger



# EARLY ADOLESCENTS

- Increase in brain substance
- Grey matter increases
- Grey matter is the “thinking part”
- Especially in the Frontal Lobes
  - Planning
  - Impulse control
  - Reasoning
  - Complex thoughts



# YOUTH HEALTH ISSUES

- Accident and injury
  - Mental distress and illness
  - Risk taking behaviour
  - Sexual health
  - Chronic illness and disability (10-20%)
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- Most of these are largely preventable and are related to adolescent development and behaviour.
  - Just as babies are learning to walk, young people are learning to be adults.

# YOUTH HEALTH NURSING SKILLS

- Understanding young people
- Engaging young people
- Clinical skills
- Working with others



# TOOLS

- Physical assessment
- Psychosocial assessment
- Family Assessment
- Motivational Interviewing
- Substances and Choices
- Alcohol and driving
- Collaborative practice



# MOTIVATION NOT MANIPULATION

- Express empathy
- Develop discrepancy
- Avoid argumentation
- Roll with Resistance
- Support Self Efficacy
- OARS/FRAMES





Young people may be able to change. They're just not always ready and willing.



# HEEADSSS

## A DEVELOPMENTAL APPROPRIATE ASSESSMENT

HEEADSs provides:

- An opportunity to develop rapport
- Assists the professional to cover their strong areas as well as gaps
- Provides a ‘psychosocial biopsy’ - an overall impression of resiliency (risk and protective factors)
- Ensures intervention and follow up is appropriate maximally effective



# RISK AND PROTECTIVE FACTORS

- Internal and external factors
- Connected to family
- Connected to prosocial activities
- Connected to community



# PCAP MODEL

- **PEOPLE:** An adult who cares, who is connected.  
A network of adults who are involved.
- **CONTRIBUTIONS:** Opportunities to contribute to family, neighbourhood, community, youth involvement.
- **ACTIVITIES:** School and community activities that develop a sense of connection/belonging.
- **PLACE:** A safe place for youth to congregate to recreate with adult supervision, to develop friendships.



# SAM

- 14 year old Maori young man
- Referred for a health assessment
- Wilful trespass/shoplifting/assault on a police officer(recent)
- Youth justice and care & protection systems



## HOME

- Living with a CYF's caregiver
- 3<sup>rd</sup> born of 8
- Mum cares
- Dad died(aged 33) whilst mum pregnant with Sam
- Multiple placements since age of 10

## EDUCATION

- Poor school attendance
- Low literacy & numeracy
- Stood down
- Expelled
- Has a goal to be a builder
- Home schooled by caregiver



# SEXUAL HEALTH

## SUICIDE/MENTAL HEALTH

- Past sexual activity
- Some condom use
- No sex education
- Poor understanding of his body and the developmental changes taking place
- Denies sexual abuse
- Worries about why his dad died young and will he
- No current self harm or suicide ideation
- No hallucination
- No pervasive thoughts
- Concentration poor
- Memory poor
- Sleep variable
- Appetite good
- Anger reported as an issue
- Happy all the time
- CGAS/SDQ/SACS
- Past mental health involvement



## ACTIVITIES

- Likes the gym, playing tennis and touch(all new activities)
- Enrolled in Te Korowai programme

## DRUGS &ALCOHOL

- Previous marijuana and alcohol misuse
- Currently no access
- Detox
- Cigarettes



## SAFETY

- physical/emotional abuse by step father 2000-2003
- Offences and running away
- Shows insight into his behaviours and the affect on his mum and younger brother particularly-recent
- Feels safe where he is now
- Sometimes doesn't feel safe on the street

## SPIRITUALITY

- Connected to the church youth group
- Attending church every week with his caregivers
- Reports that he more relaxed now he is connected to his new beliefs



# PHYSICAL ASSESSMENT

## Comprehensive approach

- Ears –L ear t tube embedded
- B/P110/60 and BMI 23- Sam concerned re heart problems
- Dental no recall of a dental check up
- Immunisations not up to date
- GU system –asymptomatic but upsi in the past needs screen
- All other systems NAD
- No current medication
- No known allergies



# PAST HISTORY

## Birth history-

- precipitate delivery at full term
- Failure to thrive until 4/12
- From 6/52 “screamed all the time”
- Couldn’t be comforted didn’t like to be touched
- Isolated play

## Toddler

- Early developer met all developmental milestones

## Childhood

- No injuries or accidents
- Long standing problem with chronic otitis media with effusion. Bilateral T tubes in 2001
- Past diagnoses ADHD, ODD, PTSD, Autism, Aspergers



# DIFFERENTIAL/PROBLEM LIST

Complex and multiple needs

- ADHD –re assessment
- Low mood
- Past abuse and trauma-needs addressing
- Social issues
- Ear health
- Sexual health
- Immunisations
- Learning difficulties



# YOUTH HEALTH SERVICES

- “one stop shop” model
- Mental health clinicians
- A&D clinician
- Social workers
- Nurses
- Youth health specialist –doctor
- Therapeutic interventions-Your Choice



# FLEXIBLE

- “Youth Friendly”
- Clinic/home/school
- Parents/family/whanau
- Youth development approach
- Comprehensive health care
- Collaborate and link in with other providers as needed and in bounds of confidentiality



# REFERRALS

- Refer early
- If unsure speak to agencies
- Effective practice forums
- Make sure family understands the reason for referral



# OTHER HEALTH SERVICES

- Child & Adolescent Mental Health
- Altered High-CADS
- Family Doctors –GPs and Nurses
- School Clinics-other school health staff nurses and counsellors
- Child & Family –PHN/Medical Officer/HVT/Social Workers



- Child Youth & Family Services
- NGOs-for example Barnados



# ANY QUESTIONS?

- “Young people are resources to be developed, not problems to be solved”

