



Marie McInerney and Jennifer Doggett reported on the Youth Health Forum 2021 National Summit for the **Croakey Conference News Service**. Three organisers from the Youth Summit, Luke Catania, Emily Cole and Jasmine Elliott, live-tweeted the event via **@WePublicHealth**.

Croakey Health Media is a non-profit public interest journalism organisation based in Australia.

<https://www.croakey.org>

Croakey
“Conference News Service”

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Putting the priorities in health and health care for young people on the agenda



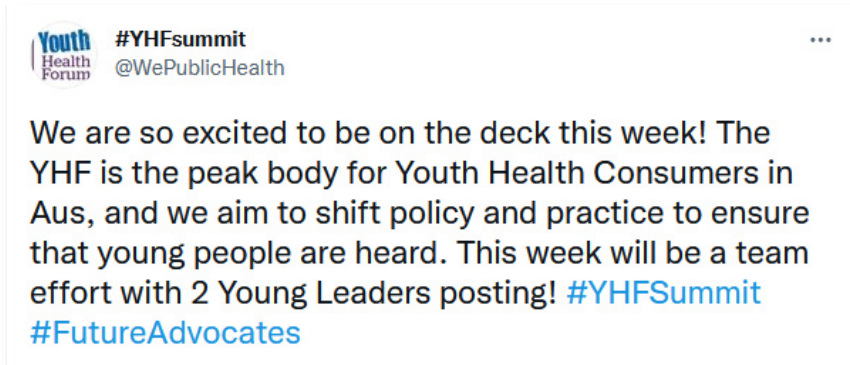
Youth Health Forum 2021 National Summit image

Introduction by Croakey: Three of the organisers of the **Youth Health Forum 2021 National Summit** took the reins at **@WePublicHealth**, raising many health issues being experienced by young people in Australia and expected to be on the table at the **#YHFSummit**.

They include significant gaps in access to services and in research data (and the Census), workforce issues, confidentiality, vaccination access (and strengths-based messaging), issues for LGBTIQ+ and trans young people, culturally safe care, climate change and homelessness.

See an edited selection of #YHFSummit @WePublicHealth tweets below, from Luke Catania, Emily Cole and Jasmine Elliott [@all_that_jas](#).

#YHFSummit tweets



A super exciting project that the YHF have been working on is the **#YHFsummit**. The summit will be running on the 15th of September. We've switched to an online format this year due to COVID (which is a win for easy accessibility!).

It will be a virtual summit for young people, health advocates and service providers, if you want to talk to young health consumers this is the place to do it! More info at <http://www.yhfnationalsummit.com/ehome/index.php?eventid=629314&>

The **#YHFsummit** will have some amazing guests for panels and discussions like **@PatMcGorry @SandroDemaio @CaitFigueiredo @michelle_telfer**. They will be talking to and hearing from young people all across the country. We will also have expert co-design and advocacy skills classes.

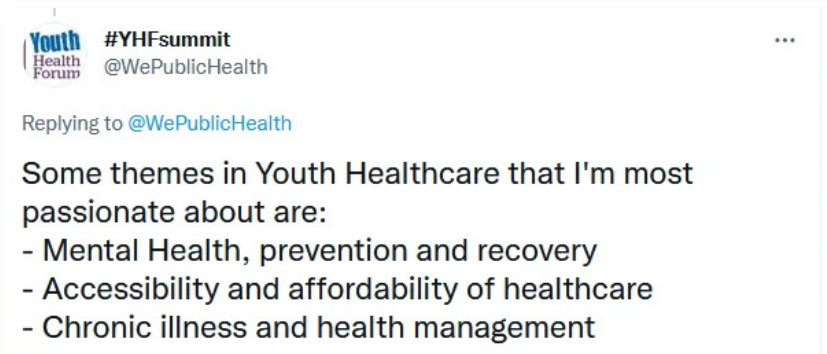
To start all that off we will have interactive networking and discussions on various youth health issues. This is a must attend for any organisations looking to connect with young people. Early bird registrations close 1/9/21 so get your tickets now.

If you've attended an online conference or summit previously what have the organisers done to make the online event feel engaging?

To start the ball rolling, the best online ones I (Luke) have attended focused on making sure it wasn't just someone on the screen talking to themselves. Interactive sessions like what we have planned for the **#YHFsummit** will ensure that young people are at the center of the discussions!

Access to health care





Being a from a small town I faced a lot of barriers to healthcare. Access to specialists and medical equipment was lacking. I spent one year on heart medication for no reason as no cardiologists were available. I had to fly to Perth to access a Neurosurgeon and for routine MRIs.

According to our report produced with [@WellbeingYouth](#), 46% of young people struggle to access health care due to costs. Mental Health (MH) accessibility has been a big focus for the YHF. We have put forth a recommendation to offer 10 fully funded gapless sessions for MH.

You can download a copy of our report “Life Transitions and Youth Pathways to Health Services” which includes our findings and a number of recommendations: <https://chf.org.au/publications/life-transitions-and-youth-pathways-health-services>

Nearly 60% of homeless people in Australia in 2016 were aged under 35 years (ABS). The [@RedCrossAU](#)'s night cafe has been providing a safe space, hot meal, warm showers, clean clothes, hygiene products, access to doctors and support for homeless youth: <https://www.abc.net.au/news/2021-07-29/brisbane-night-cafe-has-been-a-constant-for-homeless-youth/100314718>



Workforce and confidentiality



Before kicking off, I'd like to Acknowledge the Wurundjeri People of the Kulin Nations whose Land I'll be joining from. I am grateful to be working and studying on this precious Country and pay my respects to Elders past, present and emerging.

Let's talk wait times. It took me 3 months to get a psychologist and need to have 2 months booked ahead. Of course, as someone who works/studies over full-time, this means cancelled appointments and an inability to reschedule. I'm one of the lucky ones, and I'm not alone...

The workforce is NOT coping so I struggled to see how 10 extra sessions could help, when getting ONE is almost an impossibility: <https://ab.co/3gziMMH> And unfortunately, it can be a life/death situation for young people let down by the system:

At **#YHFSummit** we'll be hearing from MH system figures inc **@orygen_au** and **@PatMcGorry** to troubleshoot recommendations to ensure more young people don't fall through the gaps – from bandaids to pie in the sky solutions, I can't wait to hear what young people/providers have to say!

I'm about to start my shift **@headspace_au** online peer support mod, and one of the things that gets mentioned ALL the time is young people not accessing help because they're worried about their parents knowing – 22% of young people in the **@WellbeingYouth** report agree.

One of the biggest steps I took in becoming an autonomous young consumer was getting my own **#Medicare** card as soon as I turned 15! My GP let me know and it was so empowering to be more independent + in control of my access to healthcare, particularly when moving from home at 17.

Here's a quick link to a factsheet from headspace about why and how to get a Medicare card for young people: <https://bit.ly/youngmedicare> and a bit more info direct from Services Australia <https://bit.ly/youngmedicare2>

On a non-PH note, this means young people aren't excluded from other **#fullyvaxxed** benefits, whether that be travelling home to WA or going to the cinema post-lockdown. I'm also hoping future job promo is strengths rather than deficit-based <https://www.sbs.com.au/news/the-feed/division-and-blame-how-these-young-people-feel-about-the-government-s-vaccine-ad>

Sadly, Pfizer is tricky to snap up, meaning we still might have to wait weeks for the jab. If you're keen to get **#fullyvaxxed** the AZ is still an option (I got it!!). Booking varies from state to state, so look up yours! Are you booked/vaxxed? Why did you roll-up?

A *big change* for youth this week is that 16-39 year olds can now get a Pfizer jab. Young people 20-39 have been disproportionately affected by recent outbreaks, being ~40% of cases. We don't know if it's because a) of the virus or b) inability to get vaccinated: <https://theconversation.com/pfizer-vaccinations-for-16-to-39-year-olds-is-welcome-news-but-astrazeneca-remains-a-good-option-166486>

We are ready and eager to advocate for systems which support our health as young people... but evidence drives change. This is where research and youth-involvement in codesigning it is CRUCIAL [@WellbeingYouth](#) [@orygen_au](#) [@telethonkids](#) [@MCRI_for_kids](#) [@fya_org](#)

"LGBTIQ+ people aged 16-27 are 5 times more likely to have attempted suicide than the general population. Trans people aged 14-25 are a shocking 15 time more likely." There are higher rates of drugs and alcohol, HIV & STIs and cancer. So why didn't we ask the questions? <https://www.sbs.com.au/news/it-s-2021-people-courtney-act-backs-call-for-lgbtq-australians-to-be-counted-in-census>

One of the **#YHFSummit** sessions is "What are the Policy Makers Missing?" One of those things are the facts. Research plays a PIVOTAL role in informing advocacy... but

[@gcpatton1](#) from [@CforAH](#) estimates 95-99% of research into 0-19 year olds is focused only on the 0-4 year group.

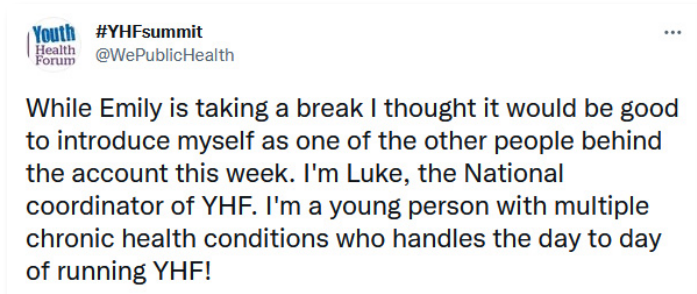


It's Wear it Purple Day. As I shared yesterday, young LGBTQIA+ youth experience higher rates of mental illness. At **#YHFSummit** we'll keep the convo going about how healthcare can be safer for everyone. Today we celebrate LGBTQIA+ youth – our strength, identity and futures

As a young person, I've felt like a bargaining chip and scapegoat at times during the pandemic. Studying online is very difficult, but I wonder whether the alternative – exposing unvaccinated young people to a space of high-transmission is a better option?

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Join the Summit discussions



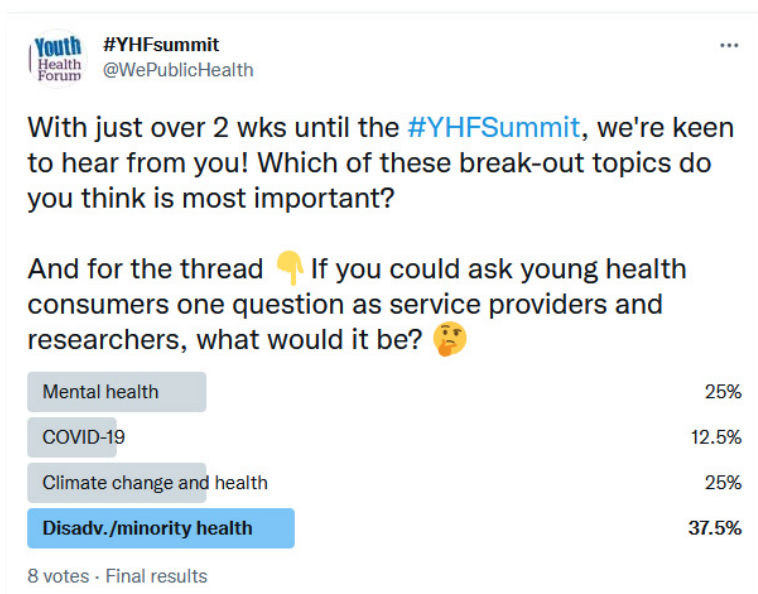
Luke here to close off the week. I want to start off by thanking Emily and [@all_that_jas](#) for bringing their amazing perspectives on youth health issues. I would also like to thank the [@CroakeyNews](#) team for providing us this platform and working with us on the [#YHFSummit](#).

If you found the issues and ideas raised by this week interesting, you should register for the [#YHFSummit](#)! Early Bird closes this wed (1/9) and it will focus on creating a planform for youth health issues to be discussed and solutions found! More info [here](#).

We would like to thank the amazing organisations who are making the [#YHFsummit](#) possible! [@CHFofAustralia](#) [@Medibank](#) [@orygen_au](#) [@VicHealth](#) [@healthgovau](#)

If you want to continue the conversations about youth health issues such as climate change, access to services and culturally appropriate care, sign up to the [#YHFSummit](#) and come along to the open discussion tables. Over 100 Young health advocates have registered to attend!

There will also be workshops on authentically engaging with young people and advocating for youth issues with [@kellyanagram](#) and [@Neilpharaoh](#)! Discussions between young advocates and health leaders like [@SandroDemaio](#) and [@PatMcGorry](#).




Related tweets

 #YHFsummit
@WePublicHealth

An amazing resource for anyone looking to engage with young people online!

Amazing work @VicHealth @ymcavictoria 🙌🙌🙌


 **Dr Sandro Demaio** @SandroDemaio · Aug 25
Check out this great new guide on creating online content with and for young people. It's been co-designed with young people & @ymcavictoria. Easy-to-use — to help you post to encourage connection and conversation. 🙌
vichealth.vic.gov.au/media-and-reso... #covid19 #covid19vic



 **Tammy**
@TammyWolffs

The cost of psychologist sessions can be prohibitive. Young adults shouldn't have to foot out of pocket expenses to get the mental health care they need!

 #YHFsummit @WePublicHealth · Aug 24
According to our report produced with @WellbeingYouth, 46% of young people struggle to access health care due to costs. Mental Health (MH) accessibility has been a big focus for the YHF. We have put forth a recommendation to offer 10 fully funded gapless sessions for MH.

 **Roxanne MacDonald**
@roxxmacdonald

We need to actually ask young people what they want. What about supporting young people to make real their creative innovative solutions to isolation and alienation.

We also really need to ask young people in unsafe homes what practical things they need too.


 **Ian Hickie** @ian_hickie · Aug 28
It's a national emergency, requiring new services in 2021 - as predicted by models by @BrainMind_Usyd @CSART_world @orygen_au in mid-2020; plans to respond in 2022-23 are not sufficient @DavidColemanMP @PatMcGorry
theaustralian.com.au/nation/politic...
[Show this thread](#)

Youth Health Forum #YHFsummit @WePublicHealth

“It’s not to just treat the body but to treat the mind and treat their spirit because health is a combination of all...”

Indigenous doctors - AIDA @AIDAAustralia · Aug 24
Third-year Curtin Medical School student Daniel Curran was awarded the Shell Aboriginal STEM Student of the Year for his inspirational work and commitment to #closingthegap @IndigenousX

Read full report @NgaardaMedia
ngaardamedia.com.au/news/yamatji-m...



#YHFsummit Retweeted

Murdoch Children's Research Institute @MCRI_for_kids

A new study led by @MCRI_for_kids finds a clinic to help #transgender young people and their families receive quicker support has boosted #mentalhealth, family functioning and quality of life.

mcri.edu.au/news/clinic-bo...

#trans #youngpeople #gender #genderdiversity



The Royal Children's Hospital, Melbourne and Michelle Telfer

Time to end virtue signalling for young people in health



It's not about how loud the words are but what they deliver. Photo via @kanereinholdtsen - Unsplash

Introduction by Croakey: In this year's **Budget**, the Federal Government announced “the largest single mental health and suicide prevention Commonwealth investment in Australia’s history”, investing \$2.3 billion to deliver structural reform and real change for Australians.

But, as with the early rollout of COVID-19 vaccinations, it has not addressed many of the barriers to access, particularly for young people.

Restricted access to health care was a major issue explored at the **Youth Health Forum National Summit**.

In the article below, Jasmine Elliott, a Young Leader with the Consumer Health Forum of Australia’s Youth Health Forum and Chair of the Australian Medical Students’ Association Rural Health Committee, says the Summit “will translate lived experience into recommendations”.

“Our hope is that these recommendations are translated into meaningful change by the Federal Government, State/Territory Governments, health providers and researchers,” she says.

Jasmine Elliott writes:

Virtue signalling (noun): the action or practice of publicly expressing opinions or sentiments intended to demonstrate one's good character or the moral correctness of one's position on a particular issue.

If I read the Federal Government announcements over the last 18 months, I might believe they **added 10 subsidised counselling sessions** to better support the mental health of Australians, or they valued the autonomy of **young people when they announced broadened eligibility for the AstraZeneca vaccine**.

These sentiments may indeed be true.

But best intentions are not what Australians necessarily need during (or prior to) the global pandemic. Unfortunately, the lived experience of many young people on the ground, attempting to access these **"investments"**, reveals that they aren't hitting the mark.

Let us begin with the Better Access Initiative: the heralded **\$101 million investment into an additional 10 counselling sessions**, on top of the 10 sessions already included in a Mental Health Plan for those with a diagnosed mental health disorder.

In the context of an increasing prevalence of social isolation and mental illness due to ongoing restrictions, lockdowns and the financial impact of the pandemic, this appeared a welcome announcement.

The question is, are there 20 sessions logistically available?

We know that **half of those under a mental health plan use three sessions or fewer**. Perhaps this reflects severity of illness in those only requiring three sessions; however, the experience of young and old in accessing psychological services even prior to the pandemic may indicate a more insidious cause.

Cost is the greatest barrier for young people in accessing healthcare, with 46 percent of young people who responded to a Youth Health Forum **survey** identifying cost prevented them from accessing support.

The **average out-of-pocket cost was \$30 in 2016-17**; however, it is important to note this includes those who have passed the Medicare threshold (and receive a higher rebate) and that the **proportion of psychologists working in private practice** is continuing to increase.

This means that, though those with a mental illness are eligible for a rebate, the remaining out-of-pocket costs can still be highly prohibitive, particularly for young people.

More broad access issues exist, with an already-saturated workforce resulting in significant wait times and many practices no longer accepting new patients.

Wait times are a major concern – a pre-existing issue, worsened by the pandemic, **according** to 90 percent of headspace centres. A study by the Murdoch Children's Research Institute **found** that wait times for private paediatricians, psychiatrists, and psychologists were 44, 41, and 34 days, respectively.

These aren't simply an inconvenience, delaying care by an insignificant amount of time.

Waiting lists mean young people cannot access help until they reach crisis-point, and that they toe the difficult line between being **"too sick for a GP, but not 'sick enough for hospital'"** under increasingly-strict eligibility criteria for hospital and community treatment.

Unaffordable for many

My own lived experience with a varied mental health plan has seen me go through “all of the above”.

My plan technically allows 40 subsidised sessions from a psychologist: 10 sessions initially before a GP review, and then another 10 sessions before a psychiatrist review grants me the remaining 20.

Fortunately, having a GP already meant accessing the plan was simple... until I was on a three-month waitlist, prior to paying \$80 out of pocket per session.

As a full-time, financially-independent university student, this means foregoing other expenses and cancelling appointments regularly due to work and study clashing with the months of appointments I've needed to book in advance. This makes psychology both directly and indirectly unaffordable for many.

Then, the psychiatrist review speedbump. A 2016 Federal Department of Health psychiatry review concluded there would be a **significant national shortfall of psychiatrists by 2030**, with the workforce already in 'dire straits with lengthy wait times, maldistribution and lack of services,' according to Royal Australian and New Zealand College of Psychiatrists past president, Associate Professor John Allan.

Even in metropolitan Melbourne, every clinic I call has a six to nine-month wait and would cost over \$200 after the Medicare rebate due to the significant number of psychiatrists providing private healthcare.

This means not accessing subsidised support for the waiting period and potentially losing my place with the psychologist I currently see. Unfortunately, this is exacerbated in **rural areas** which only have access to 1.4 psychiatrists per 100,000, in comparison to 15 per 100,000 in major cities.

So we have a plan with good intent not reaching the intended targets due to oversight of the provider and consumer barriers to its implementation.

Barriers for vaccines

However, this is not the only recent example of young people being unable to yield the fruits of government 'investment' due to structural barriers to implementation.

Medicare item numbers for GPs to counsel young people about the risks of the AstraZeneca vaccine are another.

The announcement of expanded eligibility was understandably confusing for young people who had spent the early rollout of vaccinations eager to get the jab but were told it was unsafe to do so, highlighting the importance of support in weighing up the risks and benefits of getting AstraZeneca.

Prior to the pandemic, young people's limited and sporadic relationship with primary healthcare was well-known.

Research **found** that only 57 percent of young people had a GP and 25 percent found getting into a GP difficult, providing a significant barrier to vaccine literacy to begin with, and an obstacle to the efficacy of the new MBS item.

If young people aren't comfortable with, can't afford or cannot get time off to discuss the vaccine with their GP, they are left confused about whether to wait for Pfizer.

Either way, a delay in getting the jab has resulted in young people being **demonised** by government campaigns released at the time when we were both discouraged from getting the AZ and yet ineligible for the Pfizer vaccine.

Young people know that we have difficulty accessing psychologists, psychiatrists and other mental health professionals. We also know that many of us don't have a regular GP.

Perhaps if consultation with us had occurred ahead of the mental health announcements, we would have seen the amount of subsidy double, rather than the number of partially funded sessions being increased for a cohort who largely cannot afford the baseline ten sessions.

Perhaps, a mental health plan wouldn't require review if review is not possible in a timely or accessible manner.

Perhaps if consultation occurred, the communication around the COVID-19 vaccination program would have been clearer for young people, with future changes also addressing barriers to primary care, hence ensuring tangible practicality of the MBS item.

These investments are wonderful in theory and no doubt popular from an outsider's perspective, but when the system doesn't allow for their implementation, the headlines are simply words in a newspaper.

Young people want to be asked and want to be involved in change and hope that our experiences, both positive and negative, with the healthcare system may one day be reflected in government policy and funding.

The Youth Health Forum Summit on 15 September will translate lived experience into recommendations. Our hope is that these recommendations are translated into meaningful change by the Federal Government, State/Territory Governments, health providers and researchers.

This pandemic has brought under the spotlight the importance of consultation of consumers and health providers prior to a headline announcement or significant budget change to translate them virtue-signalling into tangible advances in the health of Australians.

Youth Health Forum National Summit: change that will make a difference



Introduction by Croakey: Young people in Australia have been leading the march for change on urgent issues like **climate action** and **women's safety** but, despite their lives having been turned upside down by the COVID-19 pandemic, many feel they have been blamed more than heard.

That's the backdrop for the **Youth Health Forum National Summit**, being hosted by the Consumers Health Forum of Australia on Wednesday 15 September.

The one day event aims to create a platform for young people to develop an ambitious communique with a set of prescriptions for profound policy change, and will be asking:

How well is the current health system serving young people?

How can policy makers and health advocates work together?

What do young people need from the future of healthcare?

Marie McInerney writes:

There were **headlines galore** on the meeting on COVID-19 from the Group of Seven (G7) in the United Kingdom in June on COVID-19 and the climate crisis but not so many for the accompanying **Youth 7 summit**, held to highlight the most pressing issues affecting young people.

The Y7 issued its own communique, **“Making Waves for Future Generations”**, looking at the necessary steps “to build equitable and robust healthcare systems, ensure the safety and success of young people online, leave no person or country behind, and safeguard our planet”.

And it called on world leaders to better involve young people in decision making, and to actively consider the long-term implications of decisions made today on the young people of tomorrow, talking about the critical need to “achieve a world fit for future generations”.

It's a call set to be echoed at the Youth Health Forum National Summit, hosted by the Consumer Health Forum (CHF), which will be looking for prescriptions – big and small, immediate and long-term – to policy issues affecting young people amid the disruption and distress of COVID-19.

The Welsh Future Generations Commissioner

Among many options up for discussion will be the **Well-being of Future Generations Act** proclaimed by Wales that requires all public bodies “to think about the long-term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change”.

To focus that work, Wales has the world's only **Future Generations Commissioner**, who is a self-declared “guardian of future generations”.

The Lancet this month also **published** an article from members of the **Global Youth Coalition championing Vaccines For All** reporting that, “although not often highlighted, youth have had an important role in COVID-19 response efforts during the pandemic” and pointing to the **Youth Recovery Plan** developed for the World Economic Forum's Davos TaskForce.

Compare all that to the Federal Government's **2021 Intergenerational Report**, released this year in the midst of the pandemic, which to the **frustration of critics** “made little comment on young Australians, beyond noting they make up a smaller proportion of the population than ever before”.

A seat at the table

A lack of focus in Australia on young people and their future is not news to emerging young Australian health leaders like Jahin Tanvir, a member of the CHF's **Youth Health Forum**, who says so much of what passes for consultation with young people in Australia health and social policy is “quite tokenistic”.

That's at the best of times, he says, much less in the pandemic where there have been few avenues for young people to contribute to policy.

Instead, he says they are constantly seeing themselves “blamed” for the outbreak, over lockdown compliance and vaccination rates, while experts, young and old, warn of the impacts of a **“shadow pandemic”** in mental health.

“What we really want is a seat at the table,” Tanvir told *Croakey* ahead of the #YHFSummit, where he lead discussions on emerging issues, including the final session where ideas and issues generated through the day will be collated to drive the next set of YHF recommendations and priorities.

A Futures Commissioner for Australia?

The Summit, which will raise the possibility of a Futures Commissioner for Australia, will feature young leaders like Caitlin Figueiredo, co-chair of the Australian Youth Coalition and co-founder of the **Girls Takeover Parliament** initiative and UNICEF Young Ambassador Franklin Hooper, a youth worker, mental health and LGBTQIA+ advocate.

Other leaders from the Youth Health Forum, including **Roxanne MacDonald**, **Georgia Gardner**, Zinab Al Hilaly and Jasmine Elliot will be part of a range of exploratory conversations and activities, including a series of Lightning Youth Talks (modelled on TED Talks), presenting initiatives from across Australia.

See the full program [here](#).

They will be joined by not so young health leaders such as mental health expert Professor Patrick McGorry and VicHealth CEO Dr Sandro Demaio, who recently **announced** a partnership with seven youth organisations, “to put young people at the centre of health solutions during and beyond the coronavirus pandemic”.

Elliott and Al Hilaly will lead a conversation on ‘Young People as Change Makers’ with McGorry, Executive Director of Orygen, and Associate Professor Michelle Telfer, paediatrician and adolescent medicine physician, who recently took on *The Australian* over its **unfair and harmful coverage** of gender affirming healthcare and transgender children and teenagers.

“We’re expecting a really strong focus on mental health, LGBTIQ+ health, cultural diversity and health promotion, climate change and health, COVID, health and young people, access and disadvantage in health and much more,” Youth Health Forum coordinator Luke Catania told *Croakey*.

Catania says the event has many aims, including bringing young people together, building their skills for advocacy, and developing a strong policy agenda ahead of the next federal election.

Tanvir, who migrated as a child with his family to Australia from Bangladesh is now a third year optometry student at the ANU. He has seen how a strong focus on co-design and leadership from young people can produce lasting policy change.

As well as being a member of the Youth Health Forum, Tanvir was also one of 20 young people from western Sydney appointed to be inaugural research commissioners at the **Wellbeing Health & Youth Centre**, a network of researchers who champion adolescent health, set up by National Health and Medical Research Council (NHMRC).

The goal of the WH&Y Commission is to ensure adolescent health research and policymaking are guided by young people like Tanvir. He says it did strong work last year on telehealth and how best to provide or promote access for young people.



Youth Health Leader, Jahin Tanvir

An overwhelming impact

But now Tanvir is living on the frontline of the pandemic with his family in south-west Sydney, deep in the so-called local government areas of concern in the COVID-19 outbreak, and subject to the strictest lockdown measures in the state.

He describes the impact and implications of the pandemic for young people in his region as “overwhelming” and one reason that mental health will be a major theme at this week’s summit.

“People’s mental health is being destroyed, people are having breakdowns and the uncertainty of the future is a major concern,” he said.

More economic support needed

The newly formed **Mental Health Think Tank**, involving experts like McGorry and Aboriginal and Torres Strait Islander health experts Professors Tom Calma and Pat Dudgeon, shares such concerns.

It last week **urged** the reintroduction of the Coronavirus 2021 Supplement for Youth Allowance and JobSeeker and of JobKeeper for business, saying Australia’s young people are experiencing “a new peak in the national mental health crisis, driven by the COVID-19 pandemic and ongoing lockdowns”.

The Think Tank also stated:

“Young people, who are more vulnerable to unemployment, casual and insecure work and have limited savings to fall back on, are not receiving the economic support they need to help limit mental distress and escalating mental health crisis.”

While clearly many young Australians are among the record numbers seeking mental health support, Tanvir’s worry is that some, including those among asylum seeker and refugee communities, may be “suffering in silence”, amid ongoing stigma around mental health.

And, as his Youth Health Forum colleague Jasmine Elliot **outlined at Croakey** last week, even when there is greater support announced, it too often misses the mark for young people who face additional barriers of access, including often being unable to meet out of pocket costs.

Change that will make a difference

CHF CEO Leanne Wells observes that COVID-19 has clearly been a big disruption for everyone, but young people in particular have been “affected profoundly”.

“It’s not only a health issue and a public health issue for them, but this huge, completely unimagined disruption to almost every aspect of their lives, whether they’re at school, whether they’re in employment, wherever they are...it’s all been thrown up in the air.”

Despite that, to her knowledge, there has been no avenue where young people have been approached directly by governments on critical policy areas, leading as a result to strategies that have too often overlooked them, such as vaccine availability, or been less than optimal, such as in mental health supports and Job Seeker, “which was good but a very blunt instrument”.

Wells can’t see why Australia should and could not have a Futures Commissioner like Wales, given that all our major policy challenges – climate change, mental health, health and disability reform and beyond — need to bring in “the voices of the future generations”.

This is not just because of the impact on them right now but because “they’re the ones who are going to be paying the debt we’re racking up with COVID”, she said.

“What we’re looking for from the summit is a really ambitious communique with a set of policy prescriptions for change and improvement that young people want to see, change that will really make a difference.”

Putting young people's priorities on the national agenda



Introduction by Croakey: Young health leaders are developing a comprehensive call to action on improving health and healthcare for young people, with an urgent focus on dealing with the disproportionate toll they have experienced from the pandemic.

An online national summit was held by the Youth Health Forum to inform policy priorities in the lead up to the next federal election, building on the **Life transitions and youth pathways to health services** report it published last year.

The **Youth Health Forum** is a network of more than 80 young leaders from across Australia, set up under the auspices of the Consumers Health Forum of Australia, to determine and champion youth perspectives on the current health system.

Marie McInerney reports on the forum below, with additional stories to come, including a Q&A with a number of #YHFSummit presenters and participants.

Marie McInerney writes:

As they deal with the long-term impacts of COVID and the escalating crisis of climate change, young people are looking for stronger systems, policies, infrastructure and services that support their health and healthcare and to be counted as “experts in our own lives”.

The **Youth Health Forum (YHF) National Summit**, “Youth voices shaping health”, heard wide-ranging challenges for better health and better health services and for action on global health and the social determinants, including education, housing, and employment.

At the heart of their discussions were calls to be more involved in decisions that affect them, for greater respect for young people as both health 'consumers' and 'creators', and acknowledgement of the toll of the pandemic.

"At all levels of government, we are seeing policy makers struggling to engage with young people and a lot of young people feeling frustrated, unrepresented and disconnected," said YHF member Georgia Gardner, opening a session on 'What are the policy makers missing?'

The breadth and depth of change needed, particularly for those young people and communities which find themselves marginalised in the current health system, was illustrated at the end of a 'conversation starter' session on cultural diversity and health promotion, when a facilitator summed up the issues that had emerged:

- |"COVID/the vaccination rollout, how it's failing a lot of communities. Mistrust in the health system, racism, importance of cultural competency.
- |"The importance of lived experience and intersectionality.
- |"Putting perspectives of not just migrants and refugees but also advocating for international students and their rights to equitable health care.
- |"Ensuring approaches (for participation of young people) are not reactive and that whole communities are not just an overthought but part of process from the first....
- |"A future where we are all represented."



Five areas of concern

To work towards a set of recommendations for action, Youth Health Forum leader Jahin Tanvir, a Youth Ambassador with the **WH&Y Centre for Research Excellence in Adolescent Health**, and strategist Andrew Hollo, worked with participants and session leaders to capture hundreds of ideas for change under five key areas of concern that emerged early in discussions.

The key areas were:

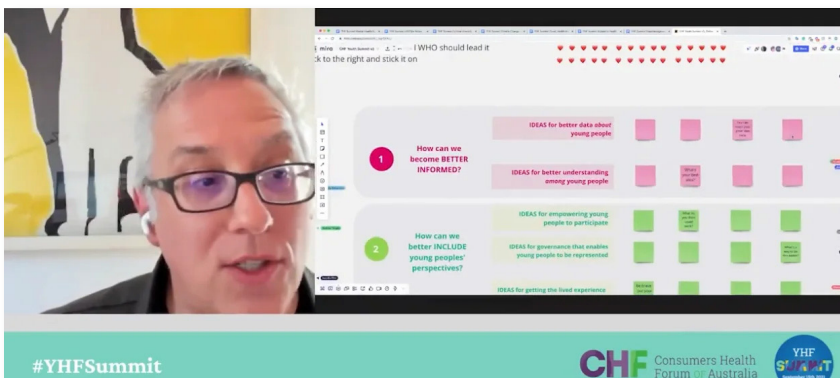
1. How can we become better informed?
2. How can we better include young peoples' perspectives?
3. How can we improve services for young people?
4. How can we improve health tech that young people use?
5. How can we improve our pandemic response?

Hollo said it was clear the COVID-19 pandemic had to be a standalone theme, in recognition of the “loss, grief and missed opportunities” it had imposed, and a real sense from participants “that you can’t earn this time back”.

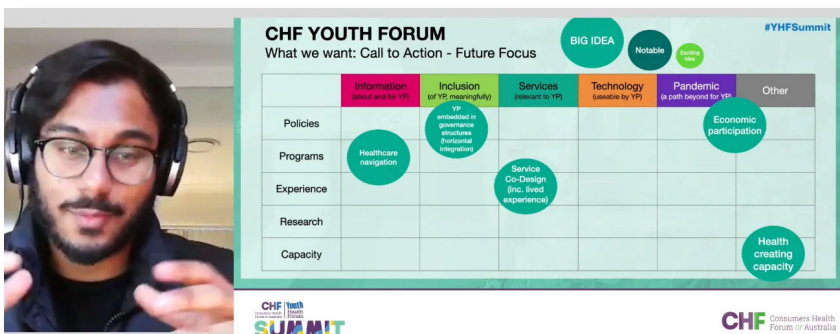
The mapping sessions refined the focus for each and generated ‘asks’ that will be developed into a summit call to action in coming months.

You can read the full document developed in open forum sessions [here](#), and a selection of insights and asks below.

See also below three storyboards of the sessions developed by Devon Bunce from **Digital Storytellers**.



Andrew Hollo, who led the issues mapping exercise with Jahin Tanvir



1. How can we become better informed?

Focus: Ideas for better data about young people and for better understanding *among* young people

Some of the asks:

- Include LGBTIQ people in the Australian Census.
- Ask young people what data is meaningful and important to them.
- Co-design research and data capture.

While Australia has big data holdings about young people and their health, there are still many gaps that urgently need to be filled, particularly around age, sex, Aboriginal and Torres Strait Islander, culturally and linguistically diverse, refugee and migrant, disability, gender and LGBTQIA communities and issues, the summit was told.

Presenting on the **Australian Youth Development Index**, Katie Acheson and Gemma Wood from Numbers and People Synergy (NAPS) said it sought to capture data in six domains: health and wellbeing; education and skills; employment and opportunity; civic and political participation; safety and security; and community and culture.

The latter was emphasised as critical by Aboriginal and Torres Strait Islander people during wide consultations on the Index, they said.

While most people would think Australia would do well, given its wealth, it only ranks 29th out of 181 countries and only 56th on health and wellbeing, according to the 2020 **Global Youth Development Index** that's also just been released, "scoring poorly" on mental health, drug use and alcohol abuse, Acheson and Wood said.

But their main message to the summit was the need to improve the capture, consistency and availability on data on young people in Australia. To do that, they suggested:

- protesting funding cuts for the Australian Bureau of Statistics
- encouraging organisations that do good surveys to have more consistency over time and "people on the ground, who young people trust, asking good questions that data custodians and researchers want to know"
- urging organisations/universities to make their research available publicly.

2. How can we better include young people's perspectives?

Focus: Ideas for empowering young people to participate, for governance that enables young people to be represented, for getting the lived experience of young people better heard.

Some of the asks:

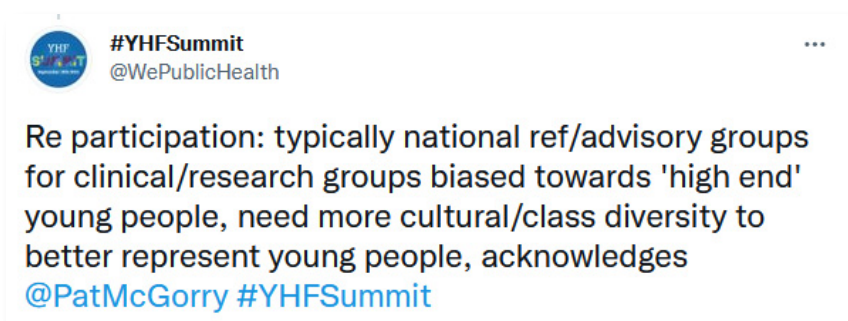
- Pay young people for their time and expertise (in codesign/consultation).
- Have lived experience at the heart of service design, and from the start, including letting young people 'road test' new programs.

- Consider “reverse mentorship” where young people’s expertise, including with digital technology, are valued and rewarded by management.
- Embed young people at all levels of governance.
- Do consultations directly with young people in rural, regional and remote areas, instead of sending in “consultants from Canberra”, and make use of digital technology where it can help with distance and access.

An overriding theme through the day was the need for young people to have a strong voice in the development of policy, programs and services that was “not tokenistic”, didn’t happen after the fact, allowed young people to ‘test drive’ programs, is presented in ways and on platforms that young people could access, and that includes diverse voices.

One resounding message was that this means acknowledging value, “If you want young people to show up, you need to pay them for their time,” said Caitlin Figuerido, Co-Chair of the Australian Youth Affairs Coalition (AYAC).

“I think we can all agree that consultation is different to codesign,” said Corin Boughton National Director, Programs and Operations at Carers Australia, urging governments to be more prescriptive in their funding guidelines to ensure young voices are heard and for stronger internships or cadetships as part of a “reverse mentorship model”.



Participants were able to sit in on a masterclass on co-design from **Kelly Ann (KA) McKercher**, who later tweeted a number of principles and tips, including some contributed by summit participants.

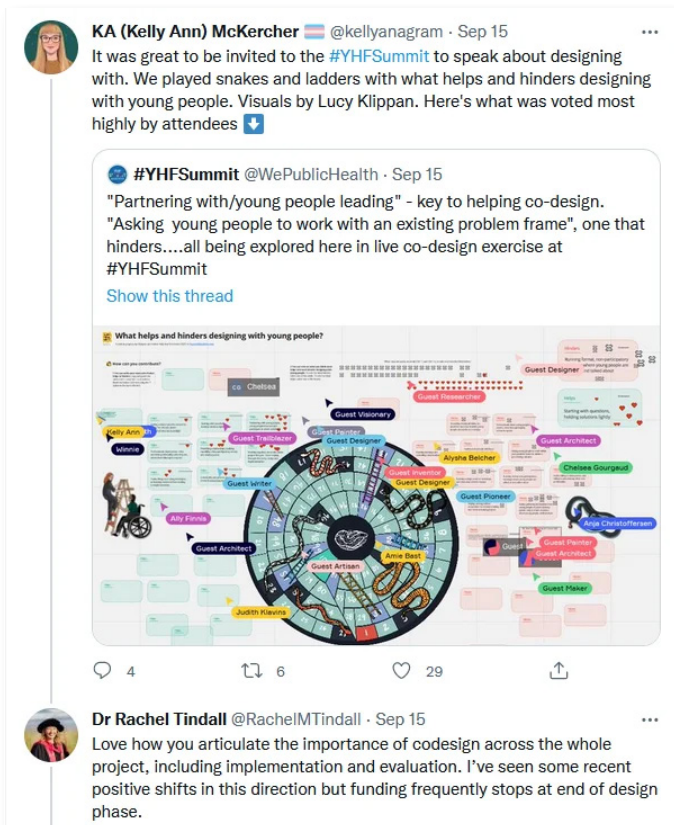
What helps:

- Partnering with young people where young people lead (not just participate in other people’s activities).
- Community and peer-to-peer research and action.
- Prioritising relationships, building capability, using participatory means, sharing power.

- Working together across the entire project lifecycle — from scoping, through discovery, design and implementation.
- Checking in regularly with participants to ensure it's working for everyone.
- Using plain language and accessible resources.
- Involving young people in identifying the problem AND the solution.
- Debriefing to ensure the young person feels confident that their input was represented.
- Peer advisors to support.

What hinders:

- Adults gathering information from young people only to make decisions without them.
- Running a single event or workshop and expecting systems change.
- A perception that young people are under-skilled when they are the only experts of their experience.
- Assuming young people don't want to know about which jurisdiction will affect the co-design project.
- Recruiting mostly/all white, cis-gendered and non-disabled young people and adults to co-design.
- Asking young people to work within an existing problem-frame.
- Professionals failing to acknowledge their positionality.



3. How can we improve services for young people?

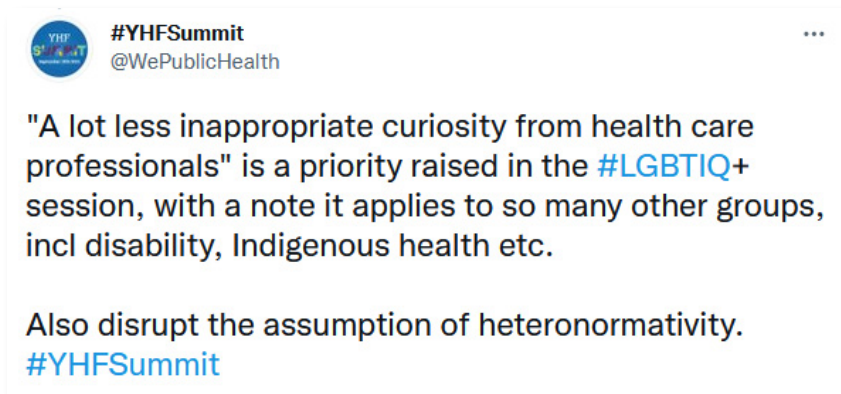
Focus: Ideas for more relevant services co-designed by young people, for services being more affordable for young people and for better understanding of young people by health practitioners

Some of the asks:

- Stop both lack of curiosity and “inappropriate curiosity” from health practitioners (raised for LGBTIQ+, Aboriginal and Torres Strait Islander and culturally diverse young people).
- Make health care more accessible and navigable for young people.
- Greater diversity of health practitioners.
- Young people training health practitioners.
- Focus on wellbeing, not pathology.
- Access to affordable health care for all, including international students, and casualised/gig economy workers.
- Improve NDIS accessibility and make qualified medical professionals assess applications instead of people not in health.

“I work as a mental health support worker, and my gender diverse clients have IMMENSE issues with hospital services not respecting their pronouns/gender identities,” said one participant. “It shouldn’t be the onus of trans consumers to constantly battle...just to feel safe and respected.”

Another participant commented: “The more serious clinical settings you get, the less you see peers and lived experience present.”



4. How can we improve health tech that young people use?

Focus: Ideas for better platforms/apps accessible by young people

Some of the asks:

- Address problems of digital access in regional, rural or remote areas and for different communities, including people with disability.
- Bring together health apps into one place instead of requiring users to download several, separate applications.
- Continuous feedback via paid beta testers, focus groups and input from young people from diverse backgrounds.



Jasmine Elliott
@all_that_jas

"Young people's health needs are inherently different from the systems in place." This stood out from our discussion on Access + Digital Health at the [#YHFSummit](#). Super productive chat on the barriers + benefits of digital health in improving access + how to empower young people

5. How can we improve our pandemic response?

Focus: Ideas for better acknowledgement of COVID-19 as a significant life disruptor for young people

Some of the asks:

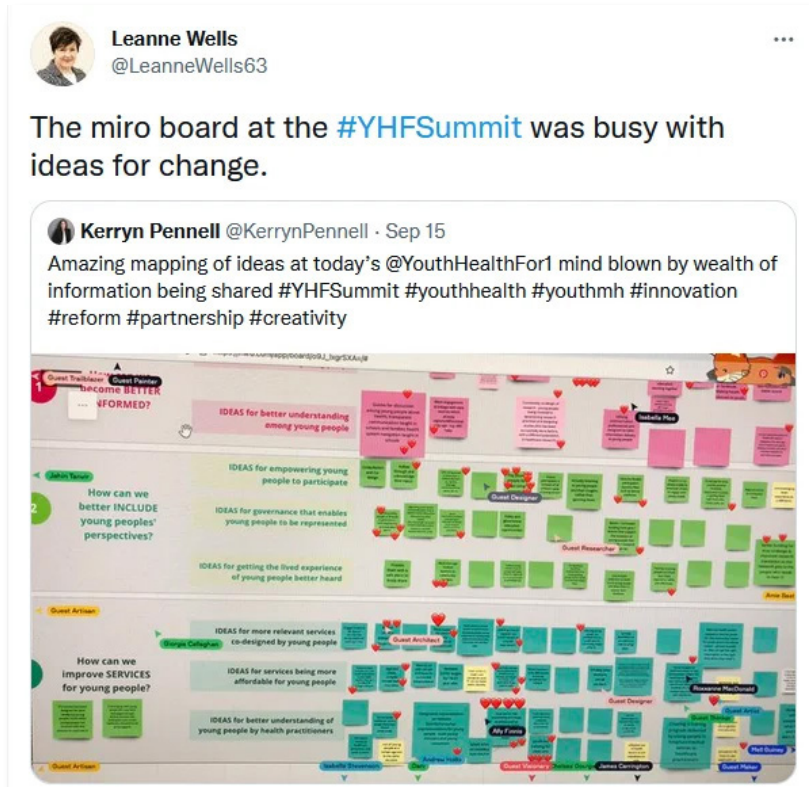
- Provide 'above poverty' levels of income support (including a universal basic income?) and a big focus on economic participation, including rights to equal education.
- Involve young people in the pandemic messaging and how it relates to schooling, employment, funding etc, "at a time that is extremely stressful and constantly changing, unclear messaging only exacerbates that".

Opening the summit, co-host Roxxanne MacDonald, a CHF director and Orygen Australia research project officer, said she was "starting where I have to start, which is with COVID", so big is its toll on and implications for the health and health care of young people.

"We all know it has hit young people the hardest," MacDonald said, noting how it has "smashed" critical transitions and milestones at a time when young people were already facing challenges in mental health, employment and housing and "exacerbated the inequalities already existing in our community, especially for those who are marginalised".

"We know young people will continue to experience the impacts of COVID long after the last lockdown, and we have more challenges to face, particularly climate change," she said.

MacDonald said addressing those challenges meant a focus not just on physical and mental health, but on the environment, employment, housing “and our sense of belonging and connection to our community”.

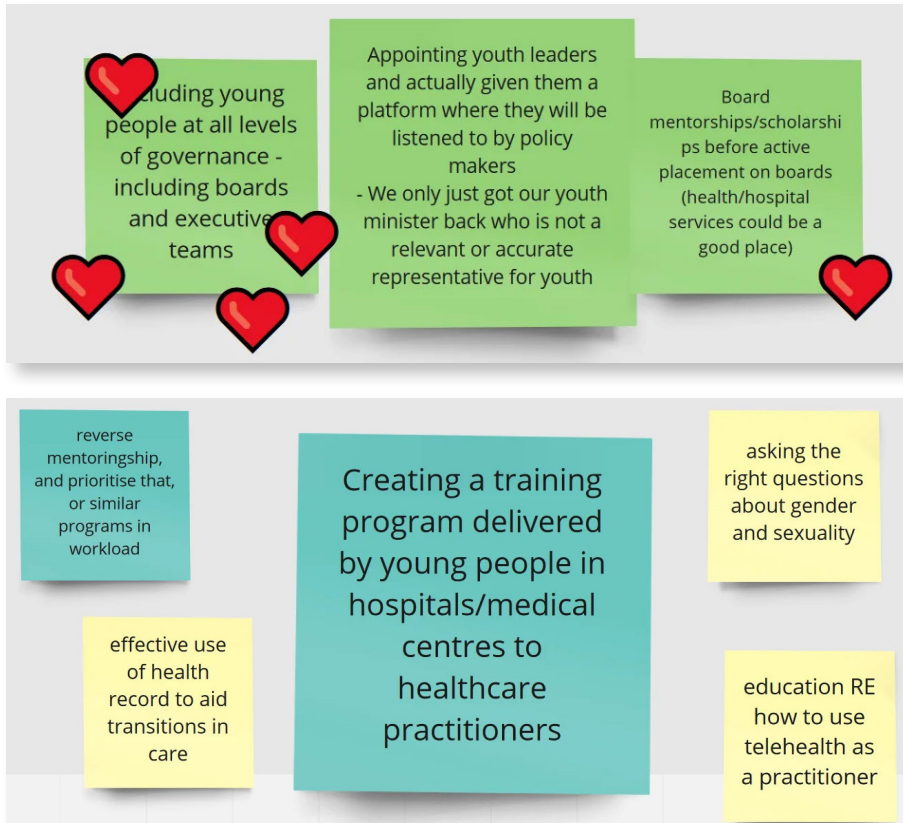


Digital stories of the discussions

See the three storyboards of the sessions developed by DevonBunce of [Digital Storytellers](#)



#YHFSummit mapping



Twitter threads

Twitter threads from summit sessions:

- **Opening and data development**
Roxanne MacDonald, CHF Board Director, Luke Catania, YHF national coordinator, Acknowledgement of Country by the Kari Singers, and Katie Acheson and Gemma Wood from Numbers and People Synergy
- **What are policy makers missing?**
YHF young leader Georgia Gardner, with Caitlin Figueiredo, Co-Chair Australian Youth Affairs Coalition, UNICEF Ambassador Franklin Hooper and Corin Boughton from Carers Australia
- **Developing ideas for the future**
Mapping session led by YHF member Jahin Tanvir and strategist Andrew Hollo
- **Young people as change makers**
YHF leaders Jasmine Elliot and Zinab al Hilaly with mental health expert Professor Pat McGorry and adolescent medicine physician Associate Professor Michelle Telfer
- **Shifting the focus from health to wellbeing in governments**
Roxanne MacDonald speaks to VicHealth CEO Sandro Demaio.
- **Developing calls to action**
Summary of ideas to develop into the summit calls to action.

#YHFSummit tweets



Centre of Research Excellence in Adolescent Health
@WellbeingYouth

Brilliant to hear from @joeylynchy on lived experience & youth leadership on @CanteenAus Board. Young people showing the way @WePublicHealth #YHFSummit @PPattersonPhD @Mc_Fin



Marie Stopes Australia
@mariestopesaus

A holistic, intersectional and intergenerational approach to health is what we need! How can we build sustainable economic models/systems for healthcare?

BIG questions 😞

@SandroDemaio #YHFSummit



Marie Stopes Australia
@mariestopesaus

Human and planetary health needs to be embedded in the business of government. People need to be involved in politics and political systems. Indicators need to be guided by community need. Strong political leadership is important.

@SandroDemaio #YHFSummit



Leanne Wells
@LeanneWells63

Lightening Talks at the #YHFSummit - articulate, inspiring, forward-looking. Young leaders in the drivers seat shaping research, addressing mental illness stigma, innovating services, governing organisations @CanteenAus @WellbeingYouth @headspace_au @CHFofAustralia



Marie Stopes Australia
@mariestopesaus



"Each generation is different from the one before." -
[@PatMcGorry](#) speaking on how young people have different perspectives on issues compared to their older counterparts, acknowledging that it has become easier over time for young people to voice their thoughts.



Marie Stopes Australia
@mariestopesaus



Policy makers understand the problems but need to do a better job by working with young people, bringing them to government to implement solutions.

[@CaitFigueiredo](#) on gaps in policy making for young people.

[#YHFSummit](#) [@YouthHealthFor1](#)

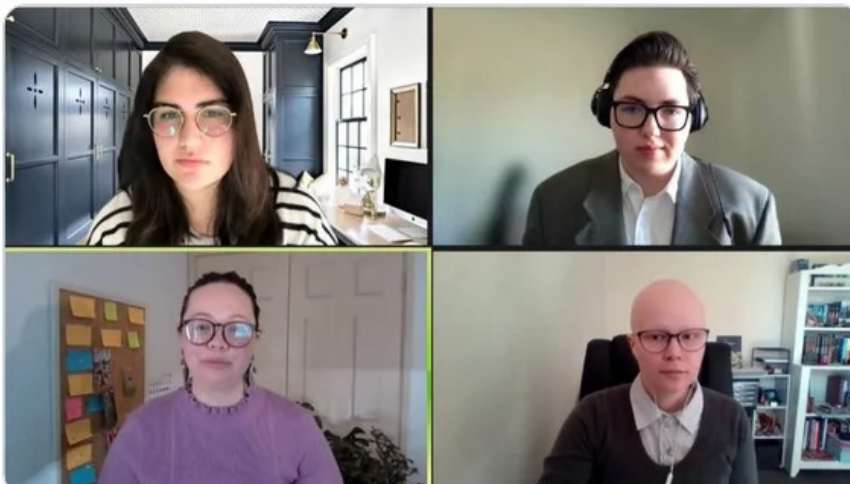


Roxanne MacDonald
@roxxmacdonald



This conversation at [#YHFSummit](#) with [@CaitFigueiredo](#) and [@unicefaustralia](#)'s Franklin Hooper is completely amazing! Such strong voices!

Remunerate young people. Engage young people by employing them.





Mariam Mandoh
@mariam_mandoh

...

The #YHFSummit Young panellists @CHFofAustralia identify how to improve #youthengagement in #Health decision-making

\$ Value time & 'lived' experience

👉 Provide training & skill development

💻 #DigitalHealth to improve accessibility & reduce cost

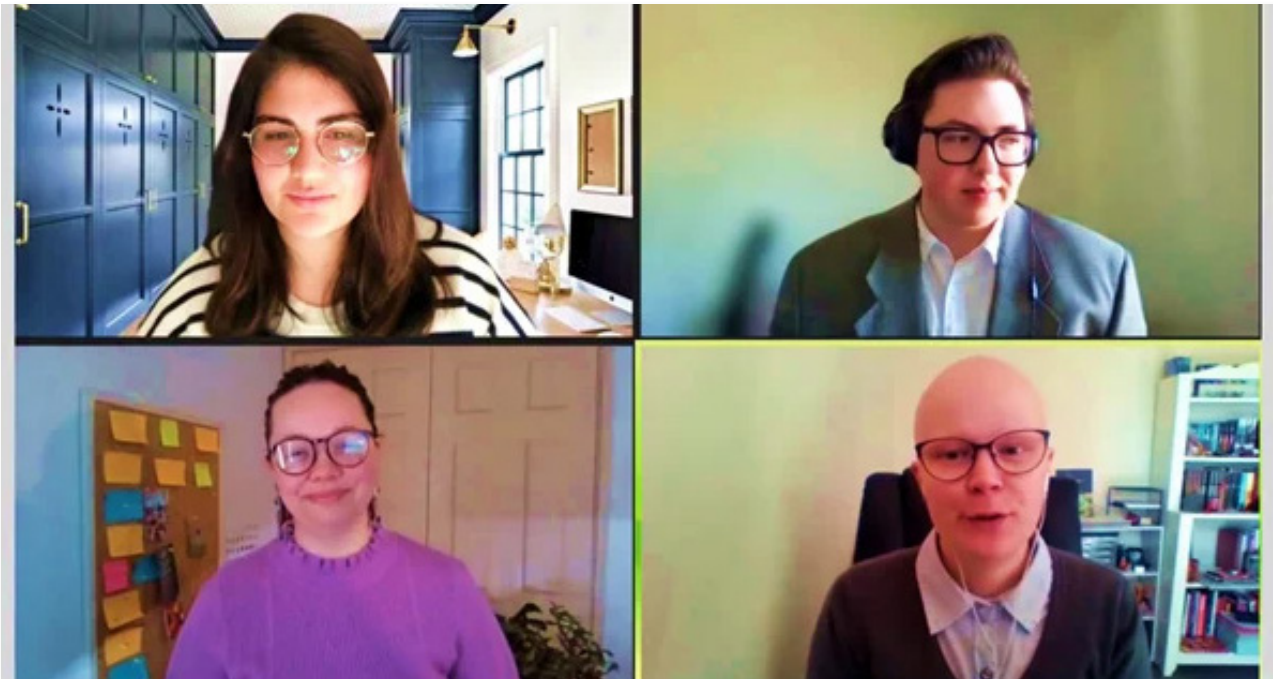


Jennifer Doggett
@JenniferDoggett

...

Only 11% of Senators and MPs in the current federal parliament are under 40 - compared with 59% aged over 50. Maybe if this was reversed we would have affordable housing and more action on climate change? #YHFsummit

Youth voices reshaping health at the national summit



What are the policy makers missing? Panel discussion featuring (clockwise from top left) Caitlin Figueredo, Franklin Hooper, Georgia Gardner and Corin Boughton

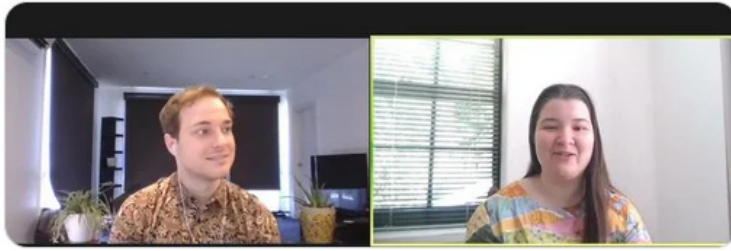
Croakey's rotational Twitter account [@WePublicHealth](#) covered the recent **Youth Health Forum (YHF) National Summit**, "Youth voices shaping health", convened by the Consumer Health Forum of Australia and its Youth Health Forum.

See below for a selection of tweets on the day from Croakey journalist Marie McInerney, providing a companion piece to this [wrap of the event](#).





#YHFSummit @WePublicHealth · Sep 15
And we're off #YHFSummit, with Luke and @roxxmacdonald



#YHFSummit
@WePublicHealth

Young people will continue to experience the impacts of COVID past the final lockdown and with the climate crisis: @roxxmacdonald

Are looking for strong systems, policies, infrastructure and to be counted as leaders, decision makers and "experts in our own right" #YHFSummit



#YHFSummit
@WePublicHealth

Acknowledgement of Country ceremony from the fabulous Kari Singers #YHFSummit



What the data tells and what it doesn't

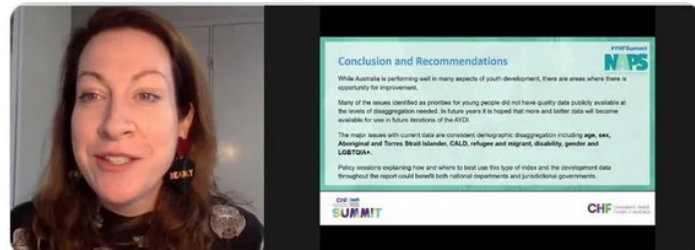
 #YHFSummit
@WePublicHealth

Hearing about the move globally to develop data on young people, you can see also the Global Youth Development index ...development-index.thecommonwealth.org #YHFSummit



 #YHFSummit
@WePublicHealth

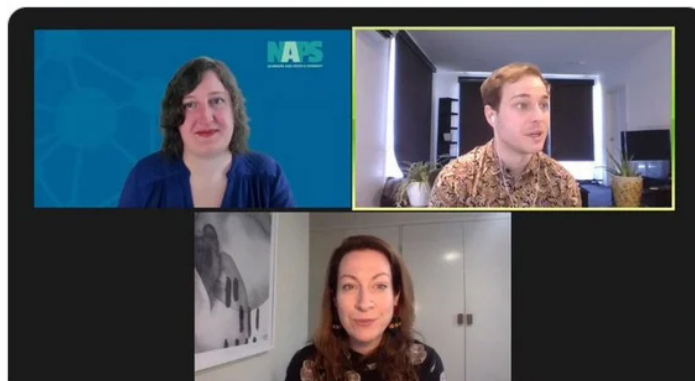
Index is super important for advocacy but we don't have the data sets we'd love to have that reflects the lived experience of young people, says [@ktacheson](#) #YHFSummit



 #YHFSummit
@WePublicHealth

"This is the starting point, not the end point," says [@NAPS_Gem](#) of the Index, urges people to reach out to other data sets, advocacy groups etc.

In terms of getting new data, could start by "stopping slashing funds of [@ABSStats](#)" #YHFSummit



Conversation stations to set the scene



#YHFSummit
@WePublicHealth

Next #YHFSummit session: Setting the scene, setting the agenda: 7 round tables on: mental health, LGBTIQ+ health, cultural diversity and health promotion, climate change and health, COVID, health and young people, access and disadvantage in health



#YHFSummit
@WePublicHealth

Am in the #LGBTIQ+ session at #YHFSummit being led by Georgia Gardner, who says today's discussions are looking to explore/propose real solutions.





#YHFSummit
@WePublicHealth

"A lot less inappropriate curiosity from health care professionals" is a priority raised in the [#LGBTIQ+](#) session, with a note it applies to so many other groups, incl disability, Indigenous health etc.

Also disrupt the assumption of heteronormativity.
[#YHFSummit](#)



#YHFSummit
@WePublicHealth

Some of the issues raised at [#YHFSummit](#) cultural diversity session: Failures in COVID-19/vax rollout, mistrust in health system, racism, importance of cultural competency (workers/system), importance of lived exp/intersectionality, need to advocate for international students...



#YHFSummit
@WePublicHealth

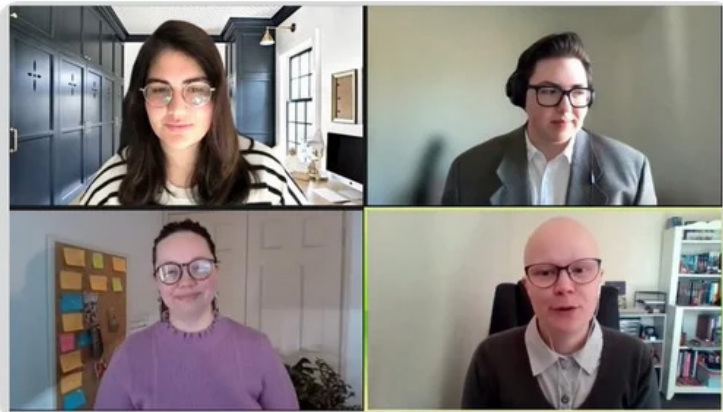
Concern still at failures to relinquish power and to acknowledge the structures that reinforce that. Hoping the pandemic is leading to more understanding of need to engage with diverse communities, but let's swap 'consultation' for 'meaningful, genuine partnership'.
[#YHFSummit](#)


What are policy makers missing?




#YHFSummit @WePublicHealth · Sep 15

Lot of young people feeling frustrated and disconnected in the policy space, says Georgia Gardner [#YHFSummit](#)



 #YHFSummit @WePublicHealth
One of the solutions to stronger policy making for young people? Franklin Hooper says hire young people for the jobs, "they have the energy, the drive, they are experiencing these things as they happen".
[#YHFSummit](#)

 #YHFSummit @WePublicHealth
Politicians want engage with young people: "all well and good to do so but you've got to pay them for their time". Two-way respect does not happen enough in the youth sector, says [@CaitFigueiredo](#) who co-led [#GirlsTakeoverParliament](#) [#YHFSummit](#)

 #YHFSummit @WePublicHealth
"You can't just prescribe one thing for one group, even in the LGBTIQ+ community", says Franklin Hooper. For example, re discrimination in schools, "everyone uses different language". And people won't talk to an outsider, trust is critical. [#YHFSummit](#)

 #YHFSummit @WePublicHealth
Talking re the possibility of a "reverse mentorship model", though an issue as to whether or not funding would support. [#YHFSummit](#)

Building better capacity: codesign and advocacy

 #YHFSummit @WePublicHealth
. [@kellyanagram](#) delivering a masterclass on co-design - what it is, and isn't....(wont' share it all as it's their intellectual property) [#YHFSummit](#)





#YHFSummit
@WePublicHealth

Keys to co-design: prioritise relationships, share power, build capacity (not so much in young people but among professionals who are not so used to working as peers vs in hierarchies), participatory methods
[@kellyanagram](#) [#YHFsummit](#)



#YHFSummit
@WePublicHealth

"What's your WIFM ('what's in it for me?')?"

Pharoah asks [#YHFsummit](#) to think if they had 30 seconds with a Minister/other policy/power broker, what would you say.....

And some tips:

[#YHFsummit](#)

Government Engagement is a mid- to long-term game (not a short one) and needs to be well maintained to work effectively...

- Research
- Parliamentary groups
- Newsletters and communications
- Personalised letters
- Pitch to stakeholder interests
- Ensure politicians know what you do
- Let them speak, and learn from them
- Extend the life of events with photos, thank you cards, media profiles, newsletter stories
- Letters of support
- Third Party Endorsements
- Ask questions, ask questions, ask questions
- Give plenty of notice and follow up RSVPs by phone
- Keep it simple and short, and stay on message
- Engage politicians in events, openings, and other opportunities
- Regular meetings, events and activities
- Submissions



#YHFSummit
@WePublicHealth

The meeting with an MP should be only 10pc of your effort: follow them on social media, read their maiden speech (they declare their passions/background in them), do your research on them & the topic - don't just talk, listen too....Pharaoh [#YHFsummit](#)

Lightning Youth Talks from across Australia



#YHFSummit
@WePublicHealth

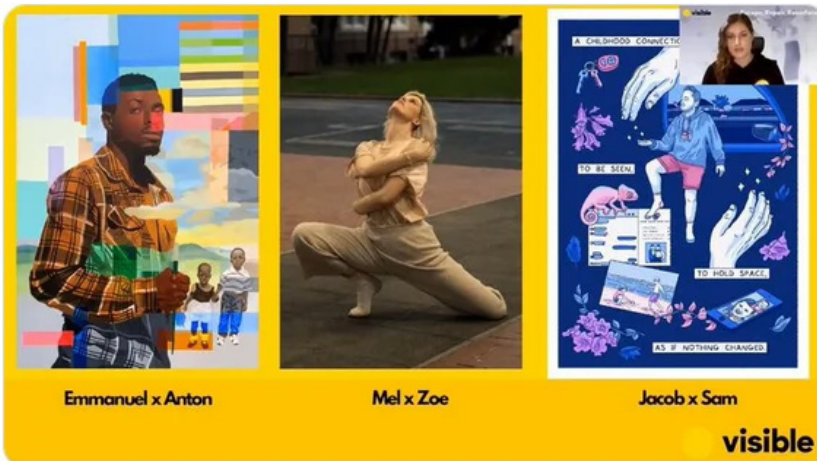
Hearing about the work of the youth commissioners at @WellbeingYouth, born of knowing that the status quo is not working to deliver strong health care access for young people why.org.au/why-research/e...
#YHFSummit



#YHFSummit
@WePublicHealth

For many who were part of it, the key to #Visible was creating something tangible on mental health
#cocreation #YHFSummit.

Jordan and Emily say watch this space





#YHFSummit
@WePublicHealth

"Our mission is to connect people early with support that's unique to them...everyone is so much more than their struggle." David Titeu says now piloting prototype of @Linkmate2 app with RMIT. Young people with lived exp at the heart of the project.

BY 2025, WE WILL:

- Scale our volunteer base to 10,000 Mates worldwide to halve the number of preventable suicides
- Provide work placement opportunities to 1000 students studying mental health
- Increase the growth of local businesses that support good mental health & wellbeing by 20%



#YHFSummit
@WePublicHealth

Majority of @CanteenAus Board (5 out of 9) positions are reserved for young people, says chair Joey Lynch #YHFSummit. Incredibly successful model of young leadership, those with lived experience "keep the board on track", he says.



Reflecting on young people as change makers



#YHFSummit
@WePublicHealth



. @michelle_telfer observes that past generations had to rally in large numbers on the streets to bring about change, but now is more opportunity to mobilise/amplify via social media. Courage, conviction, consistency are key skills. "Being brave is v v important" #YHFSummit



#YHFSummit
@WePublicHealth



Important for ambitious young people who want to shape the world to get good at something, have expertise not just opinions. The 10,000 hours idea. "Put in the hours". @PatMcGorry #YHFSummit



#YHFSummit
@WePublicHealth



"Things actually can get worse," warns @PatMcGorry pointing to the impact of #COVID on an already 'broken' mental health system in Australia.

"Change is a war," he says, and it can result in injury - acknowledges @michelle_telfer's experience #YHFSummit



#YHFSummit
@WePublicHealth



Re safe spaces - this is key for young people to engage in health care says @michelle_telfer - says her service was painted by media as unsafe: misinformation which was very damaging to young people and their families. Was important to fight that narrative #YHFSummit

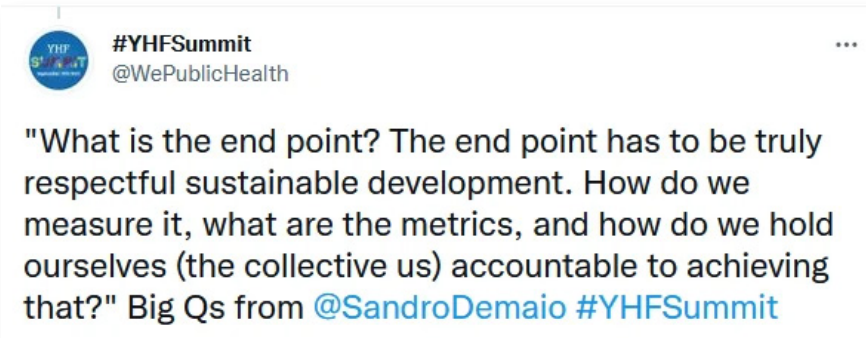
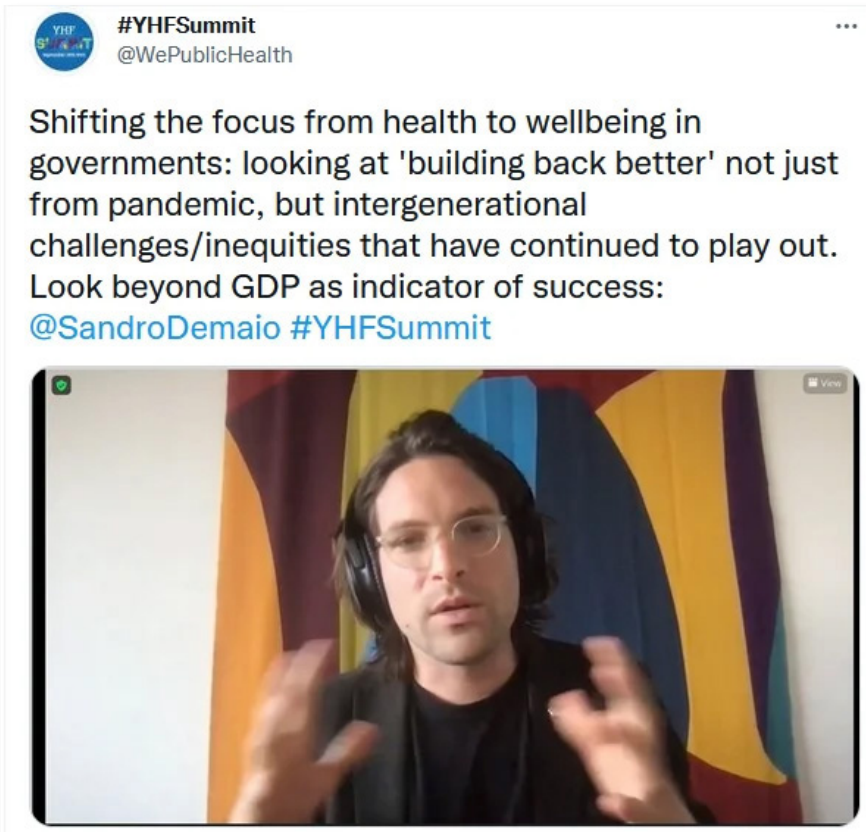


#YHFSummit
@WePublicHealth



Reflecting on her change-making and advocacy work, Zinab Al Hilaly says empathy and confidence, or "being brave and being passionate" are key. Need to understand different experiences/perspectives. #YHFsummit

Shifting the focus from health to wellbeing, globally



Developing the summit's calls to action





#YHFSummit
@WePublicHealth

Some key themes emerging from #YHFSummit this morning

1. We need to be better informed: that means better data about young people, better understanding among young people about health concerns/conditions /solutions



#YHFSummit
@WePublicHealth

2. Young people need to be better included: that's about governance, advocacy, lived experience.

3. Services (design, delivery, access, health practitioner behaviour) #YHFSummit



#YHFSummit
@WePublicHealth

4. Better technology navigation/access, how can technology better enable lived experience too



#YHFSummit
@WePublicHealth

5. COVID - how better acknowledge in health system that COVID is a major, disproportionate disruptor in the lives of young people? "Loss, grief, restrictions, missed opportunities...real sense you can't earn this time back" #YHFSummit



#YHFSummit
@WePublicHealth

Practical suggestions coming through re funding, partic out of pocket/gap payments so young people know what's available at what cost.

Transport issues being raised particularly for rural, regional areas.

Services need to be 'safe spaces' (incl use of nature)

 #YHFSummit @WePublicHealth

Need to actively canvass places for young people to be heard; and training so, when they bring ideas, they understand the governance/advocacy/processes that enable them to do so most powerfully #YHFSummit #ideas AND, see lovehearts, pay them!



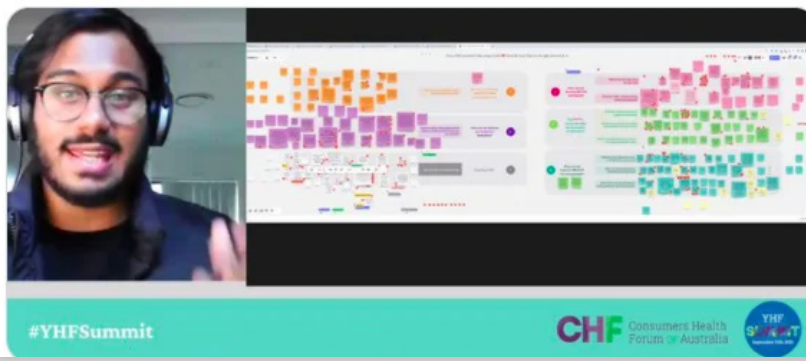
Pay young people for their time/expertise



Ensure participation is inclusive of all different types of young people

Actually listening to young people and their insights rather than ignoring them

 #YHFSummit @WePublicHealth

All these ideas are going to be distilled and shaped for final session by @jahintanvir_ @andrewhollo #YHFSummit



#YHFSummit  

 #YHFSummit @WePublicHealth

And now we're up to the final #YHFSummit session: being led by @jahintanvir_ and @andrewhollo - to develop the Call to Action, with artwork from @101Storytellers



YOUTH HEALTH FORUM SUMMIT 15 Sept 2021 #YHFSummit

“Calls to Action”



What do we want and when do we want it? Young people call for a real say in health reform



Clear pathways to better health and health care for young people in Australia? Photo: Jon Flobrant via Unsplash

The **Youth Health Forum**, set up under the auspices of the Consumers Health Forum of Australia, held a **national summit** to develop priorities for change in health and healthcare in the lead-up to the next federal election.

For this final article, we asked a number of young people across Australia, including some of the **#YHFSummit** presenters/participants, to talk about their key messages to politicians, policy-makers, health professionals and health services.

A clear message is that current systems are not working for young people, who want a greater say in politics, policy and service delivery.

More young people in politics

Swathy Santhakumar

Project Coordinator, Marie Stopes Australia



Q: What are your key messages on what needs to be done at the following levels to improve health and healthcare for young people: politically, in policy, and service delivery?

Politically. As a collective, we're turning away from traditional politics. Instead, we find our community and voice through grassroots platforms. We know politics is an important part of the democratic landscape but currently our governments are a poor representation of Australia and the people who live in this country.

We need to create an environment which encourages more young people to get actively involved in politics. This means providing more opportunities for young people to have a say on government decisions and support more young people to run for parliament.

Policy: Healthcare policies need to be co-designed with relevant stakeholders including young people who have diverse experiences to be fit for purpose.

Consultations are a great start, but young people need to be actively involved in the process of creating policies which affect the way they access healthcare.

Service delivery: We need to make service delivery more accessible by having better financial support systems, especially for services that young people access the most (for example, mental health and sexual and reproductive health services).

Whilst we know that the use of technology in healthcare is only going to become more pronounced, we need to ensure that there is digital inclusion. Everyone throughout Australia should have quality access to the internet and new technologies which increase the uptake of healthcare services. Current temporary telehealth measures through Medicare should be made permanent.

Teach future healthcare providers EARLY how they can provide culturally sensitive and inclusive healthcare services. This should begin at university.

Implement youth-led training to educate current health workers on how to provide health services to young people.

Q: What advice do you have for health organisations wanting to engage with young people and/or what do they get wrong?

Young people have access to more information at our fingertips than anyone else, so engaging with us is not as hard as you may think. Think about our main sources of information:

- Online: short, snappy, shareable content across multiple media platforms.
- We turn to our friends and peers for health information and advice.

Remember that "young people" are as diverse as the rest of society. What works for one of us, may not work for the rest.

Q: What would the health system look like if young people were in charge?

Greater accessibility to healthcare services including better financial support, simplifying access to services and information developed specifically for young people.

Increased digital healthcare technologies that are inclusive.

Increased CHOICE in healthcare settings (types of care, who provides care, how we receive care).

Q: Any takeaways from the summit?

Young people ARE proactively looking for how we can best lend a voice to improving healthcare services in Australia – the YHF Summit is a great example of this.

We need key decision makers to let us in, take on board what we say and create an environment which encourages more young people to voice their experiences and opinions and become more actively involved in changing the landscape of healthcare.

Focus on rights and communications

Tayla West Chong

Kalkadoon, Waanyi, Garawa, Djakunde, Casual Administrative Officer at Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)



Q: What are your key messages on what needs to be done at the following levels to improve health and health care for young people: politically, in policy, and service delivery?

Politically: Give youth the opportunity to speak out on their own health issues, this is more likely to be heard by their counterparts and empower their community to address the health issues on their own.

Policy: Young people are unaware of their rights and aren't likely to report on adverse healthcare interactions. Young people need to be educated on the policies created to protect them when interacting with the healthcare system. For example, the Anti-Discrimination Act of 1991 is something I was unaware of until my second year of university but would be useful for youth who are discriminated against by their health providers because of their young age.

Service delivery: Young people sit in a grey area between adults and children, It should be somewhat of a specialty or an area of experience for someone to work with young people. I believe there should be staff employed who are knowledgeable and possess the communication skills to provide effective health care to young people and that they should not be lumped in with either adults or children depending on what end of the scale they are on.

Q: What advice do you have for health organisations wanting to engage with young people and/or what do they get wrong?

I think health organisations should focus on the quality of their staff and in my experience, it can be one of their biggest downfalls due to lack of staffing or inadequate employment screening.

For whatever reason, the health of young people is often put in the wrong hands in terms of frontline staff, staff that aren't comfortable or confident with promoting health to this vulnerable group. I want to make it clear that I don't believe young people should be employed in these positions to deliver to other young people because although they have the personal experience and can relate to their patient, this does not mean they all have the interpersonal skills to provide adequate health care to fellow youth.

Q: What would the health system look like if young people were in charge?

If young people oversaw the designing of the health system, I believe external communications such as texting, calling and teleconferences would be the most used form of interaction with health professionals, especially for the youth.

Because of the increased access, clinic waiting times would be reduced, more patients would be able to be seen, there would be a lesser occurrence of unnecessary clinic visits and resource expenses would be reduced.

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Lived experience and leadership

Is Hay

Facilitator and Advisor, Youth Disability Advocacy Service (YDAS), Victoria



Q: What are your key messages on what needs to be done at the following levels to improve health and health care for young people: politically, in policy and service delivery?

Politically: Key message: young people are tired of being used as a political scapegoat during times of government failure (ie. 'young people being risky is key reason for worsening COVID-19 cases' etc). We deserve better than to be ignored until we can be used to falsely move blame from those in power.

Policy: Key message: young people need meaningful and paid opportunities to not just contribute, but inform and lead, policy changes in health and healthcare, as they disproportionately impact our experiences and communities.

Service Delivery: Key message: our healthcare systems are not working for disabled young people, and mass change, led by us and our needs, is needed in order for them to actually be serving our communities.

Q: What advice do you have for health organisations wanting to engage with young people and/or what do they get wrong?

Firstly, ensure you gain our perspectives before moving forward with any projects or changes. Do this in a meaningful and accessible way, not just a once off consultation, but require paid co-design spaces full of diverse young people to be embedded into organisations. Know that our lived experience is expertise, and that 'professional qualifications' are not required for us to know what is best and needed for our communities.

Q: What would the health system look like if young people were in charge?

If young people could design the healthcare system it wouldn't be for-profit! Its entire purpose would be to serve its participants (not customers), and that wouldn't be limited by budgets.

It would be led by lived experience, with substantial numbers of disabled, LGBTQIA+, BIPOC and intersectionally identified people in service roles, and the rest would be allies.

Healthcare would be an actual safe space where we could expect and rely on the system to support us in a timely, affirming and accessible way.

Social determinants of health, a call for action

Georgia Gardner
Youth Health Forum young leader



Q: What are your key messages on what needs to be done at the following levels to improve health and health care for young people: politically, in policy, and service delivery?

Politically, we tend to see that the needs and perspectives of young people are known, but there is a lack of will to respond to them. I believe this furthers the divide, resentment, and disengagement that keeps young people out of political life.

The social determinants of health, including financial security, housing, education and employment, continue to be at the core of the conversations about youth health and wellbeing.

Simple, known changes, like increasing income support above the poverty line, are discussed ad infinitum, yet we see little action. Sustainability and climate change are increasing concerns for the health and well-being of young people, who will shoulder the consequences of today's political decisions and inaction.

Policy: A policy shift is needed towards long-term, sustainable funding with a focus on cross-sector collaboration and well-being beyond mere health. Meaningful systemic change is difficult in short-term funding rounds and impossible when we work in silos and fail to leverage the expertise of other sectors, including designers, communicators, artists, and more.

Data will also be vital to support evidence-based innovation and improvements. How can we know the true state of youth LGBTQIA+ health – and decide what funding is needed – when our census refuses to capture inclusive gender or relationship information? How can we embed health and well-being in all policy, when we don't measure or frame the health impact of policy with equivalent metrics to economic impact?

Service delivery: Collaborative and considered design of services is key. Involving young people and lived experience – and paying for their time and expertise – will be essential in the future of health service development and delivery. Remaining agile and responsive is a vital part of the continuous improvement cycle.

Q: What advice do you have for health organisations wanting to engage with young people and/or what do they get wrong?

Don't wait for perfect conditions to engage, because they aren't coming. Do your best. Be open to feedback and change. Remain curious and creative.

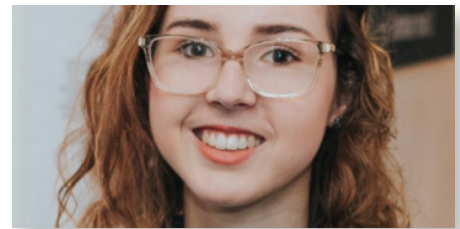
Q: Any takeaways from the summit?

We know what we need to do to improve Australia's health system and the health of Australians. We've known for years and decades. Why do we still so struggle to do it?

A Minister for Youth

Jasmine Elliott

Youth Health Forum member, Chair of the Australian Medical Students' Association Rural Health Committee



Q: What are your key messages on what needs to be done at the following levels to improve health and health care for young people: politically, in policy and service delivery?

I feel like I could write for days under these banners, so I've included my top three for each heading!

Politically: Increased representation of young people in positions of power, including a young Minister for Youth.

Accountability frameworks for the involvement of young people in upstream (i.e. policy, funding) and downstream (i.e. service delivery and research) decisions pertaining to health delivery.

Future-focussed investment, including climate action and in a robust health workforce.

Socially: Ongoing financial support in the context of COVID-19 and preexisting underemployment of young people.

Ongoing research into the social determinants of health for young people and corresponding investment recommendations to improve these.

More flexible and affordable education and employment options

Service delivery: Flexibility of eligibility criteria with regard to age and condition severity to acknowledge variation in circumstances (e.g. a young person who is 18 but has lived independently for years compared a 20 year old who lives with, and is strongly connected to family).

Acknowledgement and utilisation of digital technologies in health literacy, service administration, records.

Transparent communication of cost prior to service delivery to allow young people to make decisions.

Q: What advice do you have for health organisations wanting to engage with young people and/or what do they get wrong?



Jasmine Elliott
@all_that_jas

"Young people's health needs are inherently different from the systems in place." This stood out from our discussion on Access + Digital Health at the [#YHFSummit](#). Super productive chat on the barriers + benefits of digital health in improving access + how to empower young people

Something which really came through in the (summit's) conversation station on access and digital health is that engaging with young people isn't a chore.

Consumer engagement and codesign are not meant to be activities which make work harder but ones that make it easier. The concept of giving young people a seat at the table and involving them from the beginning of the journey is far more effective than trying to shift a pre-existing entity based on feedback after-the-fact.

Often, organisations get this wrong by seeing a problem, coming up with a solution and "checking" the solution with young people, under the belief that this is codesign and understandably being frustrated when they have to significantly change their strategy, or it isn't what young people want. Instead, let young people define the problem, partner with them to develop solutions and create something that is both provider and user friendly.

Q: What would the health system look like if young people were in charge?

I think it's important to remember that we aren't always asking for the health system to change for everyone when we call for youth representation in its governance.

We're asking for a system that suits the people it's caring for. For young people that looks like a health system which is more agile and adaptable to the needs of a diverse range of people, whether this is due to cultural background, sexual or gender identity, living situation, geographical or financial access.

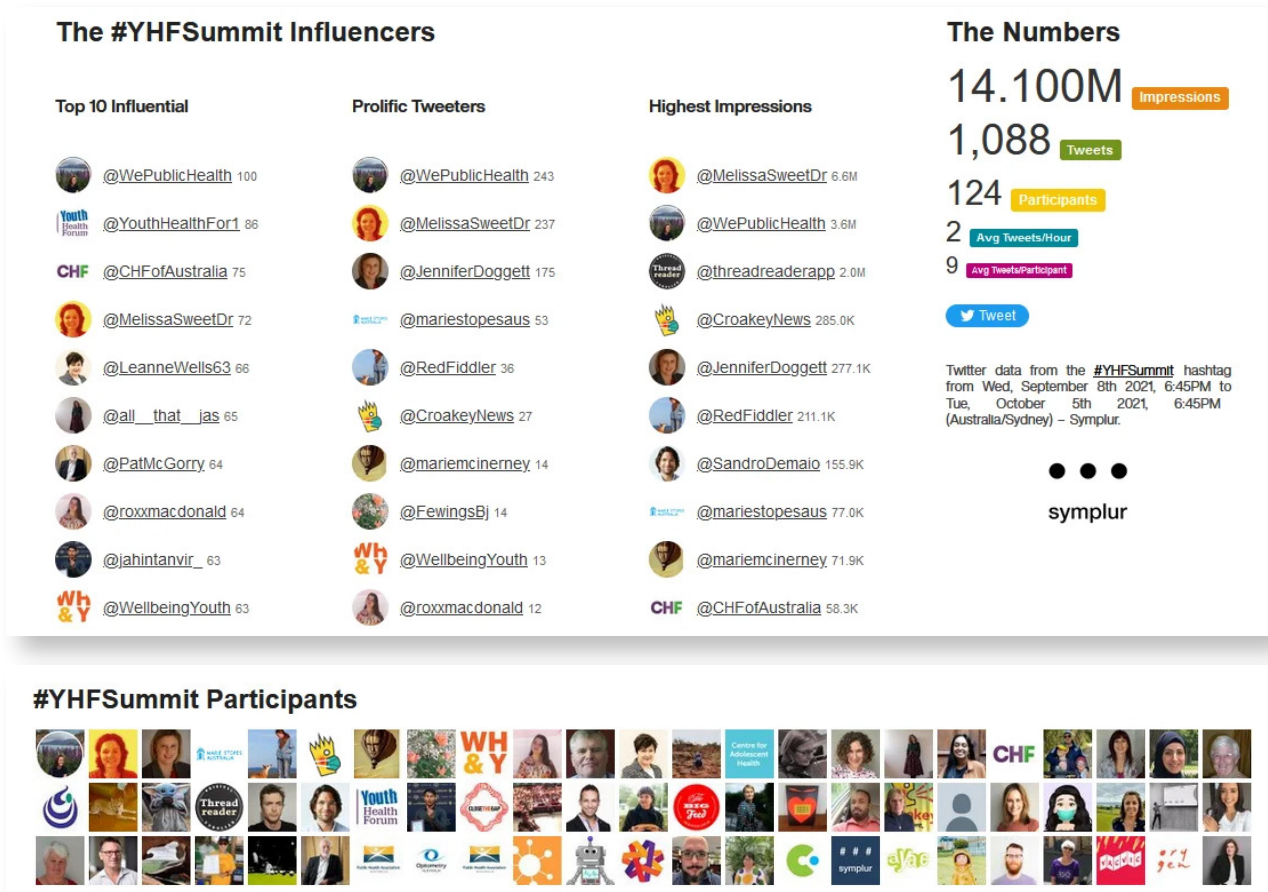
It looks like a health system which involves young people at all levels of decision-making and service delivery and in all steps of the processes. It is a system which empowers young people to be collaborators on their health, rather than mere participants in a pre-existing model of care.

Q: Any takeaways from the summit?

For me, it was so exciting to see so many people so passionate about youth health – from young people to care providers, it was clear to me that there is a wealth of people eager for change in this space.

I think often we work and advocate in our own pockets and events such as the YHF Summit allow us to see that there is engagement across the sector – some amazing examples and role models to learn from going forward.

Final analytics



Croakey Conference News Service

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