



RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

YOUTH APPROPRIATE HEALTH CARE

POSITION STATEMENT
APRIL 2026






The RACP acknowledges and pays respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work in Australia.



The RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.

© The Royal Australasian College of Physicians 2026

The Royal Australasian College of Physicians (RACP) is pleased to allow this material to be reproduced in whole or in part for educational and non-commercial use, provided the meaning is unchanged and its source, publisher and authorship are acknowledged.



About the Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 24,000 physicians and over 9,000 trainee physicians across Australia and Aotearoa New Zealand. The RACP represents a broad range of medical specialties including paediatrics and child health, general medicine, cardiology, respiratory medicine, neurology, oncology, public health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Driven by a commitment to medical excellence, the RACP actively develops health policies that deliver meaningful improvements to the wellbeing of patients, medical professionals, and the broader community. Delivering efficient, accessible and quality physician care is a core priority of the RACP.

Adolescents and Young Adult Medicine

Adolescents and Young Adult Medicine (AYAM) is a branch of medicine focussed on the health and wellbeing of adolescents and young adults aged 10 to 24 years. AYAM focuses on the unique health needs of adolescents and young adults, including but not limited to:

- Developmentally informed and holistic care of adolescents and young adults with complex medical and psychosocial needs.
- Empowerment of adolescents and young adults to be active participants in their health care.
- Ensuring continuity and transition across systems and services.
- Developing youth friendly healthcare services and environments
- Improving the equity, safety, and cultural responsiveness of healthcare services for adolescents and young adults.

The AYAM Committee informs RACP policy by identifying ways to strengthen health and wellbeing outcomes for young people across both the Adult Medicine and Paediatrics and Child Health Divisions.



About the Youth Appropriate Health Care Working Group

The Youth Appropriate Health Care Working Group brought together physicians in both Australia and Aotearoa New Zealand from across the medical specialties to guide the development of this position statement.

Membership included representatives from the RACP's Adult Medicine Division (AMD), Paediatrics and Child Health Division (PCHD), Australasian Faculty of Rehabilitation Medicine (AFRM), and the Australasian Chapter of Palliative Medicine (AChPM), across both Australia and Aotearoa New Zealand.

About the Youth Advisory Group

The Youth Advisory Group is the RACP's first young people's advisory group, established in 2023 to support the development of this position statement. Its role was to ensure that the perspectives, priorities, and lived experiences of young people were appropriately reflected throughout the work.

Members of the group included young people from diverse backgrounds across Australia and Aotearoa New Zealand, committed to sharing their experiences and contributing to a shared vision of more accessible, equitable and youth appropriate health care. These young people provided detailed advice on the barriers they faced accessing health care, the characteristics of youth appropriate healthcare services, and the system improvements required to enhance their experiences. Their contributions greatly informed the framing, content, and recommendations of this position statement.

Acknowledgements

The RACP acknowledges the work of the people and groups below:

Youth Appropriate Health Care Working Group

Australia:

Professor Simon Denny FRACP (Chair)
Dr Jemma Anderson FRACP
Professor Michael Kohn FRACP
Dr Jeremy Lewin FRACP
Dr Jessica Smith FRACP
Dr Ciara Stapleton FRACP
Professor Katharine Steinbeck FRACP
Dr Aidan Tan (Trainee representative)

Aotearoa New Zealand:

Dr Emily Chang FRACP FACHPM
Dr Bridget Farrant FRACP
Dr Rachael Harry FRACP

Youth Advisory Group

Australia:

Ellie Buchan
Aakriti Chhetri
Zac Chu
Lilian Hyde
Claire Huai Ern Lee
Michelle Lian
Tony Lian
Meg Reid
Dominique Rose

Aotearoa New Zealand:

Quinn Hautapu
Kya Hurihanganu

RACP Policy and Advocacy

Jivani Murugan, Policy and Advocacy Officer
Priscilla Rodriguez, Manager Operations - Policy and Advocacy
Justine Watkins, Manager Policy and Advocacy



Agency for Clinical Innovation (ACI)

The RACP acknowledges the support of the ACI in the development of this position statement.

We extend our thanks to Elizabeth Newton and Vanessa Alexander for their skilled facilitation of the Youth Advisory Group. Their expertise enabled the voices of young people to be meaningfully collected, supported and incorporated throughout this work.



Contents

Foreword	7
From the Chair of the Youth Appropriate Health Care Working Group	7
From the Youth Advisory Group	8
Recommendations	9
Governments.....	9
Healthcare services	10
Medical education bodies.....	11
Background	12
Healthcare systems need a greater focus on young people.....	13
The voice of young people.....	13
The rights of young people	14
Values of youth appropriate health care.....	14
Guiding Principles	15
A note on developmental capacity and decision making	16
Our young people’s vision for youth appropriate health care	18
Section 1: Barriers to Youth Appropriate Health Care	19
How young people access health care.....	19
Benefits of youth appropriate health care.....	20
Falling through the cracks: Unmet health needs of young people	21
Section 2: Important values	28
Holistic health care	28
Strengths-based health care	31
Involvement and participation	33
Relationships.....	34
Section 3: Characteristics of youth appropriate healthcare services	36
Team-based health care.....	36
Continuous health care	38
Cohorting (grouping) young people.....	39
Translating youth appropriate health care into practice	41
References	42

Foreword

From the Chair of the Youth Appropriate Health Care Working Group

It is with great pride that I present this position statement from the Royal Australasian College of Physicians (RACP) on Youth Appropriate Health Care.

This important work has been developed by a dedicated working group of expert physicians in Adolescent and Young Adult Medicine, in close collaboration with young people from a broad cross-section of our communities who have diverse lived experiences of the healthcare systems across Australia and Aotearoa New Zealand.

Adolescence and young adulthood are dynamic, transformative periods in a person's life, marked by rapid developmental, social, and emotional change. Yet our healthcare systems too often fail to adapt to these realities. Healthcare services remain largely structured around binary categories of "child" or "adult" care, leaving young people to navigate systems not built for their needs. This misalignment is particularly stark for those living with chronic or complex health conditions, and even more so for young people who experience marginalisation and systemic inequity.

This statement is a call to action: to reform how we think about, deliver, and fund healthcare for young people aged 10 to 24 years. It offers evidence-based recommendations that emphasise team-based, holistic, strengths-based, and developmentally appropriate healthcare. It challenges us to embed youth voices at every level, from clinical design, through to delivery, evaluation and governance to ensure that healthcare is equitable, inclusive, and responsive to the diverse realities of young people today.

Crucially, this work would not have been possible without the insights, lived experiences, and vision of our Youth Advisory Group, who generously shared their time, stories, and wisdom to shape a healthcare system that serves all young people better. Their voices are at the heart of this document.

We hope this statement is not only informative but also inspiring. It reflects a collective vision for a future where all young people can access care that supports their health, respects their identity, and empowers them in their journey to adulthood.

Professor Simon Denny FRACP



From the Youth Advisory Group

It begins here: one young person, one clinician, one interaction.

From this moment, a relationship is formed. Trust can be built or broken, confidence strengthened or lost, and a young person's relationship with health care forever shaped. These encounters matter, because they determine whether young people feel safe to seek help, supported to ask questions, and included in decisions about their own health and wellbeing. In the formative time of adolescence and young adulthood, experiences exactly like these – a single interaction with a doctor during a vulnerable moment, or a first encounter with inpatient hospital care – can leave a lasting impression for years to come.

This position statement has been developed in partnership with us, a Youth Advisory Group – the first for the RACP – to ensure that young people's voices, lived experiences, and priorities are strongly embedded. Our contributions reflect the diverse experiences of young people across Australia and Aotearoa New Zealand; young people navigating cultural and linguistic barriers, mental health challenges, disability, identity, and the many transitions that define adolescence and early adulthood. Our perspectives come from real encounters with the healthcare system, from moments when care has supported us well, and moments when it fell short.



"I know what it's like to navigate a system that wasn't built for me. A system that didn't think I would need a greater explanation, a softer approach, or a clear understanding of what was happening to me. This statement is a call for healthcare that truly reflects the diversity and needs of our generation. It ensures that we are not just "heard" but are leading the conversations that shape the future of our health care." – Young Person

We stand by the recommendations in this position statement because they are grounded in our lived experiences. We are proud to have shaped this work and to stand behind the principles it sets out, advocating for healthcare services that listen without judgement, communicate with clarity and respect, and offer pathways for young people to be active partners in their care.

We offer this statement in the hope that it is read not as a checklist, but as an invitation – an invitation to healthcare professionals, healthcare services, policymakers, and other young people to reconsider the way health care is designed and delivered. It is our hope that this document will stand at the forefront of change, so that every young person can experience the kind of health care that builds trust, fosters supportive relationships, and supports lifelong wellbeing.

Youth Advisory Group members

Recommendations

The following recommendations have been developed to guide healthcare professionals, healthcare services, and healthcare policymakers in their approach to addressing the health and wellbeing of young people.



Governments

- 1. Fund multidisciplinary teams to deliver integrated medical and psychosocial support for young people accessing paediatric and adult hospital services, with a focus on chronic and complex conditions**

These teams should include medical practitioners with specialist training, or a keen interest, in adolescent and young adult health (such as paediatricians, adult physicians and paediatric / adult physician trainees across various specialties), nurses experienced in adolescent and young adult care, mental health professionals, allied health professionals, and dedicated transition coordinators, to ensure comprehensive and continuous care across healthcare settings.

- 2. Fund specialist centres of excellence in youth health to lead education, training, and research aimed at improving outcomes for young people**

These centres should be recognised as exemplars of youth appropriate health care, demonstrating efficient, collaborative and integrated care across hospitals, specialist clinics in the community, primary care, education, custodial and other community settings.

- 3. Implement youth appropriate performance indicators, benchmarks, monitoring and evaluation**

Healthcare services should be required to implement and report on youth appropriate key performance indicators and benchmarks that measure the accessibility, quality, safety and equity of services for adolescents and young adults. These indicators should be used to identify and address inequities in access, experience and outcomes, particularly for marginalised groups, including, but not limited to, regional, rural and remote populations; Aboriginal, Torres Strait Islander, Māori and Pasifika young peoples; culturally and linguistically diverse communities; young people with disability; young people with refugee/seeking asylum status; young LGBTIQ+ people. Monitoring, reporting and evaluation should align with national health standards to ensure accountability, comparability and continuous improvement in youth appropriate health care delivery.

4. Improve planning and increase funding for regional, rural and remote healthcare services that are accessible, culturally safe, and specifically tailored to meet the unique needs of young people

Young people living in regional, rural and remote Australia and Aotearoa New Zealand need equitable access to appropriate health care, with a focus on overcoming barriers to health care addressed, such as travel options and expense, accessibility, and continuity of service provision.



Healthcare services

5. Age-band cohorting/grouping of young people in paediatric and adult hospital and healthcare settings

Healthcare services must ensure young people receive health care in environments that are developmentally appropriate and delivered by staff trained in youth-specific health care.

6. Incorporate input from young people with lived experience in the design and delivery of healthcare services

Healthcare services must provide appropriate channels for young people to offer guidance, feedback, and advocacy to ensure services are young person-centred and responsive to their needs.

7. Implement routine broad psychosocial assessments for all young people accessing hospital based and community-based healthcare services

Utilising a tool such as the HEEADSSS (Home, Education, Eating, Activities, Drugs, Sexuality, Suicide, and Safety) framework can ensure that social, emotional, and mental health concerns are proactively identified and addressed as part of routine care.

Repeated assessment over time should also enable a longitudinal understanding of each young person's circumstances and wellbeing, helping healthcare professionals identify emerging needs, respond earlier when further intervention is required, and determine which supports are associated with better outcomes, as well as contributing to a broader evidence base.

8. Integrate mental health care and psychosocial support services directly within medical teams

Ensuring mental health screening, counselling, and interventions are readily available for young people accessing health care enables early and appropriate identification, management and support to be part of a young person's health and wellbeing plan.

9. Promote research and continuous evaluation of adolescent and young adult specialist health care in hospital-based and community-based healthcare settings

It is important to build an evidence base for effective health care practices, improve healthcare service delivery, and promote innovation in health care, ensuring that healthcare services evolve in response to the changing needs of this population group.

10. Acknowledge and address systemic inequities in current hospital-based and specialist healthcare settings

Systemic inequities that disproportionately disadvantage young people, particularly those from marginalised backgrounds, must be addressed by redesigning healthcare services to be more inclusive, equitable, and responsive to the diverse needs of young people.

11. Embed a clear prevention and early-intervention focus within healthcare service models

This includes integration in primary care and equipping all healthcare professionals with the skills to identify and respond to emerging concerns early. This should also include school-based health and community health hubs, rather than be reserved for specialist or acute care settings, but specialist involvement in their design and delivery remains critical.



Medical education bodies

12. Embed adolescent and young adult health as a core component of all medical education and training

All medical students and medical trainees should acquire a baseline level of knowledge, understanding and skills to care effectively for adolescents and young adults. Medical education and training should equip all graduates to deliver developmentally appropriate, culturally safe, compassionate and strengths-based care to young people, regardless of specialty or practice setting. This needs to be delivered through university programs and medical training organisations.

13. Develop advanced training pathways for medical trainees/physicians whose practice focuses predominantly on adolescents and young adults

Medical trainees and physicians working primarily with adolescents and young adults should have access to more advanced education and training in youth health. This should include adolescent and young adult development, mental health, sexual and reproductive health, substance use, trauma-informed practice, complex psychosocial care, chronic and complex conditions, and approaches that support young people's autonomy, resilience, participation in healthcare decisions and transition to adulthood. Medical training organisations must ensure this advanced education and training is available within curriculum and continuing professional development education



Background

The Royal Australasian College of Physicians (RACP) is committed to addressing inequities in health care for adolescents and young people, particularly those aged 10 to 24 years of age. Historically, health policies and healthcare systems have fallen short in addressing the specific needs of this age group, resulting in issues such as fragmented care pathways, broken health care consistency, increased wait times for health care, lack of youth-specific trained healthcare professionals and a reluctance of young people to engage with healthcare services due to a lack of trust.¹

This position statement outlines the key principles for a nationally consistent approach to delivering high-quality youth appropriate health care across both Australia and Aotearoa New Zealand. Whilst applicable to primary care, it primarily focuses on hospital-based care and multidisciplinary specialist health services for adolescents and young adults.

This position statement uses the terms ‘health care’ and ‘healthcare’. In this document, ‘health care’ refers to the broad concept of care provided to individuals, in this case young people. ‘Healthcare’ is used when referring to the sector in which young people access services.

Care has been taken to encompass many varied and vast experiences and opinions within the recommendations developed here; however, we encourage readers to also engage appropriately with relevant population groups and those with lived experience to support implementation.

Terminology

The World Health Organization (WHO) defines ‘adolescents’ as people in the 10 to 19 years age group and ‘youth’ as the 15 to 24 years age group, with ‘young people’ spanning the age range 10 to 24 years.² This position statement uses the term ‘young people’ to refer to both age groups.

The United Nations’ (UN) defines youth participation as “the active and meaningful involvement of young people in all aspects of their own, and their communities’ development, including their empowerment to contribute to decisions about their personal, family, social, and economic, and political development.”³

Young people have specific health care needs linked to their development status, which often involves both paediatric and adult healthcare services.⁴ Transitioning between paediatric and adult health care presents challenges for young people, as these services often operate with distinct cultures of care and are usually delineated as two different systems, rather than interconnected.⁴ Young people can feel very abrupt changes between the two systems, exacerbated by shortcomings that occur with how they shift from paediatric to adult healthcare services.

Healthcare systems need a greater focus on young people

Adolescence presents an important opportunity to lay the foundations for positive health outcomes over the course of an individual's life as it is a time of profound physical growth and neurological development. It is incumbent upon the healthcare system to acknowledge that young people face challenges in maintaining a healthy lifestyle whilst contending with school, family and early working responsibilities, plus economic pressures, alongside peer and societal influences.

The age period of 10 to 24 years is often when health behaviours related to non-communicable diseases are adopted; therefore, establishing good health practices in adolescence is important to achieve better health outcomes later in life and minimise the burden of disease.⁵ These health consequences are significant enough that the Lancet medical journal commissioned work dedicated to adolescent health and published 'A call to action'.⁶

While many of the challenges outlined in this statement occur across the wider population, they are particularly acute for young people. This age group faces distinct developmental, social, and health care transitions that amplify the impact of inequities. Young people are also at a critical life stage where early experiences with health care and the healthcare system can shape their long-term engagement with healthcare services. By focusing on this age group, the healthcare system can address both immediate needs and broader, long-term benefits by ensuring equitable, youth appropriate health care is available.


"Transitioning from the welcoming environment of the children's hospital to an adult hospital was difficult..." - Young person.



This position statement was developed collaboratively with young people and medical professionals, with extensive consultations with stakeholders involved in adolescent and young adult health care across Australia and Aotearoa New Zealand. In conceptualising quality health care for young people, this position statement sets out recommendations and actionable steps to support healthcare services in delivering optimal care for young people.

The content in this statement is guided by the insights from members of our Youth Advisory Group, who generously shared their time, ideas, opinions and experiences to help improve our healthcare systems. This diverse group of 18- to 25-year-olds come from various backgrounds across Australia and Aotearoa New Zealand, bringing a wide range of healthcare service experiences. We remain deeply grateful for their dedication in shaping a healthcare system that serves young people better.

In the context of this statement, our Youth Advisory Group were tasked with acknowledging positive and negative examples of youth appropriate healthcare, envisioning youth-friendly health care at its highest potential and cultivating the courage to translate their insights into



meaningful actions. This was particularly important for this position statement, as it was pivotal to shift the narrative from “othering”, where young people often feel excluded from healthcare decisions to a more inclusive approach that prioritised youth appropriate health care.

The rights of young people

The *United Nations Convention on the Rights of the Child* (UNCRC)⁷ and the *Charter on the Rights of Children and Young People in Healthcare Services in Australia*⁸ recognise that young people are entitled to special care and protections, and that the best interests of a young person must be a primary consideration in all decisions and actions concerning them.

Australia and Aotearoa New Zealand support the *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP)⁹ and the *United Nations Convention on the Rights of the Persons with Disabilities* (UNCRPD)¹⁰ and support adherence to these documents.

In addition, rights-based frameworks, such as the *Declaration of Montreal on the Right to Pain Management*¹¹ and the *Australian and New Zealand College of Anaesthetists Position Statement on the Rights to Pain Management*¹², affirm that young people are entitled to developmentally appropriate pain assessment and management. Recognising pain care as a fundamental health right ensures that young people receive respectful and timely support for both acute and chronic pain within all healthcare settings.

The RACP believe that all young people have a right to:

- The realisation of their individual, national, and cultural identities.
- Equitable access to the highest attainable standard of health and wellbeing.
- Be able to freely express their views and have them considered.

Values of youth appropriate health care

Youth appropriate health care must be based on the following key values:

- **Holistic health care:** Emphasising a comprehensive care approach that addresses not only physical health but also psychosocial wellbeing.
- **Strengths-based health care:** Focusing on identifying and building upon the strengths and capabilities of young people, promoting a positive and empowering health care experience.
- **Involvement and participation (shared decision making):** Advocating for active engagement and the voice of young people in their health care decisions and treatment plans, recognising their unique perspectives and preferences.
- **Relationships:** Recognising the significance of positive, trust-based relationships with healthcare professionals, families, peers and broader communities in supporting a young person’s healthy development and overall wellbeing.

Guiding Principles

The following guiding principles outline key considerations for providing appropriate health care to young people. They are intended to guide policy and practice, and support youth appropriate care. They are not designed to function as a clinical guideline.



Health equity: All healthcare services should recognise both adolescents and young adults as distinct from child and adult populations and tailor healthcare services to the unique health care needs of young people. A key health equity issue is the lack of specialised, developmentally appropriate services for young adults, who are often underserved in transitions between paediatric/adolescent and adult healthcare systems. Healthcare services for young people should:

- a) Ensure equitable access to age-appropriate and youth-responsive care
- b) Reduce inequities created by gaps in specialised services for young adults
- c) Avoid excluding young people on the assumption that they are healthy because of their youth.



Developmentally, culturally appropriate and trauma-informed care: Health care needs to be provided to young people in ways that are developmentally appropriate and culturally safe. Where there has been significant exposure to traumatic experiences, such as domestic and family violence, abuse and/or neglect, or medical traumatic stress for example, trauma-informed healthcare services must be available.



Prevention and promotion of long-term health: The key health issues for young people are different to other age groups. Healthcare services should have a strong focus on significant health and wellbeing issues for young people, such as mental health, drug and alcohol misuse, suicide prevention, sexual health and behaviours increasing risks to their health and wellbeing.



Smooth and clear transition from paediatric to adult healthcare services: Young people with chronic or long-term health concerns need smooth and clear pathways to ensure they can access appropriate health care as they move into young adulthood.



Empower young people to access and manage their health care:

It is important that healthcare professionals have the skills and capability to empower young people to successfully engage in, navigate, and have autonomy over their own health care.



Education, training and support, plus ongoing continuing professional development, must be available: Appropriate learning opportunities must be available in healthcare undergraduate and postgraduate courses, as well as healthcare practice settings.

A note on developmental capacity and decision making

Cognitive development

The intersection of neurocognitive development, capacity, consent, and autonomy is particularly important in the context of adolescent and young adult health care. As the brain continues to mature, especially in areas related to reasoning, judgement, and self-regulation, young peoples' capacity for informed decision-making evolves.¹³


Recognising this developmental trajectory is essential for effective care of young people and ensures ethical care that respects their individual levels of autonomy and supports decision-making appropriate to a young person's level of capacity. Legal and ethical frameworks generally reflect this evolving capacity, considering the individual's developmental stage when evaluating their ability to make autonomous decisions and provide valid consent.

Capacity

Capacity and decision-making ability encompasses the cognitive ability to understand relevant information, appreciate the consequences of one's choices, and analyse the information in the decision-making process. It is a crucial concept in healthcare, legal, and ethical contexts. While capacity is generally presumed for adults, there are a range of situations where the capacity of young individuals to make decisions about their health, legal matters, and other significant life choices need to be considered carefully.

Autonomy and informed consent

Autonomy refers to an individual's right to make decisions about their own life, free from external coercion or undue influence.¹⁴ It is closely related to the concept of self-determination. Respecting autonomy is a cornerstone of medical ethics, and it recognises an individual's right to make choices about their healthcare, even if those choices may not align with the preferences of healthcare providers or others. Autonomy is particularly relevant in the context of decisions about medical care.



In the medical context, obtaining ‘informed’ consent is a fundamental ethical, professional and legal principle.¹⁵ It is a person’s voluntary decision about medical care made with knowledge and understanding of the benefits, risks and potential alternatives involved.

Autonomy and informed consent depend on decisions being voluntary; informed by one’s understanding of the risks and benefits. Whilst adults are often presumed competent, young people may also consent independently if they demonstrate sufficient capacity.

Consent is often sought from competent individuals, or, in the case of minors, from their legal guardians. In Aotearoa New Zealand, the legal age of consent for medical procedures is 16 years.¹⁶ Depending on location in Australia, the age can vary. However, there are provisions in both countries where a young person can consent for their own medical treatment if a young person has sufficient understanding and ability to allow them to understand fully what is proposed for their health care.

Developmentally, there is no biological age by which children can make their own health care decisions. Instead, a person can be judged to have the capacity to make decisions about their health care if they are able to understand the health information provided, appreciate the effects of choices, weigh the risks and benefits, use reason to come to a decision, make a voluntary choice, and communicate their decision.¹⁷ Many adolescents can fulfil this criterion for a broad range of health care by ages 13 to 15 years.¹⁸ However, adolescence has unique neurodevelopmental characteristics including risk-taking behaviours, peer influence, sensation seeking, self-regulation, and processing of risk and rewards which can be a powerful influence on decision making,¹⁹ particularly depending on the individual, their context (including family and community influences) and nature of health care involved.

Misuse of capacity

Young people with a disability who turn 18 years of age under guardianship or similar arrangements are particularly vulnerable to misinterpretations of capacity. Although guardianship may be appropriate for broader life decisions, it is often incorrectly assumed that these young people lack capacity to make specific medical decisions. This can be a form of disability-based discrimination, can delay access to health care and lead to preventable physical and mental health harm, underscoring the need for individualised, decision-specific assessment.

Capacity is decision specific. The ability to consent to one medical/health care intervention does not automatically mean a young person has the capacity to consent to all types of medical/health care treatments. This principle is central to ‘Gillick Competence’²⁰, which originated from the UK Gillick case; now widely applied in Aotearoa New Zealand and Australia. A young person may be Gillick competent for some decisions but not others, depending on the complexity of the situation.

Our young people's vision for youth appropriate health care

"Having a doctor be gentle; the words they use, and how they act."

"Integrating services, so one service can deal with all of our concerns outside of subspecialties."

"Codesigned, collaborative, respectful, inclusive, kindness."

"Encouraging close proximity of young people who are hospitalised."

"Wards and clinics that don't feel cold and clinical. Paediatric settings are so bright, warm, and welcoming, so the sudden change can be confronting."

"Having advocates – could be staff member – but someone to keep an eye on young people in a hospital. Ensuring they are getting their needs met and heard – feeds back to lived experience mentors and peer support workers."

"Employing peer support or lived experience workers across the board, not just in the mental health space."

"Approachable, friendly people and places, so that I feel comfortable to ask questions."

"Having access to different supports all together, like a social worker and a medical professional helping me."

"Sensory friendly places for neurodivergent population."

"Bedside volunteers."

"A hub/support space promoting university and Technical and Further Education (TAFE) programs, inspiring young people to achieve goals outside of their health conditions."

"More practical supports for young people."

"Cultural care – culturally appropriate care, and a genuine interest in Māori healthcare for example."

"High quality, youth appropriate healthcare, is available everywhere."



Section 1: Barriers to Youth Appropriate Health Care

Young people often seek health care for a diverse range of reasons. Often, the underlying health condition requiring attention may not always be reflected in the primary concern for the young person. Moreover, the health and wellbeing challenges that young people face are often intertwined with their individual circumstances and backgrounds.



“The way care is conducted is everything. Person-centred care is so important, and you can tell when a doctor is making a genuine effort to listen and help you.” – Young person


An increasing number of young people are navigating specialist and hospital-based healthcare services.²¹ Existing healthcare service models and funding strategies, designed for either children or adults, fail to effectively address the distinct requirements of young people.

How young people access health care

Young people access health care through a variety of avenues, shaped by their individual circumstances, cultural environments, and availability of healthcare services. Most young people see primary care doctors for routine check-ups, vaccinations, minor ailments, or at the first sign of sickness, making these doctors often the first point of contact with the healthcare system.

Compared to other age groups, young people disproportionately rely on after-hours healthcare services and/or emergency departments for health care. Approximately 13% of adolescents have accessed hospital emergency departments in the past year mostly for acute injury or accidents; however, there is an increasing number of presentations for mental health concerns, eating disorders, and other complex medical concerns.²² Self-harm presentations in adolescents and young adults have significantly increased over the last decade.^{23 24 25}

In some regions, school healthcare services serve as vital access points for young people by offering comprehensive health care, such as primary health care, sexual and reproductive healthcare services, substance use counselling, and mental health support.



“What we need is clear and accessible information. Our needs are different from those of adults, and when everything feels rushed it can seem like efficiency is being prioritised over my actual experience as a person.” – Young person



Despite the availability of healthcare services, young people often face significant barriers to accessing needed health care. One Aotearoa New Zealand study found that one in six adolescents report not seeing a doctor or nurse when needed in the preceding 12 months.²⁶ A previous study found a major deterrent to young people accessing health care is the fear that private health information will not remain confidential, particularly in relation to sensitive issues such as sexual health, substance use, and mental health.^{27 28} This fear is often exacerbated by persistent medical and social stigma. Additional barriers include financial constraints, limited awareness of available services, and challenges with transportation. Ensuring and explaining confidentiality and addressing these systemic obstacles are essential to improving healthcare access for young people.

Benefits of youth appropriate health care

Investing in youth appropriate health care delivers wide-ranging benefits for individuals, communities, and the healthcare system. When healthcare services are tailored to the unique developmental, psychosocial and cultural needs of young people, they become more accessible, engaging, and effective. Access to youth appropriate healthcare services is associated with improved health outcomes, increased engagement with services, and a greater trust in the healthcare system.²⁹



“Youth friendly care should just be humanistic care.” – Young person



The [Adolescent Medicine Department](#) at **Sydney Children’s Hospital, Randwick, New South Wales, Australia**, provides inpatient and outpatient tailored services to adolescents and their families in its mental health services. The team aims to create a ‘youth friendly’ environment with mindfulness of psychosocial and environmental stressors. A range of outpatient clinics are held, including Complex Chronic Illness Services, Addiction Medicine Program, Adolescent Gynaecology Service, PCOS and Eating Disorders Service. An inpatient consultation and liaison service is provided as well as admission of adolescents with conditions like eating disorders and complex chronic illnesses.

Investing in effective health care for young people in Australia and Aotearoa New Zealand also delivers significant benefits for individuals, communities and the broader healthcare and economic systems. Timely and affordable access to quality, youth-specific services enable early intervention, preventing the escalation of health issues and reducing long-term strain on the healthcare system. For example, youth-focused services for young adults with type 1 diabetes mellitus are linked to decreased length of hospital stays, better glycaemic control and fewer hospital admissions.^{30 31} Similarly, early mental health interventions can reduce the need for emergency presentations and long-term psychiatric care, easing pressure on acute healthcare services.³²

Beyond health outcomes, a healthier youth population is more likely to complete education, enter the workforce, and contribute productively to the economy. Strengthening mental health support also helps mitigate the economic costs of mental illness, including lost productivity and absenteeism.^{33 34} Youth appropriate health care is a strategic investment that enhances wellbeing, reduces system-wide costs, and builds national economic resilience.³⁵

Falling through the cracks: Unmet health needs of young people

Current healthcare services are falling short in addressing the needs of young people with chronic and complex medical conditions. Inadequate access to specialised, youth appropriate health care can lead to a range of negative consequences, including fragmented service delivery, increased psychological distress, delayed developmental progress, and worsening of chronic health conditions.³⁶



"I had been waiting for 8 hours and fallen asleep in an emergency department. I was struggling with the amount of pain I was in. No one could say when I was going to see a doctor, if it was going to be soon or not." - Young person



Metropolitan Youth Health (MYH), part of the Women's and Children's Health Network in **South Australia**, provides free, confidential and developmentally appropriate primary health care for young people aged 12–25, offering access to nurses, doctors, counsellors, Aboriginal health workers and health promotion staff in a youth friendly environment. MYH supports young people with physical and mental health needs, sexual health, alcohol and other drug concerns, and broader psychosocial challenges, using a holistic, trauma informed and culturally safe model that recognises the interconnected impacts of family, education, housing and social circumstances on wellbeing. The service provides flexible appointments, outreach and drop in options to reduce barriers for young people who may be disengaged from mainstream care, and works closely with schools, youth justice, child protection, community organisations and specialist health services to ensure coordinated, wraparound support that promotes early intervention, continuity and meaningful engagement in health and wellbeing.

Poor integration of mental health and medical services

One of the most pronounced shortcomings in health care for young people is the lack of integrated mental health services within hospital settings. Young people with chronic and complex medical conditions frequently experience co-occurring psychological or psychiatric disorders.³⁷ These mental health challenges are often exacerbated when the primary health condition impacts with key areas of development.³⁸

Without appropriate mental health support, young people may struggle to engage in their own health care, leading to missed outpatient appointments, poor medication adherence, reduced physical activity, disrupted sleep, impacts on relationships, and diminished self-care.³⁹ This ultimately contributes to poorer physical health outcomes and a cycle of deteriorating wellbeing.

"I still don't have answers with my health. It's difficult to look back on it in a positive light" - Young person



Lack of awareness of youth-specific healthcare concerns

Traditional healthcare services, designed primarily around the needs of children or older adults, often overlook youth-specific health issues. Young people frequently experience overlapping developmental, psychosocial and clinical issues, including emerging mental ill-health, substance use, sexual and reproductive health needs, family and domestic violence, and other socially complex or risk-related concerns.



"Surgeries in adult settings are a rushed experience. I remember my first surgery where I did not have a single word said to me in the whole pre-op experience, and I had a traumatic anaesthetic induction, almost like I was getting smothered. It was so rushed; there was no time to explain anything to me. I expected the team to talk to me and explain what was happening." - Young person

Many specialist and hospital-based healthcare providers are not adequately equipped, trained, or resourced to address issues in a holistic or youth-friendly way.⁴⁰ As a result, opportunities for early identification, preventive care and timely intervention are often missed, contributing to poorer health outcomes and compromising the overall wellbeing of young people.



The **HEEADSSS psychosocial interview** is a widely used framework for engaging adolescents in conversations about their overall wellbeing. HEEADSSS stands for: **H**ome; **E**ducation and employment; **A**ctivities including peer relationships and social media; **D**rug use including, cigarettes, vaping, alcohol, and other drugs; **S**exual health and gender; **S**uicide and self-harm; and **S**afety and spirituality.

This structured yet conversational approach enables healthcare professionals to explore the broader context of a young person's life, capturing the environmental, behavioural, emotional, and social factors that influence their health. By covering diverse and sensitive domains, the HEADSSS assessment promotes a holistic understanding of the young person's circumstances and supports early identification of risk and protective factors across multiple areas.

Importantly, the HEADSSS framework fosters developmentally appropriate and person-centred care, building rapport and trust between clinician and young person. It aligns with a holistic model of healthcare by recognising that health outcomes are shaped not only by physical symptoms but also by the young person's home environment, relationships, identity, access to support, and sense of safety and belonging.

In practice, HEADSS empowers clinicians to move beyond symptom management and provide more responsive, effective, and integrated care, particularly for those with complex needs or facing social disadvantage.


Transition from paediatric to adult healthcare services

Transition care refers to “the purposeful, planned movement of adolescents and young adults with chronic and medical conditions from child-centred to adult-oriented health care systems”.⁴¹ This transition marks a pivotal stage in the health care journey of young people with chronic and complex conditions, often coinciding with other significant life changes, such as finishing school, gaining independence from families, and navigating evolving social relationships.

There is variation in both the age boundaries and mechanisms for transferring care across jurisdictions and healthcare services. These inconsistencies can create gaps in care, resulting in challenges in continuity, accessibility, and the readiness of young people to navigate adult healthcare systems independently.⁴²

“Knowing who to go to and what questions to ask can be difficult, as can cultivating personal relationships with healthcare professionals. That’s not easy for us.” - Young person





It is imperative to recognise the diverse needs of young people undergoing this transition. While those with a single organ condition may follow relatively straightforward pathways, transitions become more complex for young people managing complex multi-system conditions, progressive conditions, or heightened psychosocial vulnerabilities. For many chronic conditions, especially those related to neurodevelopment, there are very limited services in adult specialist and hospital settings, leading to well documented inequalities in health outcomes and life expectancy.^{43 44}

For adolescents and young people with disability, transition is often more difficult than for their peers without disability. These difficulties arise not only from disability-related factors and behaviours that may affect health outcomes, but also from environmental limitations and includes systemic limitations within existing healthcare systems.⁴⁵ The transition process becomes more complicated when access to health care is hindered by cultural or language barriers, socio-economic disadvantage, or other intersecting factors.

Some young people face additional barriers, including but not limited to, those from regional, rural or remote areas; Aboriginal, Torres Strait Islander, Māori and Pasifika communities; culturally and linguistically diverse communities; gender and sexually diverse populations, and refugees or people seeking asylum. In addition, people experiencing homelessness, living in out of home care, or involved with the youth justice system, are also at heightened risk of falling through the cracks during transition phases. A flexible, person-centred, culturally responsive approach is essential to ensure equitable and effective transition care.



The [Victorian Adolescent and Young Adult \(AYA\) Cancer Service](#) is a **state-wide initiative in Victoria, Australia**, funded by the **Victorian and Australian Governments** aimed at improving outcomes for young people aged 15-25 years with cancer. The service comprises a multidisciplinary clinical program for young people; education and training for the healthcare workforce; targeted research aimed at understanding and addressing the major health concerns for this population; and a youth participation program providing young people with a voice in shaping the health priorities and services that affect them.

This initiative is one of very few centrally funded initiatives with a specific focus on AYA. Across Australasia, AYA cancer programs have received investment from both state and federal government in response to the specific development needs as well as the significant burden that cancer places on young people.

The service is located at Peter MacCallum Cancer Centre, an adult tertiary comprehensive cancer hospital. As the largest provider of cancer care for young people in Australia, this environment provides a number of opportunities that promote the health and wellbeing of young people through: developmentally appropriate practices, enhancing paediatric/adult collaborations; developing clinical expertise through education/training across the medical, nursing, allied health, and psychosocial disciplines and facilitating AYA research that contributes to the body of evidence for this subspecialty.

Young people with neurodevelopmental conditions

Young people with neurodevelopmental conditions represent a priority cohort within youth appropriate health care. Neurodevelopmental conditions can profoundly affect communication, learning, behaviour, sensory processing, and mental health.⁴⁶ The needs of young people with neurodevelopmental conditions are lifelong and often span multiple systems, including health, disability, education, vocational pathways, justice system, social services and housing.⁴⁷ Despite these needs, the transition from paediatric services often results in substantial loss of coordinated, specialised support, contributing to inequities across health, education, and social outcomes.⁴⁷

High quality, youth appropriate health care for young people with neurodevelopmental conditions requires approaches that are responsive to their communication preferences, sensory needs, and cognitive capacity. This includes the use of accessible communication supports, sensory-aware clinical environments, consistent care coordination, and integrating planning across health, disability, education, and social sectors.⁴⁸ Embedding these elements into youth appropriate healthcare services is essential to ensuring equitable access, reducing preventable distress, and supporting meaningful participation in health care.




“I had one experience where I felt validated and supported. I’ve had comments insinuating that no one could help me, despite how much pain I was in. No one bothered to test me or refer me to a specialist even though I was in pain.” - Young person

Lack of youth appropriate healthcare services in adult healthcare settings

There is a lack of youth appropriate services within adult specialist and hospital settings, especially when compared to the more tailored, developmentally sensitive paediatric environments. While paediatric healthcare services typically support adolescents aged 10 to 18 years, adult healthcare settings may begin accepting patients from as young as 15 years and are responsible for a broader and more populous age group of young people, namely those aged 18 to 25 years. This results in a significantly greater number of young people receiving care in adult healthcare systems that are not designed with their developmental needs in mind.

Despite this larger cohort, youth appropriate healthcare services within adult specialist and hospital settings are virtually non-existent in Australia and Aotearoa New Zealand. Adult hospitals remain primarily focused on the needs of older adults, particularly the elderly, leading to a system where young people are often overlooked.



The clinical environment, priorities, and workflows in adult healthcare services are not designed with youth in mind. Most adult healthcare professionals lack specialised training in adolescent and young adult health, and adult healthcare systems seldom apply a developmental perspective that recognises the psychosocial and transitional needs of this age group. Without dedicated youth appropriate health care pathways and supports, young people in adult healthcare settings face fragmented care, poor engagement, and suboptimal health outcomes.



[Metropolitan Youth Health](#) (MYH), part of the Women's and Children's Health Network in **South Australia**, provides free, confidential and developmentally appropriate primary health care for young people aged 12–25, offering access to nurses, doctors, counsellors, Aboriginal health workers and health promotion staff in a youth friendly environment. MYH supports young people with physical and mental health needs, sexual health, alcohol and other drug concerns, and broader psychosocial challenges, using a holistic, trauma informed and culturally safe model that recognises the interconnected impacts of family, education, housing and social circumstances on wellbeing. The service provides flexible appointments, outreach and dropin options to reduce barriers for young people who may be disengaged from mainstream care, and works closely with schools, youth justice, child protection, community organisations and specialist health services to ensure coordinated, wraparound support that promotes early intervention, continuity and meaningful engagement in health and wellbeing.

Intersectionality

The current healthcare system fails to meet the needs of young people due to poor integration of mental and physical health services, limited responsiveness to emerging youth health concerns, a disjointed transition from paediatric to adult care, and a near-complete absence of youth appropriate services within adult hospital settings. These gaps are further exacerbated for young people who experience multiple and overlapping forms of marginalisation.

An intersectional approach is essential to recognising how vulnerabilities, such as involvement in child protection or youth justice systems, disability, homelessness, rurality, cultural or gender diversity, compound barriers to healthcare. For example, over half of young people in Australia under youth justice supervision have also been involved with child protection services,⁴⁹ and 89% of those in Australian youth custodial settings have at least one severe neurodevelopmental impairment.⁵⁰ These overlapping needs demand integrated, trauma-informed, and developmentally appropriate care that spans across systems.

Addressing these systemic health care gaps requires more than service reform. It calls for a whole-of-system approach that considers the social determinants of health, such as education, housing, employment/income, food security and transport, and ensures that healthcare is accessible, culturally safe, and contextually relevant for all young people.

Māori, Pasifika, Aboriginal and Torres Strait Islander communities

In both rangatahi and taitamariki Māori (Māori youth and young adults) in Aotearoa New Zealand, and Indigenous adolescents and young adults in Australia, substantial inequities in mortality and morbidity persist compared with non-Indigenous populations. In addition, many young Pacific Islander people in Aotearoa New Zealand experience a disproportionately high burden of psychological distress and increased risk of developing poor metabolic outcomes compared to the general population.⁵¹

While among rangatahi Māori, risk-taking behaviours such as smoking and some alcohol-related harms have declined recently; internalised risks have risen, especially psychological distress, suicidality, and barriers to timely, appropriate health care.⁵² These patterns intersect with the social determinants of health and with colonisation's ongoing impacts through policy and service design.⁵³ Concerningly, racism, discrimination and structural barriers continue to limit access to health care for many rangatahi Māori, contributing to high psychological distress and elevated suicide risk.^{54 55}

For Aboriginal and Torres Strait Islander young people, many inequities persist. The Closing the Gap framework, the national approach to monitoring whether outcomes for Aboriginal and

Torres Strait Islander peoples are improving, shows uneven progress, with areas such as suicidality and incarceration requiring urgent attention.⁵⁶ Collectively, this evidence signals the need for more inclusive and culturally safe healthcare practice and healthcare service delivery.

Despite persistent inequities, rangatahi Māori and Indigenous young people demonstrate remarkable strengths and resilience. Among rangatahi Māori, increasing levels of cultural pride and identity are associated with significantly improved health outcomes where there are low levels of ethnic discrimination.⁵² Comparable evidence among Aboriginal and Torres Strait Islander young people highlights the protective role of connection to culture, Country, family, community and identity, which supports social and emotional wellbeing, fosters resilience, and contributes to improved health outcomes.^{57 58}



[Kidz First Centre for Youth Health](#) is part of the specialist paediatric department at a district Hospital – **Middlemore Hospital, Te Whatu Ora Counties Manukau, Aotearoa New Zealand**. This service bridges hospital and community care and works with young people aged 12-24 years. It offers specialist adolescent and young adult medicine clinics, gender affirming health care clinics, assessments for young people involved with Oranga Tamariki Care and Protection, primary care for local youth justice residences, nurse led care in alternative education courses and support for secondary school nurses in Counties District. Additionally, it offers consultation and guidance for other services wanting to enhance their care for young people.

The ability of the service to cover the period from traditional paediatric care and adult services is one of its strengths. The service takes a youth development strengths-based approach to working with young people. Relationships are central – both with young people and whānau (family), but also within the team and with other providers. Interdisciplinary working, with doctors alongside nursing, occupational therapy, social work, and psychology, is a central value that helps with meeting the needs of young people and whānau. The ability to see young people in their environments when needed – such as at home, school, community – is also a critical element of engagement success.

Section 2: Important values

During adolescence and young adulthood, young people are navigating complex physical, emotional, social and spiritual changes. In this critical period of development, healthcare services must do more than simply respond to symptoms; they must also reflect the values that matter most to young people themselves.

These values include respect for their identity, equitable access and consideration of their holistic wellbeing. By acknowledging youth voices and values at the heart of healthcare design and delivery, steps towards a healthcare system that listens, understands, and responds to the young person can be achieved.

Holistic health care

Holistic health care refers to approaches that recognise the interconnectedness of the physical, emotional, social, and spiritual dimensions of health.⁵⁹ Rather than focusing solely on individual symptoms, holistic care treats the whole person, which is particularly vital for young people undergoing significant change throughout adolescence and young adulthood.

“What made the biggest difference was when the care wasn’t just about my illness, but about me as a whole person.” - Young person



Central to holistic health care is the understanding of context, including the environments and circumstances that shape a young person’s health and wellbeing.⁶⁰ This includes not only clinical concerns, such as mental health, substance use, and sexual health behaviours, but also social and developmental factors, like home life, school experiences, peer relationships, community engagement, extracurricular activities, and transition to independence.⁶¹ A comprehensive understanding of context also requires attention to historical and cultural factors, including a young person’s identity, world view, and lived experiences of intergenerational trauma and collectivism.⁶² These elements fundamentally shape how young people experience, access, and respond to healthcare.

When healthcare professionals overlook key contextual or holistic factors, health care can become fragmented, disengaging, or even harmful. For example, a young person may miss appointments because they are experiencing domestic and family violence, homelessness, mental ill-health, caring responsibilities, or financial insecurity, yet be labelled “non-compliant” or “unmotivated”. In these situations, the issue is not a lack of willingness to engage, but the presence of structural, social and psychological barriers that make health care difficult to access.

Similarly, failure to consider cultural or spiritual needs can undermine trust, safety and reduce the effectiveness of health care treatment.⁶³ Holistic health care not only improves the relevance and impact of care but also fosters stronger therapeutic relationships and supports better long-term outcomes.⁶⁴ By understanding young people in the full context of their lives, healthcare systems and healthcare services can better support young people's growth, autonomy, health and wellbeing.



The [Chronic Illness Peer Support \(ChIPS\)](#) program is a service in the **Sydney Children's Hospitals Network (SCHN), New South Wales, Australia**, run by young people for young people aged 14 to 25 years living with a chronic health condition and/or disability. ChIPS provides psychosocial support in a safe and inclusive setting, offering opportunities to connect with others who share similar experiences. The service is delivered through a variety of engaging, peer-led content and projects, accessible both in-person and online. The aim is to build on emotional awareness, independence, and self-esteem to support a young person on their healthcare journey.

In Aotearoa New Zealand, holistic models of health, like *whare tapa whā* and *te wheke*,⁶⁵ are well described for Māori populations. For rangatahi and taitamariki Māori (Māori youth and young adults), specific models that consider the unique developmental and young people's perspectives of what is required to achieve *hauora* (wellbeing) have been developed. For example, *Te Tapatoru* model⁶⁶ highlights the importance of *Whānaungatanga* (nurturing of relationships) for wellbeing. Time spent engaging with rangatahi and *whānau* (family) is critical to build trust to develop a therapeutic relationship. The approach harnesses rangatahi potential by creating reciprocal and invigorating supportive environments based on rangatahi aspirations and insights. *Te Tapatoru* consists of three interconnected concepts:

1. **Ko wai** – a reciprocal connection, emphasising the importance of reciprocal connections with people (or more than people).
2. **He waa pai** – a genuine time and place – emphasising that contexts, time and place provide space for meaningful connections to take root and flourish.
3. **Kaupapa pai** – a genuine kaupapa (activity, process) – rangatahi desire connections which respond to their desires and aspirations.



Similarly, a values-based model developed with the specific aim of supporting services and healthcare professionals to work better with rangatahi Māori and address inequity is Te Ūkaipō.⁶⁷ This framework includes nine interconnected kaupapa Māori whanonga pono (values) with corresponding whakataukī and was developed by Māori leadership – both clinical and youth. While developed for implementation in secondary school-based healthcare services, the framework can be applied to youth healthcare services more generally and can guide healthcare professionals in their work with rangatahi Māori.

Whanonga Pono Values	
<p>Tino Uaratanga – Potential – “I have potential” We recognise the unique potential of each rangatahi.</p> <p>Wairua – Spirituality – “I am essential” We acknowledge wairua-based practices as a way to restore and enhance hauora.</p> <p>Aroha – Love & Compassion – “I matter” We lead with compassion and understanding and actively demonstrate this throughout our mahi.</p> <p>Whanaungatanga – Connection to Others and Self – “I am connected” We are passionate about our meaningful connection. Connection to each other, to te taiao, to our whānau, schools and most of all, connection with ourselves.</p> <p>Rangatiratanga – Autonomy – “I have self determination” We listen to the individual needs of rangatahi and empower them to make choices for themselves.</p>	<p>Whakapapa – Identity – “I belong” We respect all whakapapa and value the power of knowing where we come from.</p> <p>Te Reo – Language – “I have mana” We love Te Reo Māori! No matter how little or how much we understand, we speak and write it as often as possible, and we ensure pronunciation is correct — always.</p> <p>Manaakitanga – Nurturing – “I am valued” We value the exchange of supporting and caring for others and the inner reward that it brings.</p> <p>Ōritetanga – Equality – “I am equal” We believe that all people are of equal worth and are entitled to equal respect.</p>

Source: Te Whatu Ora. (2023). *Te Ūkaipō: A framework for youth health*⁶⁸

These models require a radical reorientation of adolescent and young adult healthcare services to operate in innovative and creative ways - with healthcare professionals who acknowledge their own privilege and biases and will work with rangatahi Māori to develop new ways of delivering health care.



“The doctor was actually listening to me, validating my feelings, and explaining what was happening to my body. He made it so clear for me, and mapped my treatment options” - Young person



Strengths-based health care

Strengths-based health care is an approach that centres on a young person's inherent capacities, resources, and potential, rather than focusing solely on their problems or deficits.⁶⁹ This value is a cornerstone of youth appropriate health care; recognising that positive health outcomes are more likely when young people are seen not as “problems to be managed”, but as individuals with strengths to be supported and developed.

Historically, young people have often been viewed negatively in healthcare settings, perceived as resistant, risk-takers, or non-compliant.⁷⁰ This deficit-based lens can alienate young people, reinforcing stigma and disengagement, particularly for those living with chronic illnesses, disability, or mental health challenges. A strengths-based approach actively counters this by valuing young people as capable partners in their own health care and supporting their autonomy.

Key features of strengths-based health care include:

- **Prioritising strengths over weaknesses**⁶⁹: Acknowledging a young person's abilities, aspirations, and support networks.
- **Empowering young people**: Supporting agency and meaningful participation in decisions that affect their health, care, wellbeing and lives.⁷¹
- **Supporting resilience and self-efficacy**⁷²: Especially in the face of chronic and complex health conditions.
- **Fostering engagement**: Through trust and collaboration between young people and healthcare professionals.⁷³
- **Promoting holistic development**: Recognising that health is deeply connected to social, emotional, and developmental wellbeing.⁶¹

By focusing on what young people can do, and helping them build on that foundation, strengths-based health care can motivate positive behavioural change and enhance health outcomes. Strengths-based care nurtures critical life skills like self-advocacy, problem-solving, and self-management,⁷⁴ all while enhancing self-esteem and a sense of control.

Crucially, it can also reduce stigma and negative perceptions and create more inclusive and affirming health care experiences.



[The Drug and Alcohol Youth Service \(DAYS\)](#) is youth-specific residential withdrawal service located in **Western Australia** and is an integrated partnership between organisations Mission Australia and Next Step. It provides a safe, developmentally appropriate environment for young people aged 12–21 who are seeking support to reduce or withdraw from alcohol and other drugs, or who need time away from challenging environmental pressures. DAYS offers short stay accommodation for up to 6 young people at a low medical withdrawal unit for 2 weeks and up to 8 young people in a residential setting for a period of 3 months. There is a structured daily program facilitated by trained Residential Youth Workers. DAYS adopts a holistic, youth centred model that recognises the complex social, psychological, family, educational and legal challenges many young people face. The service integrates access to clinical psychology, medical support, mentoring and case management, and works closely with external agencies to ensure continuity of care. The program builds trust and supports engagement with young people through flexible, creative approaches, including art, music, and informal interactions. It focuses on practical, evidence informed strategies tailored to developmental stages and individual contexts, supporting young people to make safer choices while working towards their goals.

A note on language: deficits-based vs strengths-based

Deficits-Based Approach:

"This patient is non-compliant and doesn't seem interested in managing their condition. They miss appointments and don't take their medication properly."

Strengths-Based Approach:

"This young person is navigating significant challenges and is doing their best to manage a complex condition. They've shown motivation by attending previous appointments and may benefit from additional support to overcome access barriers and strengthen self-management skills."

This shift in language reflects a move from judgement and deficit framing to empathy, potential, and partnership, which aligns with the strengths-based health care model. It supports relationship-building, fosters trust, and encourages young people to engage more actively in their care.

Involvement and participation

Young people must be respected as important partners in co-creating health care solutions. Involving young people in their own health care has been shown to bring significant benefits, both individually and across the system.^{70 75}

“They brought in an experienced specialist to be my treating doctor. I was treated with a comprehensive plan and discharged quickly. The doctor primarily engaged with me and spoke to me directly even though I was a minor.” - Young person



At an individual level, participation in health care fosters a sense of empowerment and self-advocacy, which can contribute to better long-term outcomes both in the domains of physical wellbeing and mental health.⁷⁶ Shared decision-making is a central part of this process. It involves a collaborative approach in which young people and healthcare professionals work together to make health-related decisions, ensuring that the choices align with the young person's values, preferences, goals, and developmental capacity.⁷⁷

By actively involving young people in the decision-making process, shared decision-making strengthens their autonomy and confidence, helping them develop the skills needed when navigating and managing their own health.



“We have a family GP and to me he exercises the epitome of youth friendly health care. I'm a first-generation immigrant, and he makes an effort to culturally understand me. Some health descriptions are better described in different languages, and he understood the nuances of that. He explained it to me in a way that I would understand, he spoke to me, not my mum.” – Young person

Through the involvement of young people, healthcare teams can enhance the relevance and appropriateness of their healthcare services. Anticipated benefits include improved rapport, communication and safety, with improved healthcare service utilisation. Stakeholder engagement with young people can provide relevant knowledge for the design of solutions, as well as guidance and planning for evaluation and implementation in practice. The greater the level of control and responsibility for young people, the greater the effectiveness of engagement, whether around their own health or around policies and programs that affect other young people. Young people's involvement in healthcare research has also found to benefit the research, the young people themselves, and their communities.⁷⁸



The [Junction Youth Health Service](#) is a longstanding, youth specific primary health service in the ACT that provides free, confidential care for young people aged 12–25. The service offers medical care, nursing, mental health support, counselling, alcohol and other drug support, and social work in a youth friendly, low barrier environment. JYHS adopts a holistic, developmentally appropriate model that recognises the interplay between physical health, mental health, housing instability, family conflict, and education engagement. Clinicians use flexible appointment structures, drop in access, and trauma informed communication to build trust with young people who may be disengaged from mainstream services. The service works closely with schools, youth justice, housing providers, and community organisations to ensure coordinated, wraparound support

“I’ve had medical professionals not explain my symptoms and not giving me any hope. Doctors who are upfront, explain the limitations of their practice, and recommend a plan for me, which included tests, made me feel much more comfortable. It wasn’t just about the care; it was the way the care was conducted. Asking for my consent before any tests were conducted made me feel much better.” - Young person



Relationships

The relationships young people build with healthcare professionals play a crucial role in their overall wellbeing and sustained engagement in their health care. When these relationships are strong and supportive, they can encourage and support open conversations around sensitive topics and lay the foundation for lasting, positive outcomes. At the heart of effective therapeutic relationships lies trust, mutual respect, emotional safety, rapport and empowerment.

Caregivers, including parents, family, kin and other support people, play a vital role in health care management, guiding and supporting young people as they navigate their health journeys and healthcare settings. While these relationships will evolve as young people age, they remain important health care partners. Positive communication, mutual respect, appreciation, and affection from family or a friend can help support young people.⁷⁹

Equally important are a young person’s connections with their peers. Meaningful relationships with other supportive young adults and older adults, such as friendships and mentorships, have demonstrated significant benefits, particularly for teenagers and young adults in foster care.⁸⁰ These social interactions form an integral part of a young person’s social development; strong interpersonal relationships are essential for healthy development and wellbeing of young people. To promote holistic wellbeing, it is vital to foster these relationships through youth-focused healthcare models that meet their needs.

For adolescents and young adults, particularly those in vulnerable circumstances such as out of home care, peer support and mentorship have been shown to deliver significant benefits for mental health, self-esteem, and engagement with healthcare.⁸¹

These social interactions are not peripheral; they are central to healthy development and wellbeing of young people. Strong interpersonal relationships with both peers and trusted adults form an integral part of holistic health care. To promote wellbeing, youth focused healthcare models must actively create space for these connections, whether through peer support programs, group interventions, or environments that encourage young people to feel seen, heard, and understood.



“The nurses approached my fears with sensitivity, which is so rare in adult hospitals. They helped me overcome apprehensions I had with medications, and it’s continued to help me with my confidence in general. No one talked down to me or dismissed my worries, which I’ve encountered before in other adult hospitals.” -Young person

“Having someone in my appointment who’s already gone through the process and understands what you’re going through to help you advocate for yourself.

That’s what helps the most” – Young person



Trapeze Transition Service, **Sydney, New South Wales, Australia**, was set up to assist young people and their parents through the daunting time of moving from paediatric to adult healthcare services. Trapeze enables current and past patients (with a chronic condition) from the Sydney Children’s Hospital Randwick, or The Children’s Hospital at Westmead, to make a seamless transition to an adult based healthcare facility.

Trapeze is part of the transition care network of providers and supports the leap into adult care for patients aged 14 to 25 years. The team assist with developing stronger links with a general practitioner or medical specialist, facilitating care coordination, health coaching, navigating the healthcare system, and making sure young people have access to their rightful entitlements and their own Medicare card.

Section 3: Characteristics of youth appropriate healthcare services

Youth appropriate healthcare services are designed to meet the unique developmental, psychosocial, and medical needs of adolescents and young adults. These services go beyond traditional models of health care by embracing principles of accessibility, continuity, respect, and engagement, ensuring that young people feel heard, safe, and supported throughout their healthcare journey.

Effective youth appropriate health care is distinguished not only by what care is delivered, but how it is delivered. Central characteristics include team-based, interdisciplinary care; continuous and coordinated transitions between paediatric and adult healthcare services; and the intentional cohorting (grouping) of young people in age-appropriate environments. Together, these components foster a system where young people are more likely to engage, build trust, and achieve better health outcomes.

“For most of us, this is our first time going through something like this.

Everything feels unfamiliar. The hospital, the doctors, even just figuring out where to go. It makes such a difference when people remember that and take the time to explain things, so it doesn't feel so scary or isolating”

– Young person



Team-based health care

Team-based health care is fundamental to addressing the complex health care needs of young people, both in hospitals and in community settings. Its significance is particularly evident for those managing chronic or multifaceted conditions, where a collaborative approach ensures comprehensive, person-centred care.⁸²

“Team-based health care is the provision of health services to individual families, and/or their communities by at least two health professionals who work collaboratively with patients and their caregivers – to the extent preferred by each patient – to accomplish shared goals within and across settings to achieve coordinated, high-quality healthcare.”⁸³

Principles of team-based health care include shared goals, effective communication, clear roles, mutual trust, and measurable processes and outcomes. Transitioning from paediatric to adult healthcare services often prompts a shift in the structural framework of health care. This alteration can adversely impact continuous, consistent health care. Notably, the interdisciplinary approach of paediatric healthcare teams often becomes challenging in adult healthcare

services, due to multi-team management and siloed care, compromising holistic, person-centred care. Lack of communication and health care coordination amongst different specialities can result in confusion, reduced compliance⁸⁴, and decreased trust in healthcare professionals.⁸⁵

For team-based health care to operate effectively, there is an inherent need for hospital administrators to embrace and facilitate new ways of working. There is also a need for healthcare funding models (whether in hospitals or the community, by governments and/or private insurers) and digital health infrastructure to support delivery of healthcare models.

Effective team-based health care relies on the strengths of multidisciplinary teams which often includes medical, nursing and allied health professionals. These teams are characterised by close relationships, regular communication, and a shared understanding of young people's needs. The collaborative environment not only enables timely and coordinated responses but also facilitates ongoing upskilling across disciplines. Healthcare professionals gain insights from each other,⁸³ which enhances a team's collective ability to address the physical, psychological, and social dimensions of care. Research has shown that well-functioning teams make better decisions than individual clinicians, particularly when managing complex cases.⁸⁶ Effective care planning is significantly enhanced when decisions are made collaboratively rather than in isolation.⁸⁷



“Interlinked care makes everything so much easier. It feels quick and straightforward, and I don’t get overwhelmed because all my doctors are on the same page. Knowing they’re connected and working together helps me feel more comfortable and supported” – Young person

Research has also shown a large proportion of hospital related adverse events result from poor communication and teamwork failures.⁸⁸ Moreover, a transition in health care is considered a leading cause of communication failure.⁸⁹ This potential for adverse events is further compounded by the increasing number of comorbidities that young people are experiencing more.⁹⁰



The [Mater Young Adults Health Care Centre \(MYAHC\)](#), in Brisbane **Queensland, Australia**, inpatient ward provides dedicated care for young adults aged 16 to 25. It is the only ward of its kind in Australia, and its custom designed care environment offers Mater patients a unique experience designed to meet their health care needs and expectations. Patients are provided with specialist staff from supporting programs to see them on the ward, and have full access to art therapy, wi-fi, free to air TV, indoor and outdoor social areas, a gym, and access to schoolteachers. MYAHC is not only limited to an inpatient medical ward; it also comprises an Alcohol and Drug Service, an Emotional Health Unit with its own inpatient and outpatient services, Specialist Young Adult Medical Outpatient Clinics, as well as a Young Adult Support Unit offering psychosocial support.

Continuous health care

The principles guiding effective health care transitions during this critical period of a young person's life have been refined and strengthened over time. Grounded in strong evidence, several key elements of good continuous health care have emerged:

- Initiating transition planning early during paediatric health care.⁹¹
- Acknowledging the importance of coordinated support and clear healthcare system navigation.⁹²
- Establishing structured and individualised transition plans.
- Encouraging open communication and collaboration between paediatric and adult healthcare teams.⁹³

Effective transition requires genuine collaboration among all those caring for young people, including paediatricians and adult physicians, general practitioners, nurses, allied health professionals, caregivers, and most importantly, the young people themselves. Healthcare professionals must take a proactive role in championing communication and linkages across siloed services.

“What I’d really like is a shared care plan where all my doctors and specialists talk to each other. Having case conferences or team meetings would mean I don’t have to keep repeating my story, and it would feel like everyone’s working together for me. That kind of approach would make such a difference for young people with complex needs” – Young person



Equally important is the establishment of a continuous health care record that bridges paediatric and adult healthcare services. A young person's health journey should not be fragmented at the point of transfer; instead, healthcare systems must enable seamless, longitudinal documentation that travels with an individual and is easily accessible by all settings of care when needed.

Such continuity ensures that vital medical, psychosocial, and cultural information is shared with all relevant health care parties, and fosters trust between young people and their healthcare teams, supports coordinated health care, and most importantly, is not lost.

Adopting interoperable digital healthcare platforms, co-designed with young people and healthcare professionals, will be essential to achieve this integration, creating systems that are both inclusive and adaptive to the realities of adolescent and young adult health care.



[Headspace Darwin](#) and [Headspace Alice Springs](#) provide youth specific, integrated primary health care for young people aged 12–25 across the Northern Territory. These centres offer mental health support, physical and sexual health care, alcohol and other drug services, and vocational assistance in a culturally responsive, youth friendly environment. Both centres work closely with Aboriginal Community Controlled Health Organisations to ensure culturally safe care for Aboriginal and Torres Strait Islander young people. Services are delivered through flexible appointments, outreach, and community-based engagement, recognising the importance of relationship-based care and continuity in remote and regional contexts. The model emphasises early intervention, supported decision-making, and cross sector collaboration to help young people navigate health, education, housing, and justice systems.

Cohorting (grouping) young people

Co-locating or cohorting (grouping) young people in hospital and other healthcare settings offers significant benefits for both young people and their families⁹⁴ including:

- Enhanced access to specialised health care
- Improved overall health care experiences
- Stronger opportunities for social support and connection.

Cohorting also offers valuable benefits to the healthcare workforce, supporting the development of specialised expertise in adolescent and young adult care.⁹⁵ It also contributes to greater system-wide efficiencies through improved resource allocation and cost-effectiveness.⁹⁶ These advantages are reflected in growing recognition that cohorting is a key contributor to young people's overall satisfaction with healthcare services.⁹⁴

Not providing this practice exposes young people in both paediatric and adult healthcare settings to a range of negative consequences including:

- Risks of harm (physical, psychological and sexual)⁹⁷
- Receiving health care from healthcare professionals without appropriate training⁹⁴
- Lack of privacy and communal/recreational spaces⁹⁸
- Inadequate parent/carer support and involvement⁹⁹
- Unnecessary traumatic exposure.¹⁰⁰

Cohorting young people within healthcare services enables the delivery of dedicated age-appropriate models of care that would not be viable if young people were dispersed across settings. By bringing together a sufficient concentration of adolescents and young adults, cohorting creates opportunities for group-based interventions, peer support, shared activities and other forms of connection with same-age peers, which can enhance engagement, wellbeing and experience of care. It also provides the critical mass needed to build specialised clinical expertise and support an efficient interdisciplinary approach to developmentally appropriate health care.



Adolescent-specific units are regarded as the gold standard for cohorting young people in healthcare environments, although these models are not consistently or widely implemented, particularly in adult healthcare settings.⁶¹ More commonly, cohorting occurs through transition clinics or dedicated youth spaces that support young people moving from paediatric to adult services.¹⁰¹ These approaches are increasingly recognised for improving engagement and supporting better health experiences and outcomes.¹⁰²

“Getting to meet other young people who can relate (to me), and who also are going through something in their health journey would be helpful. The social aspect is a support service.” - Young person




As adolescence and young adulthood represents a critical period for social and emotional development, cohorting individuals experiencing similar health challenges is likely to yield significant benefits. Within adult hospital environments, where young people may struggle to connect with peers in comparable situations, such models may help reduce feelings of isolation and foster social connection and wellbeing. Informal, incidental peer support, especially amongst young people with shared experiences, such as cancer, has been shown to offer emotional comfort and foster a sense of belonging.¹⁰²

Although broader evidence for the impact of age-appropriate provisions on outcomes remains limited, the anticipated benefits are compelling. Cohorting can provide fertile ground for the development of group programs and peer-supported environments that promote psychosocial growth. These may include collaborative health forums, developmentally tailored education and vocational initiatives, as well as programs focused on physical activity, nutrition, and psychosocial support, all central to young people’s holistic development.



“I ended up in a [young-adult medical ward] for an emergency I wasn’t expecting, and honestly the support was awesome. The nurses were really kind, and I got to meet other young people on the ward. My roommate was around my age, which made such a difference, it felt less isolating. They actually tried to put young people together, and I was lucky to be part of that. A few years later, my roommate and I are still really good friends.” – Young person



Translating youth appropriate health care into practice

Changes in healthcare systems do not always begin with sweeping reforms. More often, it starts with one clinician: one person choosing to pause, to ask with genuine curiosity, to speak gently, or to make space for a young person's voice. It is in these human, compassionate interactions, often at pivotal and vulnerable moments in a young person's life, that the foundation for trust, healing, and long-term wellbeing is laid.

When care is guided by the principles of youth appropriate health care – holistic, strength-based, co-designed and grounded in caring relationships – it has the power to transform experiences. It shifts the culture of the healthcare system from one that treats young people as passive recipients of care, to one that recognises young people as active partners in their own care. This approach not only improves immediate health outcomes but also builds confidence, independence, and trust in the healthcare system that can endure into adulthood.

While systemic reform remains critical, so too is the role of individuals. Every act of thoughtful, compassionate care ripples outward, shaping a culture of health care that is inclusive, empowering, and attuned to the needs of young people.

This change is already underway. Across hospitals, clinics, and community settings, healthcare professionals are modelling youth appropriate health care practice, often without fanfare, but with profound impact.

The future of youth appropriate health care begins here: one clinician, one interaction, one young person at a time.

References

- ¹ Z Cooper et al, 'Exploring the Perspectives of Young Adults on Mental Healthcare and Systemic Health, Education, and Social Challenges in Australia: A Qualitative Study' (2025) 25 BMC Health Services Research 1402
- ² World Health Organization, Adolescent Health in the South-East Asia Region (2025).
- ³ United Nations, [World Youth Report] (2007) p. 245
- ⁴ R Walker and T Reibel, Young People's Experiences with Health Services: A Literature Review (Telethon Institute for Child Health Research, University of Western Australia and Commissioner for Children and Young People (WA), 2013)
- ⁵ GC Patton et al, 'Our Future: A Lancet Commission on Adolescent Health and Wellbeing' (2016) The Lancet.
- ⁶ S Baird et al, 'A Call to Action: The Second Lancet Commission on Adolescent Health and Wellbeing' (2025) The Lancet
- ⁷ United Nations Convention on the Rights of the Child, 1989
- ⁸ Convention on the Rights of the Child, opened for signature 20 November 1989, 1577 UNTS 3 (entered into force 2 September 1990)
- ⁹ Children's Healthcare Australasia and Association for the Wellbeing of Children in Healthcare, Charter on the Rights of Children and Young People in Healthcare Services in Australia (2010).
- ¹⁰ Convention on the Rights of Persons with Disabilities, GA Res 61/106, UN Doc A/61/49 (13 December 2006)
- ¹¹ International Association for the Study of Pain. (2010). Declaration of Montreal: Declaration that access to pain management is a fundamental human right. International Association for the Study of Pain
- ¹² Australian and New Zealand College of Anaesthetists, ANZCA Position Statement on the Rights to Pain Management (2025)
- ¹³ National Academies of Sciences, Engineering, and Medicine, The Promise of Adolescence: Realizing Opportunity for All Youth (National Academies Press, 2019) ch 2
- ¹⁴ J Pugh, Autonomy, Rationality, and Contemporary Bioethics (Oxford University Press, 2020) ch 3
- ¹⁵ P Shah et al, 'Informed Consent' in StatPearls (StatPearls Publishing, 2025)
- ¹⁶ Care of Children Act 2004 s36 <https://www.legislation.govt.nz/act/public/2004/0090/latest/DLM317462.html>
- ¹⁷ LL Sessums, H Zembruska and JL Jackson, 'Does This Patient Have Medical Decision-Making Capacity?' (2011) 306(4) JAMA 420.
- ¹⁸ G Icenogle et al, 'Adolescents' Cognitive Capacity Reaches Adult Levels Prior to Their Psychosocial Maturity: Evidence for a "Maturity Gap" in a Multinational Sample' (2019) 43(1) Law and Human Behavior 69
- ¹⁹ P Grootens-Wiegers et al, 'Medical Decision-Making in Children and Adolescents: Developmental and Neuroscientific Aspects' (2017) 17 BMC Pediatrics 1
- ²⁰ A Bart, GA Hall and L Gillam, 'Gillick Competence: An Inadequate Guide to the Ethics of Involving Adolescents in Decision-Making' (2024) Journal of Medical Ethics.
- ²¹ K Russo, 'Assessment and Treatment of Adolescents with Chronic Medical Conditions' (2022) 48(2) Journal of Health Service Psychology 69.
- ²² Youth19 Research Group, Access to Health Services Report (2019)
- ²³ H Hiscock et al, 'Paediatric Mental and Physical Health Presentations to Emergency Departments in Victoria, 2008–15' (2018) 208 Medical Journal of Australia 343
- ²⁴ Australian Institute of Health and Welfare, Suicide and Self-Harm Monitoring: Intentional Self-Harm Hospitalisations (2021)
- ²⁵ G Sara et al, 'Growth in Emergency Department Self-Harm or Suicidal Ideation Presentations in Young People: Comparing Trends before and since the COVID-19 First Wave in New South Wales, Australia' (2023) 57(1) Australian and New Zealand Journal of Psychiatry 58.
- ²⁶ S Denny et al, 'Forgone Health Care among Secondary School Students in New Zealand' (2013) 5(1) Journal of Primary Health Care
- ²⁷ CA Ford et al, 'Influence of Physician Confidentiality Assurances on Adolescents' Willingness to Disclose Information and Seek Future Health Care' (1997) 278(12) JAMA 1029.
- ²⁸ Ritchwood TD, Ford H, DeCoster J, Sutton M, Lochman JE. Risky Sexual Behavior and Substance Use among Adolescents: A Meta-analysis. Child Youth Serv Rev. 2015 May;52:74-88. doi: 10.1016/j.childyouth.2015.03.005. PMID: 25825550; PMCID: PMC4375751
- ²⁹ A Tylee et al, 'Youth-Friendly Primary-Care Services: A Systematic Review' (2007) 369(9572) The Lancet 1565
- ³⁰ K Burns et al, 'Access to a Youth-Specific Service for Young Adults with Type 1 Diabetes Mellitus Is Associated with Decreased Hospital Length of Stay for Diabetic Ketoacidosis' (2018) 48(4) Internal Medicine Journal 396
- ³¹ DJ Holmes-Walker, AC Llewellyn and K Farrell, 'A Transition Care Programme Which Improves Diabetes Control and Reduces Hospital Admission Rates in Young Adults with Type 1 Diabetes Aged 15–25 Years' (2007) 24(7) Diabetic Medicine 764
- ³² M Colizzi, A Lasalvia and M Ruggeri, 'Prevention and Early Intervention in Youth Mental Health: Is It Time for a Multidisciplinary and Trans-Diagnostic Model for Care?' (2020) 14 International Journal of Mental Health Systems 23.
- ³³ Australian Institute of Health and Welfare, Young Australians: Their Health and Wellbeing 2021 (2021)
- ³⁴ World Health Organization, World Mental Health Report: Transforming Mental Health for All (2022).
- ³⁵ National Mental Health Commission, The Economics of Mental Health: The Case for Investment in Prevention and Promotion
- ³⁶ State of Queensland (Queensland Health), Optimising Adolescent and Young Adult Care in Queensland: A Statewide Strategy (2022)
- ³⁷ S Nibras et al, 'Psychological and Psychiatric Comorbidities in Youth with Serious Physical Illness' (2022) 9(7) Children (Basel) 1051
- ³⁸ S Bennett et al, 'Psychological Interventions for Mental Health Disorders in Children with Chronic Physical Illness: A Systematic Review' (2015) 100(4) Archives of Disease in Childhood 308
- ³⁹ Suris, J.-C., Michaud, P.-A., & Viner, R. (2004). The adolescent with a chronic condition. Part I: Developmental issues. Archives of Disease in Childhood, 89(10), 938–942

- ⁴⁰ GC Patton et al, 'Global Patterns of Mortality in Young People' (2009) 374(9693) *The Lancet* 881
- ⁴¹ RW Blum et al, 'Transition from Child-Centered to Adult Health-Care Systems for Adolescents with Chronic Conditions' (1993) 14(7) *Journal of Adolescent Health* 570
- ⁴² Queensland Children's Hospital Network, Adolescent and Young Adult Transition of Care Position Statement
- ⁴³ T Florio and J Trollor, 'Mortality among a Cohort of Persons with an Intellectual Disability in New South Wales, Australia' (2015) 28(5) *Journal of Applied Research in Intellectual Disabilities* 383
- ⁴⁴ H Ouellette-Kuntz et al, 'Understanding Information about Mortality among People with Intellectual and Developmental Disabilities in Canada' (2015) 28(5) *Journal of Applied Research in Intellectual Disabilities* 423
- ⁴⁵ Committee on Disability in America, [title required] (2007); Learning Disabilities Association of Canada, [title required] (2007); NSW Health, Service Framework for People with Intellectual Disability (2013)
- ⁴⁶ American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders (5th ed, text rev, 2022).
- ⁴⁷ Ministry of Health (NZ), Disability and Wellbeing in Aotearoa: Evidence and Insights (2022)
- ⁴⁸ National Institute for Health and Care Excellence, Autism Spectrum Disorder in Adults: Diagnosis and Management (2021)
- ⁴⁹ Australian Institute of Health and Welfare, Young People under Youth Justice Supervision and Their Interaction with the Child Protection System 2022–23 (2024)
- ⁵⁰ C Bower et al, 'Fetal Alcohol Spectrum Disorder and Neurodevelopmental Impairments in Youth Detention: Prevalence and Characteristics' (2018) 8(2) *BMJ Open* e019605.
- ⁵¹ ES Tautolo et al, 'Life Course Trajectories for Young Pasifika in Aotearoa: Protocol for the 25-Year Follow-Up of the Pacific Islands Families Study Cohort' (2025) 14 *JMIR Research Protocols* e77460.
- ⁵² TC Clark et al, 'Indigenous Adolescent Health in Aotearoa New Zealand: Trends, Policy and Advancing Equity for Rangatahi Māori, 2001–2019' (2022) 28 *The Lancet Regional Health – Western Pacific* 1
- ⁵³ S Crengle et al, 'Ethnic Discrimination Prevalence and Associations with Health Outcomes' (2012) 12 *BMC Public Health* 45
- ⁵⁴ AD Williams, TC Clark and S Lewycka, 'The Associations between Cultural Identity and Mental Health Outcomes for Indigenous Māori Youth in New Zealand' (2018) 6 *Frontiers in Public Health* 319
- ⁵⁵ R Peiris-John et al, Youth19 Rangatahi Smart Survey: Initial Findings – Access to Health Services (Youth19 Research Group, 2020).
- ⁵⁶ Australian Institute of Health and Welfare, Closing the Gap Targets: Key Findings and Implications (2025)
- ⁵⁷ Australian Government Department of Health, National Aboriginal and Torres Strait Islander Health Plan 2021–2031.
- ⁵⁸ C Murrup-Stewart, T Whyman, L Jobson and K Adams, "'Connection to Culture Is Like a Massive Lifeline": Yarning with Aboriginal Young People about Culture and Social and Emotional Wellbeing' (2021) 31(10) *Qualitative Health Research* 1833.
- ⁵⁹ S Hawks, 'Spiritual Wellness, Holistic Health, and the Practice of Health Education' (2004) 35(1) *American Journal of Health Education* 11.
- ⁶⁰ A-E Ambresin, K Bennett, GC Patton, LA Sancu and SM Sawyer, 'Assessment of Youth-Friendly Health Care: A Systematic Review of Indicators Drawn from Young People's Perspectives' (2013) 52(6) *Journal of Adolescent Health* 670
- ⁶¹ GC Patton, SM Sawyer, JS Santelli et al, 'Our Future: A Lancet Commission on Adolescent Health and Wellbeing' (2016) 387(10036) *The Lancet* 2423
- ⁶² J Atkinson, Trauma-Informed Services and Trauma-Specific Care for Indigenous Australian Children (Australian Institute of Health and Welfare, 2013)
- ⁶³ RM Epstein and RL Street Jr, 'The Values and Value of Patient-Centred Care' (2011) 9(2) *Annals of Family Medicine* 100.
- ⁶⁴ V Zamanzadeh, M Jaseemi, L Valizadeh, B Keogh and F Taleghani, 'Effective Factors in Providing Holistic Care: A Qualitative Study' (2015) 21(2) *Indian Journal of Palliative Care* 214.
- ⁶⁵ Manatū Hauora Ministry of Health, Māori Health Models (2015).
- ⁶⁶ L Hamley, J Le Grice, L Greaves, S Groot, C Lindsay Latimer, L Renfrew and TC Clark, 'Te Tapatoru: A Model of Whanaungatanga to Support Rangatahi Wellbeing' (2023) 18(2) *Kōtuitui: New Zealand Journal of Social Sciences Online* 171
- ⁶⁷ Health New Zealand – Te Whatu Ora, Te Ūkaipō Framework (2023).
- ⁶⁸ Te Whatu Ora, Te Ūkaipō: A Framework for Youth Health Services (Te Whatu Ora – Health New Zealand, 2023)
- ⁶⁹ L Pattoni, Strengths-Based Approaches for Working with Individuals (Iriss, Glasgow, 2012).
- ⁷⁰ A Tylee, DM Haller, T Graham, R Churchill and LA Sancu, 'Youth-Friendly Primary-Care Services: How Are We Doing and What More Needs to Be Done?' (2007) 369(9572) *The Lancet* 1565.
- ⁷¹ S Wardak, R Raeside, D Jeyapalan et al, 'Adolescent Rights-Based Approaches to Health Research About Us' (2023) 7 *Lancet Child & Adolescent Health* 826
- ⁷² M Ungar, *The Social Ecology of Resilience: A Handbook of Theory and Practice* (Dalhousie University, Dartmouth, Nova Scotia, 2011)
- ⁷³ B Kim and K White, 'How Can Health Professionals Enhance Interpersonal Communication with Adolescents and Young Adults to Improve Health Care Outcomes?: Systematic Literature Review' (2018) 23(2) *International Journal of Adolescence and Youth* 198
- ⁷⁴ RM Lerner, JV Lerner, JB Almerigi et al, 'Positive Youth Development, Participation in Community Youth Development Programs, and Community Contributions of Fifth-Grade Adolescents: Findings from the First Wave of the 4-H Study of Positive Youth Development' (2005) 25(1) *Journal of Early Adolescence* 17
- ⁷⁵ D Watson, M Mhlaba, G Molelekeng, TA Chauke, SC Simao, S Jenner, LJ Ware and M Barker, 'How Do We Best Engage Young People in Decision-Making about Their Health? A Scoping Review of Deliberative Priority Setting Methods' (2023) 22(1) *International Journal for Equity in Health* 17.
- ⁷⁶ E Hickmann, P Richter and H Schlieter, 'All Together Now – Patient Engagement, Patient Empowerment, and Associated Terms in Personal Healthcare' (2022) 22 *BMC Health Services Research* 1116
- ⁷⁷ I Coyne, I Hallström and M Söderbäck, 'Reframing the Focus from a Family-Centred to a Child-Centred Care Approach for Children's Healthcare' (2016) 20(4) *Journal of Child Health Care* 494 2
- ⁷⁸ Wellcome Trust, Involving Young People in Health Research <https://wellcome.org/reports/involving-young-people-health-research> accessed 21 January 2026

-
- ⁷⁹ MD Resnick, PS Bearman, RW Blum et al, 'Protecting Adolescents from Harm: Findings from the National Longitudinal Study on Adolescent Health' (1997) 278(10) *Journal of the American Medical Association* 823
- ⁸⁰ E Ahmann, 'Supporting Youth Aging Out of Foster Care' (2017) 43(1) *Pediatric Nursing* 43.
- ⁸¹ RW Blum, J Lai, M Martinez and C Jessee, 'Adolescent Connectedness: Cornerstone for Health and Wellbeing' (2022) 379 *BMJ* e069213.
- ⁸² EH Wagner, BT Austin and M Von Korff, 'Organizing Care for Patients with Chronic Illness' (1996) 74(4) *Milbank Quarterly* 511.
- ⁸³ P Mitchell, M Wynia, R Golden, B McNellis, S Okun, CE Webb, V Rohrbach and I Von Kohorn, *Core Principles & Values of Effective Team-Based Health Care* (Discussion Paper, Institute of Medicine, Washington, DC, 2012)
- ⁸⁴ Thanalingam Y, Langridge F, Gordon I, Russell J, Muir C, Hamm LM. Strategies and tools to aid the transition between paediatric and adult health services for young adults with neurodevelopmental disorders: a scoping review protocol. *BMJ Open*. 2022 Nov 29;12(11):e065138. doi: 10.1136/bmjopen-2022-065138. PMID: 36446454; PMCID: PMC9710347
- ⁸⁵ A Tiwary, A Rimal, B Paudyal, KR Sigdel and B Basnyat, 'Poor Communication by Health Care Professionals May Lead to Life-Threatening Complications: Examples from Two Case Reports' (2019) 4 *Wellcome Open Research* 7.
- ⁸⁶ SA Nancarrow, A Booth, S Ariss, T Smith, P Enderby and A Roots, 'Ten Principles of Good Interdisciplinary Team Work' (2013) 381(9868) *The Lancet* 1
- ⁸⁷ M Buljac-Samardzic, KD Doekhie and JDH van Wijngaarden, 'Interventions to Improve Team Effectiveness Within Health Care: A Systematic Review of the Past Decade' (2020) 18(1) *Human Resources for Health* 2
- ⁸⁸ O'Leary, K.J., Sehgal, N.L., Terrell, G. and Williams, M.V., 2012, *Interdisciplinary Teamwork in Hospitals: A Review and Practical Recommendations for Improvement*, *Journal of Hospital Medicine*, volume 7, number 1
- ⁸⁹ A Satake and V McElroy, *Inpatient Transitions of Care: Challenges and Safety Practices* (PSNet, Agency for Healthcare Research and Quality, US Department of Health and Human Services, 2024).
- ⁹⁰ J Stinson et al, 'A Systematic Review of Transition Readiness and Transfer Satisfaction Measures for Adolescents with Chronic Illness' (2014) 26 *International Journal of Adolescent Medicine and Health* 159.
- ⁹¹ National Institute for Health and Care Excellence, *Transition from Children's to Adults' Services for Young People Using Health or Social Care Services* (NICE Guideline NG43, 2016)
- ⁹² P H White, W C Cooley and Transitions Clinical Report Authoring Group, 'Supporting the Health Care Transition from Adolescence to Adulthood in the Medical Home' (2018) 142 *Pediatrics* e20182587
- ⁹³ DS Rosen, RW Blum, M Britto, SM Sawyer, DM Siegel and Society for Adolescent Medicine, 'Transition to Adult Health Care for Adolescents and Young Adults with Chronic Conditions: Position Paper of the Society for Adolescent Medicine' (2003) 33(4) *Journal of Adolescent Health* 309
- ⁹⁴ AE Ambresin, K Bennett, GC Patton, LA Sancu and SM Sawyer, 'Assessment of Youth-Friendly Health Care: A Systematic Review of Indicators Drawn from Young People's Perspectives' (2013) 52(6) *Journal of Adolescent Health* 670
- ⁹⁵ KJ O'Leary et al, 'Hospitalized Patients' Understanding of Their Plan of Care' (2010) 85(1) *Mayo Clinic Proceedings* 47.
- ⁹⁶ L Kuntz, R Mennicken and S Scholtes, 'Stress on the Ward: Evidence of Safety Tipping Points in Hospitals' (2015) 61(4) *Management Science* 754
- ⁹⁷ Society for Adolescent Health and Medicine, 'Young Adult Health and Well-Being: A Position Paper' (2017) 60(6) *Journal of Adolescent Health* 758
- ⁹⁸ ER Willis and JE McDonagh, 'Transition from Children's to Adults' Services for Young People Using Health or Social Care Services (NICE Guideline NG43)' (2018) 103(5) *Archives of Disease in Childhood Education and Practice* Edition 253
- ⁹⁹ JE McDonagh and RM Viner, 'Lost in Transition? Between Paediatric and Adult Services' (2006) 332 *BMJ* 435.
- ¹⁰⁰ RM Viner, 'Do Adolescent Inpatient Wards Make a Difference? Findings from a National Young Patient Survey' (2007) 120(4) *Pediatrics* 749.
- ¹⁰¹ PN Harden, G Walsh, N Bandler, S Bradley, D Lonsdale, J Taylor and SD Marks, 'Bridging the Gap: An Integrated Paediatric to Adult Clinical Service for Young Adults with Kidney Failure' (2012) *BMJ* 344 e3718
- ¹⁰² Robyn McNeil et al, 'The Changing Nature of Social Support for Adolescents and Young Adults with Cancer' (2019) 43 *European Journal of Oncology Nursing* 101667





RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE