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The Corner Youth Health Centre: a critical evaluation of its role in supporting child health in the community

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Abstract

The definition of child health can be ambiguous. The meaning of 'child' can be viewed in many different ways, and therefore difficulty is encompassed when trying to pinpoint what a child is. A broad definition of 'child' defines a child as being between the age of infancy and puberty (Moore, 1997:222). As the age of puberty differs between people, therefore so does the definition of child. It should also be noted that a person is always somebody's child, at any age (Moore, 1997:222). The definition of health, adopted by the World Health Organisation (WHO) is "a state of complete physical, mental and social well being and not merely the absence of disease or infirmity" (WHO, 1974:1, cited in McMurray, 1999:7). It should also be noted that health is not a static entity, but rather that it is ever changing. Health is also the extent to which people define themselves as healthy: health is relative (McMurray, 1999:7).

The phrase 'primary health care' is used by some as a general slogan agitating for the improvement of the whole health system, while others use it to describe particular activities (Fry, 1992:1). Possibly the simplest definition of primary health care is "Both the point of first contact with the health care system and the philosophy for delivery of that care." (Knight, 1998:147). Another definition of primary health care given by Fry is that "primary health care... aims to focus on the health system's first level of contact on protecting and promoting the health of defined communities, and on addressing their individual and collective health problems at an early stage." (Fry, 1992:3). Whichever definition of primary health care is chosen, it is important to understand that it constitutes the first level of a continuing health care process which is essential, and which aims to bring health care as close as possible to where people live and work. In a primary health care system, the level of care should be of a high standard, and therefore problems can be dealt with where they begin (Wass, 1994:9). One of the many primary-level services is that of the community health center: for example, The Corner Youth Health Centre.

The Corner Youth Health Centre is the result of research, planning and community involvement to provide a service that is accessible as well as appropriate for young people in the northern area of Tasmania (Hingston, Personal Communication, 2000). The Corner is located on the corner of Brisbane and Wellington streets and has been in operation, as a 'one_-stop-shop for health', since October 1998, using the primary health care approach. Although the service has been in operation for only a short period of time, Talitha Hingston, a drug and alcohol counsellor at The Corner, states that there are on average 200 people who access the Corner each month (Hingston, Personal Communication, 2000).

The Corner is open from 9:00am to 3:00pm Monday to Friday and is primarily targeted towards the age bracket of twelve to twenty-four. The Corner is a community organisation that is managed by the Corner council, but the staff are government employees. The staff at The Corner consists of one drug worker, two drug and alcohol counsellors, one social worker and three nurses. In addition, a doctor is available on Tuesday, Wednesday and Thursday mornings from 9am to 12noon. Other services are available on a casual basis from community organisations such as Oakrise and 'Hassles'. Referrals to other services are also given when needed (Hingston, Personal Communication, 2000).

The Corner covers a wide range of youth services, issues and information, from pregnancy testing to a needle exchange program to helping people find employment. The Corner has specialist expertise in the areas of youth health (with services provided by a youth health team), illicit drugs, drug and alcohol abuse, complementary health and general medicine. However, the main services demanded by clients are that of pregnancy testing, needle exchange, general counselling and drug counselling.

The Corner Youth Health Centre has a core philosophy, mission and set of goals that underpin all areas of the centre. The philosophy of The Corner states that "All youth have the right to quality health services that address the needs of young people" (Hingston, Personal Communication, 2000). As Cooke (1992:4) states, the rights of children and adolescents to appropriate levels of health care must be considered. The mission of The Corner is "To maintain, promote and enhance the health and wellbeing of young people aged 12-24 years in northern Tasmania" (Hingston, Personal Communication, 2000). The set of core goals that underpins The Corner Youth Health Centre includes: to work cooperatively with all agencies, organisations, groups and departments involved with young people; to develop, implement and evaluate an innovative Primary health care service delivery model for young people; to work collaboratively with young people to maximise health and minimise harm; and to advocate for improvement in youth health status and health service provision (Hingston, Personal Communication, 2000).

There are many aspects of The Corner that contribute to fulfilling their aim of supporting child health in the Launceston area. Some of these factors include the location, the variety of services offered, minimal or no cost services and the adolescent-friendly atmosphere of the centre. The Corner Youth Health Centre is located on the corner of Brisbane and Wellington Streets, a central location in the Launceston area. Mabey and Sorensen (1995:82), argue that each agency has to weigh up the advantages and disadvantages of the sites of location, according to the services that it wishes to offer, the area it is servicing and the young people's needs it is trying to meet. It is essential that young people's counselling services are easily accessible, as the majority of young people do not have their own transport (Mabey and Sorensen, 1995:82). This enables easy access to the centre for youth.

People in different social positions are subject to different influences, and therefore need different services to accommodate their needs (Plant and Plant, 1992:122). The variety of confidential services offered by The Corner Youth Health Centre, also contributes to its effectiveness. Pregnancy testing, needle exchange, counselling, medical services, general information, employment assistance, complementary medicine, and Link assessment (an innovative service for homeless youth to pay for medical prescriptions), are just some of the services offered at The Corner. Workers within the youth services are aware of the difficulties of young people in knowing

exactly what services they need. It is often that youth require a combination of counselling, advice and information (Mabey and Sorensen, 1995:15). When questioned upon what requirements are needed for a youth health centre, youth often request that services be available under the one roof (Mabey and Sorensen, 1995:76). The Corner acts as a 'one-stop-shop for health' by offering an integrated, multidisciplinary service and by providing young people with access to a broad range of mainstream and alternative health services under the one roof (Hingston, Personal Communication, 2000).

The Corner offers youth a minimal cost centre for health. All services at the centre are free, except for pregnancy testing which attracts a small fee of \$2.00. Once again this is an effective feature of The Corner as it allows youth the opportunity to access a wide variety of health services without having to pay the fees that would be asked at conventional adult-based health services. This was made possible due to many factors such as funding granted by the Innovative Health Services for Homeless Youth Program, sponsorships, volunteer work and the ability to utilise government service workers (Hingston, Personal Communication, 2000). Sponsorship is provided by local businesses, educational facilities and government departments (Hingston, Personal Communication, 2000).

The youth-friendly atmosphere of The Corner allows youth to feel at ease when accessing the centre (Hingston, Personal Communication, 2000). It is not only the atmosphere, but also the demeanor of the staff that allows The Corner to be an approachable place for youth. It is essential when working in a youth health centre, and in fact any community centre, that the counsellors and other staff exhibit empathy and approachability. There are three main qualities that an effective counsellor must have: empathy, congruence and unconditional positive regard (Byrne and Byrne, 1996:47). Research has shown that a patient's judgement of the personal qualities of a counsellor is a better indicator of outcome, than the training and theoretical background of the counsellor (Nuckols et al, 1994:82). This greatly contributes to the friendly atmosphere that one encounters when visiting The Corner, and to its success as a youth community centre.

Just as there are many aspects of The Corner Youth Health Centre that contribute to fulfilling the aim of supporting child and adolescent health, there are many aspects of the centre that counteract these contributions. These include restricted opening hours of the centre, concurrent rostering of doctors, lack of staff and lack of emergency counselling. The Corner Youth Health Centre currently operates from 9:00am to 3:00pm Monday to Friday. While this does provide adequate accessibility for some youth to the centre, it also excludes a large number. Youth who are either employed full time or at school would have to absent themselves from their occupations in order to access the centre.

Doctors are available for consultation between 9:00am and 12:00noon Tuesday, Wednesday and Thursday mornings (Hingston, Personal Communication, 2000). To further the benefits of having a general practitioner on site, it could be suggested that the hours of availability be varied over the three days to encompass both morning and afternoon consultations. Invariably there will be some youth wishing to seek medical advice from the practitioners at The Corner, but not able to make an appointment due to availability times of the doctors. In some respects this has a detrimental effect on The Corner's ability to support child and adolescent health in northern Tasmania.

Lack of staff at The Corner proves to be somewhat detrimental to the success of the centre. At present there is no support staff (eg. receptionists) to aid in the running of the centre. Therefore, specialised staff are required to attend to all reception duties as well as conducting their normal roles (Hingston, Personal Communication, 2000). Direct service work is emotionally and professionally demanding. Having to perform duties outside of their professional role can increase frustration and stress, thus proving detrimental to the provision of services (Burrows, 1994:103; Byrne and Byrne, 1996:209).

To consult a counsellor at The Corner an appointment must be made. Making and keeping appointments for counselling is an issue with young people. Young people are generally less able to wait for appointments. A drop-in service provides a taste of what counselling will be, allows people to be seen quickly in a crisis situation and often prevents more difficult situations from arising (Mabey and Sorensen, 1995:58). This does not cater for crisis counselling, and thus does not provide adequate support of youth in the community.

Evaluation is an important tool for helping to refine programs and give feedback on aspects of the program, while also assessing if the program resembles what was envisaged by the developers (Davies and Coggans, 1991:59). To fully achieve the goals set by the centre a number of factors need to be reviewed along with a number of changes made. The Corner was originally designed for homeless youth, and has now grown to incorporate all youth (Hingston, Personal Communication, 2000). While this is an admirable development it has been recognised that the original goals of the centre have not specifically been met. The Corner also recognises the need for improvement in a number of areas to achieve assigned goals. Some of these areas include increasing the number of staff (receptionist, coordinator etc.) at the centre, longer opening hours, developing further services for young people, upgrading of the building and consolidation and integration of services (Hingston, Personal Communication, 2000). While there are a number of changes that can be made to improve The Corner, some of which are listed above, it is also important to keep in mind the length of time the centre has been in operation. The Corner is a relatively new centre, having only been in operation since October 1998. With any project there is always improvements that can be made. It should be noted that while The Corner Youth Health Centre has only been in operation for a short amount of time, the many goals and aims of the centre are already being achieved.

The Corner Youth Health Centre practises a primary health care approach to youth health in the Launceston area. In the short period of time it has been in operation it has proved to be a popular and well frequented service. The centre covers a wide range of youth health issues allowing young people to access most services at the one location. The Corner addresses some of the clearly identified gaps in services for young people.

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