
CONFERENCE ABSTRACT

Doctors in Secondary Schools: A multi-sectoral approach to youth responsive primary health care

2nd Asia Pacific Conference on Integrated Care, Melbourne, 11-13 November 2019

Nicole Green¹, Petrina O'Connor³, Bianca Forrester², Ian Williams², Lena Sancic²

1: North Western Melbourne Primary Health Network, Parkville, VIC, Australia;

2: The University of Melbourne, Carlton, VIC, Australia;

3: Victorian Department of Education and Training, Melbourne, VIC, Australia

Introduction: Adolescence is a developmental period characterised by unique mental, physical and social wellbeing needs. It is well understood that health engagement for this cohort is contingent on the availability, acceptability and accessibility of health services. To overcome barriers to service use and reduce adverse health outcomes in the immediate and longer term, early intervention and preventative measures are required.

Practice Change: The Doctors in Secondary Schools (DiSS) Program is an initiative of the Victorian Department of Education and Training (DET). DET has commissioned Victoria's six Primary Health Networks (PHNs) to appoint general practices to deliver primary health care services in 100 Victorian Government secondary schools to December 2021. Students enrolled in a participating school are provided access to a GP and Practice Nurse trained in adolescent health, up to one day per week. The objectives of DiSS are to:

- make primary health care more accessible to students;
- provide assistance to young people to identify and address any health problems early; and
- reduce the pressure on working parents.

Aim and Theory of Change: Established in 2017 as pilot program, DiSS comprises an integrated service model design that organises and connects health services with a facet of the young persons' social environment – their school. The model is underpinned by effective collaboration between two dynamic sectors (Health and Education) to establish and operationalise an adolescent responsive, school-based health service (SBHS). The service model addresses determinants of health inequity and resulting poorer health status by distributing SBHS's across metro, regional and rural Victorian government secondary schools, at no cost to the young person or their family. DET has also engaged the University of Melbourne to deliver adolescent health training to the DiSS clinical workforce, covering aspects of youth engagement, consent and confidentiality. From a workforce development perspective, this training contributes to the development of primary care workforce competence in adolescent health beyond the school setting.

Outcomes and Key Learnings: At 31 December 2018, 15,438 clinical consultations were provided to 6,583 young people, predominantly addressing mental health (40%) and physical health (45%) needs. Key learnings reveal that a successful SBHS is underpinned by positive, collegial and supportive relationships between the school and allocated general practice, as well youth

participation in service promotion and improvement. Program sustainability is strengthened by developing linkages between the service, existing school health and wellbeing staff, curricula and referral pathways locally. Further, ongoing program evaluation and collective learning has supported cross-functional continuous improvement activities from program establishment through to operationalising. This has resulted in a suite of guiding documents and interactive resources that support knowledge management and transferability of the concept nationally.

Conclusion: In conclusion, DiSS is an innovative and integrated model of care, operationalised by collaborative, multi-sectoral partnerships that seek to increase health access and preventative measures for young people. The program contributes to a growing evidence base on youth responsive health systems, with evaluation outcomes and implementation learnings providing insight for replication in other contexts.