

# Integrating Sexual Health into Youth Early Intervention Mental Health Services

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## Introduction

Young people have higher rates of sexually transmissible infections (STIs) than the general population.[1] Research has shown that there is a clear link between emotional distress, depression, substance abuse and sexual risk taking behaviours in young people.[2] In 2013, a partnership was formed between *headspace* National Office (hNO) and Hunter New England Local Health District (HNELHD) to integrate a pathway for STI and blood borne virus (BBV) testing, advice, treatment and referral in local *headspace* services. This work was supported by a grant from the NSW Ministry of Health.

## Aims

- Increase routine screening for STIs and BBVs in young people 16 – 25 years attending *headspace* services
- Increase the knowledge and skills of *headspace* staff to identify young people at risk of STIs and BBVs.

## Method

- The *headspace* STI & BBV project was implemented in two regional and one rural *headspace* service, with a demographically matched control included.
- Support for the project was garnered through a top-down and bottom-up approach with consultation and changes occurring at both a *headspace* National and local service level.
- The primary focus of the project was capacity building existing *headspace* staff to integrate a STI and BBV clinical care pathway into routine practice (see figure 1)
- Engagement with intervention services started in early 2013 and final evaluation data was collected in December 2015.
- The intervention process is outlined below in Table 1, with core components including:
  - Partnership building
  - Changes to policies and procedures
  - STI & BBV staff training
  - Development of resources and promotional materials
  - Acceptability and quality audits
  - Data feedback and monitoring
- Approximately 68 allied health and 56 clinical staff (GPs & nurses) were trained as part of the project.
- Screening rates were routinely monitored by auditing services practice systems and through the extraction of GP pathology testing data

Table 1: Overview of the *headspace* STI & BBV project intervention process

Intervention
Partnerships formalised with <i>headspace</i> National and local centres through the development of Service Level Agreements (SLA) outlining each parties' commitment to the project
Changes made to the <i>headspace</i> national data collection tool and psychosocial assessment to incorporate STI and BBV risk factor prompts
STI and BBV training delivered to local clinical and allied health staff
Clinical pathway for STI & BBV screening introduced to services (see figure 1)
Cultural and LGBTI audits undertaken at each service with changes made to improve access and acceptability
Resources to promote STI and BBV screening developed and distributed to all intervention services
Local psychosocial assessment forms changed to prompt allied health staff to record STI and BBV risk factors in client files
Informal data feedback meetings held with each service on a quarterly basis to allow staff to reflect on the implementation of changes and screening rates
Data monitoring and sustainability of changes were the primary focus for the final 6 months of the project

## headspace Client Sexual Health/BBV Pathway

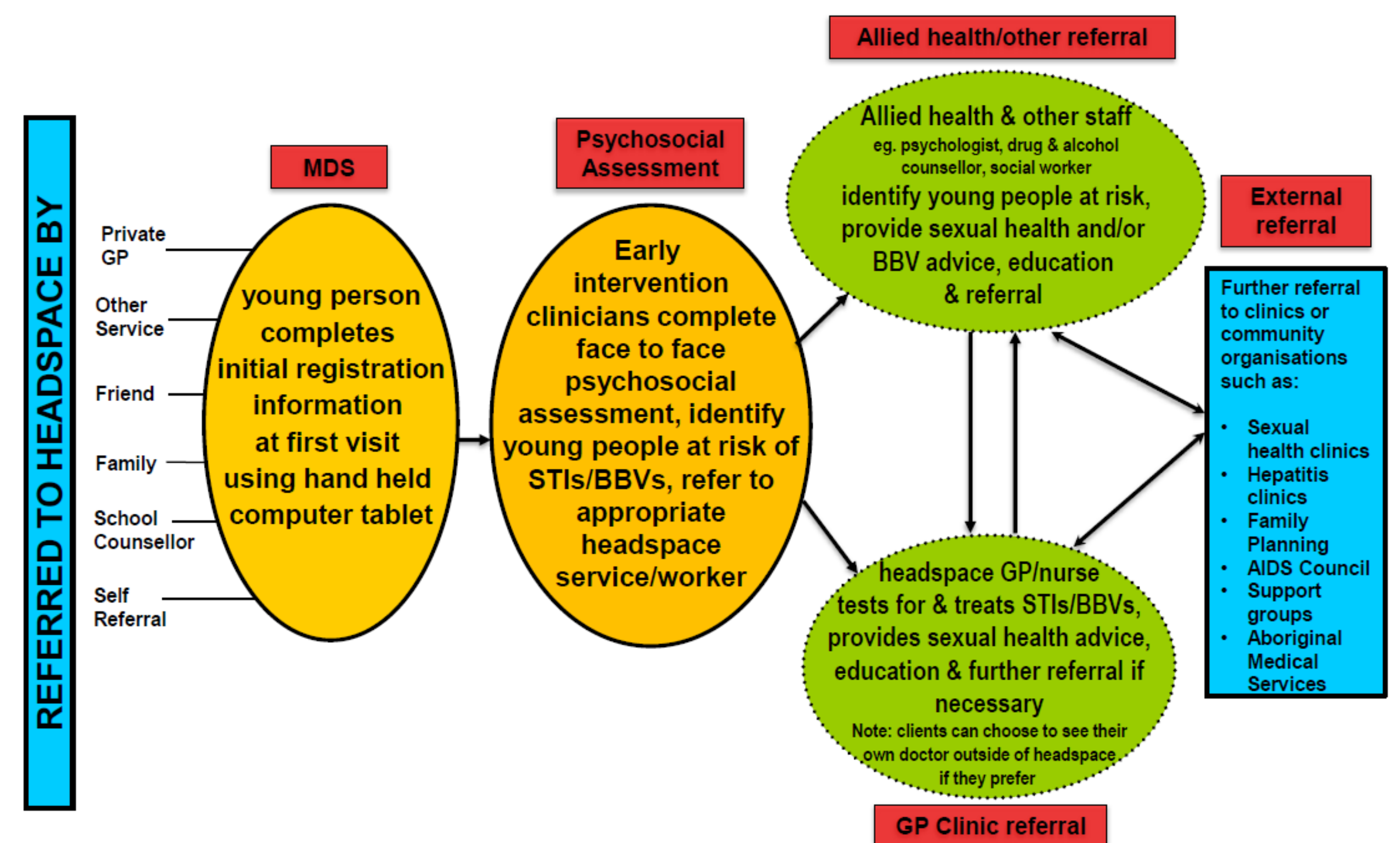


Figure 1: Client sexual health & blood borne virus pathway

The pathway guides the young person from their first contact with *headspace* through to visiting the GP and external referral as indicated

## Results

- Significant differences in knowledge and attitudes were observed from pre to post STI and BBV staff training.
- A 28% increase in the provision of STI preventive advice to young clients and over a 45% increase in the assessment of Hepatitis C risk factors was achieved.
- Chlamydia testing at intervention sites in clients 16-25 years increased from 6% at baseline to 28% in the final intervention quarter.
- An ANCOVA showed a significant difference in quarterly chlamydia testing rate between services across the intervention period,  $F(3, 38) = 5.03, p = .005$ . Pairwise comparisons show chlamydia testing rates were significantly higher at intervention site one ( $M_{diff} = 9.99, 95\% \text{ CI } [4.48, 15.50], p = .001$ ), intervention site two ( $M_{diff} = 7.79, 95\% \text{ CI } [1.56, 14.02], p = .016$ ) and intervention site three ( $M_{diff} = 8.013, 95\% \text{ CI } [1.88, 14.15], p = .012$ ) in comparison with the control.
- Increases in Hepatitis C and HIV testing were also observed when comparing intervention site one and the demographically matched control.

## Conclusion

Increases in screening and assessment throughout this project indicate that youth mental health services are a potential acceptable setting for routine delivery of STI and BBV care to young people. Future studies could look to integrate similar screening pathways into other non-traditional youth settings, with the goal of increasing access to STI and BBV care for marginalised young people.

## References

1. ABS (2012) 4102.0 Australian Social Trends: Sexually Transmissible Infections.
2. D Langille et al. (2011) Risk of depression & multiple sexual risk-taking behaviours in Adolescents in Nova Scotia, Canada. *Sexual Health*, 9(3):254-260

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