



RAd Health GP/Nurse induction

All the resources will also be
provided on the [RAd health website](#).

Before you begin the RAd health induction, please note...

The induction is intended to be an ongoing resource you can use and refer to throughout the entire trial. It is not expected that you click on every link, podcast, and video in one sitting. It is more designed to support your learning in areas of young people's health they may feel less confident about.

Whilst all the resources are very useful, we have created the following code to help you decide what to prioritise in your training. The code will be visible at the bottom of each slide.

★★★ = A strongly recommended resource, please complete.

★★☆ = A recommended resource if you want to strengthen your knowledge.

★☆☆ = A resource you could return to at a later date.

Welcome to the RAd Health GP/Nurse induction

This induction has been designed to be downloaded and completed at any time that is convenient for you in the first 4 weeks of the RAd trial.

You can mark what sections you have completed by ticking the boxes in the corner of page. Please remember to complete the “post induction survey” **when you have finished** (a personal link will be emailed to you at weekly intervals after your baseline survey is completed.)

If you have any questions about the material do not hesitate to contact the RAd health team at rad-health@unimelb.edu.au.

The following contents page is interactive, **click** on the section you which to jump to, and it will take you there.

Contents/Navigation Page

To jump to a particular section, click the links below

Treating Young People

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- Overview of HEEADSSS assessment
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 - [Video 4: Developing responsive management plans](#)
- [Risk-taking behavior in adolescents](#)

Mental Health

- [The Maze Phase podcast overview](#)
- [The Maze Phase episodes](#)
- [Headspace accredited online training](#)

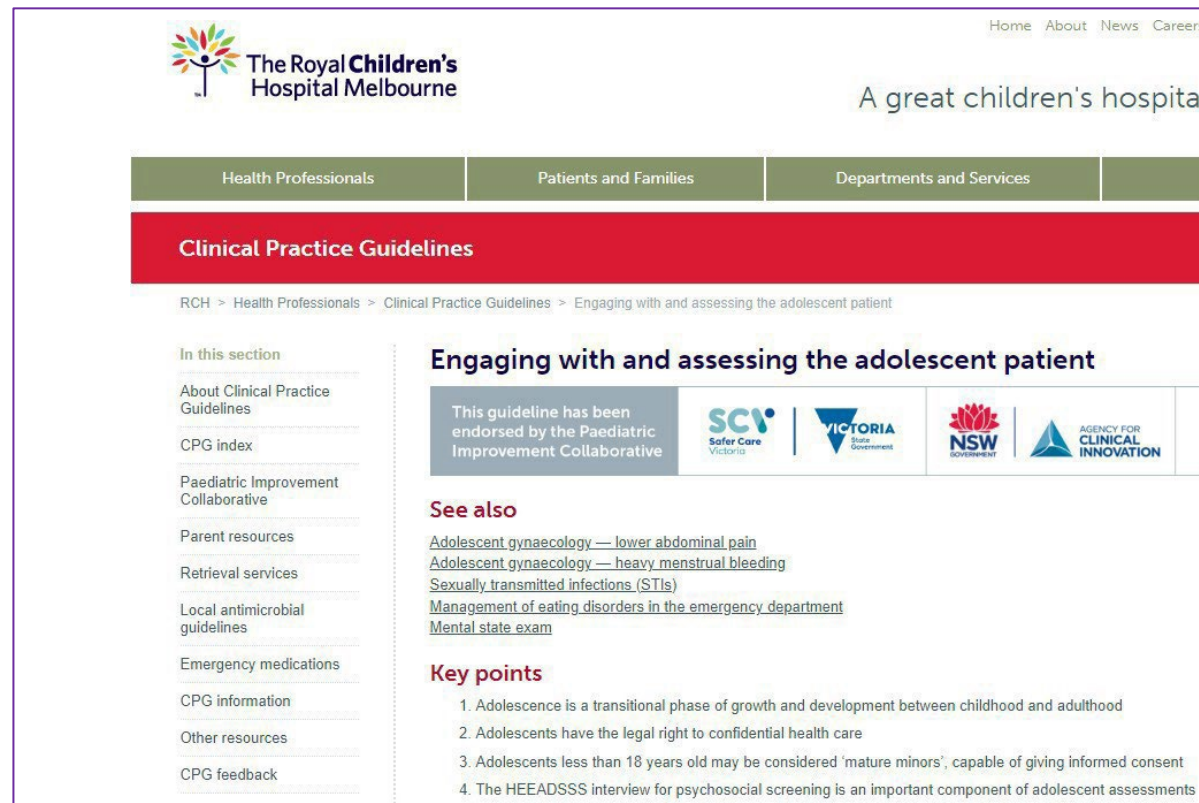
Medico Legal Considerations

- [Medico-legal overview](#)
- [Age reference table](#)
- [Failure to Disclose laws](#)
- [Consent to treatment](#)
- [Parents/guardians and consent](#)
- [Confidentiality](#)
- [Seeing a young person alone](#)
- [Medicare and young people](#)
- [Mandatory reporting](#)
- [Mandatory reporting flowchart](#)
- [Sexual consent](#)
- [Sexting](#)
- [Transgender young people](#)

Clinical Practice Guidelines

The clinical practice guidelines discuss engaging with and assessing the adolescent patient

Link	Format	Length
Please click here to access this resource.	Webpage	1 page



The screenshot shows the website of The Royal Children's Hospital Melbourne. The header includes the hospital's name and navigation links (Home, About, News, Careers). Below the header is a navigation bar with tabs for Health Professionals, Patients and Families, and Departments and Services. The main content area is titled 'Clinical Practice Guidelines' and includes a breadcrumb trail: RCH > Health Professionals > Clinical Practice Guidelines > Engaging with and assessing the adolescent patient. On the left, there is a sidebar with a list of links under the heading 'In this section', including 'About Clinical Practice Guidelines', 'CPG index', 'Paediatric Improvement Collaborative', 'Parent resources', 'Retrieval services', 'Local antimicrobial guidelines', 'Emergency medications', 'CPG information', 'Other resources', and 'CPG feedback'. The main content area features the title 'Engaging with and assessing the adolescent patient' and a statement that the guideline has been endorsed by the Paediatric Improvement Collaborative. Below this, there are logos for SCV (Safer Care Victoria), VICTORIA (State Government), NSW (Government), and the AGENCY FOR CLINICAL INNOVATION. A 'See also' section lists related topics: 'Adolescent gynaecology — lower abdominal pain', 'Adolescent gynaecology — heavy menstrual bleeding', 'Sexually transmitted infections (STIs)', 'Management of eating disorders in the emergency department', and 'Mental state exam'. A 'Key points' section lists four points: 1. Adolescence is a transitional phase of growth and development between childhood and adulthood; 2. Adolescents have the legal right to confidential health care; 3. Adolescents less than 18 years old may be considered 'mature minors', capable of giving informed consent; 4. The HEEADSSS interview for psychosocial screening is an important component of adolescent assessments.

A preview of the resource can be seen above

☐ Tick when complete



Adolescent Health GP Resource Kit

This resource kit is a General Practitioner's practical guide to providing health care to adolescents from culturally diverse backgrounds. This user-friendly kit is an essential resource for promoting and providing better health care to young people. We recommend reviewing any section that you feel could benefit your youth friendly healthcare skills. Links to each section are provided here: →

Link	Format	Length
Please click here to access this resource.	Webpage	Varies by section

Section 1: Understanding adolescents and their health needs

Section 2: Skills for youth friendly GPs:

1. [Youth friendly consultation](#)
2. [Psychosocial](#) assessment
3. [Management plan](#)
4. [Physical examination](#)
5. [Risk taking](#)
6. [Medico-legal](#) issues
7. [Culturally competent](#) Practice
8. [Substance abuse](#)
9. [Sexual health](#)
10. [Mental health](#)
11. [Chronic conditions](#)
12. [Enhancing compliance](#)
13. [Collaborative care and Medicare](#)

Section 3: Creating a youth friendly practice

Section 4: Youth health resources and contacts

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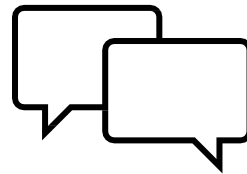


N.B. Whilst this resource is NSW focused, it is still relevant for health practitioners in Victoria

Conducting a youth friendly consultation

Following on from slide 5, here are some key points on conducting a youth friendly consultation as explained in the GP resource kit:

- The key to effective consultation with adolescent patients is the establishment of a supportive and trusting relationship
 - Spend time engaging the young person and building rapport
 - Invite the young person to see you alone
 - Explain the terms of confidentiality, and its limits, to the young person
 - Use communication appropriate to their developmental stage
- Respond to their concerns with empathy – for example, if the young person seems uncomfortable or anxious about being there: *“I understand that you might be feeling nervous about coming to see me today. Are there any questions you’d like to ask about what’s going to happen today?”*
 - Be sensitive to the young person’s cultural background, norms and practices
 - Be non-judgmental without condoning risky behaviour



Tick when complete



HEEADSSS is an acronym for a comprehensive psychosocial assessment tool identifying risk and protective factors.

The following videos are a learning resource for health professionals about how to use HEEADSSS conversations to engage with young people and do a holistic health and wellbeing assessment.

It is recommended that you watch **all** of these short videos to get an overview of what a young person's health assessment might involve.

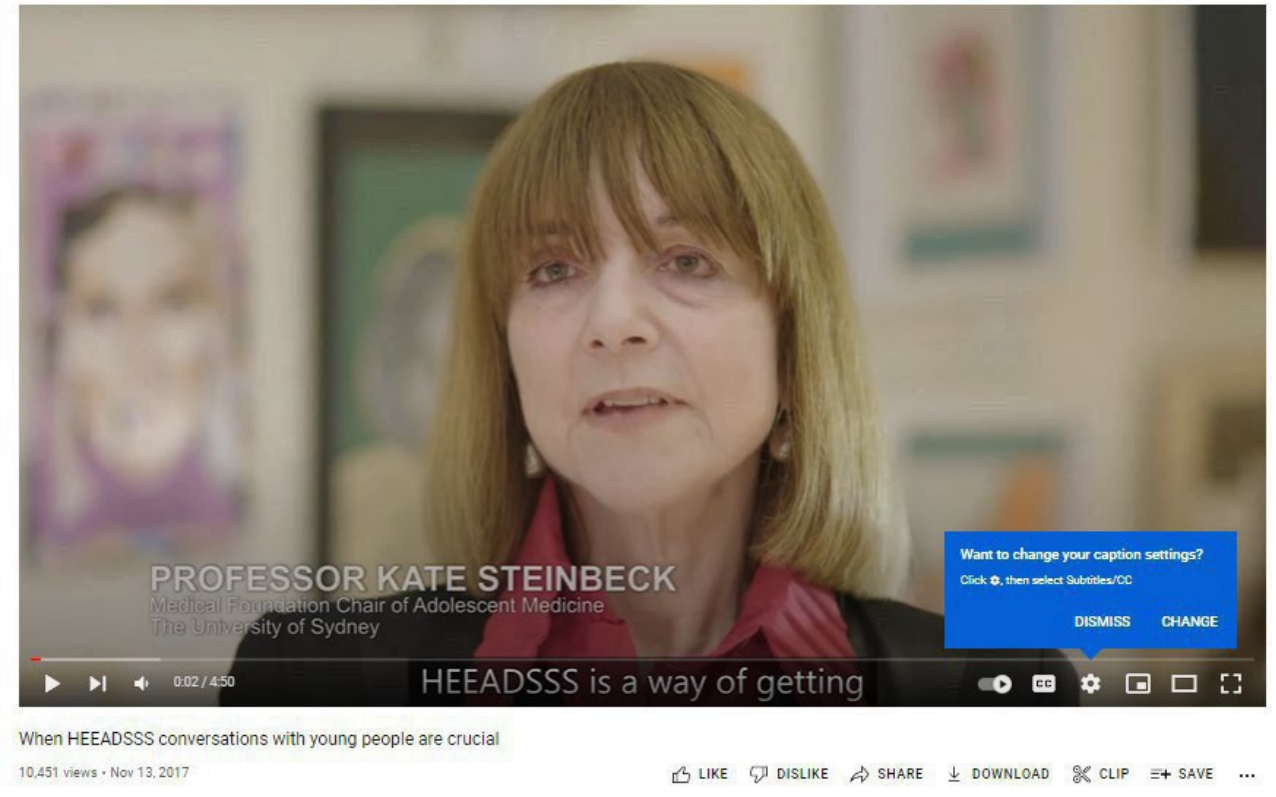


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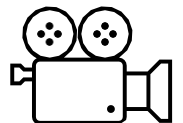


Video 1: When HEEADSSS conversations with young people are crucial

Outlines the advantages of using the
HEEADSSS assessment



Click the picture above to be taken to the
video



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Video 2:

What a young person may bring to the conversation

Includes stages of adolescent development; trauma disclosure; identifying protective factors; approaches to different stages of development

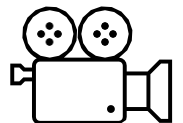


What a young person may bring to the conversation

5,094 views • Nov 13, 2017

LIKE DISLIKE SHARE DOWNLOAD CLIP SAVE ...

Click the picture above to be taken to the video

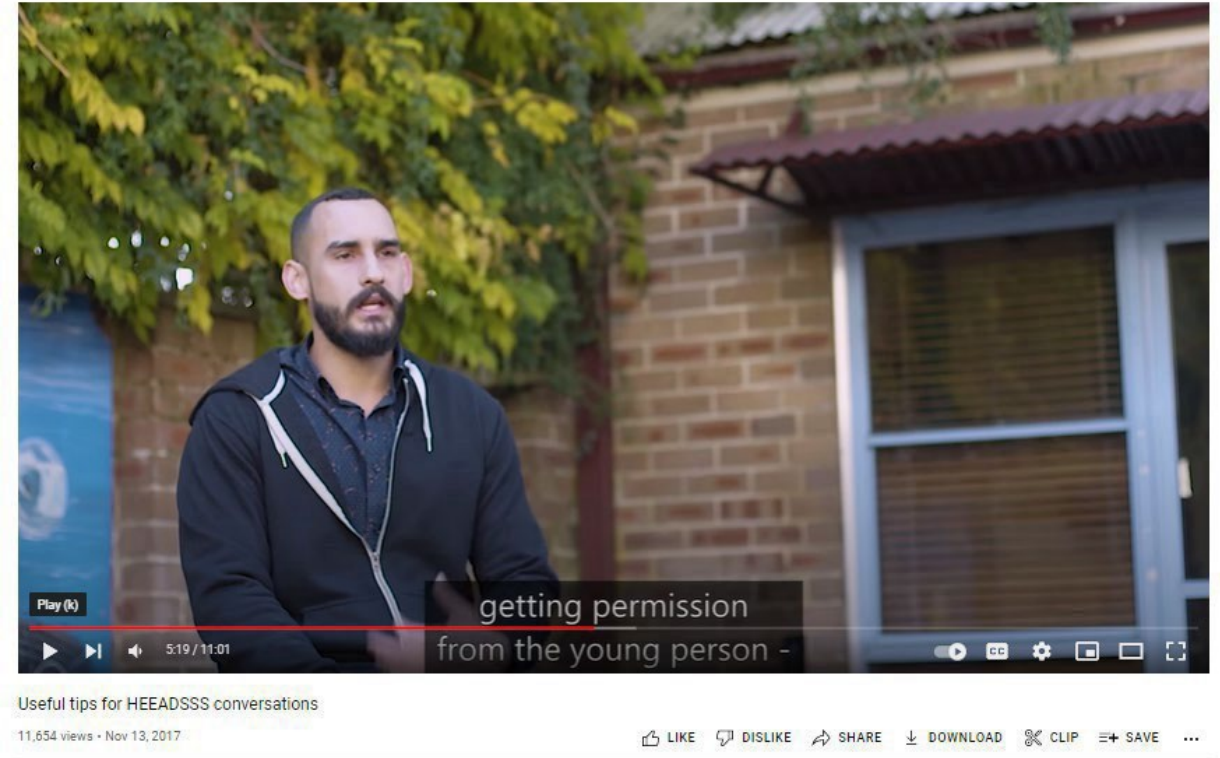


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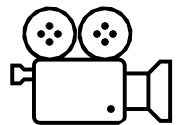


Video 3: Useful tips for HEEADSSS conversations

Skills and approaches to support effective HEEADSSS conversations including setting up the conversation, covering tricky questions, building trust, and getting difficult conversations back on track.



Click the picture above to be taken to the
video

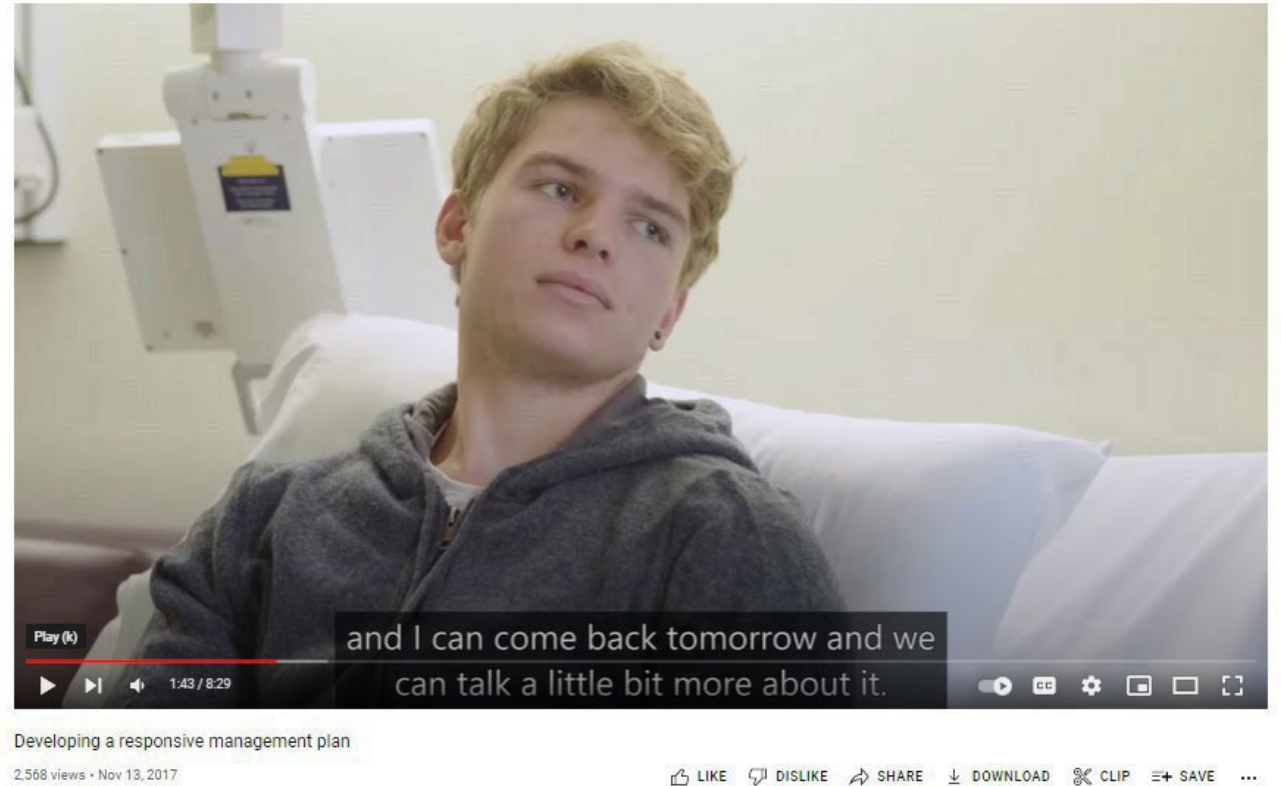


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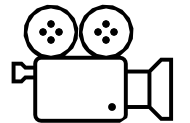


Video 4: Developing a responsive management plan

Approaches to support young people as partners in their care and develop responsive management plans for young people



Click the picture above to be taken to the video



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Risk-taking behaviours in adolescents

A journal article providing an update on risk-taking behaviours in adolescence and highlights tips for re-orienting general practice towards youth-friendly preventive care for adolescents

Link	Format	Length
Please click here to access this resource	Journal Article	7 pages

Volume 47, Issue 12, December 2018

Risk-taking behaviour in adolescents

Lena Sanci Marianne Webb Jane S Hocking

doi: 10.31128/AJGP-07-18-4626 | [Download article](#)

Cite this article [BIBTEX](#) [REFER](#) [RIS](#)



Background

Adolescence is characterised by rapid changes in physical, cognitive, emotional and social development, and by experimentation and risk-taking, extending from the age of approximately 10 years into the early adult years. Developmental milestones achieved include a sense of identity, autonomy, a value system, peer relationships and financial independence. However, for around one in four adolescents, risk-taking and mental health issues threaten healthy biopsychosocial development. Such risks are rarely detected in clinical practice without deliberate assessment within a youth-friendly framework.

A preview of the resource can be seen above



Tick when complete



The Maze Phase Podcast



The Maze Phase is a podcast for primary health professionals working with teens, navigating life and the healthcare system. In each episode, GP and academic, Dr Bianca Forrester, has a chat with experts in the field of adolescent health and social care. She brings tips from clinical practice, research and discussing best practice approaches to common and complex problems presenting to primary care.

Please note, it is not expected that you listen to every episode provided. This resource is just very useful for expanding your knowledge in certain topic areas.

☐ Tick when complete



To access these episodes, please click the headphone
symbol next to the episode

Episode 1: Youth Friendly Health Care: how can the GP help? (6 Minutes)

Interview with Dr Bianca Forrester & Prof Lena Sanci about barriers facing teens in accessing services, and how we can help.



Episode 2: Anxiety in Teens(45 Minutes)

In this episode, GP Bianca Forrester speaks with Child and Adolescent Psychiatrist A/Professor Sandra Radovini about best practice approaches to understanding anxiety in school aged teens.



Episode 3 – Depression in Teens (45 Minutes)

GP, Dr Bianca Forrester, continues the conversation with Child and Adolescent Psychiatrist, A/Prof Sandra Radovini about mental health problems in teens.



Episode 4 - The Age of Adolescence (40 Minutes)

Professor Susan Sawyer, Paediatrician and expert in Adolescent Health, describes contemporary understandings about the beginnings and endpoints of "Adolescence".



Episode 5 – Disruptive Behaviour in Teens (48 Minutes)

In this episode, GP Bianca Forrester and Child and Adolescent Psychiatrist A/Prof Sandra Radovini, have a conversation about disruptive behaviour in school aged teens.



Episode 6 – Understanding Self-harm and Suicidal Behaviours (40 Minutes)

In this episode, GP Bianca Forrester and Child and Adolescent Psychiatrist A/Prof Sandra Radovini, tackle the tricky topic of self-harming and suicidal behaviours.



Episode 7 - Eating Disorders in Teens(1 Hour 20 Minutes)

In this episode, Bianca speaks with paediatrician Dr Michele Yeo and GP expert Dr Jenny Conway about recognising, assessing, and managing eating disorders in primary care.



Episode 8 – Period Pain in Teens(1 Hour)

In this episode, Bianca speaks with gynaecologist Prof Sonia Grover about recognising, assessing and managing menstrual pain in primary care.

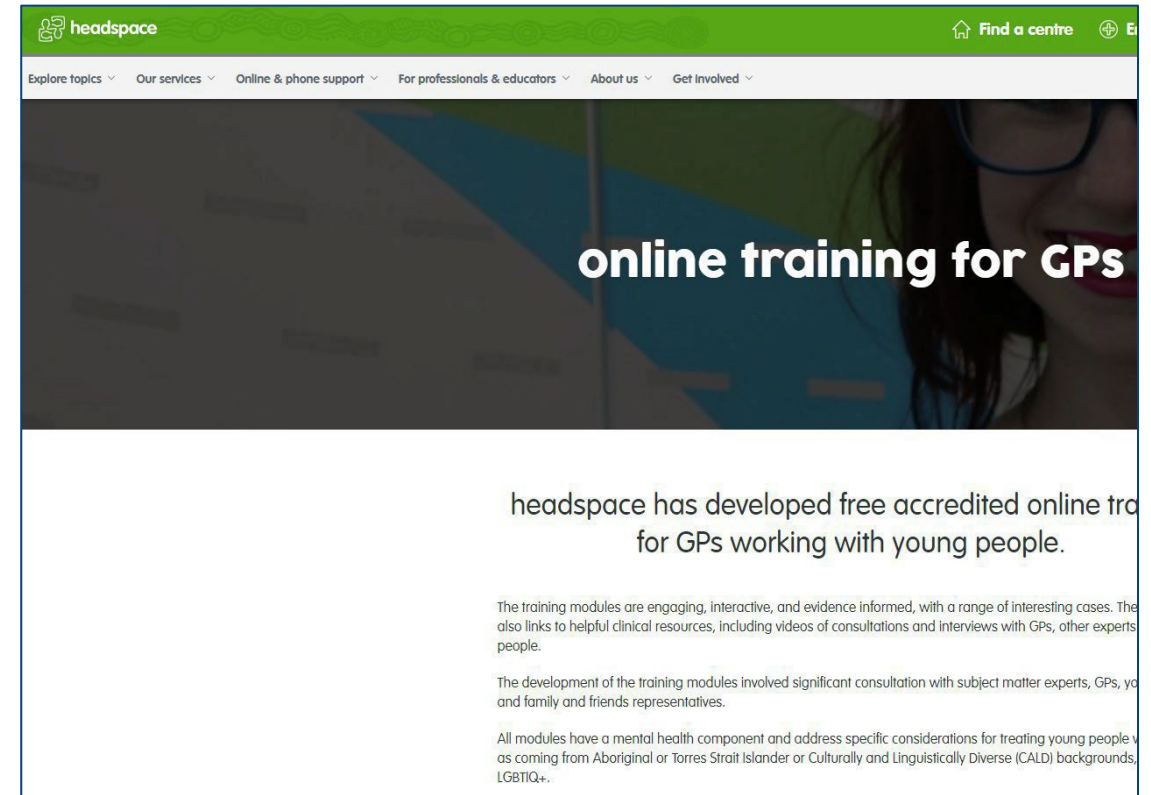


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Headspace Free Accredited online training

For GPs working with young people. The first hour of Module 1 includes 'Mental health: engaging the young person.'

Click [here](#) to access this resource



A preview of the resource can be seen above

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Medico-Legal Issues

The following section provides a brief overview of important Medico-Legal considerations when providing health services to young people. These topics include:

- Consent to treatment
- Confidentiality
- Medicare and Young People
- Mandatory Reporting
- Sexual Consent
- Failure to Disclose Laws
- Sexting
- Transgender young people

The following page contains **a quick reference point to determine what medico-legal issues are relevant at different ages**

Age	Sexual Activity	Mandatory Reporting	Mature Minor Status	Medicare card eligibility
Under 12	Sexual activity is not allowed with children under 12 years of age	Must make a mandatory report if child has experienced physical injury or sexual abuse	Less likely to be a mature minor	NA
12	Sexual activity is legal with consent if no more than 2-year age difference	Must make a mandatory report if child has experienced physical injury or sexual abuse	Less likely to be a mature minor	NA
13	Sexual activity is legal with consent if no more than 2-year age difference	Must make a mandatory report if child has experienced physical injury or sexual abuse	Less likely to be a mature minor	NA
14	Sexual activity is legal with consent if no more than 2-year age difference	Must make a mandatory report if child has experienced physical injury or sexual abuse	Ability to consent to medical treatment dependent on mature minor status	Can apply for their own duplicate card with parent's consent.
15	Sexual Activity is legal with consent if no more than 2-year age difference	Must make a mandatory report if child has experienced physical injury or sexual abuse	Ability to consent to medical treatment dependent on mature minor status	Eligible for their own Medicare card
16	Sexual activity is legal with consent unless someone is in a position of power over the 16-year-old (e.g., teacher, sports coach, religious leader etc.)	Do not have to make a mandatory report if the 16-year-old is deemed a mature minor and has requested the offence to not be reported.	More likely to be a mature minor	Eligible for their own Medicare card
17	Sexual activity is legal with consent unless someone is in a position of power over the 17-year-old (e.g., teacher, sports coach, religious leader etc.)	Do not have to make a mandatory report if the 17-year-old is deemed a mature minor and has requested the offence to not be reported.	More likely to be a mature minor	Eligible for their own Medicare card
18 +	Sexual activity is legal with consent	Do not have to make a mandatory report for an 18-year-old	Can consent to medical treatment	Eligible for their own Medicare card

Failure to Disclose Laws

Failure to disclose child sexual abuse is an offence in Victoria (27 October 2014) Section 327 of the Crimes Act 1958¹

Any adult holding a reasonable belief that a sexual offence has been committed against a child (aged under 16) is mandated to report that to police.

Children who have turned 16 and are mature minors (capable of an informed decision of whether to report or not) can request the offence not to be reported).

Health practitioners are also exempt from the criminal law duty to report if they are told about the offence in the course of a confidential consultation. However, this exemption only applies if consulting exclusively with the person against whom the offence has been committed.²

¹ *The Crimes Act 1958* (Victoria) Section 327

² Mathews, B., & Sancil, L. A. (2021). Doctors' criminal law duty to report consensual sexual activity between adolescents: legal and clinical issues. *Medical Journal of Australia*, 215(3), 109-113.



Tick when complete



Consent to Treatment

In Victoria parental power to consent on behalf of the child ends when child is 18 years old. A teenager younger than 18 is considered a 'minor'. The law recognises the consent of minors if they can fully understand the nature and effects of treatment and consequences of non-treatment i.e. a 'mature minor'.

Anyone under the age of 18 can see a doctor for medical advice and treatment on sexual matters, including abortion and contraception, without parents knowing or consenting, provided that the doctor is satisfied that:

- *even though the patient is under 18 years of age, they understand the advice*
- *they cannot be persuaded to tell their parents (or will not let the doctor tell their parents) that they are seeing a doctor for advice or treatment on sexual matters*
- *they are likely start or to continue having sex with or without contraception or getting treated for a sexually transmissible illness (STIs)*
- *the medical treatment is in their best interests; and / or*
- *their physical and / or mental health is likely to suffer unless they receive advice and medical treatment.*



☐ Tick when complete

Parental refusal to provide consent for treatment

Parents/guardians can only consent to or refuse medical treatment on a young person's behalf if they are not considered mature enough to make their own decisions.

Either parent is able to provide medical consent unless there is a court order to the contrary.

For more information please visit:

<https://www.betterhealth.vic.gov.au/health/servicesand-support/young-people-and-health-services#bhc-content>



Tick when complete



Medicare

- From 15 years of age young people are eligible for their own Medicare card.
- At 14 years of age, young people can only get their own duplicate Medicare card with the authorisation of their parents or guardians.



Confidentiality

Many young people are concerned about their parents being informed about their medical services or treatment. If a GP determines a child is a mature minor, their health information must be kept confidential and cannot be disclosed unless it is with the child's consent or the disclosure of information is otherwise permitted or required by law.

To ensure the young person feels comfortable, you may want to explain the terms of confidentiality to the young person at the outset of the consultation:

Example: "Anything we discuss will be kept confidential. That means I will not repeat anything you tell me to anyone else, unless I think it would help you and you give me permission to do so."

☐ Tick when complete



Seeing the young person alone

Often adolescents will be accompanied by a parent yet as previously mentioned, this can be a concern for young people that may not want their parents knowing about certain health issues.

This decision to see the young person alone should be based on the needs of each patient, and the degree to which parental involvement is indicated as part of their management plan. Here is an example of how you can negotiate seeing the young person alone if you believe this would be helpful:



"Mrs Smith, I'd like to see you both together at first to get an idea of what the concerns are for each of you. Then I usually like to see the young person alone for some time. This will help me to get to know Johnny a bit better so I can work out how best to help him. I have found that it helps teenagers learn how to communicate with adults better about their concerns. After I've had a chat with Johnny, I'll ask you to come back in at the end to talk about where to go from here."

☐ Tick when complete



Confidentiality continued

Exemptions to confidentiality

Sometimes disclosure is necessary to prevent imminent risk of harm to self and others in the public interest, such as:

- the disclosure is necessary to prevent a serious threat to public health, safety, or welfare, or
- the disclosure is necessary to lessen or prevent a serious and imminent threat to any person's health, safety, or welfare.

Examples:

- The young person is at imminent risk of harming themselves
- The young person is at imminent risk of harming others

Statutory reporting requirements include:

- mandatory reporting of abuse
- notifiable infectious diseases
- ongoing drink driving that poses an immediate risk to public safety

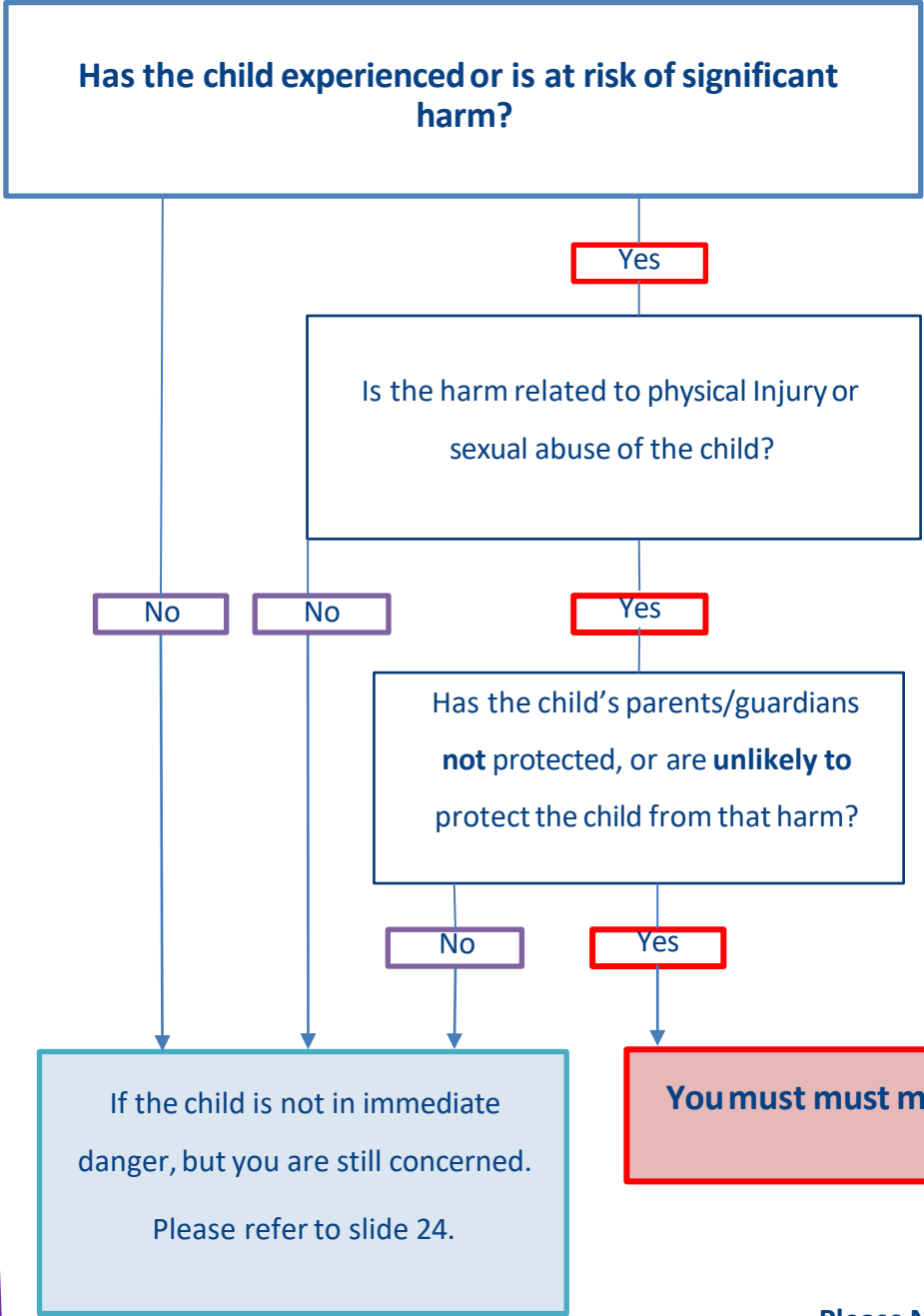
Mandatory Reporting

In Victoria, under the Children, Youth and Families Act 2005, health professionals must make a report to child protection, if:

In the course of practicing their profession or carrying out duties of their office, position, or employment they form a belief on reasonable grounds that a child needs protection from physical injury or sexual abuse.

The following flowchart can be helpful in determining the next steps to take if a young person discloses this information.

Mandatory Reporting Flowchart



To make a report, you should contact the child protection intake service covering the local government area (LGA) where the child normally resides.

Telephone numbers to make a report during business hours (8.45am-5.00pm), Monday to Friday, are listed below:

North Division intake: 1300 664 977
South Division intake: 1300 655 795
East Division intake: 1300 360 391
West Division intake - metropolitan: 1300 664 977
West Division intake - rural and regional: 1800 075 599



Tick when complete

Please Note: These Services are based in Victoria. Alternative resources should be sought if you are interstate.

If the child is not in immediate danger

If you have significant concerns for the wellbeing of a child, but do not believe they are at risk of significant harm, and where the immediate safety of the child will not be compromised, a referral to [Child FIRST](#) or [The Orange Door](#) may be appropriate.


Child FIRST, as the access point for family services, is progressively transitioning to The Orange Door. The Orange Door is the new access point for families who need assistance with the care and wellbeing of children, including those experiencing family violence, to contact the services they need to be safe and supported. This may be when a young person:

- Is experiencing significant parenting problems that may be affecting the child's development
- Is experiencing family conflict, including family breakdown
- Is under pressure due to a family member's physical or mental illness, substance abuse, disability, or bereavement
- Is young, isolated, or unsupported
- Is experiencing significant social or economic disadvantage that may adversely impact on a child's care or development


For more information and contact numbers: <https://services.dffh.vic.gov.au/referral-and-support-teams>

Sexual Consent


The age of consent refers to the age at which someone can legally agree to engage in sexual activity. The age of consent laws differ state by state in Australia. In Victoria the age of sexual consent laws are as follows:

- < 12 years of age = 

(Persons under 12 years of age cannot consent to sexual activity)

- 12-15 years of age = 

(Sexual activity is allowed provided the person is no more than 24-months older)

- 16-17 years of age = 

(However, the 16-17-year-old cannot consent to sexual activity with someone who is in a position of power, caring, supervising or has authority over them e.g., teacher, tutor, sports coach, religious leader)

For more information visit <https://www.legalaid.vic.gov.au/find-legal-answers/sex-and-law/age-of-consent>



Tick when complete



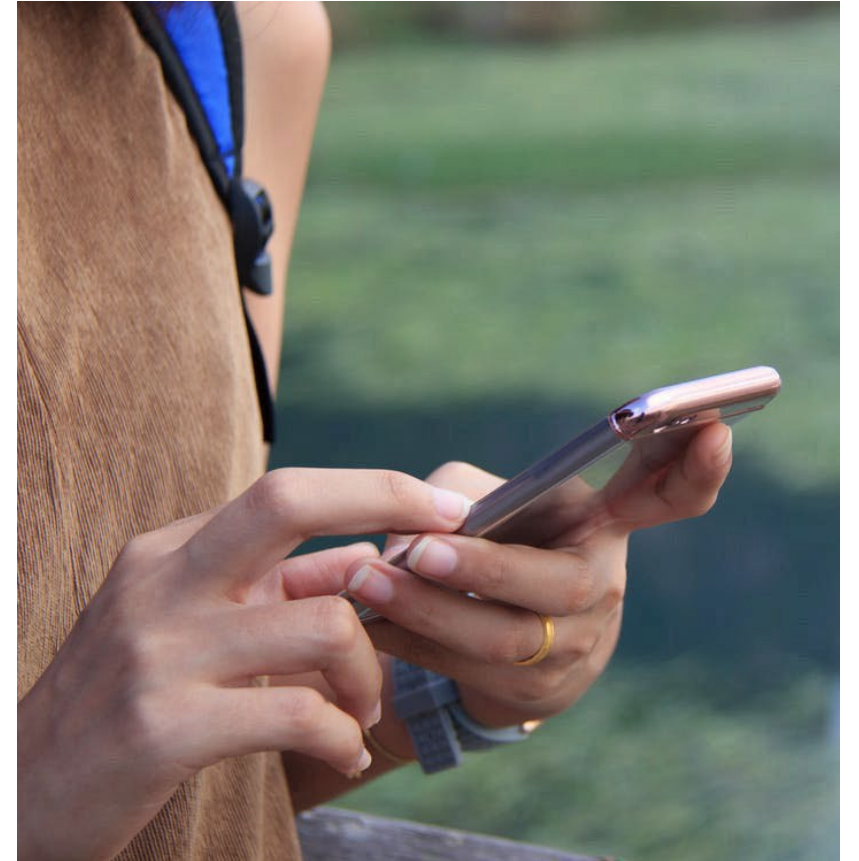
Sexting is the act of “creating, sharing, sending or posting sexually explicit messages or images via the Internet, mobile phones or other electronic devices.”¹

Sexting is becoming increasingly prevalent amongst young people and there are legal implications for people under the age of 18.

Distributing an intimate image

It is illegal for someone to distribute an intimate image or sext of someone else under the age of 18 even if they have consented to the content being shared

It is also illegal to threaten to do so.



Sexting continued

In Victoria, possession of an intimate image that shows someone who is under 18 engaging in a sexual activity may be classified as **child pornography**.

However, if someone is under 18, they can take, keep and send intimate image of themselves to other people under the age of 18. They can also take and keep images of someone else who is under 18 as long as:

- No-one in the image is more than 24 months younger than them and the image does not show any serious criminal offence such as rape being committed. These exceptions however are complex and do not always apply.

To find out more visit: <https://yla.org.au/vic/topics/internet-phones-and-technology/sexting-laws/>

Tick when complete



This information is up-to-date as of December 2021

Transgender Young People

Australian Standards of Care and Treatment Guidelines

For trans and gender diverse
children and adolescents

Version 1.3

The Australian Standards of Care and Treatment Guidelines for trans and gender diverse children and adolescents is an excellent resource for understanding obligations and legal requirements when treating transgender young people. This resource can be accessed [here](#).

Current law in Australia requires the adolescent's clinics or medical practitioners/clinicians to ascertain whether an adolescent's parents or legal guardians consent to the proposed treatment before an adolescent can access either pubertal suppression or hormone treatment.

When there is no dispute between the parents, the adolescent or the medical practitioner, the clinician may proceed on the basis of the adolescent's consent, where competent to consent, or parental consents where the adolescent is not competent to consent. If there is a dispute as to either competence, diagnosis or treatment, court authorisation prior to commencement of treatment is required.



The Royal Children's Hospital (RCH) Gender Service

As detailed on their website 'The Royal Children's Hospital (RCH) Gender Service aims to improve the physical and mental health outcomes of children and adolescents who are trans or gender diverse. Being trans or gender diverse is seen as part of the natural spectrum of human diversity. This resource can be accessed [here](#).

Some trans or gender diverse children and adolescents experience gender dysphoria. Gender dysphoria is a medical term that refers to the distress that a person may experience when there is an incongruence between their gender identity and their gender assigned at birth. Trans and gender diverse children and adolescents have considerably higher rates of depression, anxiety, self-harm and attempted suicide compared with their cis-gender peers. This is due to their experiences of stigma, discrimination, social exclusion, bullying and harassment. Increasing evidence demonstrates that with supportive, gender affirming care during childhood and adolescence, harms can be ameliorated and mental health and wellbeing outcomes can be significantly improved.

- The Gender Service is a Victorian statewide service. Unfortunately, the Service is unable to accept referrals from interstate or overseas.
- The RCH Gender Service is not a crisis service. Should you have immediate or urgent concerns for your child's mental wellbeing please contact your regional mental health service.

The mental health service State Government website provides contact details for Victoria's regionalised mental health services and the suburbs and regions they cover <http://www.health.vic.gov.au/mentalhealthservices/>.

Quick Resources for LGBTIQA+ support

If you or someone you know needs someone to talk to urgently:

- [Rainbow Door](#) on 1800 729 367 (10am – 6 pm) or text: 0480 017 246
- [QLife](#) on 1800 184 527 (3pm – midnight)
 - [Lifeline](#) on 13 11 14
- [Suicide Call Back Service](#) on 1300 659 467
 - [Kids Helpline](#) on 1800 551 800'



Tick when complete

Assessment of mature minor status

Mature minors are young people under the age of 18 years who are deemed capable of seeking and obtaining health care for their particular issue. To give informed consent, a young person must be able to understand what treatment involves, what it is for, why it is needed and why it applies to them as an individual. The young person must also appreciate the risks associated with the treatment and be aware of the other options available, as well as the consequences of not pursuing treatment.

How does the GP assess whether a young person is a MATURE MINOR?

When the GP decides whether to give the young person medical treatment, they will consider:

- Age
- Maturity in other areas of their life
- Independence – whether they live at home with a parent or carer, or support themselves
- The seriousness of the treatment
- The young person's understanding of why the treatment is needed, what it involves, treatment options, things that might go wrong (like side effects from drugs, or other complications), and consequences of non-treatment.

☐ Tick when complete



FINAL STEP

You have reached the end of the induction package. The next step is to complete a post-induction survey. Your personal link to the post-induction survey will be emailed to you one week after you submit your baseline survey (where you were instructed to complete this training). Please do not begin the post-induction survey until you have finished this training! You will be sent weekly reminders to complete the post-induction survey.

Once you have completed all three tasks:

- 1. Baseline survey*
- 2. Induction training*
- 3. post-induction survey*

a completion certificate will be provided to you.

Thank you!

**See RAd Health Website for more resources and referrals for
mental health, sexual health, and substance use.**

<https://radhealth.org.au/>