

Sabbatical Part 1: 2019/2020

Starship Paediatrics

Derek Luo

Gastroenterologist

CMDHB

Summary

- Starship Hospital
- Late November 2019 to Early February 2020
 - Inpatients
 - Outpatients
 - Young person's liver clinic
 - General Paediatric Gastroenterology (Jon Bishop, Simon Chin, Stephen Mouat)
- APDW 2019 – Kolkata
- Miracle Tree Charity

Starship Hospital

- 5 SMOs
 - Simon Chin, Jon Bishop, Stephen Mouat, Amin Roberts, Helen Evans
- Fellow (Advanced trainee)
- Registrar (Basic Trainee or General Advanced Trainee)
- House Officer
- Nurse Specialists
- Dietitian
- Main themes :
 - Difficult pathology
 - Focus on Nutrition to help growth
 - Difficult psycho-social issues



Inpatients – SMO 1 week at a time

- 5-6 inpatients
- From all over NZ – CMDHB and WDHB
- Malabsorption/Feeding issues – Cow's milk procto-colitis - IVN
- Biliary Atresia
- IBD
- Neonatal Hepatitis Syndrome – Abnormal LFTs NOS – transplanted aged 8 years – recover post op very quickly compared to adults
- Duodenal Atresia
- MELAS
- General consults (2-3)
 - AML 12 years old – severe constipation
 - ALL BMT aged 12y disseminated Toxoplasmosis
 - CF related pancreatic insufficiency
 - SMA syndrome –stenting
 - Cerebral palsy – feeding issues
 - Cardiac cirrhosis (severe right heart failure) with portal vein thrombosis
 - Metabolic issues
- Week starts with a formal handover 0830am – 0900am Wd 26B
 - Attended by Nurse specialists x 2, SMO x 2, Dietitian

Outpatients

- 1-2 Clinics each
- Virtual Clinics – Coeliac disease – Phone consults
 - Coeliac society manages the education (coeliac.org.nz)
 - Only ½ require a scope
- New patients – 60 minutes, Follow up 30 minutes
- A lot of social and parental issues to deal with
 - Foster parenting
 - Difficult circumstances – OLT patient, both parents in Prison (Oranga Tamariki)
- Case examples
 - 16F PSC/Colectomy for UC, Recurrent Cholangitis on rotating antibiotics
 - IBD – EEN – good efficacy
 - Eosinophilic Oesophagitis – combined immunology clinic – Major allergen is cow's milk

Endoscopy

- Around 500 per year
- Wed and Friday AM lists
- GA
- ERCP done by adult gastro

Young Person's Liver Clinic

- Monthly @ GLCC
 - R Harry, S Mouat, Psychologist, Transplant Co-ordinator, Pharmacist, Nurse Specialist
 - Several Clinic Rooms
 - Rolling and real time MDM input
 - Patients seen by one at a time or in pairs with or without parents

Paediatrics

- Has to cater for all ages from 0-15y
- Consider Developmental issues
- Heavily supported environment for inpatients and outpatients
- As children become adolescents, some are keen to move into adulthood, some are keen to stay

Adult Medicine

- Time pressured
- Shorter consultations
- Less specific support
- Long waiting lists
- Under-resourced
- “Less nice”
- In the past Paediatricians tried to “protect the children from this”

Transition Clinic/Adolescent Health GAPS

- HEADSS assessment
- Work with Adolescent Health
- Health Psychology
- Nurse Specialist time
- 30 min FSA and 15 min Follow up time pressured

APDW 2020 Kolkata

- New Dehli -> Agra -> Rathambore -> Jaipur -> Kolkata
- History
 - Princely states -> Mughal -> British -> Independence
 - Caste system



Miracle Tree

- Charitable Trust
 - Poverty
 - Psycho-social
 - Health
- Put on hold during COVID-19 lockdown 2020

Sabbatical Part 2: Adolescent Health (Centre for Youth Health)

Derek Luo

Gastroenterologist

CMDHB 15/2/2021 – 15/3/2021

Outline

- Miracle Tree - Continued
- Adolescent and Youth Health
- Centre for Youth Health
- Ideas for CMDHB Gastroenterology
 - Inpatients
 - Outpatients
 - What is the size of the problem

Miracle Tree

- Board Members

- Stephen Okach – General Manager – TMK/ Self employed Abel elements - Chair
- Trevor Teng – Lawyer and Businessman - Treasurer
- Henry Wei – Gastroenterologist ADHB - Secretary
- Paul Cheng – Plastic Surgery Advanced Trainee – General Committee Member
- Derek Luo – Gastroenterologist CMDHB – General Committee Member

- Funding

- Initially Donations from GLMS

- First meeting

- Decide on constitution
- Will approach organisations to apply eg CMDHB Psychological Medicine, Totara Hospice
- 2 Meetings per year
 - 1st Quarter – Review applications
 - 4th Quarter – Review progress

Models of Care

- Young person's liver clinic
- IBD Transition Clinic
- Youth Bronchiectasis – Dr Wendy Mcrae

Centre for Youth Health

- Located in 95 Wiri station Rd
- Clinics in Papatoetoe and Pukekohe (Youth)
- MDT Thursday – discuss new cases



Adolescent Health

- Dr Bridget Farrant
- Dr Louise Albertella
- Dr Rachel Johnson
- Clinical Psychologist
- Fellow x 2
- Registrar x 2
- Family Therapist
- Social Worker
- Occupational Therapist
- Registered Nurses
- Ohomairangi Trust – Early intervention service
 - Psychologist
 - Special education advisor
 - Early intervention teacher
 - SLT



Contact Details

KIDZ FIRST - COMMUNITY HEALTH
 South Auckland
PHONE (09) 261 2272
EMAIL cfyh@middlemore.co.nz
WEBSITE
www.countiesmanukau.health.nz

STREET ADDRESS
 95 Wiri Station Rd
 Wiri
 Auckland 2104

POSTAL ADDRESS
 Private Bag 93311
 Olahuahu
 Auckland 1640

WAS THIS PAGE HELPFUL?

👍
👎

This page was last updated at 11:01AM on February 24, 2021.

South Auckland > Public Hospital Services > Counties Manukau Health >

Kidz First Centre for Youth Health

PUBLIC SERVICE COMMUNITY

CLOSED TODAY.

Welcome, Kia Ora, Talofa Lava, Malo e Lelei, Kia Orana, Namaste, 你好!

Kidz First Centre for Youth Health is a team of health professionals who provide advice and support for young people, along with their whaanau/families. Our team includes nurses, doctors, social workers and youth health workers. We provide support to young people experiencing health issues that have a significant impact on their lives.

We work closely with your GP / family doctor and anyone helping with your care.

Our Clinical Team

- Bridget Farrant - Adolescent Physician
- Rachel Johnson - Adolescent Physician
- Louise Albertella - Adolescent Physician
- Arapera Salter- Fellow
- Zahra Al- Khudairi- Fellow
- Claire Runtzler - Clinical Psychologist
- Gill Ewen - Clinical Nurse Specialist
- Faye Veloria - Clinical Nurse Specialist
- Carmen Bradley - Registered Nurse
- Sheldon Lawrence- Registered Nurse
- Natalie Avery- Registered Nurse
- Thegish Naidoo - Senior Social Worker
- Elisara Tiatia - Social Worker
- Holly Young- Occupational Therapist
- Polly Muir- Occupational Therapist

Our clinical team is supported by Shivjit Kaur (Administrator) and Briar Milligan (Youth Health Information Specialist)

Who Do We See?

We support young people living in the Counties Manukau area aged 12-24 years with complicated health and youth development concerns that need specialist support. This includes young people with chronic and complex health conditions, including developmental concerns, psychosomatic health issues, high-risk health behaviours and transgender health care.

In addition we:

- Support the health needs of young people enrolled in Alternative Education programmes in Counties Manukau.
- Complete Gateway Health and Wellbeing Assessments on behalf of young people under the care of Ministry for Vulnerable Children, Oranga Tamariki.
- Work as part of the Counties Manukau Childrens' Team.

We do not routinely accept referrals where the only concern is psychiatric disorders or suicidal intent, substance-use disorders, educational or learning concerns where mental health or education services may be more appropriate.

Kidz First Centre for Youth Health welcomes gender diverse and transgender young people to our service. We provide support for young people and whaanau/families around gender exploration and transition related healthcare across the whole Auckland Region. In Auckland and Waitemata District Health Boards we see young people under the age of 20 years and at our Counties Manukau base we see young people under 25 years.

For more information on eligibility for our services or to see if we are the right service, please contact us on (09) 261 2272.

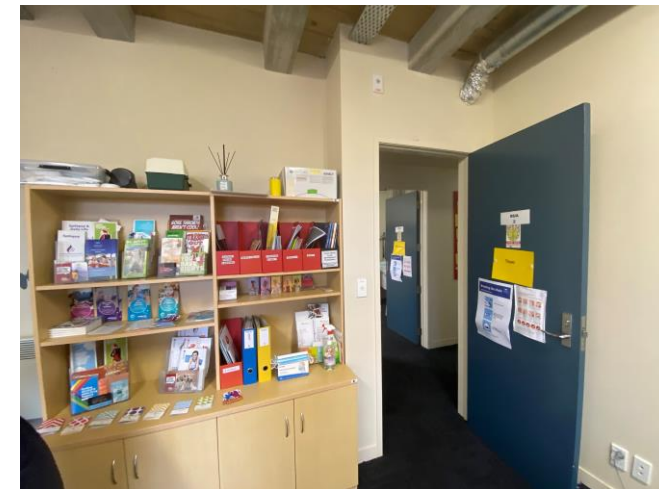
Who Can Refer?

Please talk to your doctor, nurse or health care provider to see if we are the right service for you, or contact us.

Health professionals or other providers, please fill in the attached [referral form](#) and email it to us on cfyh@middlemore.co.nz

Youthline

145 St George's Rd, Papatoetoe –
Old Papatoetoe Fire station
Self-funded
Centre for Youth Health leasing
space
3 Clinic Rooms
MDT clinics – SMO with support
worker usually a social worker or OT



The Youth Health Improvement Project – it's not just about transition (11916)

Rosalie J Hornung¹, Bridget Farrant²
¹Auckland DHB, Greenlane, Auckland, New Zealand, ²Centre For Youth Health, Counties Manukau DHB, Auckland, New Zealand

Context

Young people have distinct health care needs. Healthcare systems that do not provide developmentally-appropriate care can result in young people:

- ▶ not accessing care,
- ▶ being lost to medical follow-up,
- ▶ engaging in health-compromising risk taking behaviour,
- ▶ poor emotional health
- ▶ poor disease outcomes
- ▶ disengagement from education and employment^{1,5}

Process for Quality Improvement

The Youth Health Improvement Project supports services to:

- ▶ evaluate current models of care
- ▶ identify gaps
- ▶ develop and monitor improvement plans for developmentally appropriate care



Overall Aim

To provide a youth friendly hospital where young people and whānau are treated with respect by staff trained in dealing with the needs of young people in the hospital setting and young people are engaged in the management of their own health care.



Analysis & Outcome/s

Learner Participation

Learner Participation n=66 engaged services

Youth Champions Network Established

(staff highly committed to improving the quality of care for youth. Note some services have multiple champions thus number of champions higher than number of engaged services)

Train the trainer model (champions supported to undertake youth health training and lead local youth-focused QI initiatives)

Youth Champion Support Forums Attendance

June - November 2019

Increased uptake of youth-specific training amongst staff both in clinical and non-clinical domains

Online Training Volumes by Directorate

Online Training by Profession

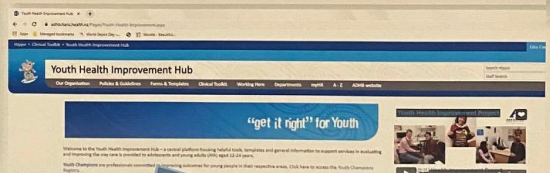
HEExADSS Workshops attendance 2018 - 2019

Efficiency

- Time saved (streamlined access to resources and training for staff)
- Costs saved (consolidated and coordinated training in high youth volume areas)

Effectiveness

- Dissemination of information, resources and evidence based practice via central online platform



Quality enhancement of services/ programmes (Benchmarking using Standards for Quality care for Adolescents and Young Adults in Secondary and Tertiary care)

Quality enhancement of data systems (Electronic transition record, transition clinical alert)

Staff youth health in-service programme and online youth module created – increased quality of youth health knowledge and skills amongst staff

Confidentiality poster

Your Rights poster

Staff Awareness poster

Increased positive behaviours (staff reporting positive behaviours that reflect Quality Standards)

Organisational design improvements (services demonstrating alignment with standards, new transitional care models established)

Patient experience data measures developed and a collection mechanism established

Next Steps

In this project we have focused on supporting services to explore, evaluate and improve on Standards of Quality Care for AVA¹; workforce training, confidentiality and privacy, psychological assessment, health information, transition, engagement, self-management and cultural identity as part of an umbrella approach to improving quality of care for youth at Auckland District Health Board. Our focus going forward is to further explore better ways of capturing the voice of youth in service design, delivery and improvement, particularly of our most vulnerable youth populations.

References:
1. Jones et al. (2016) 'The Importance of Young Adult Transition Planning in Health Improvement and the Transition with Standard'...
2. Counties Manukau Health (2019) 'Standards for Quality Care for Adolescents and Young Adults in Secondary and Tertiary Care'...
3. Counties Manukau Health (2019) 'Standards for Quality Care for Adolescents and Young Adults in Secondary and Tertiary Care'...
4. Counties Manukau Health (2019) 'Standards for Quality Care for Adolescents and Young Adults in Secondary and Tertiary Care'...
5. Counties Manukau Health (2019) 'Standards for Quality Care for Adolescents and Young Adults in Secondary and Tertiary Care'...

Adolescent Clinic – Case 1

- 13F Chronic abdominal pain
- School absence
- Father on sickness benefit
- Northern Health School
- Low FODMAP diet
- Home schooling – but Mum working

Northern Health School



HOME

OUR SCHOOL

ADMISSION



NEWS

EMPLOYMENT

CONTACT



How we work

Northern Health School is a Ministry of Education funded school set up with the aim of maintaining the education of students who are unable to attend their regular school due to their high health needs.

We have two tasks

- Support student learning
- Assist students to return to their regular school as their health allows

Individual learning plan

The Northern Health School teacher will develop an Individual Learning Plan (ILP) guided by the students regular school, making it easier for them when they return. We also assist secondary age students to continue with their NCEA courses. For those students likely to be away from school for a lengthy period, we can provide special subjects through Te Aho o Te Kura Pounamu (Correspondence School).

We work in a number of ways

- If the student is too unwell to leave home, the Northern Health School teacher will visit the student at home.
- If the student is in hospital, a Northern Health School teacher will visit them on the ward in hospital.
- We have community support centres (classrooms) where students can attend.
- Teachers may also arrange to meet students for their lesson at a public place, for example at a local library.

Work can be supplied by the Northern Health School teachers, school of enrolment or Te Aho o Te Kura Pounamu. Students can do their work in hospital, at home, in support centres or at their school of enrolment. Most students work on a reduced curriculum load.

Te Aho o Te Kura Pounamu (the correspondence school)

In some cases, Northern Health School teachers may access Te Aho o Te Kura Pounamu resources and programmes if this is seen to be in the best interests of an individual student. If it is decided to access Te Aho o Te Kura Pounamu, we continue to work closely with the student's regular school to ensure continuity of the education programme.

Northern Health School is not an alternative to enrolment in a regular school and should not be considered as a pathway to Te Aho o Te Kura Pounamu (The Correspondence School).

Adolescent Clinic – Case 2

- 16M
- Constipation with enuresis and incontinence
- Bullied at school
- Obese
- Father died of laryngeal cancer
- Unresolved grief
- Anger
- Family dysfunction
- Soiling twice a week

Adolescent Clinic – Case 3

- 15F Obesity BMI 70
- Mitral valve disease – Rheumatic fever
- Fatty liver
- OSA
- Declined dietitian
- Declined bariatric assessment
- Social worker involvement

Adolescent Case 4

- 15F
- POTS (Postural Tachycardia Syndrome)
- Functional nausea
- Low mood and Anxiety
- Jehovah's witness
- Socially isolated
- Home schooled
- On ondansetron

Adolescent Case 5

- 14F Affected by lock down
- Low mood with functional deterioration
- Sleeps late wakes up late
- School non attender – Blue light
- Child and adolescent mental health
- OT social worker involvement – Art and Music therapy

Adolescent Gender Clinic Issues

- Terminology
 - “Assigned gender at birth”
 - Trans-male
 - Trans-female
- Acceptance and support
- Motivational interviewing
- Hormonal therapy – GnRH agonist – safe and reversible
- Need to balance against Youth development
- Store sperm
- Anxiety and Depression
- Eating Disorders common – screen with SCOFF

SCOFF screening tool

SCOFF Screening Tool

These questions may be used to explore the possibility of whether someone might be experiencing an eating disorder. The tool is not intended for making a diagnosis, however highlights those who may require further investigation.

1. Do you ever make yourself sick (vomit) because you feel uncomfortably full?
2. Do you worry you have lost control over how much you eat?
3. Have you recently lost more than one stone (approx 6 Kg) in a three month period?
4. Do you believe yourself to be fat when others say you are too thin?
5. Would you say that food dominates your life?

Each positive response (yes) is given 1 point. A score of 2 or more indicates a possible eating disorder and warrants further exploration.

Melon – melonhealth.com

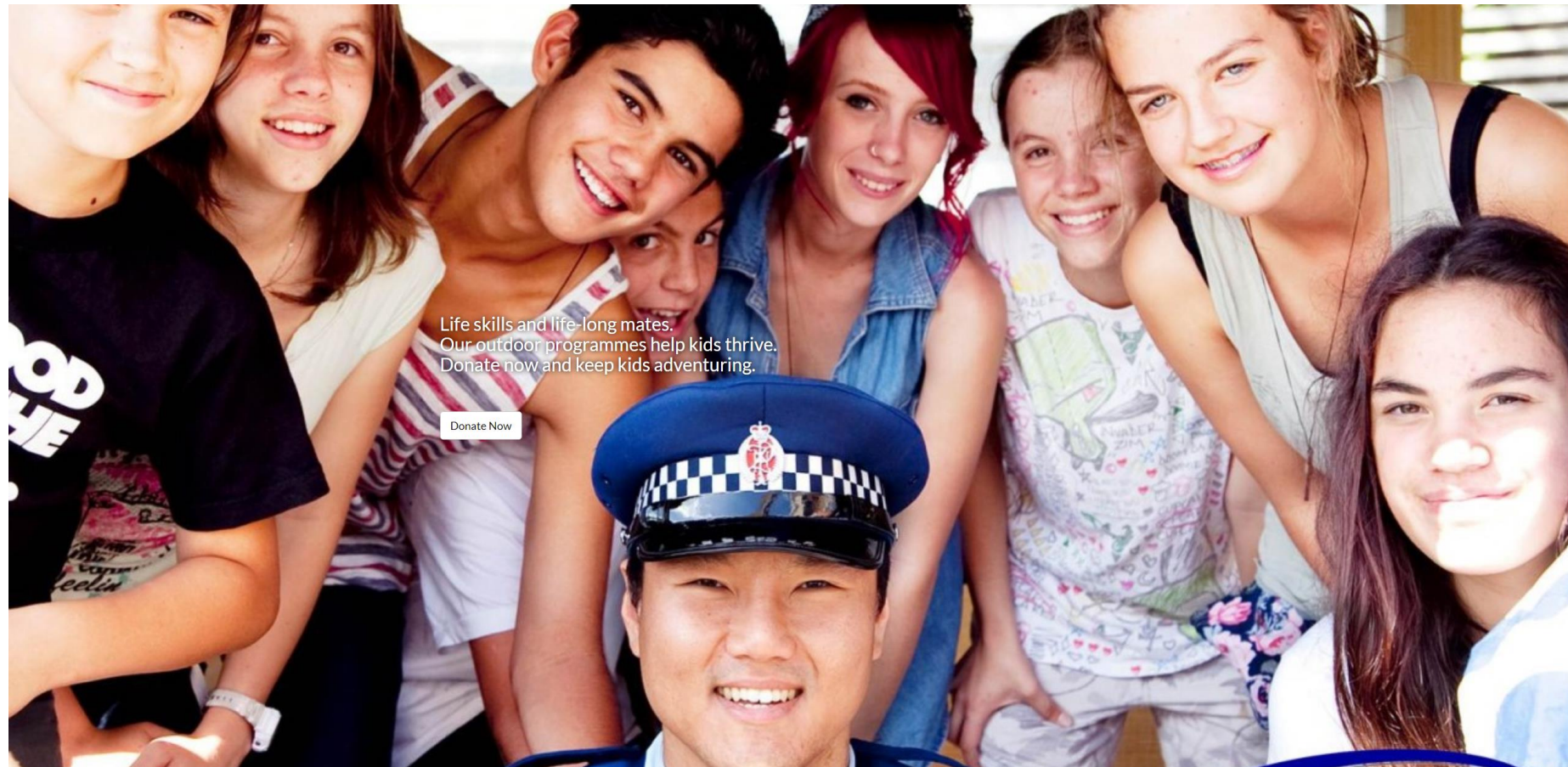
- On line based tool to self manage mental health
- Based in San Francisco and Auckland

The image shows two screenshots of the Melon website. The top screenshot features a young woman with long purple braids smiling against a red background. The text reads "Melon guides the way to better health". The bottom screenshot shows a woman's head in profile against a grey background with the text "Clinical outcomes you can trust" and "Melon inspires transformation with real results". Below this is a blue bar with the title "Average change in Metabolic and Emotional Wellness Programs" and five data points.

Average change in Metabolic and Emotional Wellness Programs				
18.6 %	3.4 mmol/mol	6.1	10.2	7.5
Weight loss	Reduction in HbA1c	Reduction in GAD 7	Reduction in Kessler 10	Reduction in PHQ9

Blue light – bluelight.co.nz

- Empowering Youth



Life skills and life-long mates.
Our outdoor programmes help kids thrive.
Donate now and keep kids adventuring.

[Donate Now](#)

Youth Bronchiectasis Clinic – Dr Wendy McRae

- Respiratory SMO
- Respiratory Physiotherapist
- Flexibility
- Managed by Respiratory Physiotherapist
- Predominantly Maori and Pasifika

Youth Health – Inpatient survey Wd 32 – Dr Louise Albertella

- 2018-2019
 - Wd32 Gastroenterology and Respiratory
 - Aim: Young adults and adolescents to see if health was delivered in a “youth friendly manner”
 - 40 participants aged 16-24
 - 43 staff (Nurses, doctors and allied health)
 - Completed surveys
- 77.5% thought the facilities were good or great
 - Most staff friendly (except for the cleaners and clerks)
 - 87% felt that staff treated them with respect
 - 87.5% were trusted to take care of young people’s health
 - Most felt that they weren’t treated differently because of their ethnicity (77%)
 - 82% felt that their cultural needs were being met
 - 80% felt that staff explained things in a way they understood
 - 85% felt comfortable asking questions
 - 77.5% felt that they received the right amount of information
 - 20% felt there was not enough information
 - 95% felt that they were involved in decision making
 - 42.5% were talked to about having a more active role in their healthcare as they grew up
 - 84% felt prepared to look after their health in the future
 - 90% felt that they had enough privacy
 - Only 60% had discussions with their healthcare professional about privacy
 - 80% spent some time alone talking about their health with their doctor or another healthcare professional

Youth Health – Inpatient survey Wd 32 – Dr Louise Albertella

- **Action points : more adolescent resources on the ward (posters, pamphlets and e-module for staff)**
- **Areas that Healthcare professionals did not routinely ask about**
 - **Safety**
 - **Sexual health**
 - **Mental health**

Administration

▼ [Course administration](#)

[Enrolment options](#)

Enrolment options

Youth Health

This introductory course is for anybody who works with young people aged between 12-24 years.

It will assist you to:

- Be better able to engage with young people
- Understand that young people are developing-and how this impacts on their actions and responses
- Understand young people's need for respect to their right to confidentiality and privacy; and balance that with involving important supports like family and friends
- Inspire further learning in youth health

Key Contact: [Bridget Farrant](#)





Learners should complete the course the following way -


1. **Complete** the e-Learning module(allow 30 minutes)
2. **Complete** the course feedback survey (5mins)
3. **Print** your certificate

Youth Health


Click on the link below to access the material

 [Engaging more effectively with youth](#)



 [Feedback Survey](#)



 [Certificate of Completion](#)

Who are we talking about



Young people are those aged **12-24** – and make up just over **20%** of our population.



In Counties Manukau **21%** of our youth are Maori, **28%** Pacific, **22%** Asian and **29%** other.



YOUTH
HEALTH



YEAH!



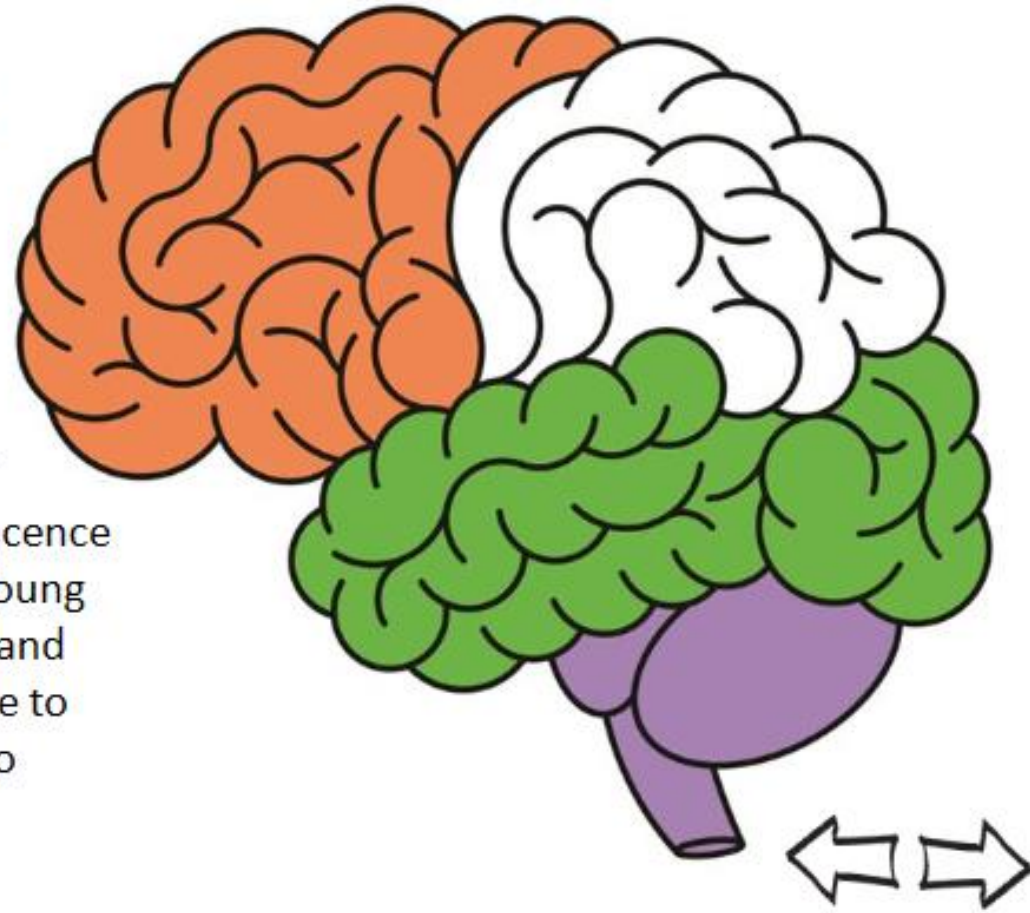
ADOLESCENT DEVELOPMENT



- Adolescence - the stages of physical, cognitive and psycho-social development that take place between childhood and adulthood.
- The onset is typically marked by the biological changes of puberty, whereas various culturally influenced social transitions help define its conclusion for example the assumption of adult roles.
- It is important to have an understanding of adolescent development as it will influence the way you support young people.




The Adolescent Brain

Connections between the limbic system and the prefrontal cortex become faster and more efficient during adolescence in response to all experiences. Young people develop impulse control and emotional regulation in response to experiences and opportunities to learn.




Stages of Adolescent Development and Practice Tips



 EARLY "Am I normal?"	 MIDDLE "Who am I?"	 LATE "Where am I going?"
Developmental issues		
<ul style="list-style-type: none"> • Puberty • Strive for autonomy • Peer relationships important 	<ul style="list-style-type: none"> • Experimentation and risk taking • Need for peer group acceptance • Identity exploration 	<ul style="list-style-type: none"> • Independence from parents • Vocational and educational goals • Own value system
Cognitive Development		
<ul style="list-style-type: none"> • Concrete thinking • Difficulty identifying how current behaviour impacts on future • The future is now 	<ul style="list-style-type: none"> • Can think more conceptually • Can accept more responsibility for consequences of actions 	<ul style="list-style-type: none"> • Longer attention span • Abstract thinking • Future thinking
Practice Points		
<ul style="list-style-type: none"> • Discuss confidentiality • Assess for health risk behaviours • Reassure about normality • Use short and simple explanations • Base interventions on some short term outcomes 	<ul style="list-style-type: none"> • Discuss confidentiality • Assess for health risk behaviours • Relate behaviours to immediate physical and social concerns • Support identity exploration • Base interventions on short term outcomes 	<ul style="list-style-type: none"> • Discuss confidentiality • Assess for health risk behaviours • Address prevention more broadly • Relate behaviours to immediate physical and social concerns • Base interventions on short and long term goals



Well done! These are the correct Adolescent Development and Practice Tips:




EARLY
"Am I normal?"

Puberty

The future is now

Reassure about normality

Use short and simple explanations



MIDDLE
"Who am I?"

Support identity exploration

Experimentation and risk taking

Can think more conceptually



LATE
"Where am I going?"

Address prevention more broadly

Own value system

Future thinking

Longer attention span

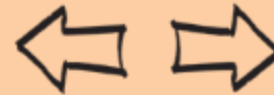
ENGAGING WITH YOUNG PEOPLE



- Confident welcome
- Respond openly to adolescents initial reactions and feelings
- Clear introductions: yourself, your role, what you'll be doing and why
- Clear boundaries
- Outline confidentiality

Confidentiality Statements

To proceed to the next slide, drag and drop the confidentiality statements below into the correct boxes



A discussion about confidentiality leads to

Less anxiety

Increased trust

Increased comfort

Feeling of connectedness with staff

which results in

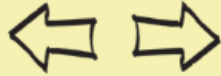
More willing to disclose information

More honest about disclosure

Increased likelihood of future visits

HEEADSSS

HEEADSSS THE ADOLESCENT PSYCHOSOCIAL ASSESSMENT



H E E A D S S S

Home

Eating

Drugs

Suicide/
depression

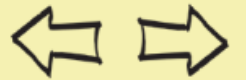
Education/
employment

Activities
(peer group)

Sexuality

Safety

HEEADSSS PROVIDES



- An opportunity to develop rapport
- Develops an overview of the young persons risk and resiliency
- Assists the professional to cover their strong areas as well as gaps
- A clinical impression of risk
- Ensures intervention and follow up is appropriate and maximally effective

TABLE 1 The HEADSSS psychosocial interview for adolescents

	<i>Potential first-line questions</i>	<i>Questions if time permits or if situation warrants exploration</i>
Home	<p>Who lives with you? Where do you live?</p> <p>What are relationships like at home?</p> <p>Can you talk to anyone at home about stress? (Who?)</p> <p>Is there anyone new at home? Has someone left recently?</p> <p>Do you have a smart phone or computer at home? In your room? What do you use it for? (May ask this in the activities section.)</p>	<p>Have you moved recently?</p> <p>Have you ever had to live away from home? (Why?)</p> <p>Have you ever run away? (Why?)</p> <p>Is there any physical violence at home?</p>
Education and employment	<p>Tell me about school.</p> <p>Is your school a safe place? (Why?) Have you been bullied at school?</p> <p>Do you feel connected to your school? Do you feel as if you belong?</p> <p>Are there adults at school you feel you could talk to about something important? (Who?)</p> <p>Do you have any failing grades? Any recent changes?</p> <p>What are your future education/employment plans/goals?</p> <p>Are you working? Where? How much?</p>	<p>How many days have you missed from school this month/quarter/semester?</p> <p>Have you changed schools in the past few years?</p> <p>Tell me about your friends at school.</p> <p>Have you ever had to repeat a class/grade?</p> <p>Have you ever been suspended? Expelled? Have you ever considered dropping out?</p> <p>How well do you get along with the people at school? Work?</p> <p>Have your responsibilities at work increased?</p> <p>What are your favorite subjects at school? Your least favorite subjects?</p>

Eating

Does your weight or body shape cause you any stress? If so, tell me about it.

Have there been any recent changes in your weight?

Have you dieted in the last year? How? How often?

What do you like and not like about your body?

Have you done anything else to try to manage your weight?

Tell me about your exercise routine.

What do you think would be a healthy diet? How does that compare to your current eating patterns?

What would it be like if you gained (lost) 10 lb?

Does it ever seem as though your eating is out of control?

Have you ever taken diet pills?

Activities

What do you do for fun? How do you spend time with friends? Family? (With whom, where, when?)

Some teenagers tell me that they spend much of their free time online. What types of things do you use the Internet for?

How many hours do you spend on any given day in front of a screen, such as a computer, TV, or phone? Do you wish you spent less time on these things?

Do you participate in any sports?

Do you regularly attend religious or spiritual activities?

Have you messaged photos or texts that you have later regretted?

Can you think of a friend who was harmed by spending time online?

How often do you view pornography (or nude images or videos) online?

What types of books do you read for fun?

How do you feel after playing video games?

What music do you like to listen to?

Drugs

Do any of your friends or family members use tobacco? Alcohol? Other drugs?

Do you use tobacco or electronic cigarettes? Alcohol? Other drugs, energy drinks, steroids, or medications not prescribed to you?

Is there any history of alcohol or drug problems in your family?

Does anyone at home use tobacco?

Do you ever drink or use drugs when you're alone?

(Assess frequency, intensity, patterns of use or abuse, and how patient obtains or pays for drugs, alcohol, or tobacco.)

Sexuality

Have you ever been in a romantic relationship? Tell me about the people that you've dated.
Have any of your relationships ever been sexual relationships (such as involving kissing or touching)?
Are you attracted to anyone now? OR: Tell me about your sexual life.
Are you interested in boys? Girls? Both? Not yet sure?

Are your sexual activities enjoyable?
Have any of your relationships been violent?
What does the term "safer sex" mean to you?
Have you ever sent unclothed pictures of yourself on e-mail or the Internet?
Have you ever been forced or pressured into doing something sexual that you didn't want to do?
Have you ever been touched sexually in a way that you didn't want?
Have you ever been raped, on a date or any other time?
How many sexual partners have you had altogether?
(Girls) Have you ever been pregnant or worried that you may be pregnant?
(Boys) Have you ever gotten someone pregnant or worried that might have happened?
What are you using for birth control? Are you satisfied with your method?
Do you use condoms every time you have intercourse? What gets in the way?
Have you ever had a sexually transmitted infection or worried that you had an infection?

Suicide/ depression

Do you feel "stressed" or anxious more than usual (or more than you prefer to feel)?
Do you feel sad or down more than usual?
Are you "bored" much of the time?
Are you having trouble getting to sleep?
Have you thought a lot about hurting yourself or someone else?
Tell me about a time when someone picked on you or made you feel uncomfortable online.
(Consider the PHQ-2 screening tool [Table 6, page 26] to supplement.)

Tell me about a time when you felt sad while using social media sites like Facebook.
Does it seem that you've lost interest in things that you used to really enjoy?
Do you find yourself spending less time with friends?
Would you rather just be by yourself most of the time?
Have you ever tried to kill yourself?
Have you ever had to hurt yourself (by cutting yourself, for example) to calm down or feel better?
Have you started using alcohol or drugs to help you relax, calm down, or feel better?

Safety

Have you ever been seriously injured? (How?) How about anyone else you know?
Do you always wear a seatbelt in the car?
Have you ever met in person (or plan to meet) with anyone whom you first encountered online?
When was the last time you sent a text message while driving?
Tell me about a time when you have ridden with a driver who was drunk or high. When? How often?
Is there a lot of violence at your home or school? In your neighborhood? Among your friends?

Do you use safety equipment for sports and/or other physical activities (for example, helmets for biking or skateboarding)?
Have you ever been in a car or motorcycle accident? (What happened?)
Have you ever been picked on or bullied? Is that still a problem?
Have you gotten into physical fights in school or your neighborhood? Are you still getting into fights?
Have you ever felt that you had to carry a knife, gun, or other weapon to protect yourself? Do you still feel that way?
Have you ever been incarcerated?

Adolescent Cases 6

13F

BMI 70

Has an 8 year old brother who is 80kg

Biventricular heart failure

On CPAP

Hypertension

Mother working a Kmart shift supervisor unable to be there

Grandfather passively supervising

Up to 2am watching “tiktok”

Skipping school

Oblivious to health problems

Mother does not seem to think there is a problem

- Interventions

- Social worker
- Nurse – monthly blood pressure and weight, encourage to take medications
- Parenting course
- Wilson centre for rehab
- “Healthy living” through Otara health
- Nutritional support
- Oranga tamariki (ex Child Youth and Family)

Otara Health

- “Active Families Programme
 - Exercise – Gym membership

Free community-based programme improving whaanau health and wellbeing



Archive

[2021](#)

[2020](#)

[2019](#)

[2018](#)

[2017](#)

[2016](#)

Latest News 24 January 2020 |Green Prescription Active Families, a community-based programme delivered by Otara Health on behalf of Counties Manukau Health (CM Health), is having a positive impact on the health and wellbeing of families living in South Auckland.

The one-year-long free programme – delivered in Otara, Mangere, Manurewa and Papakura – supports children aged five to 13 years and their families to lead healthier and more active lifestyles through whaanau-based nutrition education, physical activity and lifestyle programmes.

Wilson Centre for rehab

About the Wilson Centre

- Located in Takapuna in park-like grounds, within walking distance of the beach, shops and buses
- Has a purpose-built playground, hydrotherapy pool, and provides a range of services to families in the Auckland Region and beyond

Rehabilitation Service

- The Child Rehabilitation Service provides comprehensive, family-centred rehabilitation services to children from 0-16 years old, or while still at school
- The service caters for inpatients, day patients, and outpatients
- Specialist clinics are provided onsite

Respite Service

- Respite care (out of home support) is provided for children from 0-16 years of age who have high support needs
- This service provides periodic relief to families who have children with multiple or complex needs living at home or in the community





Kia Manaaki

Our belief is that in the right environment, with the right people surrounding and nurturing them, any child can and should flourish.

Children's workers →

Caregivers →

Service providers →

Contact us →



Adolescent Case 7

- 16F Chronic Abdominal Pain
- Gluten intolerant
- Dysmenorrhoea on NSAIDS
- Anxiety unable to verbalise
- Mother – very anxious
- Low FODMAP diet
- Waiting for anxiety to surface so it can be a target to treatment

Adolescent Case 8

- 15F
- Headache
- Non specific neurological symptoms
- MRI Brain – small scar in internal capsule – stable on interval scanning
- Diagnosed with possible Ehlos Danler's Syndrome (Private Rheumatologist) and possible mast cell activation syndrome
- Minor Oesophageal discomfort on swallowing – Video fluoroscopy ?
Motility - Awaiting FEES (Functional endoscopic evaluation of swallowing)
- Low weight – started on Creon BMI 17
- On Doxycycline
- Not tolerating Creon, eating less

Adolescent Case 9

- 19M Maori
- Seizure disorder
- MVA aged 4 years, Head injury from fights at school
- Medication Non adherence
- Bilateral Keratoconus – lost 4 sets of contact lenses
- Problematic at school (due to intellectual impairment and poor vision)
- Youth offending
- Partner (Neighbour's 15 year old daughter) – now 20 weeks pregnant – after a sit down talk about contraception – planned Jadelle implant but girl's mother said no
- Social issues – drug and alcohol use in the house
- Social support – pick up medicines for him
- Cognitive assessment to enable him to have supports in the future
- If on sickness benefit won't bother to work

Adolescent Case 10

- 17M Samoan
- Seizure disorder
- Special school
- No needs assessment done (18 month waiting list through Taikura trust)
- Doesn't act out
- Not noticed
- Misses out on supports
- Very supportive family

Adolescent Case 11

- 14F
- Anxiety and Depression
- Eating disorder BMI 11
- Also has Coeliac disease
- Psychologist and Nursing support

Adolescent Case 12

- 14F
- Chronic Daily Headache
- Dizziness and faints - ? POTS
- OCD
- Anxiety
- Has had CBT
- Sees a Psychiatrist ? ADHD component, intolerant of Ritalin

MDT

- Triaging Referrals
- Delegating to team members
 - Doctor
 - Nurse
 - OT – Rehabilitation plan
 - Social Worker
 - Psychologist

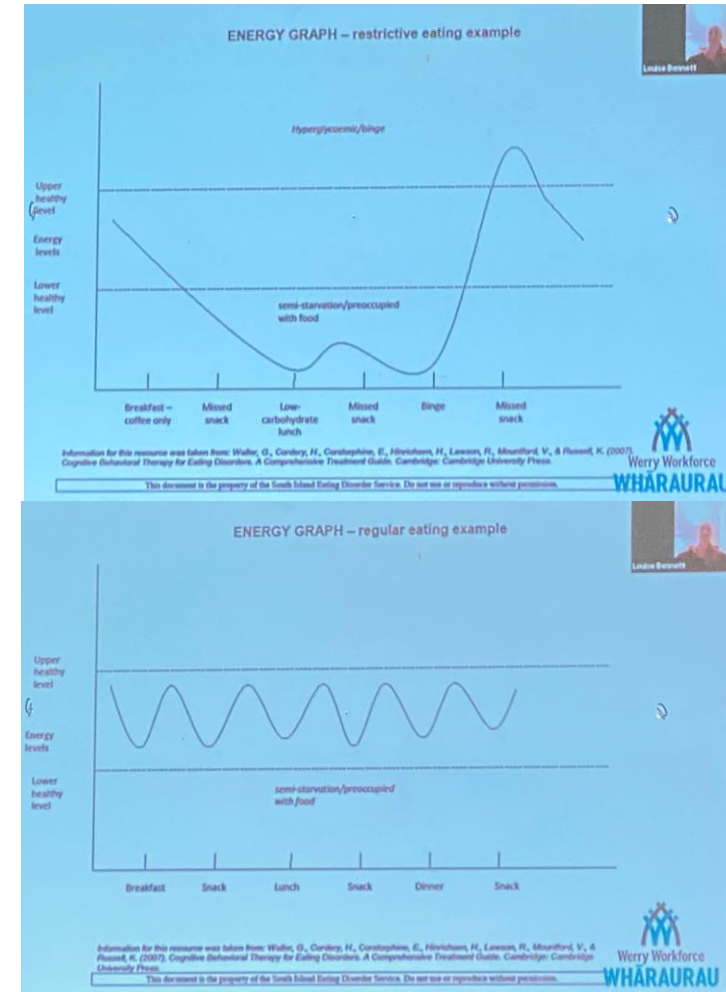


Eating Disorders

- Influences eating behaviour
 - Family - parental food intake, what is available, eating with family, portion size
 - Peers - adjust consumption to that of friends, food groups
 - Media social media - social endorsement. High social media use leads to high rates of body dissatisfaction
- Dieting
 - definition - intentional often temporary change to achieve weight loss . Fad diet and yo-yo dieting
 - Main reasons - body image dissatisfaction, Desire to be thinner, perception of overweight (rather than actual)
 - Ways - skipping meals, restricting particular food groups, fasting
- Why diets don't work
 - Set point theory - our weight is genetically determined if eat regularly and moderate exercise weight stays within 3-4kg
 - Dieting lowers this
 - Restrictions- starvation fatigue dizzy cold poor concentration
 - Growth deceleration - stunted
 - Nutritional deficiency - iron and calcium
 - Osteopenia/ osteoporosis
 - Rigid rules VS guidelines
 - Starvation - drive to eat
 - Cycle of restricting and binge eating
 - Dieting increases risk of eating disorder

Eating Disorders

- What is normal healthy eating
 - energy requirements
 - Regular eating 3 meals 2-3 snacks per day
 - Not leaving too long between meal and snack
 - Steady blood sugar levels
- Myths
 - carbohydrates -quick source of energy - but easily over eat
 - Fats - very important - lose period because not enough body fat
 - Eating at night bad - not true
 - No snacking
 - No treats
 - Skipping meals



Eating Disorders

- Avoidance Restrictive Intake Food Disorder (AFRID) DSM -5
- Typical presentations
 - Lack of interest in food
 - Sensory based avoidance of food
 - Concerns about consequences of eating (eg choking, vomiting)
 - No body image concerns
- Consequences
 - Significant weight loss (or failure to achieve expected weight gain or faltering growth in children)
 - Significant nutritional deficiency
 - Dependence on enteral feeding or oral nutritional supplements
 - Marked interference with psycho-social functioning

• Goals of Treatment

- Achieve or maintain weight
- Correct nutritional deficiencies
- Eat foods from the basic food groups
- Feel more comfortable about eating in social situations

Summary of Common Themes

- Concerns about missing formative education
- Difficult psycho-social problems – Optimistic Social workers, Nurses and Adolescent Physicians
- Under-engagement with health system – hospital system too rigid
- Support and co-ordination of services – focus on the small victories
 - Tailor each adolescent to see which is the best strategy

Outcome

- Proforma for Transition Clinic
- Incorporate a check list to ensure that we aren't missing anything for young adults
- Closer working relationship with Adolescent Health
- On line e-learning module