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Youth health needs specialised training

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Specialised training in youth health for clinicians who work mainly with young people may result in better health outcomes for students, according to research from the University of Auckland.

A study, just published in the *Journal of Adolescent Health* reported on the prevalence of training in youth health among nurses or physicians working in school health services and association with self-reported health status of students.

The research documents levels of training in adolescent health among a nationally representative sample of school-based nurses and physicians and the association with health outcomes among high school students.

"We found that when schools employed clinicians with postgraduate training in youth health, there was an association with fewer emotional and behavioural difficulties and less binge drinking among students," says lead author and Paediatric youth health specialist, Associate Professor Simon Denny.

"There was also a trend toward fewer suicide attempts and less depressive symptoms that did not reach statistical significance," he says.

"Research has previously shown that school health services are able to enhance access to mental health services among high school students. Our results suggest that clinicians with postgraduate training in youth health may also be important for supporting students experiencing distress and mental health concerns," says Dr Denny.

The results from the study showed that 80 percent of nurses and physicians reported some training in youth health, either having attended lectures or study days in youth health. Fewer (17 percent) had completed specialist training in youth health, which is currently only available in New Zealand at the University of Auckland, through the postgraduate specialisation in youth health.

Students in schools where the nurses and physicians had received postgraduate training in youth health were less likely than students from schools with clinicians having attended lectures or study days in youth health to report emotional and behaviour difficulties (11.8 percent versus 12.7 percent) and binge drinking (19.6 percent versus. 24.9 percent).

"There were no significant associations between depressive symptoms, suicide risk, cigarette, marijuana, contraception use, or motor vehicle risk behaviours among students and level of training among clinicians in their schools' health service," he says.

"It is unclear why clinician training in youth health was able to reduce alcohol problems among students, but not for other health-risk behaviours such as cigarette use, marijuana use, contraception use, or motor vehicle risk behaviours," he says.

"One explanation may be that the mental health concerns were, in part, driving the alcohol behaviours and by addressing the underlying distress may have improved behaviours around alcohol use.

Alternatively, the prevalence of cigarette use, marijuana use, contraception use, or motor vehicle risk behaviours among students was lower than that for alcohol use and therefore may have been more difficult to influence.

More information: Simon Denny et al. The Prevalence of Postgraduate Education in Youth Health Among High School Clinicians and Associated Student Health Outcomes, *Journal of Adolescent Health* (2016). DOI: 10.1016/j.jadohealth.2016.07.012