Orygen
The National Centre of Excellence in Youth Mental Health

Clinical practice in youth mental health

Screening and intervening for physical and sexual health

Introduction

There are many associations between physical and mental health, they are considered bi-directional and intricately linked (Australian Institute of Health and Welfare 2011). The Healthy Active Lives declaration (HeAL 2013) is an international consensus focusing on tackling physical health in young people experiencing mental ill-health. It outlines a set of key principles and processes that support the goal of maintaining good physical health.

Young people experiencing mental ill-health have a shorter life expectancy of between 13–32 years (Colton & Manderscheid 2006). The same early intervention model we use in clinical services should be applied to work towards addressing the disparities in physical health outcomes of people with mental health problems.

Mental health concerns often become the biggest focus without the consideration of their effects on a young person's physical and sexual health

This clinical practice point is designed to help clinicians working with young people to understand:

- the importance of screening physical health early, and providing interventions to prevent or address issues arising
- physical, physiological and hormonal changes that occur during normal development
- the impact of mental ill-health on physical and sexual health
- the impact psychotropic medications can have on physical health
- the impact of physical health issues on mental health
- modifiable lifestyle factors that can positively impact on overall physical health
- interventions that early intervention services can offer with regards to physical health
- strategies to assist physical health monitoring and intervention.

Why do mental health clinicians need to think about physical health?

The onset of mental ill-health often occurs between the ages of 12–25 years, and can also bring risks in identity development and poor physical health outcomes, including sexual and oral health. Mental health concerns often become the biggest focus without the consideration of their effects on a young person's physical and sexual health (Orygen 2016). It will only improve the physical and mental health of young people if we improve our clinical practice, as well as our organisational structure and policies, around physical and sexual health screening and interventions.

For decades, mental health services have focused on psychosocial interventions and left most other aspects of healthcare to primary care practitioners. The current healthcare disparities experienced by those living with mental ill-health in the community exemplify the failure of our health systems to adequately address the physical health care needs of all people living with mental health conditions.

The challenges of working with young people with mental health difficulties are many and varied. One of the key challenges is making sure that each young person receives holistic care – care that responds to both their physical and mental health needs. This is extremely important because physical and mental health are interconnected – one affects the other. For example, we know that young people with severe mental ill-health are less likely to engage in physical activity than their peers (Nyboe 2013) and more likely to engage in sedentary activities, such as watching TV, playing video games, and using a computer (Hoare, et al. 2016). These behaviours can have a negative impact on both their physical and mental health.

Mental health services are beginning to work towards providing more holistic care to young people. One example of this shift is the inclusion of metabolic screening as standard practice in many mental health settings (Thompson, Hetrick, et all. 2011). This is a positive development, however, in order to provide holistic healthcare to a young person, we need to think much more broadly than considering metabolic monitoring requirements. Rather, we need to be mindful that a young person's physical health needs, include lifestyle factors that contribute to their cardiometabolic health, sexual health, and oral health, in addition to screening for metabolic functioning at the outset of treatment.

Developmental considerations

Late adolescence and early adulthood is a developmental stage that involves significant cognitive, neurological, emotional, social, and physical changes (Arnett 2014). It is also a period of development in which most young people experience peak physical health and fitness in their lives. Many young people, especially those who are interested in fitness and sport, understand that peak physical fitness occurs at this time, especially when comparing themselves to parents or older friends. This belief could compound the sense of physical immortality that many young people hold (Albert, et al. 2007).

Even though young people are generally in good health, we cannot afford to be complacent in thinking about their physical health, now or in the future. For the many young people who have a sense of physical immortality, they may not be particularly aware of or concerned about the effects of their behaviours and lifestyle choices on their health. This may be even more pronounced among young people experiencing mental health difficulties who can also feel disconnected from any sense of a future (e.g. those experiencing PTSD, depression, or severe mental ill-health).

For many young people, the physical aspects of health are closely related to appearance and performance rather than health per se. Young people may focus on short-term implications of positive health behaviours rather than being motivated by long-term benefits on their health. This can result in young people being more likely than other age-groups to experiment and take risks, particularly in relation to alcohol, other substance use, and sexual behaviour (Steinburg 2014).

Risk-taking behaviours can have long-term effects on both physical and mental health. An important part of the role of mental health clinicians is to work with young people in a way that is protective of their overall health and wellbeing both now and in the future. Mental health clinicians are well placed to perform this role, harnessing aspects of mental health training in working with young people in a way that's not patronising, not expecting too much of them too quickly, and using the principles of harm-minimisation.

The relationship between physical and mental health

The relationship between physical health and mental health is not straightforward. Young people experiencing mental health difficulties are more likely to have poor physical health. For example, people currently living with mental ill-health in Australia are more likely to develop diabetes, cardiovascular disease, cancer, and die up to 30 years earlier than the general population (Orygen 2016; Colton & Manderscheid 2006). While this is likely due to the accumulation of risk factors over time, it serves an important reminder that early intervention for physical health and mental health is paramount in young people.

The mechanisms by which physical health interacts with mental health is complex and bi-directional (Parker, et al. 2016). Not only might being physically healthy protect against the development of mental ill-health, but experiencing mental ill-health might lead to a person changing their lifestyle factors, such as diet and exercise habits, which can affect physical health in the future (Parker, et al. 2016).

Physical health effects on mental wellbeing

Good physical health can be a protective factor. Physical activity interventions have shown to improve mental health symptoms, cognition, and overall wellbeing, making the case for physical activity interventions difficult to ignore (Rosenbaum, et al. 2016). Added to this, of course, is the physical health benefits over the longer term in terms of preventing future risk of cardiovascular disease, cancer and diabetes (Ward, White & Druss 2015).

The NICE guidelines (2005) state that all young people presenting with depressive symptoms should be provided with psychoeducation about the effect of sleep and exercise on mental health and also state that young people should be supported in improving these lifestyle factors. Treatment for depression and anxiety may include changes to a young person's diet and an increase in physical activity. There is increasing evidence that treatment for severe mood disorders, PTSD, and psychotic disorders should include physical activity or exercise interventions alongside standard treatment (NICE 2005).

Mental health effects on physical wellbeing

The relationship between mental ill-health and poor physical health outcomes is well known. As already mentioned, people living with mental ill-health experience higher rates of physical illness than the rest of the population and die up to three decades earlier (Orygen 2016).

A systematic review by McCloughlan et al. (2012) found that co-morbid mental–physical illnesses and conditions are evident across a person's lifespan. People experiencing mental ill-health can experience higher rates of physical illness than the general population and there is some evidence that this occurs across the diagnostic spectrum (McCloughlan, et al. 2012).

Young people living with mental ill-health have increased physical and sexual health problems when compared to their peers. For some young people, their social circumstances can also increase this vulnerability because social and economic circumstances can impact on healthcare accessibility and availability. Groups that are at increased risk include young people who (Brown, Rice, et al. 2016; Lopez & Allen. 2007; Dolan, Holloway et al. 1999).

- have an Aboriginal and Torres Strait Islander background
- live out of home, in foster care, or are homeless
- have had contact with the juvenile justice system
- are lesbian, gay, bisexual, transgender, or intersex
- are from a culturally and linguistically diverse (CALD) background.

Existing disparities in the health of marginalised young people are likely to be exacerbated by mental ill-health. The impact is complex and can depend on the type of illness and treatment received. For example, some medications prescribed to treat psychosis can cause sexual dysfunction, but in depression, sexual dysfunction can be both a symptom and a side effect of treatment (Orygen 2016).

Screening and intervention

There's consensus that young people receiving care for mental health difficulties should also receive proactive physical healthcare. One way of doing this is for services to engage the young person, family and other supports, GPs, other allied professionals, and specialists where needed.

Young people are unlikely to attend appointments without understanding the rationale for further physical screening. Encouraging the young person, their family, and other supports to engage in coordinated care and treatment between professionals is paramount.

Considerations when incorporating physical health screening into routine care

- Ask about physical health in each session – this helps to normalise the conversation about physical health and give the message that it's part of the holistic care offered by the service.
- Make physical health part of a routine – whether this is a monthly routine of reviewing the young person's goals, or providing a new medication prescription, routinely engaging in monitoring will make sure it's less likely to be missed.
- Make equipment available and accessible – each consultation room needs to have its own metabolic kit to make it easy for clinicians to implement measurement and monitoring.
- Make it part of routine clinical review meetings – make sure that physical health is considered at each key review milestone, and that appropriate referrals and interventions are offered.
- Measure outcomes – setting service-level KPIs for metabolic monitoring or physical health assessment will help to embed the practice into routine care.
- Be considerate e.g. if you are weighing a young person who feels stressed about knowing their weight, they can be weighed standing backwards on the scales.

> "I give lots of reassurance when I see small changes happening and I look at how we can replicate this in other areas; I always explore how a young person feels when talking about changes in activity.
>
> Clinician,
> Orygen Youth Health Clinical Program

Considerations when discussing physical health with young people

- Avoid giving advice; instead, use a motivational interviewing approach.
- Ask young people to keep a diary of activity and use it as a discussion tool for the benefits on mood. The diary shows the young person the activities they are doing despite difficulties with their mood.
- Use a cost/benefit analysis to establish thoughts about change in behaviours.
- Use curious questions to elicit information about the thoughts that young people may have in regard to their physical health.
- Look for links to core beliefs and work out small ways of starting to challenge those beliefs.
- Don't go into battle – look for small changes that show a young person that they can achieve something.
- Move in small steps and work using a harm minimisation approach. Remember: small changes are important.

TIP Use time wisely – in joint sessions while the medical practitioner is organising investigations or prescriptions, the clinician can be measuring metabolic parameters such as weight, BP, and waist circumference.

Cardiometabolic health

There is evidence that there are associations between poor mental health and poor physical health. Youth-focused services have a responsibility to start improving the physical health of young people they are working with.

As a baseline, young people should have a documented assessment that includes the risk factors for future obesity, cardiovascular disease, and diabetes. This screening for modifiable risk factors should include:

- Obesity: height and weight to calculate BMI and waist and hip circumference to estimate ratio
- High blood pressure: systolic and diastolic blood pressure
- Blood glucose
- Fasting lipid profile (total cholesterol, LDL and HDL, and triglycerides)
- Physical activity and exercise rating
- Dietary screening
- Tobacco use
- Alcohol use

This information should be used to understand a young person's excess risk of longer term physical health complications on a background of static risk factors such as family history, ethnicity, gender, and age.

Screening should occur at baseline and then weight and lifestyle reviews should be addressed weekly (Curtis, et al. 2010). At three months, there should be a repeat of previous tests, as well as at six and 12 months. Weight, waist circumference, and lifestyle reviews should also occur at nine months. For more information, refer to Positive Cardiometabolic Health: An early intervention framework for adolescents on psychotropic medication (Curtis, et al. 2010).

Screening and brief interventions for lifestyle factors

Diet: Ask the young person what they eat and start to explore what their relationship with food is. Do they comfort eat when feeling sad? Do they restrict food intake? Do they drink enough fluid?

Develop an understanding of the young person's dietary habits, and a discussion around healthy eating and nutrition. Provide psycho-education and offer support to the young person around this issue as standard practice.

Smoking, alcohol, and other substance use: Ask the young person about their substance use and how much they use. Do they drink alcohol, smoke cigarettes or use any other substances? Do they use on waking? Do they need a cigarette, drug of choice, or drink before being able to function or to socialise? Offer support to stop using or to cut down on substance use. Use a motivational interviewing approach to address both physical and mental harms associated with substance use.

Physical activity and exercise: Ask the young person curious questions around physical activity and exercise. Do they play sport? How much time do they spend in passive leisure activities, such as watching TV or playing video games?

Do they experience barriers to exercise, for example, the social aspect of going to a gym? Do they leave the house and walk to the shops or to school?

Sleep: Establish the young person's daily sleep and awake time. It is normal for young people to not value their sleep pattern and routine. It may be helpful to normalise sleep patterns for young people while starting to make links between sleep and mood asking questions such as, 'When you only sleep for two hours, how do you feel the next day?'

> “Metabolic screening should begin as soon as possible after a young person is accepted into the service, before they begin medication. This information should guide choice of medication.
>
> Consultant psychiatrist,
> Orygen Youth Health Clinical Program

Physical health interventions

Diet

One of the most obvious modifiable factors in the prevention or treatment of cardiometabolic ill-health is diet. Young people may struggle with weight gain as a result of commencing medications (Curtis, et al. 2016), lose social connections as a result of mental ill health, or become more sedentary in their social interactions, which, in turn affects physical health outcomes (Umberson, et al. 2010). Young people may also comfort eat or lack motivation to eat depending on their symptoms of mental ill-health (Umberson, et al. 2010). They may make poorer food choices, skip meals, or experience a change in appetite, which is why thorough assessment is important. Having effective conversations about diet can be delicate for clinicians, on the one hand aiming to encourage positive body image and healthy eating patterns, but on the other avoiding a danger of disordered eating patterns being established or exacerbated.

There is evidence to suggest poor diet is a modifiable risk factor for poor physical health outcomes (Scanlon, et al. 2015). Food choices can be discussed in a non-judgemental way that utilises a curious, Socratic questioning style, which is likely to be more helpful in uncovering opportunities for change.

Following a diet or weight-centric approach might be unhelpful to some young people because it could lead to patterns of shame or guilt around food. Concerns regarding costs of a healthy diet may arise, however Australian research has shown that people who follow a Mediterranean diet spent less money (Opie, et al. 2015).

Considerations for discussing and improving diet choices

- Set the scene for your discussion by saying you talk to all of the young people you see about diet – the more research we do in this area, the more we are seeing that diet and mental health impact on each other in lots of ways.
- Use a motivational interviewing approach, for example, ‘Can you think of a time when you were eating better/more regular meals? What was that like?’, ‘In a perfect world, if you could get back to eating pretty well again, what do you think that might look like? What might be different? What other changes might you notice?’, and ‘For most of us, changing our diet can be pretty hard, what might get in the way?’
- Look at links between feelings and food choices.
- Avoid a weight-centric approach – it can have repercussions in terms of the development of disordered eating. Have discussions around the impact of food on our bodies.
- Talk about the use of brown rice, bread, and pasta in order to feel fuller for longer if a young person says they feel hungry.
- Look at fluid intake – often people are thirsty when they feel they are hungry.
- Use food diaries to open a curious and non-judgemental approach when discussing food choices.
- Use a cost/benefit analysis worksheet to explore change and discuss financial gain from changes to diet.

TIP

Avoid using terminology such as ‘bad foods’ and ‘good foods’. This kind of language is unhelpful and can contribute to eating disorder risk among vulnerable young people.

> “I always find it really difficult to address weight as a lifestyle choice, I worry that I am not a good role model. I find it helps engagement to be honest that diet choices are really difficult for us all.

Clinical Specialist,
Orygen Youth Health Clinical Program

> “I have really noticed how many young people involved in mental health services have disordered eating patterns, sometimes as a result of clinicians asking them about weight. I think it is really important to consider this when working with young people.

Dietitian,
Orygen Youth Health Clinical Program

Young people are likely to need to build their skills and knowledge around healthy eating and food choices. A range of resources to assist clinicians to help young people to develop these skills are available in Orygen's clinical practice guide entitled *Physical & mental health: Guidance, resources & tools for prevention and early intervention in cardio-metabolic and sexual health issues* at https://www.orygen.org.au/. It is important to note that offering dietary advice as a stand-alone intervention is unlikely to be effective. Individual dietetic consultations and practical group sessions offered as part of a broader lifestyle program are more likely to lead to positive change and sustained improvements in eating habits (Teasdale, Ward, Rosenbaum, et al. 2016).

Physical activity and exercise

Physical activity is increasingly recognised as a successful component of treatment for various mental disorders (Rosenbaum, et al. 2016; Parker, et al. 2016). It's a practical and effective addition to the usual care for a variety of mental health difficulties. Being active and noting the link between activity and mood is helpful and can benefit young people in many ways, although it's always important to consider the effect of excessive exercise and negative body image in the way we address and frame these conversations.

Considerations for discussing and improving activity levels

- Explain to the young person that research shows that being more physically active is one way we can improve our mental health. So, with every young person you see, you talk about physical activity with them.
- Reassure them that you're not expecting them to suddenly go to the gym every day, or take up jogging. Rather, you might explain, 'There are lots of different ways we can be active, and part of what we can do together is to try to figure out which ones might work for you, what gets in the way, and what might help in getting your body moving a little bit more every day.'
- Use a cost/benefit analysis worksheet to explore change in activity levels.
- Start to build links with mood and activity levels by asking young people how they felt after increasing activity levels.
- Consider the effect of exercise on mood and breaking rumination cycles.
- Plan Small, Measurable, Achievable, Realistic, and Timely (SMART) change.
- Remember: small changes should be celebrated. Acknowledge the sense of achievement a young person may feel when making any kind of positive change.
- Discuss mastery and pleasure by asking the young person to think about a sense of achievement and a sense of enjoyment.

Take your clinical/therapeutic session outside and open up conversations around the link to mood.

> “I always try to get young people out and about in clinical sessions, it is modelling the approach we are trying to encourage and also it is a good way of having therapeutic conversations out of the stale and clinical rooms we use.

Clinical Specialist,
Orygen Youth Health Clinical Program

Oral health

In adult populations, managing the high rates of poor physical health in people with severe and enduring mental ill-health starts with mental health services and providers improving a person's awareness of their oral health. The next logical area to focus on, then, is oral health education for young people (Lynch, et al. 2005).

Oral health care is often overlooked in youth mental health services despite a range of oral and dental health issues associated with factors such as tobacco use, poor diet, and alcohol and other substance use. Clinicians and health services working with young people are in a unique position to be able to support oral and dental healthcare. Although there's limited research surrounding the best approach to take when working with young people, implementing simple interventions, including education, can help young people understand the risks to their dental health over the longer term.

Access to dental services needs to be facilitated. This requires communication between mental health and dental care providers, with a focus on flexible approaches to appointment times, duration, and consideration to any dental anxiety a young person may have. As the risk factors for general and oral health conditions are common, it makes sense that clinical teams in contact with people experiencing mental ill-health use the opportunity to raise awareness of oral health as part of holistic, general health. Promotion focusing on smoking, alcohol use, diet, and hygiene can be modified to incorporate messages relevant to dental health (Moore, et al. 2015).

Considerations for discussing and engaging young people in oral healthcare

- Set the scene by letting the young person know that you routinely ask about, and try to support, young people to manage their oral health.
- Ask young people about their dental health, including their oral health routine, and how frequently they visit the dentist for check-ups.
- Oral and dental health should be positioned as part of the holistic care offered by clinicians working with young people, alongside physical and sexual health care.
- To identify any potential risk factors to dental health, ask young people about their diet, smoking, alcohol, and other drug use as part of their overall assessment.
- Education should be provided about what can contribute to dry mouth, such as anxiety, the effect of alcohol and other substance use on overall dental health, as well as tobacco, cannabis, and other illicit substances.
- Offer to support young people to engage with dental services and access support through community health or general practice centres.
- Youth mental health services need to support engagement in routine monitoring of physical health annually for all young people in the service. This should include routine oral and dental examinations.

Provide toothbrushes and access to fluoride toothpaste within inpatient settings as well as community-based settings. Ensuring a young person has a toothbrush is vital in being able to look after their oral health.

Sleep and mental health

Young people often experience changes in social, academic, familial, or environmental pressures (Kaneita, et al. 2009; O'Brien & Mindell 2005), and these changes can affect health and behaviour, including sleep and mental health. Sleep disturbances and mental ill-health are bi-directionally related in young people and can adversely affect a young person's mental health, and vice versa (Alvaro, et al. 2013; Alvaro, et al. 2017; Shanahan, et al. 2014). Teenagers tend to sleep progressively later as they get older

because their body clock naturally becomes more delayed, meaning that they're likely to fall asleep later (Colrain & Baker 2010).

There's also an increase in competition for attention at night (e.g. homework and social life), as well as increased exposure to blue light from electronic devices, which is likely to result in young people sleeping later than their natural tendency. When considering early rise times for school, young people will often be greatly deprived of sleep. Acute sleep deprivation can result in low mood, and prolonged sleep deprivation can result in more serious mental ill-health.

Worry and sleep

Worry is a common symptom of various anxiety-related conditions and can influence sleep. Excessive worry can be worse near bedtime and result in the young person becoming hyper-aroused, which often prevents them from sleeping (Taylor, et al. 2005).

Improvements in sleep have been shown to also be related to improvements in mental health (Smith, et al. 2005). Sleep disturbances are highly related to depressive states and are associated with poorer treatment response in adolescents with depression (Manglick, et al. 2013).

Considerations when discussing and improving sleep patterns

- Use activity/sleep diary to establish links between mood and sleep.
- Talk about establishing routine and sleeping at the same time every night.
- Turn off all technology for some time before going to bed, even reducing this by 10–15mins may prove to be helpful.
- Work towards sleeping for 8–10 hours a night.
- Try to exercise each day.
- Spend some time outside everyday if possible.
- Avoid alcohol, caffeine, illicit substances, smoking, and sleeping pills.
- Remember that these things may be difficult for a young person, so consider making small changes and looking at the effect of those small changes.
- Create a sleep-friendly environment in a cool, quiet, and dark room where possible.

Sexual and reproductive health

Sexual health is defined by the World Health Organization as 'a state of physical, mental and social wellbeing in relation to sexuality.' It requires a 'positive and respectful approach to sexuality and sexual relationships as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence' (World Health Organization 2006).

During the developmental period of youth, sexual health screening becomes imperative. As secondary sexual development and maturation occurs, young people are likely to be engaging in sexual exploration, relationships, and identity development. It is important to understand that sexuality incorporates a number of components, including attraction, identity, and behaviour, and clinicians should consider all three components of sexuality holistically. For example, a young man could be attracted to both men and women (attraction), may never have had any partnered sexual activity (behaviour), and may identify as heterosexual (identity).

Sexual attraction

This refers to who or what a person is attracted to physically and emotionally. Sexual attraction is considered to follow a continuum from exclusively homosexual at one end to exclusively heterosexual at the other, and includes bisexual, pansexual, omnisexual, asexual, etc. in between.

There are countless ways someone can define their sexual attraction. For some young people, sexual attraction might include having a 'type' that they're attracted to or having particular sexual behaviours that attract them. Sexual attraction does not stay in a fixed place on the continuum and people might find themselves sexually attracted to different people and identities at different times throughout their life.

Sexual identity

Sexual identity may include titles like straight, hetero, queer, and bi, and refer to subcultural belongingness and other ways of expressing sexual identity. The terms homosexual and heterosexual are clinical terms and many young people prefer to use the terms straight, lesbian, gay, bisexual, trans, intersex, queer (LGBTIQ), or more recently, same-sex attracted (Orygen Youth Health 2015).

Sexual behaviour

This refers to sexual activity and the sexual acts that an individual engages in consensually. Young people are more likely to be experimenting and exploring sexual behaviour as part of the normal developmental process. Young people living with mental ill-health are likely to be at increased risk of engaging in high-risk sexual behaviour, especially if they experience homelessness, engage in sexual favours or exchanges, sex work, or have a history of sexual abuse.

Although not one single definition for risky sexual behaviour is agreed on by all health entities, high-risk sexual behaviours are considered as a sexual behaviours that increase the chance of a negative outcome (Mirzaei 2016). For example, young people who engage in substance use are more likely to engage in high-risk sexual behaviour such as not using condoms (Castilla, et al. 1999) possibly as a result of impaired decision-making, mood elevation, and the reduction of inhibition (Bennet, et al. 2000). The impact of not using condoms is the increase of sexually transmitted infections, and unplanned pregnancy, which in turn have repercussions for a person's mental and physical health.

Sexual health problems and sexual function

A sexual health problem is defined as a difficulty or problem in any phase or stage of normal sexual activity. While there's little evidence looking specifically at the rates of sexual dysfunction among young people, it is more likely to be underreported due to embarrassment. There's a link, however, between taking psychotropic medication and sexual dysfunction.

Considerations for screening for sexual health problems and sexual function

- Sexual health history should be part of mental health assessment.
- Young people should be directly asked about their sexual health and behaviour in a non-judgemental way. This should be addressed regularly to establish changes in behaviours.
- There is a risk that young people may stop taking prescribed medication if sexual function isn't addressed. By addressing it at the beginning of your relationship, you are clearly indicating that it is okay to talk about sex and sexuality.

Young people need to have as much choice as possible when it comes to medication, and they should be informed about any possible effect on sexual function when deciding on medication. Their preferences and concerns should be discussed using a shared decision-making approach. Refer to Orygen's clinical practice guide entitled ***Shared decision-making***.

Considerations

Professionals working with young people may already be thoughtful, open, and supportive when approaching sex, sexuality, and gender diversity in their work with young people. However, the young person needs to be clear that in approaching clinicians, they they'll receive an open and willing response to discussing sex and sexuality. Possible barriers for a young person having conversations about sex might include:

- having had a difficult experience prior to approaching you
- having tried to speak to an adult or friend and found it difficult to express themselves
- having grown up in a family where sex was not openly discussed
- being worried that they'll get in trouble if they disclose their sexual activity if they are under-age
- cultural factors that can make it difficult for them to talk to you about sex.

To overcome these barriers, it may be helpful to consider the environment a young person is coming to see you in, and making sure there are signs on the window, waiting room etc. that show the young person they're in a safe, inclusive environment. Clinicians also need to proactively raise these discussions with young people, allowing an opportunity to raise concerns when they feel comfortable.

Considerations for clinicians in discussing sexual health and sexuality

- Promote discussions around sexuality and gender diversity both with colleagues and with young people.
- Reflect on your own sexual story, in particular how this may affect your work with young people.
- Don't make assumptions – ask the young person how they want to be addressed and what pronouns they use, e.g. his/him/he, they/them/their, she/her/hers.
- Consider referrals to specialist services when appropriate and support young people in attending.
- Seek specialist advice when necessary, in particular in regard to sexually transmitted infections. Look for high-risk behaviours. For example, men who have unprotected sex with men are at higher risk of contracting HIV. In such cases, they can attend a local sexual health centre for post-exposure prophylaxis (PEP) treatment.

> “Ask me if I am in a relationship or do I have a partner, move away from heteronormativity – you are opening it up to any sort of relationship that there is.
>
> Young Person, Orygen Youth Health Clinical Program

Implementing physical and sexual health interventions

Bartel (2015) states that currently the biggest barrier to increasing the life expectancy of people with serious mental ill-health is no longer a knowledge gap but an implementation gap. Mental health services and clinicians are aware of the research evidence. Effective implementation of physical and sexual health interventions within organisational structures needs to focus on the barriers to effective implementation.

Considerations for implementing physical health interventions

- Build partnerships and pathways between physical and mental health services.
- Build links with universities – students from a range of backgrounds can plan projects, which can be peer-led if successful.
- Formalise processes around sexual/physical health screening and interventions.
- Set organisational key performance indicators around screening and intervention for physical and sexual health.

Summary

There is strong evidence that physical, sexual, and mental health are linked and intrinsically effect each other. The health inequality faced by young people with mental ill-health can be changed by using effective interventions that not only target physical health inequality but also target a young person’s mental health outcomes.

Evidence shows that there are gaps in the implementation of interventions, as well as in the confidence and skills of clinicians to use and screen for metabolic monitoring, to speak about physical and sexual health, and to use effective lifestyle interventions.

The roles, responsibilities, and skills of clinicians must be considered a priority in order to embed physical and sexual health interventions in youth mental health services. However, services must be responsible for systemic implementation of these practices in order to see sustainable change.

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