

Exploring young people's perspectives to design an emergency department model of care

Young people in the Northern Territory (NT) have substantial health and social disparities in comparison to the general Australian youth population. Reflecting these disparities, they have the highest overall rate of emergency department (ED) presentations among those aged 10-19 in Australia. They present frequently, and often in crisis. Yet, there is no model of care in the ED designed to identify and respond to the complex needs of NT youth. To improve outcomes, this research will explore the perspectives of young people who experience disadvantage to design a model of ED care.

Abstract

Young people in the Northern Territory (NT) have substantial and largely unmet health and social needs compared to the general Australian youth population. With low rates of primary health care use, high rates of Emergency Department (ED) presentations and hospitalisations among NT youth, Royal Darwin Hospital (RDH) is a central point of healthcare delivery. Young people with complex health, environmental and social concerns present to the ED frequently and in crisis, with multidimensional needs spanning sectors including education, housing, child protection and mental health services. Unaddressed, these needs can lead to physical, mental, and spiritual health decline. Despite this, there is no model of care within the ED for young people, missing a significant opportunity for intervention. Whilst there is a growing body of evidence around the needs of young people accessing hospital services and their experience of care, there is less evidence about how systems can take a social determinants approach to improving outcomes for marginalised youth accessing acute care (particularly the ED). There is also limited documentation of how young people who experience multiple forms of disadvantage due to intersecting social inequalities (intersectionality) access and experience health and other social services. This qualitative research is undertaking focus groups exploring the perspectives of young people who are marginalised and their experiences of health and wellbeing, factors contributing to overcoming adversity, barriers to accessing help, and what they feel they need when presenting to any system in crisis. Findings will inform a model of care that will be implemented at in RDH ED.