



Children and young people's health

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Curriculum for Australian General Practice 2011**

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Definition

Children and young people's health in general practice covers physical, psychological and social primary healthcare from birth to adulthood.

The age ranges of childhood and adolescence overlap, reflecting that the developmental transitions through childhood, adolescence and adult life are not determined only by reference to chronological age. Physiological, psychological and social developmental milestones are also markers of maturation, and these vary considerably between individuals.

The end of adolescence is usually marked by the acquisition of skills and responsibilities such as financial independence, entering the workforce and undertaking lifelong partnerships. More recently these skills and responsibilities have not been attained until a later stage in life.¹ For international epidemiological comparisons, most authorities define adolescence as the period between ages 10–18 years.^{2–5}

This statement uses the term 'young person' rather than adolescent. This reflects the current preference of professionals working in the field.

Curriculum in practice

Typical presentations that illustrate how the children and young people's health curriculum applies to general practice include:

- Annisa, 8 years of age, is brought in by her mother because the school is concerned she may have attention deficit hyperactivity disorder. A bright child, she is not performing well academically and is frequently getting into trouble for disruptive behavior. The family has recently moved in with relatives due to financial difficulty. As her mother is explaining the situation, she is constantly reprimanding Annisa, who is prowling your room picking up and putting down multiple objects. Annisa appears to pay no attention and her mother rapidly escalates to raising her voice and grabbing her by the shoulder. At this point Annisa sweeps her arm sideways, knocking a tray of instruments onto the floor. She then sits in the corner scowling.
- Emily, 17 years of age, has been sent home from school, having fainted in the classroom. Her mother is at work but rang to say she is worried that Emily is over-stressed about her exams and has been uncharacteristically emotionally volatile at home. She is also concerned that Emily has not been eating well for a while and tends to have hot chips and soft drink for dinner, as both parents do not usually arrive home until late. Despite this, Emily looks healthy, with a slim build, but with an uncommunicative attitude.

Rationale and general practice context

The prenatal, childhood and adolescent phases of development strongly influence an individual's subsequent health, wellbeing and opportunities in life.⁶ Therefore the general practice care of children and young people takes on a special role in creating future opportunities, especially for Aboriginal and Torres Strait Islander people and other disadvantaged communities.⁷⁻¹⁰

Families consult general practitioners and community nurses for problems arising in infancy more commonly than any other health professional.^{11,12} Many presentations that appear medical at first may be related to parenting issues such as parental exhaustion, lack of confidence or even guilt. For example, the single most common problem for families nurturing infants is poor sleep, which affects up to 45% of families. Sleep deprivation has a high impact on the family in a number of measurable ways. Inappropriate medicalisation of this and similar presenting problems may result in these families missing out on effective evidence based help.¹³⁻¹⁵

When the patient is a newborn, an infant or a child, the rewards of the work are enhanced when the doctor is able to establish a social relationship with the patient and their family. This includes insight into the child's view of their situation and managing parental concerns in a way that enhances the parents' understanding, self confidence and capacity to manage. Parents report that they value doctors who understand the complexities of family life.¹⁶

Recent evidence has indicated a rising prevalence of childhood neuropsychiatric disorders, which has resulted in an emphasis on the importance of healthcare providers supporting families in the early years of child-parent interaction for the long term promotion of mental health in children and young people.^{17,18}

General practitioners often see the same young children as community nurses and other healthcare workers, and need to communicate appropriately for optimal patient care.¹⁹

Ten percent of consultations in general practice are with patients aged 15–24 years,²⁰ but many young people do not feel comfortable raising certain important health issues with the doctor,²¹ while others experience barriers to accessing general practice care. General practitioners often find it challenging to provide optimal care for young people for a number of reasons.²²⁻²⁵

The Australian Institute of Health and Welfare reports that among young people:²⁶

- there has been a large decline in death rates (mostly due to fewer injury deaths)
- asthma hospitalisations and notifications for hepatitis (A, B and C) have decreased and there is improved survival for cancer: survival for melanoma is now very high
- favourable trends are occurring in some risk and protective factors, such as smoking and illicit substance use
- most sexually active Year 10 and Year 12 students are using contraception
- the majority of young people rate their health as 'good', 'very good' or 'excellent'
- most young people are achieving national minimum standards for reading, writing and numeracy, are fully engaged in study or work, and have strong support networks
- most young people are able to get support from outside the household in times of crisis.

These gains in the health of young people need to be contrasted against rising rates of diabetes and sexually transmissible infections, high rates of mental disorders and, for males, road transport accident deaths. Many young people are overweight or obese, not physically active or eating enough fruit and vegetables, and drinking at risky or high-risk levels. Many young people are also victims of alcohol or drug related violence, or are homeless.²⁶

General practitioners need to implement evidence based guidelines for developmental surveillance and early intervention strategies for children and young people, including immunisation, as documented in the RACGP *Guidelines for preventive activities in general practice*.²⁷

Psychosocial factors affect the wellbeing of young people regardless of whether there is co-existing organic disease or disability. These factors include multiple and often conflicting cultural influences and pressures. Threats to adolescent health and wellbeing largely arise from psychosocial factors,¹⁶ yet healthy adolescent development often involves behaviours that constitute health risks. General practitioners need to be able to assess risk and protective factors in the context of the developmental tasks of adolescence.^{28,29}

Communication difficulties between doctors and young people, either real or perceived, are barriers to young people accessing medical care in any setting.^{21–25} These arise in part because of the unique developmental processes that occur during adolescence which may make the young person self-conscious, mistrusting or cautious about authority figures such as doctors. Young people often have critical concerns about privacy and confidentiality and may be anxious about dealing independently with systems of healthcare that are not familiar to them. Doctors' confidence in dealing with young people is improved by training in communication skills.³⁰

Systemic counselling approaches are often used when managing children and young people's health, for example strengths based counselling, which seeks to recognise strengths of families, and/or other systems to support the child/young person.³¹

General practitioners in Australia are becoming increasingly involved with the adult care of young people with chronic disease or disability, who face particular challenges when they become adults and need to move from tertiary paediatric care to adult models of care.^{32,33}

Adolescent friendly practices can make a practice attractive to young people. Practices need to be child, family and young people friendly with a friendly atmosphere and ease of access. External practice systems need to enable communication and collaboration with the community, colleagues in general practice, and other health professionals. High quality information management enhances clinical practice, especially by supporting audits of clinical work involving children and young people.

Capacity at the 'system level' refers to opportunities for working with others that can only be put in place as a result of negotiation by general practice organisations and government in collaboration with other stakeholder organisations in the community. Practices need to ensure that the multidisciplinary care of young people negotiates successful and high quality management plans.

Health inequality in children and young people

Inequalities in health status have been identified in Australian children when measured at school entry, which then continues to increase throughout primary and secondary education,^{34,35} which can then threaten long term health. This widening health inequality can result in cumulative health vulnerabilities in children of poorer socioeconomic status, challenging the effectiveness of one-to-one general practice consultations in improving health outcomes.

General practitioners increasingly need to be able to work in teams within the practice and to collaborate efficiently with primary healthcare professionals in the community and other community resources in order to be able to support families most at risk.

Training outcomes of the five domains of general practice

1. Communication skills and the patient-doctor relationship

- CYPT1.1 Establish an effective social relationship with the newborn, infant or child and their family, including insight into the child's view of their situation and manage parental concerns in a way that enhances the parents' understanding, self confidence and capacity to manage.
- CYPT1.2 Recognise that effective communication between doctors and young people, either real or perceived, are barriers to young people accessing medical care in any setting.
- CYPT1.3 Understand the developmental processes that occur during adolescence which may make the young person self conscious, mistrusting or cautious about authority figures such as doctors.
- CYPT1.4 Recognise how young people often have critical concerns about privacy and confidentiality and may be anxious about dealing independently with systems of healthcare that are not familiar to them.

2. Applied professional knowledge and skills

- CYPT2.1 Know the social and cultural factors that influence the wellbeing of patients and their families, especially the importance of the early years of child-parent interaction in promoting physical and mental health in children and young people.
- CYPT2.2 Manage urgent, life threatening problems (eg. impending upper airway obstruction, significant dehydration or a child or young person at risk).
- CYPT2.3 Manage situations where serious disease (eg. meningococcal bacteraemia) may be indistinguishable from a common self limiting condition at the initial presentation, formulate a differential diagnosis to exclude a serious illness, and use a sufficient safety net to cover any dangerous possibilities within the differential diagnosis.
- CYPT2.4 Identify children at risk of abuse, neglect, homelessness or nonaccidental injury, and negotiate 'safety net' arrangements with the parents.
- CYPT2.5 Understand how families under stress may find that minor childhood illness or difficult behaviour threaten their ability to cope and may then seek inappropriate investigations, treatments and management.
- CYPT2.6 Explore any sources of family distress in a way that promotes family functioning.
- CYPT2.7 Effectively manage common causes of preventable childhood morbidity such as asthma or anxiety.
- CYPT2.8 Help, where appropriate, young patients with a disability to find strategies that build on their strengths and work around their weaknesses and recognise the need to either supply support or mobilise other providers.
- CYPT2.9 Understand how psychosocial factors affect the wellbeing of young people, regardless of whether there is co-existing organic disease or disability, including how healthy adolescent development often involves behaviours that constitute health risks.
- CYPT2.10 Assess risk and protective factors in the context of the developmental tasks of adolescence.

3. Population health and the context of general practice

- CYPT3.1 Implement evidence based guidelines for developmental surveillance and early intervention strategies for children and young people.
- CYPT3.2 Understand the community where the GP works in order to target identified problems in local health areas and priorities.
- CYPT3.3 Manage the special health requirements of particular subpopulations of young people, such as young people with high risk sexual and drug use behaviours, those subject to violence and the homeless.
- CYPT3.4 Understand the particular health requirements of Aboriginal and Torres Strait Islander young people.
- CYPT3.5 Understand the impact of socioeconomic gradients on the health of children and young people.

4. Professional and ethical role

- CYPT4.1 Recognise professional and ethical issues specific to childhood and adolescence.
- CYPT4.2 Understand that the best interests of the child or young person may not coincide with the perceived best interests of parents, carers or other significant adults.
- CYPT4.3 Advocate for the child or young person, while respecting their views, when negotiating treatment or other interventions.
- CYPT4.4 Encourage patient and parent independence and confidence in managing problems or illnesses where appropriate.
- CYPT4.5 Understand the negative consequences of guilt as a tool of patient management (eg. when dealing with the choices parents make about infant feeding or lifestyle choices of young people).
- CYPT4.6 Utilise systemic counselling approaches, when appropriate, in the management of children and young people's health.

5. Organisational and legal dimensions

- CYP5.1 Support and develop effective systems inside and outside the practice for children and young people's health.
- CYP5.2 Promote a child, family and young people friendly practice, including easy access.
- CYP5.3 Minimise the barriers often experienced by young people when seeking access to care in general practice.
- CYP5.4 Ensure that practice systems enable communication and collaboration with the community, colleagues in general practice and other health professionals.
- CYP5.5 Understand how high quality information management enhances clinical practice, especially by supporting audits of clinical work involving children and young people.
- CYP5.6 Ensure confidentiality measures are in place that respect the needs of young people, especially in relation to consent.
- CYP5.7 Recognise and implement reporting requirements mandated by law.

Learning objectives across the GP professional life

Medical student

1. Communication skills and the patient-doctor relationship

CYPLM1.1 For children:

- CYPLM1.1.1 outline major communication skills and give examples of each
- CYPLM1.1.2 describe how to establish rapport with babies and young children
- CYPLM1.1.3 describe the similarities and differences between the processes of admitting a child to hospital and consulting with children in the community.

CYPLM1.2 For young people:

- CYPLM1.2.1 generate useful questions under each subheading of the HEADSS (Home environment, Education and employment, Eating, peer related Activities, Drugs, Sexuality, Suicidality/depression, and Safety from injury and violence) schema
- CYPLM1.2.2 explain confidentiality and its limits to young people.

2. Applied professional knowledge and skills

CYPLM2.1 For children:

- CYPLM2.1.1 describe the clinical characteristics of life-threatening illnesses in childhood
- CYPLM2.1.2 describe the clinical characteristics of common illnesses in childhood
- CYPLM2.1.3 discuss evidence based interventions for common problems in the first year of life
- CYPLM2.1.4 outline developmental milestones
- CYPLM2.1.5 discuss resilience and the relation to protective and risk factors in a child's family and social environment
- CYPLM2.1.6 demonstrate health checks in children, including the ability to examine vision in children aged 3–5 years.

CYPLM2.2 For young people:

- CYPLM2.2.1 describe the developmental tasks of adolescence
- CYPLM2.2.2 discuss cultural factors that might influence a young person's experience of adolescence
- CYPLM2.2.3 describe the physiology of puberty
- CYPLM2.2.4 describe the clinical characteristics of common adolescent specific health conditions
- CYPLM2.2.5 discuss the importance of the substages of adolescent development for understanding risk taking behaviours
- CYPLM2.2.6 discuss resilience and its relation to protective and risk factors in a young person's family and social environment.

3. Population health and the context of general practice

- CYPLM3.1 Describe strategies for health surveillance, prevention and promotion for children and young people as recommended in the RACGP 'red book'.
- CYPLM3.2 Describe a systematic approach for understanding factors affecting breastfeeding, and their management.
- CYPLM3.3 Describe the health status of Aboriginal and Torres Strait Islander children and young people.

4. Professional and ethical role

- CYPLM4.1 Discuss potential conflicts between the best interests of children and young people and the perceived best interests of their parents or carers.
- CYPLM4.2 Discuss the evidence that young people value confidentiality.

5. Organisational and legal dimensions

- CYPLM5.1 Outline the legal requirements for notifying children and young people at risk.
- CYPLM5.2 Outline the steps involved in notifying children and young people at risk.
- CYPLM5.3 Discuss the barriers young people face in accessing healthcare.

Learning objectives across the GP professional life

Prevocational doctor

Assumed level of knowledge – medical student

1. Communication skills and the patient-doctor relationship

CYPLP1.1 For children:

CYPLP1.1.1 demonstrate the ability to reflect on the use of communication skills in each consultation with children and their families

CYPLP1.1.2 demonstrate the ability to reflect on the structure of each consultation with children and their families

CYPLP1.1.3 demonstrate how to negotiate time alone with parents when the child is better protected from hearing their parents' explicit concerns.

CYPLP1.2 For young people:

CYPLP1.2.1 demonstrate the ability to reflect on the strengths and weaknesses of each consultation with a young person

CYPLP1.2.2 demonstrate the ability to negotiate time alone with a young person when appropriate.

2. Applied professional knowledge and skills

CYPLP2.1 For children:

CYPLP2.1.1 demonstrate how to institute the immediate management of life-threatening illness

CYPLP2.1.2 discuss the elements of management plans to protect children who may not be seriously ill at the time of presentation, but could become seriously unwell in the near future

CYPLP2.1.3 describe and implement evidence based strategies in the management of sleep deprivation and feeding difficulties in the first 12 months of life

CYPLP2.1.4 demonstrate how to perform a supra pubic bladder tap or catheter urine, where appropriate

CYPLP2.1.5 show how to monitor growth and development.

CYPLP2.2 For young people:

CYPLP2.2.1 demonstrate the management of common adolescent specific health conditions

CYPLP2.2.2 demonstrate how to assess risk and protective factors, where appropriate, using schema such as HEADSS

CYPLP2.2.3 discuss the management of dangerous conditions (often called 'red flag' conditions), such as anxiety, depression, substance use disorder, eating disorder and suicidality.

3. Population health and the context of general practice

- CYPLP3.1 Demonstrate the skills required for health surveillance, prevention and promotion as recommended in Chapter 3, preventive activities in children and young people, of the RACGP 'red book'.

4. Professional and ethical role

- CYPLP4.1 Discuss the implications of conflict between the management needs of patients, parents or doctors.
- CYPLP4.2 Demonstrate a nonjudgmental approach to managing parents of young people.
- CYPLP4.3 Demonstrate the ability to seek assistance/supervision when appropriate.
- CYPLP4.4 Demonstrate management of the professional boundaries between doctors and young people.

5. Organisational and legal dimensions

- CYPLP5.1 Demonstrate competence in the process of notifying children and young people at risk, where legally or ethically appropriate.

Learning objectives across the GP professional life

Vocational registrar

Assumed level of knowledge – prevocational doctor

1. Communication skills and the patient-doctor relationship

CYPLV1.1 For children:

- CYPLV1.1.1 demonstrate how to conclude consultations so that parents and children leave feeling that they have been understood and that common ground was negotiated in developing the management plan
- CYPLV1.1.2 demonstrate maintenance of parent trust without inappropriate prescribing or investigating
- CYPLV1.1.3 demonstrate how to empower parents to have the knowledge and confidence needed to monitor the safety of unwell children.

CYPLV1.2 For young people:

- CYPLV1.2.1 demonstrate the ability to develop young people's trust
- CYPLV1.2.2 demonstrate the ability to accurately assess young people, where appropriate, using the HEADSS schema effectively to build trust and understanding
- CYPLV1.2.3 demonstrate the ability to discuss confidentiality and its limits
- CYPLV1.2.4 demonstrate the ability to communicate appropriately with parents or carers without breaching confidentiality.

2. Applied professional knowledge and skills

CYPLV2.1 For children:

- CYPLV2.1.1 demonstrate recognition and institution of management of life-threatening illness
- CYPLV2.1.2 show how to assist families to manage common concerns, illnesses and disabilities
- CYPLV2.1.3 demonstrate the diagnosis and management of common breastfeeding problems
- CYPLV2.1.4 demonstrate the management of children at risk of abuse, neglect, homelessness or nonaccidental injury
- CYPLV2.1.5 demonstrate the ability to monitor growth and development
- CYPLV2.1.6 detect elements in a child's environment that favour wellbeing, and elements that diminish or risk wellbeing
- CYPLV2.1.7 outline how to assist in developing parenting skills.

CYPLV2.2 For young people:

- CYPLV2.2.1 demonstrate minimisation of preventable morbidity by appropriate management of medical conditions common in young people
- CYPLV2.2.2 describe how to assist young people in managing their sexual health
- CYPLV2.2.3 demonstrate the ability to recognise young people at risk of suicide and institute immediate management

- CYPLV2.2.4 demonstrate the ability to recognise young people at risk of abuse or neglect and institute immediate management
- CYPLV2.2.5 demonstrate how to recognise young people whose behaviour is a risk to their health and respond constructively
- CYPLV2.2.6 describe how to recognise common psychological and psychiatric problems in adolescent patients
- CYPLV2.2.7 outline evidence based management of psychological and psychiatric problems that are common in young people
- CYPLV2.2.8 describe how to assist parents of young people to develop their parenting skills.

3. Population health and the context of general practice

- CYPLV3.1 Discuss health inequality in relation to Australian children and young people, including in Aboriginal and Torres Strait Islander people.
- CYPLV3.2 Demonstrate the implementation of health surveillance, prevention and promotion as recommended in the RACGP 'red book'.
- CYPLV3.3 Discuss barriers to implementing these strategies in current general practice, including health inequalities.
- CYPLV3.4 Discuss solutions for problems faced by young people with a chronic disease who need to move from paediatric to adult care.
- CYPLV3.5 Describe common and serious patterns of childhood accidental and traumatic injuries and related prevention measures, such as parent education, that can be used to reduce the risk of these injuries.

4. Professional and ethical role

- CYPLV4.1 Demonstrate the ability to discuss the special health issues relating to children and young people's health with illustrations from cases or other examples arising from experience in practice.
- CYPLV4.2 Discuss professional strategies used to address key child health issues, including the role of multidisciplinary team work.

5. Organisational and legal dimensions

- CYPLV5.1 Demonstrate the ability to maintain confidentiality in practice.
- CYPLV5.2 Demonstrate features that make the practice child and young people friendly.
- CYPLV5.3 Describe the GP's role in multidisciplinary teams in addressing children and young people's health.

Learning objectives across the GP professional life

Continuing professional development

Assumed level of knowledge – vocational registrar

1. Communication skills and the patient-doctor relationship

- CYPLC1.1 For children:
- CYPLC1.1.1 demonstrate ongoing review of the communication skills required to understand the real concerns of children and their families
 - CYPLC1.1.2 demonstrate an understanding of the complexities of family life and how to utilise the consultation in a way that increases parental confidence and competence.
- CYPLC1.2 For young people:
- CYPLC1.2.1 demonstrate the ability to maintain trusting relationships with young people
 - CYPLC1.2.2 demonstrate the ongoing ability to assess the health of young people, where appropriate, using schema such as HEADSS
 - CYPLC1.2.3 demonstrate the ability to integrate ongoing confidential healthcare with young people, their parents, carers and other professionals.

2. Applied professional knowledge and skills

- CYPLC2.1 For children:
- CYPLC2.1.1 review knowledge and skills required for effective and efficient healthcare of children and their families, as outlined in the introduction to this domain
 - CYPLC2.1.2 maintain the skills necessary to diagnose and manage common breastfeeding problems
 - CYPLC2.1.3 describe the role of positive parenting programs in assisting parents with raising children and promoting good parent-child communication.
- CYPLC2.2 For young people:
- CYPLC2.2.1 demonstrate the monitoring of competence in assessment and management of medical conditions, sexual health and health risk behaviours of young people, including the recognition of young people at risk of suicide, abuse or neglect and institute immediate management
 - CYPLC2.2.2 demonstrate the ability to monitor competence in working collaboratively with young people, their parents and carers and other professionals as appropriate, in managing complex problems of adolescence
 - CYPLC2.2.3 demonstrate the ability to formulate management plans for common psychological and psychiatric problems in adolescent patients.

3. Population health and the context of general practice

- CYPLC3.1 Demonstrate ways of overcoming the barriers to effective implementation of health surveillance, prevention and promotion as recommended in Chapter 3 of the RACGP 'red book'.
- CYPLC3.2 Describe trends in the morbidity, mortality and 'health inequality' of Australian children and young people.
- CYPLC3.3 Review contributions to the activities of general practice organisations in order to progress the goals of this curriculum statement.
- CYPLC3.4 Describe how to contribute to improving the transition from paediatric to adult care for those with chronic disease or disabling conditions.

4. Professional and ethical role

- CYPLC4.1 Demonstrate ongoing review of key professional issues in relation to the health issues of children and young people.
- CYPLC4.2 Review opportunities for further professional development in children and young people's health.

5. Organisational and legal dimensions

- CYPLC5.1 Demonstrate ongoing review to practice policies and procedures that deal with the high quality healthcare of children and young people.
- CYPLC5.2 Describe and discuss difficulties encountered in implementing these policies.

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