

FEATURES: INTERVIEW SERIES

Interview with Dr Debbie Hughes and Sue van Mierlo about youth and sexual health services in a rural setting

Emily Yi, Tim Hall

Debbie Hughes is a General Practitioner (GP) and Medical Director of Anamata CAFE (Clinics and Advice for Everyone), a youth one-stop shop health clinic that services the wider Taupō region. Established over 30 years ago, Anamata CAFE is a charitable trust employing 13 staff who are passionate about ensuring young people have easy access to health care providers and sexual health education, empowering them to make healthy and safe choices and transition successfully into adulthood.

The authors sat down to chat with Debbie and her colleague Sue van Mierlo, a Nurse Practitioner, to discuss their career journey, what Anamata CAFE does, and the reality of youth and sexual health services in New Zealand (NZ).

This interview has been edited for clarity and conciseness with Dr Debbie Hughes' approval.

Hi Debbie, could you please tell me a bit about your journey from medical school and GP training to where you are now.

Debbie: I am currently a Fellow of the Royal New Zealand College of General Practitioners. My primary degree was from the Welsh National School of Medicine in Cardiff. I also have a Diploma in Child Health and a Postgraduate Certificate in Health Science (Youth Health). I originally intended on training to become a paediatrician in the United Kingdom (UK), but becoming a female consultant in the 1980s was challenging. I wanted a life and career so I decided to switch to general practice. I knew there would be many paediatric patients in general practice and it would give me more flexibility in my career pathway. I completed my GP training, and at the time the health service in the UK was in a state of flux. I had been working long hours and the time was right for a change of scenery. Serendipity brought me to NZ. I took a GP locum job in Taupō, which was meant to be a nine-month working holiday. I had just finished renovating a house in Cardiff and I was planning on working as a GP in the Welsh border country. However, I then met my husband who is a Kiwi and 30 years on, here I am.

I moved here permanently in 1990. We lived in Auckland for ten years, where I worked initially as a GP locum and in Family Planning clinics, which is something I had always enjoyed. I then had a part share in a small practice in Papatoetoe, while starting a family. We moved back to Taupō with our two daughters in the year 2000, and I started working in general practice here. One of the GPs I was working with was also working with CAFE. It was known as CAFE for Youth Health at that time. He was heading towards retirement and tapped me on the shoulder and asked me to get involved, so I worked alongside him for a couple of years. When he left in 2003, he handed over the reins to me. I still work as a GP in town, splitting my time between the practice and CAFE.

What is Anamata CAFE and how did you become involved?

Debbie: CAFE was started in the late 1980s by a small group of people: the aforementioned doctor, a couple of nurses, and community minded people who wanted a family planning clinic, as the Family Planning Association was not prepared to come to such a small town. It started as a lunchtime clinic once a week, however, over the first few years it had quickly evolved into a more comprehensive family planning service. CAFE then signed a contract with the District Health Board (DHB) as a specialist primary sexual health service. One of my personal projects was developing school health services. Postgraduate study made me realise the importance of being able to offer young people a choice in services and specialist providers. Our main demographic has always been young people, and we became recognised as a "youth one-stop shop" a few years ago. Our point of difference with other youth one-stop shops across the country is that, although the majority of our clients are aged 25 years or under (for which the service is free), we still provide specialist sexual and reproductive health services for people of all ages. The older clients are part of a demographic which may not easily access primary care. Maintaining our ability to see people of all ages is essential in this community, as access to providers such as Family Planning clinics and hospital sexual health services would involve significant travel, particularly from the south end of the lake.

The original meaning of CAFE was "Contraception And Family Education". We used to have fun times with the old CAFE sign in the window as people would come in wanting coffee! About eight to ten years ago, CAFE underwent a large re-branding project as our original brand no longer reflected who we were, and CAFE became known as "Clinics and Advice For Everyone" – a name our young people helped us come up with.

We've come a long way in the last 30 years. We started with seeing a couple of people a week, to now, where we have about 6000 consultations a year. We have a community clinic every day, which is predominantly focused on sexual and reproductive health and staffed by our incredible team of specialist nurses. They are experts in sexual, reproductive, and youth health and work independently under comprehensive standing orders. One of my main roles is overseeing those standing orders, which involves auditing consultations to ensure we are complying with the standing order regulations, as well as making sure the guidelines are up to date. Our nursing team can provide a range of contraceptive options. One of our nurses is trained at inserting contraceptive implants (Jadelle), which has widened access to this important option, especially for our young people. Sometimes we go into the community, including homes, to insert Jadelles. We have a late night clinic, which is especially useful for our young men who may work out in the forest and come back later in the day. We also have school nurses who run clinics several times a week in the high schools in Taupō and Tūrangi, which is a 40 minute drive from Taupō. We're doing our best to improve access.

There are two other GPs in town who have supported me over the last few years. They've taken over the school GP clinics and the procedures clinic. I'm about to hand over my role to Sue, who is a nurse practitioner. She will take over the Clinical Director role as she is able to support the standing orders. I'm now very much working as clinical oversight here. It's been difficult to find GPs in small communities like ours. CAFE will continue to be a nurse-led service with GP support, but that doesn't mean we don't need GPs in youth and sexual health!

Did you face any challenges when establishing Anamata CAFE?

Debbie: In order to keep the clinics running and free for youth, we have had multiple sources of funding. We have contracts with the DHB, a sexual health promotion contract with the Ministry of Health, funding from the local Public Health Officer, and little pots of funding for things like mental health. It's complicated! We have relied heavily on grant applications as our government contracts do not fund all the services that we provide. We were lucky enough a few years ago to receive money from the Ministry of Social Development around youth development, which has really allowed us to become sustainable for the first time in our long history.

The philosophy of CAFE has always been that clinical services, health promotion, and education work alongside each other. They inform and feed into each other. We used to provide the sexual health education in the schools and through that young people became aware of the services that we provided and would feel comfortable walking into the clinical space. The wider health promotion was done in the community. It's all about de-mystifying sexual and reproductive health to break down the barriers to access.

In a small community like this, one of the challenges is primary care accepting that this service is not in competition with them. It's collaborative and is there to support GPs, with the understanding that young people need a range of services. I worked hard to engage with other GPs in the community. Being a GP myself has made that easier and helped make them understand that we aren't taking business away, and that if we weren't here there would be even more pressure on their service.

Sue: It's to do with the complexity of the cases. For example, someone can be coming in with recurrent sexual health problems and after a few sessions you realise there's a background of gender issues. The traditional 15 minute GP appointment does not allow time to further explore other aspects of a young person's world. A lot of them are complex.

How do you balance working as both a GP at your practice and as a sexual health doctor?

Debbie: Working as a GP helps bring a wider primary care perspective to this service. This is especially important when interacting with young people who don't come in "nice tidy pieces". They come as a "big messy whole" and will present with multiple issues, not just sexual health presentations. Sometimes we may only have one opportunity to establish that engagement and we very much utilise the Home, Education, Eating, Activities, Drugs and Alcohol, Suicide and Depression, Sexuality, and Safety (HEEADSSS) framework. It's always in the back of our minds and may take several meetings to cover all of those aspects.

But it's about building that relationship – young people don't care what you know until they know that you care. I think this is sometimes where the traditional medical model fails young people. It takes time to develop trust and foster a relationship and we have the luxury to have that repeated contact with the client. You may well see a young person several times before the real issue comes to light.

Also, it is good that, as a GP, we can still develop a speciality area.

What would a typical, if there even is one, consultation look like?

Debbie: No such thing! I guess hospital medicine is far more structured, whereas in primary care you are a jack of all trades. I don't know what's going to walk through the door. Here, it is usually related to sexual health or contraception, but often there are also mental health issues, substance use, or background domestic violence components. At CAFE we are lucky that we can give people the time they need. It can be a simple five to ten minute consult or we can easily spend an hour talking to a patient. It's much more flexible.

Sue: As a team, we are all accepting that the person next door may take an hour with their patient and there's no "why have you taken an hour". It is what it is.

Debbie: Sometimes with the young people or the demographic we work with – those who are transient or have difficulties accessing health care – this may be the only chance to engage with them. We appreciate that we have the time to do that.

Sue: It's a safe environment so people can come back.

Debbie: Very non-judgmental.

Is there a combination of those who are transient, one-time clients and people who come back several times?

Debbie: Yes we do have people who come back. I've been here for a while and now it's the next generation coming through! It's really lovely to have worked with young people, especially those who were challenging for me when they were 14 or 15, who are now coming back in their 20s and they're competent, well-resourced, functioning members of society and it's nice having that full circle. Young people come back and say "you made a real difference when life was pretty shit". It makes all the work worthwhile.

Sue: It's incredibly rewarding.

That must be incredibly fulfilling. With any job, there's always the hard days too. What do you find the most difficult?

Sue: The diverse population is really challenging – young people who have come from difficult backgrounds, commonly from situations of substance abuse or domestic violence. There's a strong feeling of responsibility.

Debbie: It can be challenging discovering many things that aren't going well. There's a temptation to try to fix everything – but we can't. The most important thing is developing the relationship and trust. Obviously making sure there are no immediate threats to their safety is paramount. After that we think — "what is the best way we can support this young person"? We work very much as a team. We share concerns and ideas around who has the best service to provide. It's a collaborative team approach to the situation, like an in-built multi-disciplinary team. I like to think about it as joining the dots around the person, like a circle of confidentiality. Sometimes the circle needs to widen, not breaking it, but allowing more people in that are there to help. We explain that we will be taking the young person on the journey. They may not like what we're doing, but we're taking them with us and they are always at the centre of what we do.

Another challenge is community perceptions. Parents often don't like the idea that we're talking to their kids about sex. We work hard to dispel the myths and the stigma. We always encourage an adult significant to the young person to be a part of their journey. We sometimes have irate parents or caregivers coming in, because they found pills in their young person's bedside table. We take time to explain we aren't encouraging young people to have sex, but rather we want them to be safe.

Do you see "youth one-stop shops" such as Anamata CAFE being a viable way to reach the youth in other provincial areas of NZ? Are there similar initiatives that you are aware of?

Debbie: There's no national funding model. Each DHB has their way of funding. Some youth one-stop shops have almost none (from the health sector) and rely on social development or youth development

funding. We're lucky because we have quite a lot of our funding from the health sector as we started off as a sexual and reproductive health service with other services being built around that. We are part of a group called National Youth One-Stop Shops (NYOSS), of which there are 11 youth one-stop shops around the country, with a few more in development. Each one of them has quite different structures and funding, and many are considerably larger. They have developed more from the youth work to then include health care workers, whereas we're the other way around. Now we're evolving more into the youth development area. The youth one-stop shops have evolved naturally to meet the needs of young people, however, health has to be a key part of it. We also need a health workforce that is passionate about working with young people, as they are endlessly entertaining and challenging, and although working in this area is highly rewarding it can also be very demanding emotionally. But you can always find some good when you focus on it. Working in this area for many years, I can honestly say that I can count on one hand the young people I've met that I felt are truly "bad" people. Most young people have just had bad lives, so there's always something to do to make their lives better.

What do you believe are the biggest barriers for youth with concerns or issues relating to sexual health to seek medical advice?

Debbie: Cost is still an issue for a lot of people, which is why it's really important from both a public health and personal health perspective that we continue to provide a free, all-ages sexual health service. Having a range of health services for young people is also important as they are "snackers". They may go to the GP for a chest infection, but not for a sexual infection. Particularly in a small town, their aunt or family friend could be the receptionist, so confidentiality and embarrassment are other potential barriers. Transport and booking appointments can also be an issue and that's why the school clinics are so essential.

Do you have any words of advice for how we as future clinicians can help reduce inequity among youth health and improve uptake with local health care providers?

Debbie: Young people are complex – and the current medical model does not allow for issues to be resolved. I feel that the youth one-stop shop model is really beneficial. They can come in, and even though we may not have counsellors or drugs and alcohol services, we will walk alongside that young person and support them in seeking and accessing the services that they need. I see one of my most important roles as being an advocate for young people, particularly those who are marginalised and may have greater vulnerability, such as the LG-BTQIA+ community.

Sue: Something as simple as having the confidence to make an appointment via a phone call can be a barrier. We are here to help young people transition into general practice, and saying "let's make the appointment together and I'll come with you" facilitates that supportive relationship.

Debbie: It's about empowering young people to access the services when they need them. We've had the Ministry of Health dictate that we should not provide education services in schools as it should be the responsibility of schools and the Ministry of Education. Many teachers don't like providing sexual health education and young people can tell. They may be able to explain the nuts and bolts, but there can be a lot of discomfort with the tricky stuff – relationships, consent, diversity. We need to have specialist sexual education providers teaching it.

Young people are snackers of health care, yet most of the funding is in general practice. It's underutilised for the important stuff. Unless we look after the health of our young people, how else can we change the trajectory of health care?

If people are interested, how could they find out more information about the Anamata CAFE or get in contact?

Debbie: Website (<http://anamatacafe.org.nz>), Facebook (anamataCAFE), email (info@anamatacafe.org.nz), or come and see us!

About the authors

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