Adolescent Health in Primary Care

Doris Young

Professor of General Practice

University of Melbourne

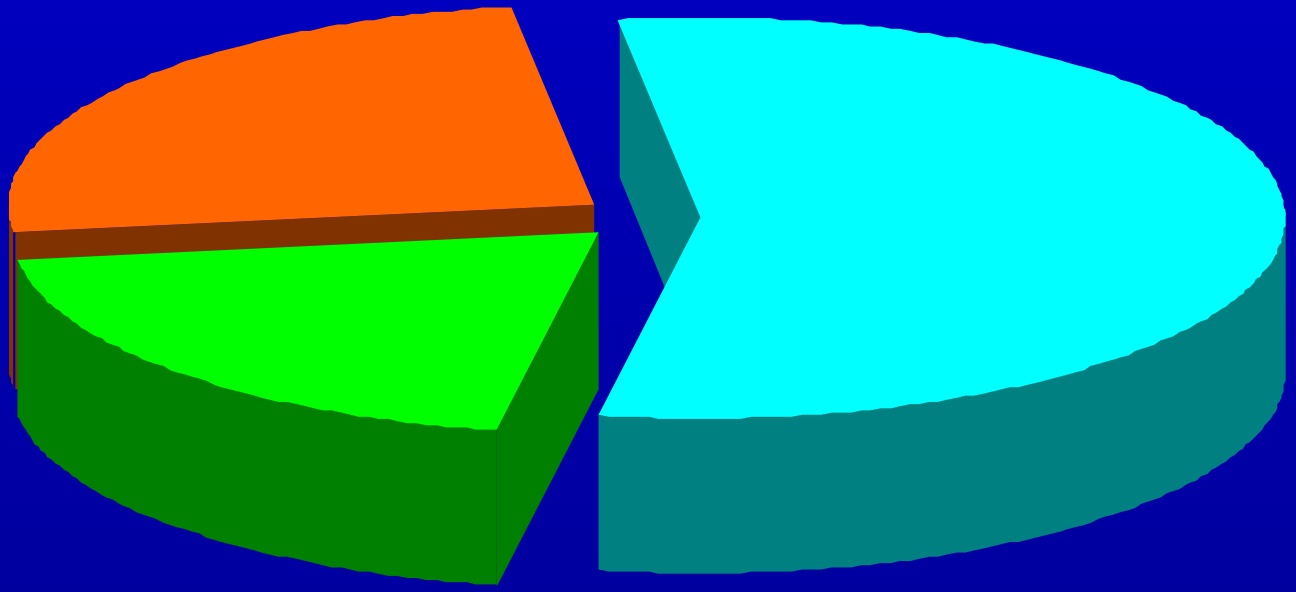
The importance of youth health

Manifest Youth Health Problems

Mental health problems, Substance abuse
Accidental injury, Antisocial behaviour

Risks for Later Disease

Tobacco
Obesity
Inactivity
Poor diet
Substance use
Sexual behaviour
Mental health



Persisting Health Problems From Childhood

Chronic illness, Survivors of prematurity & childhood cancer,
Behavioural disorders

Patton GC, 1999

Understanding adolescence

An adolescent is a youth, is a young person...

Adolescence	10-19 years
Youth	15-24 years
Young people	10-24 years

Age alone does not help to define adolescence...

The developmental perspective

- Change/transition
  - **Physical**
  - **cognitive**
  - **Psychosocial**
- Challenge
  - **Psychosocial tasks**
- Experimentation/boundaries
  - **Health risks**

Developmental stage

Am I normal?

Early	(10-14)	biological focus

Who am I?

Middle	(15-17)	peer focus

Where am I going?

Late	(18+)	educational/vocational intimate relationships

Influences on development

Varying 'speeds' between and within individuals

Family, socio-economic, cultural backgrounds

Personal experiences

Social, cultural, economic and political forces of the day

eg. In West: longer education, later marriage/child birth, live with parents

Psychosocial tasks

Autonomy

identity: sense of self & sexual

stable body image

peer relationships

vocational & educational goals

moral value system

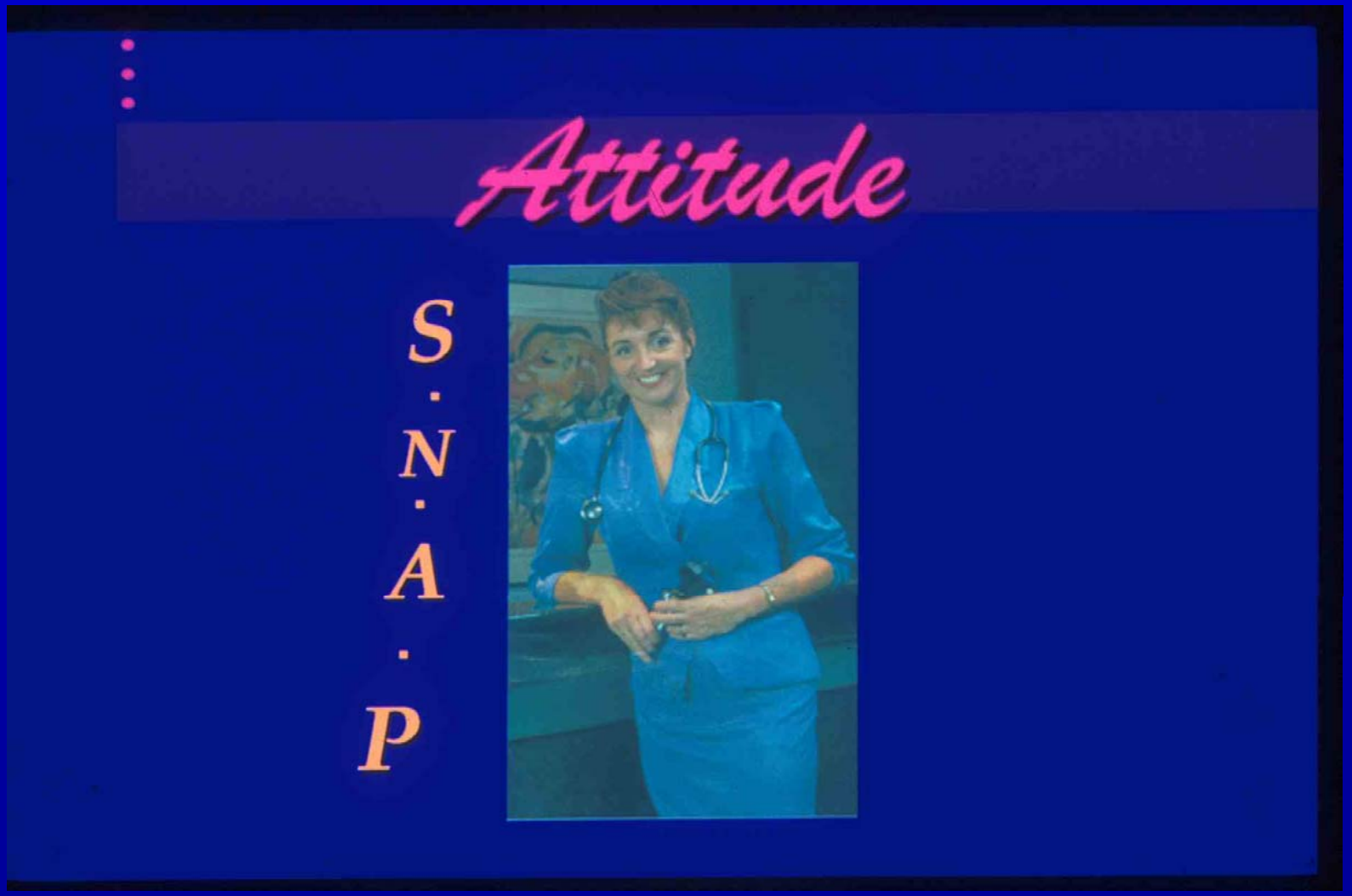
financial independence

Dealing with Adolescents

Triple A rating

- **A** ttitude ✓
- **A** pproach ✓
- **A** ccess- clinic struct/networking ✓

Clinical approach



Clinical approach

Doctor's attitude & interviewing st

- Be yourself while maintaining a professional manner
- be relaxed, open, flexible, honest and straight forward
- Appear unhurried even if time is limited

Centre for Adolescent Health

Clinical approach

See the young person on their own

Explain confidentiality

Explain your process

- Who you are,
- what you are doing
- why you are doing it

HEADSS assessment

Confidentiality exclusions

- Young people have the legal right to obtain confidential health care unless:
  - There is significant concern of them being at risk (sexual abuse, suicide or self harm, or threat of homicide)

The ‘Heads’ approach

John M Goldenring & Eric Cohen

Contemporary Pediatrics July 1988 pp 75-90

H	home
E	education/employment/eating/exercise
A	activities/peers
D	drugs/cigarettes/alcohol
S	sex/sexuality/(abuse)
S	suicide/depression screening/other symptoms
S	safety/spirituality

Clinical approach

Sensitive physical examination – reassure,

running commentary

Feedback & negotiate management plan

Discuss contact details, health access

Permission if need to talk to others

Rehearse what to say before reconvening with parents

Young people's barriers to health access

The 'Five Cs' & The 'D'

Confidentiality

Communication

Compassion

Convenience

Cost

Developmental stage

Best practice framework

Developmental perspective

Multidisciplinary and intersectoral approach

Key clinical skills
- approach to confidentiality, communication
- psychosocial history, negotiating time alone,
- Risk and protective factor assessment

Youth friendly clinic
- improve access

Improve clinic accessibility

Receptionist training

Medicare card application forms

Pamphlets, posters, magazines

Information leaflets

Cleanliness, nice smells

“Rebecca”

aged 15 years

What would be your approach to the consultation?

History

Mother has sent her in because of:

2 weeks abdominal pain

tiredness

irritability

missing school a few days a week

- What diagnoses do you need to consider?
- What health screening should you conduct?
- What would be your approach to this consultation?

What are the diagnoses to be considered in Rebecca?

Physiological - constipation

Health risk

- unprotected sex - PID, pregnancy
- drug taking
- dieting problem
- abuse

Mental health

- depression, school refusal, bullying,
- family conflict

Rebecca

15 years, quiet, shy but developmentally appropriate

No organic symptomatology

H	not getting on, no support
E	can’t keep up, new peer group wagging
A	parties, allowed out late
D	smoking 6 per day, drunk on weekends
S	when drunk had unprotected sex with a guy from neighbouring boy’s school 2 weeks after period, not forced
S	feels down with inability to achieve at school & feels unattractive, thought occasionally re suicide but would never actually do it or harm self, does binge eat when down

Rebecca - risk assessment

Risk factors in most of the worlds

overall high risk

will need long term management involving other mental health professionals, family work and school liaison

Rebecca

Investigations

swabs/first void urine - chlamydia

urinary - pregnancy positive

Issues

medico-legal - is she a ‘mature minor’

ethical - parental involvement, termination as an option

counselling re options, follow-up, explain plan

Interdisciplinary care

family planning service, youth advocate

Acknowledgement

Dr Lena Sanci and staff of
Centre for Adolescent Health
University of Melbourne