Adolescent Health in Primary Care

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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...

<table>
<thead>
<tr>
<th>Category</th>
<th>Age Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescence</td>
<td>10-19 years</td>
</tr>
<tr>
<td>Youth</td>
<td>15-24 years</td>
</tr>
<tr>
<td>Young people</td>
<td>10-24 years</td>
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</tbody>
</table>

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/childbirth, 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
Doctor’s attitude & interviewing skills

- Be yourself while maintaining a professional manner
- Be relaxed, open, flexible, honest and straightforward
- Appear unhurried even if time is limited
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  Developmental stage
Communication
Compassion
Convenience
Cost
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

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