



Adolescent health

The term 'adolescent and young people' refers to the age group 12-24 years. In Australia, this group make up 18% of the total population, approximately 3.4 per cent of whom identify as Aboriginal and Torres Strait Islander. Adolescence is a transitional period of great change. The majority of adolescent health problems are psychosocial, and many lifelong risky behaviours and lifestyle choices are established during this period e.g. smoking, alcohol use. GPs see approximately two million young people under the age of 25 each year. For these reasons, GPs are ideally placed to provide comprehensive care to adolescents, as well as early intervention and education for health risk behaviours. Managing adolescents in general practice is likely to be both unfamiliar and challenging to many GP registrars.

TEACHING AND LEARNING AREAS



- Individual and practice barriers to adolescents seeking health care
- Effective communication with adolescents and the 'youth-friendly' consultation
- Common adolescent presentations contraception, sexual health, mental health, substance use, eating disorders. sports injuries, etc
- HEEADSSS assessment of adolescents
- <u>CRAFFT assessment of drug and alcohol use</u> in adolescents
- Preventive activities in adolescents
- Legal issues of confidentiality and consent for adolescents, and the assessment of the 'mature minor' (Gillick competence)
- Health services for adolescents and pathways for referral
- · Engaging with adolescents who identify as Aboriginal and Torres Strait Islander
- Engaging with Culturally and Linguistically Diverse (CALD) background adolescents

PRE- SESSION ACTIVITIES



TEACHING TIPS AND TRAPS



- · Suicide and motor vehicle accidents are the leading causes of death in adolescents
- There is evidence that the mental health of adolescents is worsening approximately 20% of adolescents suffer from a mental disorder at any given time
- Around 10-20% of adolescents have one or more chronic illnesses
- About 25% of adolescents are overweight
- The three most common reasons young people consult a GP are for respiratory, skin, and musculoskeletal conditions yet the main causes of adolescent morbidity are psychosocial
- The most significant barrier to accessing health care identified by adolescents is fear about confidentiality and trust
- The quality of an adolescent's initial contact with the GP influences their future pattern of utilising health services

RESOURCES



- Read Adolescent Health GP Resource Kit, NSW Health
 - 2005 BMJ article on Adolescent development
 - 2020 AIHW report <u>Health of young people</u>

Listen

ABC Health Report 2012 – Adolescent Health

Watch

• Video of Explanation of seeing the GP alone and confidentiality

FOLLOW UP & EXTENSION ACTIVITIES

Registrar to undertake role play with supervisor





Adolescent health

Role Play

INSTRUCTIONS FOR SUPERVISOR

You are Sam, a 15-year-old Year 9 student at the local high school. You have attended the practice with your mother, who tells the registrar that she is concerned about you being a bit more withdrawn. Your mother has left the consultation in order for the GP registrar to speak to you alone.

You are a long-term patient of the practice, but you have not met the registrar before.

Background

You have been feeling anxious recently. It is only mild and not impacting on home or school or friends etc. very much, but you do feel unaccountably worried and 'stressed' for no good reason. There have been no clear precipitants and no recent major life events. You are keen to do well at school and have been stressed about study. Also, you have recently been questioning your sexuality and think this might be contributing to it (only to be disclosed if sensitively enquired about).

You are initially not very comfortable talking to the doctor, but 'warm up' if they are non-judgmental and sensitive

Home

- You live at home with you mum, dad and younger sister
- You have your own room
- · You get along well with your parents and sister

Education/Employment:

- You are in year 9 at school, doing OK generally and enjoying school
- You have been feeling more anxious about school recently, especially as the pressures of study are greater
- Your favourite subjects are maths and science
- You don't have a job

Eating and Exercise:

- You are a vegetarian
- You do very little physical activity
- Your weight is in the normal range

Activities and Peer Relationships:

- · You don't like sport and are not very active
- You really enjoy reading and films
- You have a few good friends, but not a big circle

Drug Use:

- You have been drunk on 3-4 occasions at parties over the past few months
- You do not smoke cigarettes
- You have never used any illicit drugs and are not interested

Sexuality:

- You think you might be homosexual but are very confused about your sexuality – this is causing you some anxiety, but is 'not a big deal at the moment'
- You have never been sexually active
- You are unsure about protecting against STIs

Suicide/Self Harm/Depression:

- You don't feel depressed
- You sleep well, but wake early at times
- You have never self-harmed and have never had suicidal thoughts
- You don't experience any hallucinations

Safety/Spirituality:

- You do not engage in any regular high risk behaviours
- You are a staunch atheist





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Role Play

INSTRUCTIONS TO REGISTRAR

Your next patient is Sam, a 15-year-old Year 9 student at the local high school. He/she attended the practice with his/her mother, who said that she was concerned about Sam being a bit more withdrawn. Sam's mother has left the consultation in order for you to speak to Sam alone.

Sam is a long-term patient of the practice, but you have not met Sam before.

Conduct a HEEADSSS assessment to explore Sam's presentation further

Health summary

- No significant PMH
- No medications

Assess

• Communication skills – patient-centredness, empathy, sensitivity, non-judgemental approach