Prevention, health care Access & Risk Taking in Young people – evidence for ‘youth friendly’ interventions in primary care

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Outline

Introduction
Findings
Policy Implications
International Experience
Further Research
Questions
Appendix
“Adolescence is a time in life that harbours many risks and dangers, but also one that presents great opportunities for sustained health and wellbeing.”
The importance of youth health - prevention is key...

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
Co-occurrence of health risk behaviours

where there is one health risk search for others

Eg. A regular smoker in adolescence is

  2 times more likely to diet severely
  3 times more likely to have psychiatric morbidity
  7 times more likely to be heavy alcohol drinker
  9 times more likely to have unprotected sexual intercourse
  19 times more likely to use Marijuana weekly

The Health of Young People in Victoria
Centre for Adolescent Health, 1996
Help seeking behaviour – mismatch with disease burdens

• 80% YP contact primary care at least once a year

• Present usually for physical reasons eg. respiratory/skin problems/musculoskeletal

• less willing to seek help for sensitive issues eg. sexual health, mental health

• turn more readily to peers and family they can trust

• YET, YP report wanting to discuss these issues with trusted sources like doctors/nurses.
YP’s perceived barriers to health care access

20 years of national & international research with youth highlights barriers to access:

The ‘Five Cs’ &
Confidentiality
Communication
Compassion
Convenience
Cost

The ‘D’
Developmental stage

* health access education
General Practice Barriers to YP’s health

Clinician related
- perceived lack of knowledge/skill in psychosocial

System related
- Time
- Remuneration for screening/assessment, esp for PN
- Lack policy context for youth friendliness
- Inflexible service provision
- Insufficient access to help/referral pathways for complex issues…

“I haven’t got many patients who can afford to pay privately, so we’re looking at public systems and really whatever I’ve tried, the waiting list is huge”
Clinical skills can be improved and sustained

Evaluation of the effectiveness of an educational intervention for general practitioners in adolescent health care: randomised controlled trial

L A Sanci, C M M Coffey, F C M Veit, M Carr-Gregg, G C Patton, N Day, G Bowes

Abstract

104 (96%) participants found the programme appropriate and relevant. At the 13 month follow up
Generic core principles in training clinicians to tackle any health issue...

Core skills, attitudes & knowledge

- Smoking, alcohol & drug use
- Chronic illness
- General Health
- Sexual & Reproductive Health
- Mental, social & Emotional health

Co-occurrence of health risk requires a generalist approach to case management
Core Knowledge, Skills & Attitudes

Understanding Adolescents and families

Understanding General Practice Barriers and solutions

Understanding Networks

Feeling secure with medico-legal issues

Communication skills with Adolescents & Families

Opportunistic Screening for risk and protective factors

Clinical effectiveness with Adolescents in General Practice - promotion of mental health

Core Knowledge, Skills & Attitudes
Confidentiality

Explain terms & exceptions at the start because...

Confidentiality

Increased Comfort
Less Anxiety
Increased Trust
Feeling of connectedness with physician

More willing to disclose information*
More honest about disclosure*
Increased likelihood of future visits*

P<0.001

Ford et al. JAMA, 1997
The ‘Heads’ approach

John M Goldenring & Eric Cohen

Contemporary Pediatrics July 1988 pp 75-90

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<thead>
<tr>
<th>H</th>
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<tr>
<td>E</td>
<td>education/employment/eating/exercise</td>
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<td>A</td>
<td>activities/peers</td>
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<td>D</td>
<td>drugs/cigarettes/alcohol</td>
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<td>S</td>
<td>sex/sexuality/(abuse)</td>
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<td>S</td>
<td>suicide/depression screening/other symptoms</td>
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<td>S</td>
<td>safety/spirituality</td>
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What are Youth Friendly Services?
(WHO, 1999/2001)

**Available & Accessible**
Services exist and adolescents are able to obtain the services provided.

**Acceptable**
Health services are provided in ways that meet the expectations of adolescent clients. Eg confidential care

**Equitable**
All adolescents, not just certain groups, are able to obtain the health services they need.

**Appropriate**
The right health services that adolescents need are provided. Eg onsite or via referral links & clinicians screen beyond presenting issues

**Effective**
Skilled clinicians; evidence based guidelines/protocols; equipment, supplies for basic services.
What are Youth Friendly Services?

Higher order Principles governing development

*UN Convention on rights of the Child*
  - confidential care
  - youth participation

*Millennium Development Goals*
  - addressing inequities
  - respect
  - protection/fulfillment human rights
What are Youth Friendly Services?

Contexts for provision:
Secondary/tertiary referral, youth specific centres
Primary care general services
Primary care youth specific services
School or College based services
Outreach services

Consideration for which type/s – local context & needs, sustainability.
### YP’s illness beliefs and identification of emotional distress in primary care

<table>
<thead>
<tr>
<th>Identification of need and access to care</th>
<th>Identification of disorder in primary care</th>
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<tr>
<td><strong>Young people factors</strong></td>
<td><strong>Young people factors</strong></td>
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<tr>
<td>Severity/type symptoms</td>
<td>Illness beliefs – perceived severity of disorder</td>
</tr>
<tr>
<td>Psychosocial context</td>
<td>Severity of mental illness</td>
</tr>
<tr>
<td>Prior experience and illness behaviour</td>
<td>Days out of role in past 6 months</td>
</tr>
<tr>
<td>*Recognition of their own symptoms</td>
<td>Social characteristics (eg employment)</td>
</tr>
<tr>
<td>*Knowledge that GPs can provide help</td>
<td>*Frequency of contact with GP</td>
</tr>
<tr>
<td>*Trust in and availability of confidential care</td>
<td>*Seeing usual GP (continuity of care)</td>
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<td></td>
<td><strong>Clinician factors</strong></td>
</tr>
<tr>
<td></td>
<td>*Interview and communication style</td>
</tr>
<tr>
<td></td>
<td>*Active exploration of mental health issues</td>
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</table>

* Within sphere of influence of GP

Haller-Hester, PHD 2006
A trial of a Youth friendly intervention in General Practice
©Lena Sanci, George Patton, Alan Shiell, Susan Sawyer, Jane Pirkis, Kelsey Hegarty, Patty Chondros, Elizabeth Patterson
Young people’s age and gender

- **Av. Age, 20**
- **73% female**
- **50% 14-17 came with parents**

(n=303)
Young people’s employment status

- Working and studying: 39%
- Not working and not studying (all aged 18 and above): 9%
- Studying only: 26%
- Working only: 26%
Is it the first time YP saw this clinician?

(n=303)
Why do young people visit general practice?

- Dermatological
- Musculoskeletal
- Upper Respiratory Tract Infections

AIHW 1999
### Definition of ‘health risk’ in our study

<table>
<thead>
<tr>
<th>Health risk</th>
<th>Definition</th>
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<tbody>
<tr>
<td><strong>Drinking risk</strong></td>
<td>6+ drinks for men and 4+ drinks for women once+ in last 12 months; if 16yrs or under, drinking once+ a month</td>
</tr>
<tr>
<td><strong>Fear and Abuse</strong></td>
<td>bullied in the last 3 months, felt afraid of a family member or partner in the last 12 months</td>
</tr>
<tr>
<td><strong>Sexual health</strong></td>
<td><em>Safe</em> if: never had sex, always uses condoms or contraception to prevent pregnancy and condoms or dental dams to prevent STI; sex with less than 3 people in the last 12 months; never forced to have sex.</td>
</tr>
<tr>
<td><strong>Mental health</strong></td>
<td>K10 score is equal or greater than 20, then this young person is considered to have a mental health issue</td>
</tr>
<tr>
<td><strong>Smoking</strong></td>
<td>smokes once a month or more in the last 12 months</td>
</tr>
<tr>
<td><strong>Drug use</strong></td>
<td>Cannabis: if under 16 and used in the last 12 months or is 16+ and used once a month or more. Use of any other illegal drug in the last 12 months.</td>
</tr>
</tbody>
</table>
Percentage of YP (n=303) who visited GP and had any health risk

- Drinking
- Fear & Abuse
- Sexual Health
- Mental Health
- Smoking
- Drug Use

Percentage of YP who had health risks (%)

Drinking: 70%
Fear & Abuse: 30%
Sexual Health: 30%
Mental Health: 30%
Smoking: 30%
Drug Use: 10%
Percentage of YP (n=303) who visited GP and had any health risk

YP with health risk, **not raised** by the clinician at this consult or previously

- **Drinking**: 57%
- **Fear & Abuse**: 84%
- **Sexual Health**: 41%
- **Mental Health**: 38%
- **Smoking**: 39%
- **Drug Use**: 60%
Percentage of YP (n=303) who had health risk and like to return

- Drinking: 57% (YP with health risk, not raised by the clinician at this consult or previously)
- Fear & Abuse: 12% (YP with health risk, not raised by the clinician and would go back to the clinician for that problem)
- Sexual Health: 41% (YP with health risk, not raised by the clinician and would go back to the clinician for that problem)
- Mental Health*: 38% (YP with health risk, not raised by the clinician at this consult or previously)
- Smoking: 6% (YP with health risk, not raised by the clinician and would go back to the clinician for that problem)
- Drug Use: 60% (YP with health risk, not raised by the clinician at this consult or previously)

(*YP would return if they had emotional concerns)
Percentage of YP (n=303) who visited GP and had any health risk

- Drinking: 76% female, 76% male
- Fear & Abuse: 76% female, 62% male
- Sexual Health: 82% female, 74% male
- Mental Health: 50% female, 74% male
- Smoking: 74% female, 50% male
- Drug Use: 50% female, 74% male

(ANU: The Australian National University)
Mean Scores for GPs’ and Nurse’s self-perceived confidence (58 GPs and 23 PNs)

- Consulting skills with young people aged 14-17
- Consulting skills with young people aged 18-24
- Exploring lifestyle issues beyond the presenting problems
- Screening for smoking
- Screening for sexual health issue
- Screening for drinking problem
- Screening for mental health
- Screening for drug use
- Screening for personal safety

Fully confident | Somewhat confident | A little confident | Neutral | Not really confident | Little confident | Not at all confident
---|---|---|---|---|---|---

GP vs PN

- [Graph showing scores for each category]
General practice is ideally placed to support the healthy development of young people through:

- Youth friendly systems & approaches to care
- Health promotion/guidance for youth & parents
- Preventive screening/discussion of risky behaviour/mental health
- Management/linkage with other services eg headspace

Re-orientation toward a preventive approach needs support to enable primary care to discuss health risks: Medicare model, places to obtain advice/refer identified complex cases.
What about a Preventive health check for YP?

Preventive health screening is supported by Medicare for the following age groups:

• 4 year old health check
• 45-49 year old health check
• Over 75 year old health check

• Yet, 12-24 yrs, the period of life where MOST mental health disorders and health risk behaviour START is exempt from a policy framework for healthy development and illness prevention
• Developmentally youth is period of life is characterized by taking on new behaviours and where risk factors from childhood can be remedied with interventions.
A Healthier Future for All Australians - Childhood recommendations

11. Health literacy as a core component of the National curriculum

22. A healthy start to life for Australian children from antenatal period to age 8:
   - supporting families in enhancing wellbeing;
   - lifecourse approach to understanding health needs at different ages and transition to primary school
   - child and family centred approach to shape
   - provision of health services.

Via better access to primary care and other services.
- Childhood recommendations cont.

23. pre-conception healthy start with a focus on healthy lifestyles, sexual and reproductive services for young people, prevention of teen pregnancy, targeted care and home visits for young mothers.

24: core contacts with parents, support parenting

25: all primary schools have access to a primary school nurse to monitor health, development and well-being esp in transition to primary school

26. responsibility for nurturing healthy start to life is embedded in primary care and primary care services
National Agenda for Healthy Development

11. Health literacy education should include health care access education (confidential care, where to access help, including GPs)

22-26: should apply to young people 10-24yrs also

- human brain is developing into early adulthood
- cognitive, emotional, social, physical development
- transitions from primary to secondary school & out of secondary to work/tertiary study
- role of parenting critical to many health outcomes – need support
- health in education sector, secondary school nurse
Youth related recommendations

11. Health literacy core part of National curriculum
23. prevention of teen pregnancy
71. Nationally available Youth friendly community based service providing information and screening for mental disorders and sexual health
72. Early Psychosis Prevention and Intervention Centre be nationally implemented
Potential role for headspace sites: Primary care support & workforce development in youth friendly care

Integrated approach to youth with complex care needs - breadth
Capacity building in PC through workforce development – academic excellence underpinning clinical expertise
Estimated number of GPs, practices and Divisions by state, 2007-08

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<tr>
<th></th>
<th>Divisions</th>
<th>Practices</th>
<th>GPs</th>
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<tbody>
<tr>
<td>NSW</td>
<td>36</td>
<td>2782</td>
<td>7388</td>
</tr>
<tr>
<td>Vic</td>
<td>30</td>
<td>1687</td>
<td>5966</td>
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<tr>
<td>Qld</td>
<td>18</td>
<td>1278</td>
<td>4274</td>
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<tr>
<td>SA</td>
<td>14</td>
<td>567</td>
<td>2004</td>
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<tr>
<td>WA</td>
<td>13</td>
<td>569</td>
<td>2205</td>
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<tr>
<td>Tas</td>
<td>3</td>
<td>167</td>
<td>545</td>
</tr>
<tr>
<td>NT</td>
<td>2</td>
<td>119</td>
<td>247</td>
</tr>
<tr>
<td>ACT</td>
<td>1</td>
<td>92</td>
<td>336</td>
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**Australia** 117 7261 22965

Key Points for Policy
### Scenario 1: YP aged 15-24yrs are 14% of the population = 3.08 million/22million

<table>
<thead>
<tr>
<th>GP</th>
<th>GP Clinics</th>
<th>Headspace Site</th>
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<tbody>
<tr>
<td>YP</td>
<td>134</td>
<td>425</td>
</tr>
</tbody>
</table>

### Scenario 2: 20% of YP aged 15-24yrs at risk = 616000/3mill

<table>
<thead>
<tr>
<th>GP</th>
<th>GP Clinics</th>
<th>Headspace Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>YP</td>
<td>27</td>
<td>85</td>
</tr>
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</table>

### Scenario 3: assume the 60 headspaces become secondary level support for primary care

1 headsace site: 121 GP clinics: 2 Divisions of GP
Put young people and youth friendly systems firmly on the mainstream agenda of every primary health care service/Division - Government policy framework/direction

Headspace as secondary level care & support of primary care with complex cases requiring multidisciplinary input/self-referral of yp with self-identified needs.

Headspace as centres of excellence for workforce development in best quality youth health care. Research can further inform policy and practice refinements.

Secondary care needs adequate funding to provide breadth of youth services for an integrated approach

Caution about specialist service models like headspace creating a parallel system of primary care for extra revenue
**Guidelines for Adolescent Preventive Services (GAPS), USA**

- Tool for clinicians to identify health risk behaviour
- Practice system orientation toward preventive health including:
  - Annual health checks for teens
  - 3 parent interviews during a child’s adolescence
  - Youth friendly approach

Promising results - increased detection and discussion of risk
- lower rates of tobacco, alcohol & drug use, sexual intercourse and non-use of seatbelts
in 15yr olds who were screened at 14 yrs.

**Wellness Visits for teens to General Practice Nurse, UK**

- Discussion of health risks resulted in slight reduction of risk at 3 months, not at 12mns
Evidence for effectiveness of Youth Friendly Services

Access

12 of 14 studies, 2 RCTS suggest improved access

Health Outcomes

minimal if any changes (4 studies) - not often measured

Improved health care provider performance

yes in 2 RCTs but no evidence yet on changes in youth health/engagement with services
Further research

PARTY 1 study (2011) will inform on:
- acceptable & effective models of preventive screening for GPs, PNs & YP
- economic evaluation

PARTY 2 study (2013) will inform on:
- Effectiveness of youth friendly interventions
- economic evaluation
Question

How is the policy environment for taking on the suggestion to create a ‘young person’s health check’? what further info/data is needed?
Appendix:

See:

Adolescent Health Special issue of the Medical Journal of Australia

17th October 2005, Volume 183, number 8

For relevant editorial papers on Australian situation and policy implications (some listed on next slide).
Appendix

Sanci L, Kang MS, Ferguson BJ. Improving adolescents’ access to primary health care. MJA 2005, 183:416-17.
Tylee A et al. Youth-friendly primary-care services: how are we doing and what more needs to be done? Lancet 2007;369(9572):1565-73.
GAPS article @ http://www.aafp.org/afp/980501ap/montalto.html
Bridging the gaps: health care for adolescents, June 2003*

Royal College of Paediatrics & Child Health & 7 other medical colleges:

Nursing  GP
O & G  Physicians
Surgeons  Psychiatrists
Public health

www.rcpch.ac.uk/publications/recent_publications/Adol.pdf