

Unit one Powerpoint® Slides

NSW Centre for the Advancement of Adolescent Health (CAAH)

**Youth Friendly General Practice:
Essential Skills in Youth Health Care**

**Unit One - Understanding Young People
& Their Health Needs**



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**Youth Friendly General Practice:
Essential Skills in Youth Health Care**

This learning module consists of three units:

Unit One - Understanding Young People & Their Health Needs

Unit Two - Conducting a Youth Friendly Consultation

Unit Three - Conducting a Psychosocial Risk Assessment (HEEADSSS)

You must complete all three units to gain QI&CPD points



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Welcome

- Icebreaker - Introductions
- Goals and expectations
- Goal of this module - to increase the capacity of GPs to deliver youth friendly health services
- Housekeeping



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Learning objectives

- Understand and apply a developmental perspective to assessing youth health problems
- Identify strategies to overcome barriers to young people accessing a general practice
- Conduct a youth friendly consultation, including explaining confidentiality, negotiating to see the young person alone, and using youth friendly communication skills
- Perform a health risk assessment using the HEEADSSS psychosocial screening tool as a demonstrated systematic approach to patient safety



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Program outline - Unit One

- 1 Welcome and introduction
- 2 Guiding principles in working with young people
- 3 Biopsychosocial model of adolescent health
- 4 Adolescents and General Practice



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Adolescent Health GP Resource Kit




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Predisposing activity review

*What did you learn from this activity?
What was most interesting for you?*



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Guiding principles in adolescent health care

- The developmental perspective of adolescence (Unit One)
- The biopsychosocial model - understanding the health problems and needs of young people (Unit One)
- Youth friendly communication and engagement skills (Unit Two)
- The risk and protective framework - psychosocial risk assessment (Unit Three)



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Activity - small group discussion

What are the main challenges and barriers you experience in providing consultations to young people (in terms of the adolescents themselves AND your own knowledge and skills)?

Do you find any particular challenges or issues when consulting with young people from a CALD background?

How youth friendly is your practice environment and what steps (if any) have you taken to make it a more youth friendly environment?



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Young people and health care

- There is a mismatch between young people's help-seeking and their major disease burdens
- Barriers to help-seeking by adolescents
- Barriers for GPs



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Understanding adolescence

The time machine



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The developmental perspective - why it matters

Understanding adolescent development and normal developmental changes provides a guide to identifying:

- The young person's concerns, especially young people at risk
- Capacity for understanding choices, including giving informed consent
- Effective communication tailored to the developmental level of the young person



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Defining adolescence

- The developmental period of transition from childhood to adulthood
- Begins with the onset of puberty
- Culminates with the acquisition of adult roles & responsibilities
- Entails a number of ‘developmental tasks’
- It is culturally determined
- Involves rapid physical and psychosocial change



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Developmental changes and concerns - group discussion

What are the major changes that occur in adolescence?

- Physical
- Cognitive
- Psychosocial



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Cognitive development

The brain is still developing during adolescence and early adulthood. The last part of the brain to develop is the prefrontal cortex responsible for making critical judgements

- Planning
- Prioritising
- Organising thoughts
- Suppressing impulses
- Weighing consequences



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The ‘engine’ is switched on
but the ‘brakes’ are still developing



Adolescents	Impulse →	Inhibition ←
Adults	Impulse →	Inhibition ←



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Uneven development

- Generally, adolescents have fully ripe emotional impulsivity but **limited inhibitory capacities**
- *The ‘engine’ is switched on but the ‘brakes’ are still developing*
- This can result in difficulty in:
 - Expressing thoughts and feelings
 - Understanding another’s point of view
 - Rational thinking, planning ahead, predicting possible consequences
 - Behaviour problems



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Major developmental tasks of adolescence

- Autonomy - independence from parents and other adults
- Self-identity that is realistic, positive and stable
- Sexual identity formation
- Realistic body image
- Negotiating peer and intimate relationships
- Development of goals for future vocation
- Development of their own moral/value system



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Young people's health status - group discussion

What do you think are the major health concerns for young Australians and/or the most common problems that young people present to your practice with?

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Biopsychosocial model of adolescent health

The majority of adolescent health problems are **psychosocial** - a consequence of risk taking behaviours and exposure to social & environmental risk factors

The leading causes of death and illness in the age group 12 - 24 years are:

- Accidents and injuries (2/3 of all deaths)
- Mental health problems
- Substance abuse (drug and alcohol use)
- Sexual health problems

Australia's Young People: Their Health and Wellbeing 2007 NHMRC

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Young people in Australia

- There are nearly 3.7 million young people aged 12-24 in Australia representing 18% of the total population
- There are approximately 116,698 Indigenous young people aged 12-24 (3.4% of young people)
- Australia has large and growing numbers of young people from Culturally and Linguistically Diverse Backgrounds (CALD)
- In 2006 15.5% of Australian 15-24 year olds were born overseas

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Young people's health concerns

- The mental health of young Australians is worsening
- The most common risk factor in causing these problems is substance use - especially illicit drugs and alcohol
- Co-morbid mental health and substance use disorders are increasing
- Anxiety and depression rank highly among both male and female young people

Australia's Young People: Their Health and Wellbeing 2007 NHMRC

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Young people's health

- Chlamydia is the most common sexually transmitted infection (STI) among young people - the incidence quadrupled between 1999 and 2007
- Death rates increase substantially with remoteness: very remote areas have death rates almost five times greater than those of major cities
- The death rate among young Aboriginal and Torres Strait Islander Australians is over four times that of young non-Aboriginal and Torres Strait Islander Australians
- 25% of young people in 2004-05 were overweight or obese

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Features of adolescent health problems

- Risk behaviours
- Lack of awareness of the harm
- Lack of knowledge about how and where to seek help
- Many health risk behaviours linked to later chronic health problems eg tobacco use; diet; alcohol use

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Features of adolescent health problems

- Critical time for the onset of many health problems - mental health problems; substance abuse disorders; sexual health problems; HIV
- Co-morbidity - health problems occur together eg mental health disorders and substance use



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The role of the GP - group discussion

What are the implications of these features of young people's health problems for your practice as a GP?



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Key roles for the GP - small group discussion

What are the key roles GPs can take in the management of young people's health problems?



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Key roles of the GP

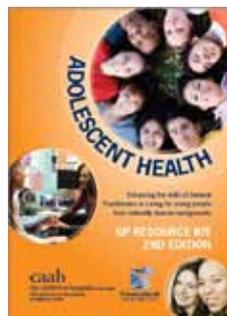
GPs can play a key role in providing comprehensive health care to young people by:

- Providing developmentally appropriate consultation & treatment
- Detection, early intervention & education for health risk behaviours
- Providing shared care in collaboration with allied health professionals, youth services and specialists - using **Medicare item numbers** to formulate care plans & referral for multidisciplinary care



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