

Unit One

Understanding young people and their health problems

Activity 1.1 - Welcome and introduction



Welcome and introduction (2 minutes)

Purpose	To welcome participations, introduce trainer and attendance requirements of participants.
Materials	<input type="checkbox"/> Powerpoint slides <input type="checkbox"/> Handout folders
Method	<p>Show powerpoint slide 1 </p> <p>Welcome participants to the training.</p> <p>Introduce yourself and co-facilitator(s). Provide some information about your professional background and any other relevant information.</p> <p>Explain to participants that this session is Unit One of three units that comprise the face-to-face part of the Active Learning Module (ALM).</p> <p>Show powerpoint slide 2 </p>
Key Points	Point out that participants will be required to attend all three units in order to receive their Category 1 CPD points.

Icebreaker (5 minutes)

Purpose	To introduce group members to each other.
Method	<p>Ask participants to briefly introduce themselves and share some information about their background such as:</p> <ul style="list-style-type: none"> • <i>Where they work</i> • <i>The type of contact they have with young people</i> • <i>Their goals and expectations for the training program</i>
Key points	Clarify any goals or expectations that can and cannot be met in this ALM.

Training overview (3 minutes)

Purpose	To go through the ALM structure and housekeeping.
Materials	<input type="checkbox"/> Powerpoint slides
Method	<p>Show powerpoint slide 3. </p> <p>Give a brief summary of the overall goal of the ALM.</p> <p>Provide any necessary housekeeping information – e.g. breaks; refreshments; finishing time; location of toilets; etc.</p> <p>Show powerpoint slides 4 & 5 </p> <p>Give an outline of the learning objectives of the ALM overall, then contents and activities of Unit One.</p> <p>Inform participants that there will be some presentation of didactic information. However, the majority of the training activities will be interactive with a focus on practising skills and looking at ways to apply the skills and knowledge in working with young people in their own practices. Participants will also have an opportunity to share their knowledge, skills and practical experience in working with young people.</p> <p>Show powerpoint slide 6 </p> <p>Refer participants to the <i>Adolescent Health GP Resource Kit 2nd edition</i>. Point out that this ALM is based on the topics covered in the <i>GP Resource Kit</i> and is designed to assist GPs in applying the information and skills contained in the Kit. Ideally, participants will have copies of the Kit. If not, coordinators will have copies of excerpts from the Kit included in handouts for participants. Show the Kit and mention that much of the reference material in the training is drawn from the Kit.</p>
Key Points	<ul style="list-style-type: none"> • Learning objectives • Structure of the ALM • Resource being used in this ALM - <i>Adolescent Health GP Resource Kit 2nd edition</i> 

Discussion of predisposing activity (5 minutes)

Purpose	To review the predisposing activity.
Materials	<input type="checkbox"/> Powerpoint slides
Method	<p>Show powerpoint slides 7 </p> <p>Refer participants to the predisposing activity.</p> <p>Ask participants for feedback on what they learnt from this activity or was most interesting to them.</p>
Key Points	<p>Note the feedback from participants and use it in the course of the ALM to clarify issues, make observations, comparisons etc.</p> <p>Note the predisposing activity can be found in the Coordinator Manual of this Kit.</p>

Activity 1.2 Guiding principles in working with young people - Self-reflection exercise



Introduction (1 minute)

Purpose	To provide the outline of the four main guiding principles in this ALM.
Materials	<input type="checkbox"/> Powerpoint slides
Method	<p>Outline the guiding principles in providing effective health care to young people that GPs need to be familiar with. This ALM covers four main principles:</p> <p>Show powerpoint slides 8 </p> <ul style="list-style-type: none"> • The developmental perspective of adolescence • The biopsychosocial model for understanding young peoples' health problems • Youth friendly communication and engagement skills • The risk and protective framework for psychosocial risk assessment <p>Explain: <i>This Unit covers the first two principles. Youth friendly communication is covered in Unit Two, and the risk and protective framework is covered in Unit Three.</i></p> <p>Show powerpoint slides 9 </p>

Small group discussion (12 minutes) and powerpoint presentation (2 minutes)

Purpose	To allow participants to reflect on the extent to which they provide youth friendly services.
Materials	<input type="checkbox"/> Powerpoint slides <input type="checkbox"/> Whiteboard or flipchart and marker
Method	<p>Introduce this activity:</p> <p><i>Now I'm going to ask you to reflect on your own experience of providing consultation to young people.</i></p> <p>Divide participants into small groups of about 5 people.</p> <p>Instruct groups to discuss the following questions:</p> <ul style="list-style-type: none"> • <i>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)?</i> • <i>Do you find any particular challenges or issues when consulting with young people from a CALD background?</i> • <i>How youth friendly is your practice environment and what steps (if any) have you taken to make it a more youth friendly environment?</i> <p>Instruct groups to take 10 minutes for this discussion and tell them that you will ask the groups to feed back the findings from their discussions.</p> <p>List challenges and barriers identified by the group for both young people and for GPs on whiteboard.</p> <p>When asking about what are the main challenges, ask each group if they have anything to add when reviewing responses to each of the question.</p> <p>Show powerpoint slide 10 on young people and health care </p> <p>Here is some further information on GP consultations with young people to support slide 10:</p> <p>GPs see approximately two million Australian young people under age 25 each year.</p>

	<p>Barriers and challenges (slide 10)</p> <p>There are many barriers and challenges for young people in gaining access to appropriate health care, including concerns about privacy and confidentiality; lack of understanding of their own health needs and where to go for help.</p> <p>Other barriers for young people include:</p> <ul style="list-style-type: none"> • Young people less willing to seek help for sensitive issues eg. sexual health, mental health • Fears about confidentiality and privacy • Embarrassment, self-consciousness • Lack of awareness of services provided and how to access them • Concerns that service providers will be judgemental and authoritarian • Practice environment and accessibility • Cost, transport, opening hours • Medicare card <p>There are also many structural barriers such as clinic opening hours; cost; complex administrative procedures; etc.</p> <p>GPs also face many challenges in providing health services to young people e.g. lack of confidence and skills in communicating with young people; time constraints in providing effective consultations; lack of training and experience in managing complex psychosocial problems in young people.</p> <p>Barriers for GPs include:</p> <ul style="list-style-type: none"> • Lack of training in consultation skills and managing psychosocial problems in young people • Lack of confidence, knowledge and skills in communicating with young people • Time constraints and inadequate remuneration for providing longer consultations • Concerns about medicolegal issues <p>Contact with GPs is mainly for physical problems (e.g. respiratory/skin problems/musculoskeletal), yet the main causes of adolescent morbidity are behavioural and psychosocial.</p>
<p>Key Points</p>	<p>Introduce the challenges to working with young people for GPs.</p> <p>Refer to the <i>GP Resource Kit</i> – Section One Understanding Adolescents for further information on this topic.</p> <p>http://www.caah.chw.edu.au/resources/gpkit/02_Section_1.pdf </p>

Activity 1.3 Guiding principles in working with young people - Understanding adolescence



Time machine (15 minutes)

Purpose	To increase participant understanding of the adolescent perspective.
Materials	<input type="checkbox"/> Powerpoint slides <input type="checkbox"/> Whiteboard or flipchart and marker
Method	<p>Show powerpoint slide 11 </p> <p>Introduce the activity by saying <i>that in order to provide effective health care to young people GPs need to have an understanding of the developmental changes and tasks of adolescence.</i></p> <p><i>A good starting point for better understanding young people is to reflect on our own experiences of growing up – what was most important to us, who most influenced us, and the concerns and challenges we experienced in this period of our lives.</i></p> <p>Instruct participants:</p> <p><i>Take a moment to relax, put down your pens and workbooks and settle back in your chairs. In a moment you are going to go on a journey back in time to recall a time in your own adolescence. If you are comfortable to do so, it is best to close your eyes while you do the activity. Imagine you are stepping into a ‘time machine’ that is going to take you back in time from the present moment to a time in your adolescence when you were either 14 or 18 years old. You can choose either age. Think about what it was like when you were 14 or 18.</i></p> <ul style="list-style-type: none"> • <i>Where did you live?</i> • <i>How did you spend your time?</i> • <i>Who were your friends and who did you spend most time with?</i> • <i>What did you like doing in your free time?</i> • <i>What was important to you?</i> • <i>What concerned you the most? What things were you worried about?</i> • <i>What was your relationship with your family like?</i> • <i>Who did you trust to talk to or confide in?</i> • <i>If you had a problem, who could you talk to?</i> • <i>If you migrated to this country how did you feel about your place in this society?</i> <p>After a few minutes, tell the group:</p> <p><i>You are going to step back on the ‘time machine’ and you will slowly come forward in time to the present moment. Bring your attention back into the room.</i></p> <p>Invite people to share their responses. List their responses on the whiteboard or flip chart under the headings: ‘14 years old’ and ‘18 years old’.</p> <p>Ask participants to comment on the differences between the experiences and activities of 14 and 18 year olds.</p> <p>Highlight the developmental differences between being 14 and 18 years old.</p> <p>In the discussion about developmental differences participants may note that 18 years old are more likely to be:</p> <ul style="list-style-type: none"> • Comfortable with their bodies • Clearer about their sexual identity • Capable of mutually caring and sexual relationships • Capable of making independent decisions about life goals including vocational pursuits • Capable of understanding abstract thinking and able to anticipate future consequences
Key Points	Highlight the significant developmental changes that occur between the ages of 14 and 18, particularly in relation to identity, relationships, cognitive and emotional development.

Activity 1.4 Developmental changes



Group discussion: Defining adolescence (7 minutes)

Purpose	To introduce a definition of adolescence to participants.
Materials	<input type="checkbox"/> Powerpoint slides <input type="checkbox"/> Whiteboard
Method	<p>Show powerpoint slide 12 </p> <p>Introduce the importance of the developmental perspective using slide 12.</p> <p>Here is some further information to inform slide 12:</p> <p>It is important for GPs to understand adolescents, their behaviour and needs from a developmental perspective. Determining the developmental stage of the adolescent provides a guide to identifying:</p> <ul style="list-style-type: none"> • The adolescent's physical and psychosocial concerns • The young person's cognitive abilities and capacity for understanding choices, making decisions and giving informed consent • Appropriate communication strategies – tailoring questions, explanations and instructions to the cognitive and psychological level of the adolescent • Appropriate interventions for treatment and health promotion <p>Ask participants how they would define 'adolescence'.</p> <p>Note their responses and then give the following definition: <i>Adolescence is the developmental period between childhood and adulthood – beginning with the changes associated with puberty and culminating in the acquisition of adult roles and responsibilities.</i></p> <p>Show powerpoint slide 13 </p> <p>Note: The terms 'adolescent' and 'young people' are used interchangeably to refer to age group 12-24 years.</p>
Key Points	<p>Emphasize the following points:</p> <ul style="list-style-type: none"> • Age-based definitions of adolescence can vary greatly between societies and cultures • Adolescence, however, is more than just an age-defined period of time – it is a dynamic period of development characterized by rapid biological, cognitive and psychosocial changes

**Group discussion: Developmental changes and concerns (10 minutes)
and powerpoint presentation (8 minutes)**

Purpose	To develop the ability of participants to understand adolescents, and their behaviour and needs, from a developmental perspective.
Materials	<input type="checkbox"/> Powerpoint slides <input type="checkbox"/> Whiteboard or flipchart and marker <input type="checkbox"/> <i>Adolescent Health GP Resource Kit 2nd edition</i> Section One - Adolescent Developmental Issues pp. 17-18 http://www.caah.chw.edu.au/resources/gpkit/02_Section_1.pdf
Method	<p>Show powerpoint slide 14 </p> <p>1. Ask participants to identify some of the major changes that occur during adolescence in the three areas of development: physical, cognitive and psychosocial.</p> <p>Write the three headings on the board: Physical; Cognitive; Psychosocial.</p> <p>List participant responses under each of the headings.</p> <p>Highlight key changes:</p> <p>Physical changes such as:</p> <ul style="list-style-type: none"> • Physical growth • Development of secondary sexual characteristics • Onset of menarche • Development of sexual drive <p>Cognitive changes such as:</p> <ul style="list-style-type: none"> • Movement from concrete to more rational and abstract thinking, including recognition of consequences for their behaviour, and • Greater capacity to address moral and ethical dilemmas <p>Psychosocial changes such as:</p> <ul style="list-style-type: none"> • Movement towards independence • Development of individual identity • Influence of peer groups • Capacity for intimate relationship <p>How might these psychosocial changes be influenced by cultural traditions and beliefs?</p> <p>2. Now ask participants what they think are the main developmental tasks of adolescence.</p> <p>Note their responses on the board and ensure the following are covered:</p> <ul style="list-style-type: none"> • Achieving independence from parents and other adults • Development of a realistic, stable, positive self-identity • Formation of a sexual identity • Negotiating peer and intimate relationships • Development of a realistic body image • Formulation of their own moral/value system • Acquisition of skills for future economic independence <p>Ask if these tasks are culture bound, that is, determined by a cultural context. For example, is achieving independence from parents and other adults always considered an important task to be achieved in adolescence? Or is the development of a positive self-identity always considered of great importance?</p>

	<p>Show powerpoint slides 15-18 on adolescent developmental issues </p> <p>Give a short presentation to summarise adolescent development.</p> <p>Here is some further information to supplement slides 15-18:</p> <p>Adolescence involves the most rapid physical changes in the life cycle outside of the womb:</p> <ul style="list-style-type: none"> • Physical – puberty (physical growth, development of sexuality and reproductive capability) • Psychological – development of independence, individual identity and own value system • Cognitive – moving from concrete to abstract thought • Emotional – moodiness; impulsivity; shifting from self-centredness to empathy in relationships • Social – peer group influences, formation of intimate relationships, decisions about future vocation <p>The importance of cognitive development and its role in risk-taking behaviour:</p> <ul style="list-style-type: none"> • Risk-taking and experimentation often begin in early to mid-adolescence, while executive functioning mechanisms in the brain (i.e. frontal cortex) responsible for planning and weighing consequences do not start to develop until later. • This leads to a 'normal mismatch' between the development of maturational urges and drives (such as novelty-seeking) and the development of fundamental regulatory mechanisms (such as the ability to predict possible dangerous outcomes of certain behaviours). <p>It can also result in a range of behavioural problems as the urge to experiment and engage in risk behaviours is strong, and because the young person may not have the capacity to:</p> <ul style="list-style-type: none"> • Anticipate potential risks • Regulate his or her emotions • Learn from repeatedly bad outcomes <p>Adolescence is a developmental period in which the young person must negotiate fundamental psychosocial tasks in their development towards maturity and independence.</p> <p>Many adolescents from CALD backgrounds face the challenge of dealing with the tasks of adolescence while growing up between two cultures. This involves not only two languages but often very different behavioural and social expectations.</p> <p>The typical concerns of young people vary with each developmental stage and so require a different communication and consultation approach.</p> <p>Discuss any questions participants have about adolescent developmental issues.</p>
<p>Key Points</p>	<p>Outline key developmental changes and developmental tasks as described above.</p> <p>Refer participants to <i>Adolescent Health GP Resource Kit 2nd edition</i> Section One - Adolescent Developmental Issues pp. 17-18 http://www.caah.chw.edu.au/resources/gpkit/02_Section_1.pdf  which summarizes the main developmental concerns, cognitive changes and psychosocial concerns for each stage.</p> <p>See also Section One - Cultural Diversity and Adolescence pp. 19-21 http://www.caah.chw.edu.au/resources/gpkit/02_Section_1.pdf  for information around identity development, culture and health, culture as a protective factor and understanding the role of the family in different cultures.</p>

Activity 1.5 Biopsychosocial model of adolescent health - Young people's health status



Brainstorm (5 minutes) and powerpoint presentation (5 minutes)

Purpose	To inform participants about the nature of adolescent health problems and patterns of health and disease among young people.
Materials	<input type="checkbox"/> Powerpoint slides <input type="checkbox"/> Whiteboard or flipchart and marker <input type="checkbox"/> <i>Adolescent Health GP Resource Kit 2nd edition</i> Understanding Adolescents and their Health Needs Section One - Key Adolescent Health Problems pp. 12-16 http://www.caah.chw.edu.au/resources/gpkit/02_Section_1.pdf
Method	<p>Show powerpoint slide 19 </p> <p>Introduce this activity by explaining that it is essential for GPs to have a good understanding of the nature of adolescent health problems and patterns of health and disease among young people.</p> <p>Ask: <i>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?</i></p> <p>Note responses.</p> <p>Show powerpoint slides 20-25 on adolescent health problems </p> <p>Give a short presentation to summarise adolescent development.</p> <p>Here is some further information to supplement slides 20-25:</p> <ul style="list-style-type: none"> • In 2006 15.5% of Australian 15-24 year olds were born overseas – of these, 74% came from non-English speaking countries. • Accidents and injuries account for more than two-thirds of all deaths among 12 – 24 year olds (road traffic accidents, self-inflicted injuries and suicide). <p>Health concerns (slide 22)</p> <ul style="list-style-type: none"> • The mental health of young Australians is worsening – mental health problems and substance abuse account for 70% of all reported health problems of adolescents. • Mental health problems and substance abuse account for 70% of all reported health problems of adolescents. • Up to 25% of adolescents suffer from a mental or substance use disorder at any given time. <p>Features of adolescent health problems (slides 24 and 25)</p> <ul style="list-style-type: none"> • Young people often engage in risk behaviours while exploring their emerging identity. • Young people lack awareness of the harm associated with risk behaviours, and the skills to protect themselves. • Young people lack knowledge about how and where to seek help for their health problems. • Many health risk behaviours and lifestyles are established in adolescence and continue into adulthood leading to chronic health problems – e.g. tobacco use; diet; alcohol use. • Adolescence is a critical time for the onset of many health problems – mental health problems; substance abuse disorders; sexual health problems; HIV. • Co-morbidity – health problems are frequently interrelated in adolescents with the occurrence of one health problem raising the risk for a subsequent problem. • There is a high prevalence of mental health disorders among young substance users. <p>Answer any questions participants have about youth health problems.</p>

Key Points	<p>Identify patterns of health and disease among young people.</p> <p>The major causes of disease and injury among young Australians are mainly psychosocial – related to risk taking behaviours and risk factors (biopsychosocial model).</p> <p>Refer participants to <i>Adolescent Health GP Resource Kit 2nd Edition</i>, Understanding Adolescents and their Health Needs Section One - Key Adolescent Health Problems pp. 12-16 http://www.caah.chw.edu.au/resources/gpkit/02_Section_1.pdf </p>
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Group discussion (15 minutes)

Purpose	To draw out the implications of population-based youth health data for general practice.
Materials	<input type="checkbox"/> Powerpoint slides <input type="checkbox"/> Whiteboard or flipchart and marker
Method	<p>Show powerpoint slide 26 </p> <p>Ask participants to identify: What are the implications of these features of young people's health problems for your practice as a GP? (Ask them to think in terms of both the structure of their practice AND their consultation style and clinical approach).</p> <p>Ask participants to write each of their ideas on a piece of A4 paper and, one at a time, to come and place that piece of paper at the front of the class in order of importance for improving the health of young people.</p> <p>Check the following points are included:</p> <ul style="list-style-type: none"> • Some young people may require a longer appointment to address their complex psychosocial issues • Utilising nurse practitioners to develop Care Plans
Key Points	<p>Young people often present to GPs with relatively minor complaints (e.g. skin; respiratory problems) yet the main causes of morbidity are psychosocial and behavioural.</p> <p>GPs need to be sensitive to the psychosocial circumstances of the young person and actively screen for psychosocial risk factors and risk behaviours.</p> <p>Complex psychosocial problems are common among young people and require a collaborative, multi-disciplinary approach.</p> <p>Refer to the GP Resource Kit – section one Understanding Adolescents and their Health Needs for further information on adolescent health problems. http://www.caah.chw.edu.au/resources/gpkit/02_Section_1.pdf </p>

Activity 1.6 Adolescents and general practice- Key roles for the GP

Small group discussion (20 minutes) and powerpoint presentation (5 minutes)

Purpose	To describe the role of the GP in working with young people.
Materials	<input type="checkbox"/> Powerpoint slides <input type="checkbox"/> Whiteboard or flipchart and marker <input type="checkbox"/> <i>Adolescent Health GP Resource Kit 2nd edition</i> Understanding Adolescents and their Health Needs Section One – Adolescents and General Practice pp. 22-24 http://www.caah.chw.edu.au/resources/gpkit/02_Section_1.pdf
Method	<p>Show powerpoint slide 27 </p> <p>Remind participants about the barriers and challenges identified in the first session for young people in accessing health care.</p> <p>Divide participants into small groups of about five people.</p> <p>Ask the groups to identify what key roles the GP can take in the management of young people's health problems – especially in light of what they learnt in the previous activities about developmental issues and the nature of youth health problems. Ask a scribe for each group to write down the group's ideas.</p> <p>Give 12 minutes for this activity, then ask the groups to feed back the findings from their discussion. Feedback can take the form of each group scribe taking it in turns to write up a key role on the board until all key roles have been noted.</p> <p>Show powerpoint slide 28 on key roles of the GP. (5 minutes) </p> <p>Give a short presentation about the role of the GP in providing multi-disciplinary health care for young people's health problems.</p> <p>Here is some further information to supplement slide 28:</p> <p>GPs can play key roles in young people's health care:</p> <ul style="list-style-type: none"> • Tailoring health care provision to the young person's developmental needs and sociocultural background. • Devoting the necessary time and using youth-friendly communication skills to effectively engage them. • Providing developmentally appropriate treatment and prevention strategies. <p>Detection, early intervention and education for health risk behaviours:</p> <ul style="list-style-type: none"> • Screening, identification, and intervention for health risk behaviours. • Using consultations to provide education about health risks and to promote protective behaviours. <p>Promoting young people's access to health services:</p> <ul style="list-style-type: none"> • Making GP practices youth friendly. • Acting as a gateway to the health system by helping young people to access other services they require – e.g. specialists; youth workers; psychologists; multicultural services. <p>Facilitating a collaborative treatment approach:</p> <ul style="list-style-type: none"> • Promoting effective multidisciplinary health care by ensuring appropriate referral, and coordination with other health professionals. <p>Using the relevant Medicare item numbers to facilitate comprehensive treatment.</p> <p>Show powerpoint slides 29-30 </p>

Key Points

Adolescent health problems are often complex and require a multidisciplinary approach. GPs can play key roles in youth health care.

Refer to the *GP Resource Kit: Section One Understanding Adolescents and their Health Needs. Adolescent Health GP Resource Kit 2nd edition.*

Section one – Adolescents and General Practice pp.22-24

http://www.caah.chw.edu.au/resources/gpkit/02_Section_1.pdf 

Section two – chapter thirteen for information on collaborative care and use of the Medicare item numbers.

http://www.caah.chw.edu.au/resources/gpkit/15_Section_2_chap_13_collaborative_care_and_medicine.pdf 

References

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Chown, P., Kang, M., Sancu, L., Newnham, V., Bennett, D.L. (2008). *Adolescent Health: Enhancing the skills of General Practitioners in caring for young people from culturally diverse backgrounds*, *GP Resource Kit 2nd Edition*. NSW Centre for the Advancement of Adolescent Health and Transcultural Mental Health Centre, Sydney.

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