Adolescent Health GP Resource Kit

Practice Points

section one

Understanding Adolescents and their Health Needs

Who are Adolescents?

- The terms 'adolescents' and 'young people' refer to the age group 12-24 years

In Australia *see page 10*

- There are nearly **3.7 million young people aged 12-24** (18% of the total population)
- Approximately **116,698 Indigenous young people** aged 12-24 made up 3.4% of young people
- In 2006 – **15.5% of Australian 15-24 year olds were born overseas** – **74% came from non-English speaking countries**

Adolescent Health Problems *see page 12*

- The majority of adolescent health problems are **psychosocial** – a consequence of health risk behaviours and environmental risk factors
- Many health risk behaviors and lifestyles are established in adolescence and continue into adulthood leading to chronic health problems – e.g. tobacco use, dietary habits, alcohol use
- Young people lack knowledge about how and where to seek help for their health concerns

Adolescent Health Status

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

- *Accidents and injuries* – both unintentional and self-inflicted
- *Mental health problems* – e.g. depression, eating disorders, suicide
- *Behavioural problems* – including substance abuse

For detailed information on young people's health status, see the report: 'Young Australians: Their Health and Wellbeing 2007' – Australian Institute of Health and Welfare website: www.aihw.gov.au

Understanding Adolescence *see page 17*

Adolescence is characterised by rapid change in the following areas:

- *physical* – puberty
- *psychological* – development of autonomy and independent identity
- *cognitive* – moving from concrete to abstract thought
- *emotional* – moodiness; shifting from self-centredness to empathy in relationships
- *social* – peer group influences, relationships, decisions about future vocation

The Developmental Perspective of Adolescence

It is important for GPs to understand young people, their behavior and needs from a developmental perspective. **Determining the developmental stage of the adolescent provides a guide to:**

- 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 and interventions

Culturally and Linguistically Diverse backgrounds (CALD) *see page 19*

CALD young people may be exposed to a variety of stressors associated with the challenge of growing up 'between two cultures', including:

- conflict between traditional cultural values and those of the mainstream culture
- migration, resettlement and acculturation difficulties
- language problems
- exposure to racism or discrimination
- confusion about their ethnic identity
- refugee experience
- lack of access to culturally appropriate health services

Cultural Sensitivity

In order to provide effective health care to young people from diverse cultural backgrounds, GPs need to:

- be aware of how the young person's cultural background impacts upon their developing identity
- adopt a non-judgmental approach in dealing with differing cultural norms and practices
- ask the young person how they identify themselves within the mainstream culture and their own culture
- consult with specialist CALD services or workers if unsure about cultural issues
- explain to both young person and their parents the doctor's role in treating the young person – respect parents' wishes to be involved and actively encourage their participation

Key Roles for the GP *see page 23*

- Provision of comprehensive health care appropriate to the adolescent's developmental needs and cultural background
- Detection, early intervention and education for health risk behaviours
- Promoting young people's access to GP services and the broader health system
- Using the **Medicare Item Numbers** to facilitate collaborative patient management through appropriate referral and coordination with other health professionals

section one

Understanding Adolescents

This section provides a framework for understanding adolescents and their health needs. It also identifies the major issues to be addressed in order to make general practice more accessible for young people. It provides an overview of:

- Adolescent developmental issues
- Adolescent health problems
- The social and cultural diversity of young people
- Barriers young people face in accessing health care
- The key roles GPs can play in providing accessible, comprehensive health care to adolescents.

1. Young People and Their Health Needs

Young People in Australia

This Kit uses the terms 'adolescents' and 'young people' interchangeably to refer to the age group 12-24 years:

A snapshot of young people in Australia (based on the ABS 2006 Census)[1]:

- There are nearly 3.7 million young people aged 12-24 in Australia (1.9 million males and 1.8 million females) – representing 18% of the total population
- Approximately 116,698 Indigenous young people aged 12-24 made up 3.4% of young people[1]
- In 2005, 68% of young people lived in major cities, 20% in inner regional areas and 9% in outer regional areas. Those living in remote and very remote areas accounted for just over 2% of young people

Culturally Diverse Young People

- Australia has large and growing numbers of young people from Culturally and Linguistically Diverse Backgrounds (CALD). Young people from culturally diverse backgrounds comprise:
  - those who were born overseas
  - those whose parents were born overseas
  - those who have affiliations with their family's culture of origin.

Young people born overseas[2]

- In 2006 – 15.5% of Australian 15-24 year olds were born overseas.
- Of young people born overseas aged 15-24 – 6% were not proficient in speaking English.
- Of young people aged 15-24 who were born overseas – 74% came from non- English speaking countries.
- In 2006 almost 40% of overseas-born young people had arrived in Australia in the past five years

Young people whose parents were born overseas[3]

- 41% of dependent Australian young people aged 13-24 indicated that one or both of their parents were born overseas.

Young people's ancestry[3]

Table 2 shows data from the 2006 census on young people's ancestry – how young people *themselves* identify their cultural background – more than 60% of responses indicated an ancestry other than Australian. (NB. Multiple responses were possible).

Table 1 - Dependent young people aged 13-24 whose parents were born overseas (2006 census)

	Total	%
Both parents born overseas	373,709	24.2
Father only born overseas	134,279	9.5
Mother only born overseas	105,540	7.4
Both parents born in Australia	797,855	56.2
Parents country of birth not stated	37,521	2.6
Total dependant young people	1,418,904	100

Table 2 - The ancestry of dependent young people aged 13-24 (2006 census)*

	Total	%
Australian	681,150	36.3
Australian Aboriginal	7,540	0.4
Other than Australian	1,136,340	60.5
Ancestry not stated	53,021	2.8
Total responses	**1,878,051**	**100.0**
Total dependant young people	**1,418,904**	

** Based on number of responses. Multiple responses were possible - i.e. they could identify as having more than one cultural background.*

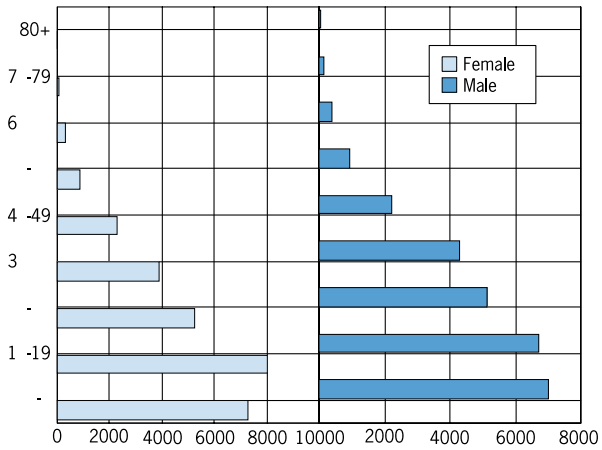
Refugee Young People

The Diversity Health Institute describes a refugee as *"an individual who has fled his or her home country due to a genuine fear of persecution based on race, religion, nationality, membership of a particular social groups or political opinion."* [4]

The following tables 3 - 6 present data for humanitarian entrants (refugees) over the 5 year period from 1 Jan 2002 until 31 Dec 2006, obtained from the Settlement database of the Department of Immigration and Citizenship[5].

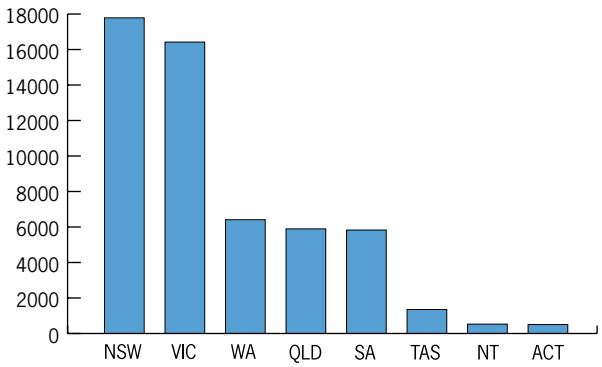
- The past five years has seen increasing numbers of young people arriving as humanitarian entrants in Australia
  - 25,083 young refugees aged 10 to 29 arrived in Australia from 2002 to 2006
  - 72% of all humanitarian entrants were under 30 years of age and 48% of humanitarian entrants were aged from 10 to 29 years old

Table 3 - Age and sex Distribution for Humanitarian Entrants (Refugees) in Australia 2002-2006



- NSW and Victoria accepted more refugees than other states and territories over the same timeframe

Table 4 - State Distribution of Humanitarian Entrants Arriving in Australia 2002-2006



- Over the past 5 years, refugees most frequently came from the Sudan, Iraq, Afghanistan, other Central and West African countries and former Yugoslavia

Table 5 - Top 10 Countries of Birth for Humanitarian Entrants Arriving in Australia 2002-2006

Sudan	33.4%
Iraq	15.4%
Afghanistan	10.0%
Other Central and West Africa	5.7%
Former Yugoslavia not further defined	3.9%
Iran	3.8%
Sierra Leone	3.5%
Ethiopia	3.1%
Kenya	2.6%
Egypt	2.4%
Others	16.2%
Total	100.0%

- The most commonly spoken languages for newly arrived refugees were **Arabic and African languages**

Table 6 - Top Ten Languages Spoken for Humanitarian Entrants Arriving in Australia 2002-2006

Arabic	31.2%
African Languages, n	10.4%
Dari	7.5%
Dinka	6.3%
Assyrian	4.4%
Serbian	3.6%
Persian	3.3%
English	2.8%
OTHER LANGUAGES	2.6%
Burmese/Myammar	2.1%
Others	25.7%
Total	100.0%

Young People from Indigenous Backgrounds

- There were around **99,300 young people aged 15-19 of Aboriginal and Torres Strait Islander background** that identified as indigenous in the 2006 Census
- This is 19% of the total population of Indigenous people in Australia and 3.5% of the total population of young people the same age

Adolescent Health Status

Young people have specific health problems and developmental needs that differ from those of children or adults:

- The causes of ill-health in young people are mostly psychosocial rather biological
- Young people often engage in health risk behaviours that reflect the adolescent developmental processes of experimentation and exploration
- Young people often 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 concerns
- Developmental difficulties and conditions related to pubertal growth commonly occur in adolescence

Young people's health status is also strongly influenced by family, social and cultural factors as well as environmental hazards to which they are exposed, e.g.

- socio-economic status
- cultural background
- family breakdown
- physical / sexual abuse and neglect
- homelessness

Key Adolescent Health Problems

The Australian Institute of Health and Welfare's third comprehensive national report on the health of young people aged 12-24 years –Young Australians: Their Health and Wellbeing 2007[1], found that overall the health of young Australians has improved over the last 20 years.

However, significant numbers (around 22%) of young people experience major health problems, some of which may be life threatening.

Positive Health Trends[1]

A number of positive health trends were identified:

- Death rates among young people aged 12–24 years halved over the last 20 years – largely due to decreases in deaths due to injury
- Suicide and transport accident deaths declined by 40% and 35% respectively between 1995 and 2004
- Large declines over the last decade in notification rates for a number of communicable diseases including measles, rubella, Hepatitis A and B, and for meningococcal disease since 2003
- Declines in the prevalence of some chronic conditions, notably asthma and melanoma, over the last decade

Deaths of Young People[6]

In 2004, more than half of all deaths of young men and nearly half of young women aged 12–24 years were due to suicide, transport accidents or accidental drug overdoses (i.e. 788 deaths from these causes). These are all due to risk behaviours where earlier medical intervention may have prevented these deaths.

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

- ***Accidents and injuries***
  both unintentional and self-inflicted
- ***Mental health problems***
  depression and suicide
- ***Behavioural problems***
  including substance abuse

The following 'snapshots' provide an overview of key adolescent health problems among Australian young people[1]:

Accidents and injuries

- Accidents and injuries account for more than two-thirds of all deaths among 12 – 24 year olds. This includes road traffic accidents, self-inflicted injuries and suicide

Mental health

- Mental health and behavioural disorders account for 49% of the disease burden among adolescents
- Mental health is an area where the situation of young people appears to be worsening[7]
- Up to 20% of adolescents suffer from a mental disorder at any given time
- The rates of young people aged 18–24 years reporting high or very high levels of stress increased from 7% to 12% between 1997 and 2004–05 for males, and from 13% to 19% for females[8]
- In 2004, 272 young people aged 12-24 committed suicide
- The rate of young male deaths from suicide declined by over 50% from 1997 to 2004. These Australian trends are reflected in NSW rates as described in Table 7[9]
- There has been a large rise in young females needing hospital treatment for suicide attempts in NSW (Table 8)[10]
  - hospitalisation rates for suicide attempts are consistently higher in females than in males

- 8% of young people aged 12-17 years have Attention Deficit Hyperactivity Disorder (ADHD) and 3% had Conduct Disorder (CD) – around 16% of those with ADHD or CD had both disorders[1]

Substance use[1]

- In 2004 17% of young people aged 12-24 year old were current smokers
- 5% of 12-15 year olds, 22% of 16-19 year olds and 27% of 20-24 year olds report having used marijuana in the last 12 months
- Illicit drugs and alcohol are the risk factors accounting for the greatest amount of burden among young people aged 15–24 years
- Overall 31% of 12–24 year olds drank once or more a month, at levels that put them at risk or high risk of alcohol-related harm in the short term, and 11% drank at levels that put them at risk or high risk of alcohol-related harm in the long term.
- Table 9 shows the proportion of young people whose drinking leads to short and long term harm[9]

Table 7 - Suicide and self-inflicted injury deaths by sex, persons of all ages and 15-24 years, NSW 1985 to 2004[9]

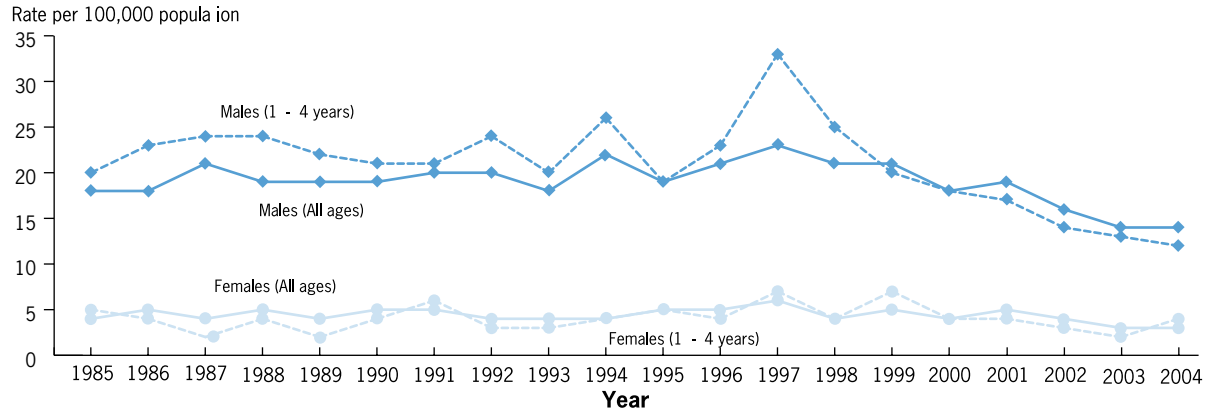


Table 8 - Attempted suicide hospital separations by sex, persons of all ages and 15-24 years, NSW 1989-90 to 2004-05[10]

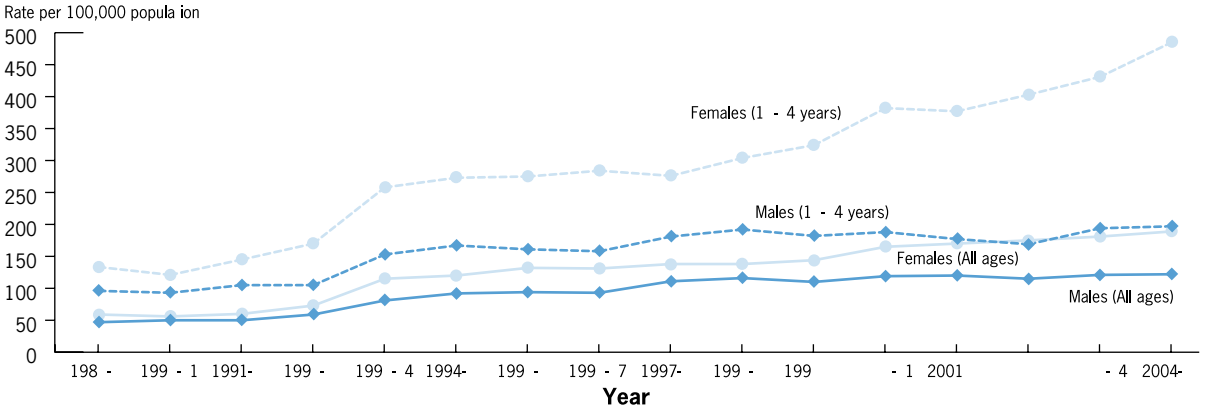
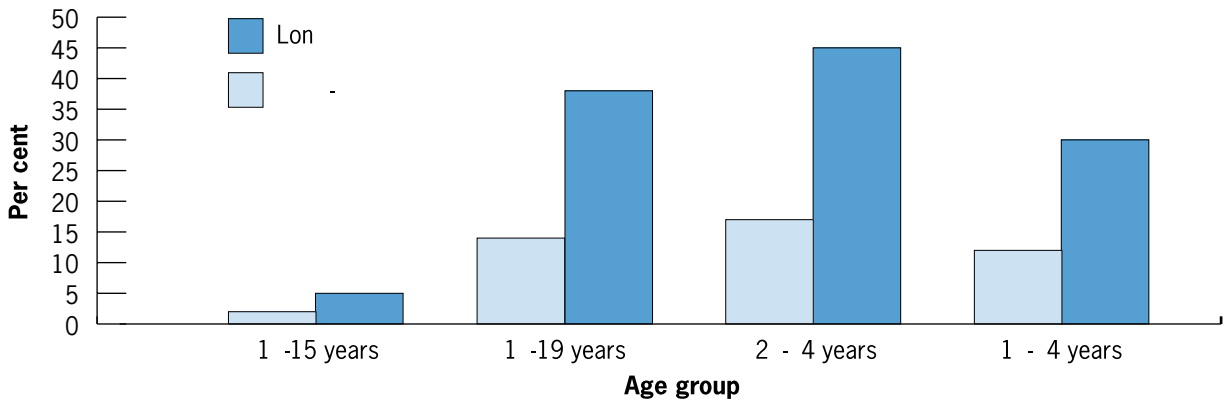


Table 9 - Proportion of young people who drink at risky or high-risk levels for short-term and long-term harm, 2004[11]



Co-Morbidity[1]

- There is a strong evidence that the prevalence of co-morbid disorders is increasing among young people – especially substance abuse and mental health problems
- There is a high incidence of mental health disorders among young drug users
- In 2004–05, there were over 8,021 hospital separations for mental and behavioural disorders due to psychoactive substance use among young people aged 12–24 years

Sexual health/ infectious diseases[1]

- Blood borne and sexually transmitted infections such as HIV, HPV, Hepatitis C and Chlamydia affect young people disproportionately
- Chlamydia is the main sexually transmitted infection among young people – notifications have steadily increased over time particularly between 2001 and 2005 when the rates for young people doubled – in 2005 over 50% of all Chlamydia notifications were for young people
- Notifications of gonococcal infection among young people have been increasing steadily, with a twofold increase for young people between 1995 and 2005 – in 2005, 43% of all gonococcal infection notifications were for young people
- The rates of Hepatitis A, B and C are declining. Most notifications for Hepatitis C are in the 18-24 year age group with an increase in females compared to males
- Teenager pregnancy and childbirth rates havae declined since 1971 - howerver teenage abortions as a proportion of teenage pregnancies are among the highest in the Western world[12]. Pregnant young women and young mothers are more likely to smoke than older pregnant women and mothers

Nutrition and physical activity[1]

- Up to 30% of males and 22% females12-24 years old are overweight or obese
- Physical activity is declining in young people – in 2004-2005 only 46% on males and 30% females aged 15-24 participated in recommended levels of physical activity
- Only 26% of young people aged 12-18 eat the recommended 3 pieces of fruit per day
- Only 67% of males and 59% of females in Year 10 eat breakfast (NSW data)
- Related disorders, such as Type 2 Diabetes, are increasing

Chronic Illness

- Around 10-20% of adolescents have one or more chronic illnesses such as asthma; diabetes; cystic fibrosis

Long-Term Medical Conditions[1]

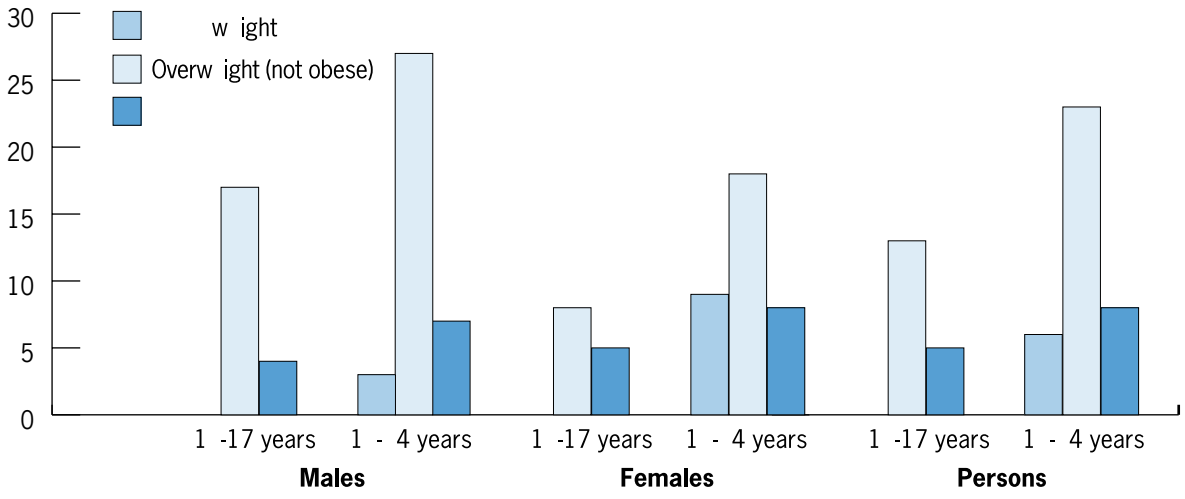
In 2004-2005 – 63% of young Australians aged 12-24 reported a long term condition *(i.e. 'conditions lasting, or expected to last, 6 months or more')*

- Multiple long term conditions were reported by 34% of young people
- The most prevalent long-term medical conditions affecting young people are:
  - Hay fever (14%)
  - Short-sightedness (12%)
  - Asthma (9%)

Physical and Sexual Assault[1]

- In 2005, 8.9% of young people were victims of an assault including physical and sexual violence – this prevalence rate was slightly higher for young people aged 15-19 (9.9%) than for those aged 20-24 (7.9%)

Table 10 - Proportion of young people aged 15-24 years who are underweight, overweight or obese, 2004-2005[1]



resource

For full report, 'Young Australians: Their Health and Wellbeing 2007' see the Australian Institute of Health and Welfare website:
www.aihw.gov.au click 'Publications' and go to 'Search Subject'.

Key Features of Adolescent Health Problems

- The majority of adolescent health problems are psychosocial - a consequence of health risk behaviours, mental health problems and exposure to social and environmental risk factors
- Co-morbidity – adolescent health problems are often complex
  - co-morbidity is common with the occurrence of one health problem raising the risk for a subsequent problem
  - the prevalence of co-morbid mental health and substance use problems is increasing
- Many health risk behaviors and lifestyles are established in adolescence and continue into adulthood leading to chronic health problems – e.g. tobacco use; poor dietary habits; alcohol use
- Young people's lack of knowledge and skills increases their risk of poor health outcomes

The Concerns of Young Australians

In 2006 Mission Australia conducted a national survey of 14,700 young people, aged 11-24 (95% were between 11-19 years of age).[13] Around 800 respondents identified as Aboriginal or Torres Strait Islanders, of whom 150 respondents were homeless.

- Overall, **the three main issues of concern for young people** were:
  - family conflict
  - alcohol and other drugs
  - body image
- Both females and males were similarly concerned about **body image**
- Two in five 20-24 year olds are significantly concerned about **depression**, while two out of five identified **discrimination** as a major issue
- 34.2% of males and 24.7% of females were concerned about alcohol and other drugs
- **Physical/sexual abuse** was a major concern for 30.8% of females and 23% of males
- **Things young people valued most** – 72.3% of respondents ranked family/relationships as one of the top three things they most valued; followed by friendships at 66.8% and being independent at 35.2%
- **Who young people turn to when they need advice and support** most commonly were – friend/s (86.4%), parent/s (74.2%) and a relative/ family friend (64%). The Internet ranked fourth at 16.8%.

Socio-Cultural Factors Affecting Young People's Health

Some groups of young people are disproportionately affected by particular health conditions and risks because of social, cultural and environmental factors, and socioeconomic disadvantage:

Indigenous Young People[1]

- Death rates for indigenous young people are 4 times higher than non-indigenous young people
- The death rate for young indigenous males is twice the rate for young indigenous females
- 23% of indigenous Australians aged 18-24 have a disability or long term health condition – 1.5 times the rate of non-indigenous young people
- Young male indigenous people are treated in hospital for injuries due to assault at a rate 4 times greater than non-indigenous young people, while the rate for young indigenous females is 33 times that of non-indigenous females
- Young indigenous Australians are more likely to experience health risk factors such as obesity, physical inactivity, smoking, imprisonment, and lower educational attainment
- Hospital separations due to mental and behavioural disorders in selected states (Queensland; Western Australia; South Australia & Northern Territory) – are 1.6 times higher than that of other young Australians
  - the main disorders were schizophrenia (in males); substance abuse (including alcohol use); and reaction to severe stress and adjustment disorder
- 50% of Indigenous young people aged 18–24 years were daily smokers, compared with 26% of non-Indigenous young people
- Indigenous young people are less likely to access primary health care services and are more likely to access tertiary health care services than non-indigenous young people.

These inequalities reflect the relative social and economic disadvantage of many indigenous people and their lack of access to adequate and culturally appropriate health care[14].

Young People of Culturally and Linguistically Diverse Backgrounds (CALD)

- Young people aged 15-24 years born overseas have lower mortality and morbidity rates than Australian-born youth – this may be due in part to the protective influence of family and cultural support
- Some CALD young people may be at risk of poor mental health outcomes as a result of the stresses associated with the experience of migration, resettlement and acculturation, as well as exposure to traumatic experiences[15]. These stressors include:
  - settlement and adaptation difficulties
  - English language difficulties
  - conflict between traditional cultural values and those of the new society
  - refugee experience
  - experience of torture or trauma
  - exposure to racism or discrimination
  - isolation
  - lack of access to culturally appropriate mental health services

See Cultural Diversity and Adolescence below for a more in-depth discussion of these issues.

Rural Young People[1]

- Young people living in rural and remote areas make up some 31% of the total Australian population of 15-24 year olds
- Young people living in rural and remote areas have higher death and hospitalisation rates than those in metropolitan areas
- The death rates of young males from accidents, injuries and suicide increases markedly with increasing geographical remoteness
- The death rates for young Australians in very Remote areas was almost 5 times that for Major Cities in 2002–2004
- Young people aged 15 to 24 in very remote areas were admitted to hospital for injuries due to assaults at a rate 8.5 times that of young people in major cities.
- The proportions of risky and high risk drinking among 12–24 year olds increased with remoteness – from 30% in Major Cities to 37% in Remote and Very Remote areas

Gay/Lesbian/Bisexual/Transgender (GLBT) Young People

- Evidence suggests that GLBT young people are exposed to increased risk of depression, substance use, isolation and injury due to violence
- There is an increased risk of suicidal behaviour among young people who identify as gay, lesbian, bisexual or transgender[16]

Socio-economically Disadvantaged groups[1]

- Young people who are socially and economically disadvantaged have higher death and hospitalisation rates
- Young people aged 15–24 years in the most socially and economically disadvantaged areas of Australia had death rates almost twice as high as those from the least disadvantaged areas
- Socioeconomic disadvantage can include low income, poor education, unemployment, limited access to health services, living in poor housing, and working in an unsafe, unrewarding and menial job

Differences between males and females[1]

- Young males are twice as likely to die than young females – mostly due to accidents and suicide
- Rates of depressive disorders are 4 times higher for young females than for males
- The rate of substance abuse disorders is twice as high for males
- Male suicide rate is 3 times higher than female rate
- Females are 2.5 times more likely than males to be hospitalised for self inflicted injuries than males

Young Carers[17]

- Approximately 300,900 people aged under 25 years (4.5% of all young people under 25 years) were caring for a household member with a long-term health condition or disability, or for an older household member in 2003

2. Adolescent Developmental Issues

Definition of Adolescence

The developmental period between childhood and adulthood – beginning with the changes associated with puberty and culminating in the acquisition of adult roles and responsibilities.

Adolescence is a dynamic period of development characterised by rapid change in the following areas:

- physical – onset of puberty (physical growth, development of secondary sexual characteristics and reproductive capability)
- psychological – development of autonomy, independent identity and value system
- cognitive – moving from concrete to abstract thought
- emotional – moodiness; shifting from self-centredness to empathy in relationships
- social – peer group influences, formation of intimate relationships, decisions about future vocation

Adolescence is a biologically universal phenomenon. However, the concept of 'adolescence' is defined differently in different cultures:

- Cultural norms and life experiences (such as being a refugee) can affect the timing of developmental milestones (e.g. puberty) and expectations of what is considered 'normal' in terms of the adolescent's response to these changes
- The expectations, roles and duration of adolescence can vary greatly between different cultures

The transition from childhood to adolescence is not a continuous, uniform process:

- While adolescence can be a stressful period, the majority of adolescents cope well with this developmental process and do not have any lasting problems[18]

The Experience of Puberty

Puberty involves the most rapid and dramatic physical changes that occur during the entire life-span outside the womb[19]:

- Average duration is about 3 years and there is great variability in time of onset, velocity of change and age of completion
- Height velocity and weight velocity increase and peak during the growth spurt (early in girls, later in boys)
- The experience of puberty is to have a changing body that feels out of control
- It is important for GPs to be aware not only of normal pubertal development but also of its variations

See Section 2, Chapter 4 – Conducting a Physical Examination for more information about puberty.

Developmental Tasks

Adolescence is a developmental period in which the young person must negotiate fundamental psychosocial tasks in their development towards maturity and independence.

However, the nature of these tasks, and the importance placed upon their achievement, can vary greatly between Western and non-Western cultures.

From a Western cultural perspective, the major developmental tasks of adolescence are seen as:

- 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

The Developmental Perspective of Adolescence

It is important for GPs to understand adolescents, their behavior and needs from a developmental perspective. Determining the developmental stage of the adolescent provides a guide to identifying:

- 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

Stages of Adolescence

There are three main stages of adolescent development – early, middle and late adolescence. However, psychosocial development can be highly variable in terms of progression from one stage to the next:

- Age in itself does not define maturity in different areas of adolescent development
  - in any particular adolescent, physical, cognitive and psychological changes may be 'out of sync'

Example: *An early developing, mature-looking girl may be physically developed but psychologically immature and emotionally vulnerable. This presents the potential risk of early initiation of sexual intercourse before she has developed the cognitive and psychological capacity to fully understand the potential consequences.*

The main developmental concerns, cognitive changes and psychosocial issues for each stage are summarized in Table 11.

Table 11 - Adolescent Development Stages

	Early (10 – 13 years)	Middle (14 – 17 years)	Late (17-21 years)
Central Question	**"Am I normal?"**	**"Who am I?" "Where do I belong?"**	**"Where am I going?"**
Major Developmental Issues	• coming to terms with puberty • struggle for autonomy commences • same sex peer relationships all important • mood swings	• new intellectual powers • new sexual drives • experimentation and risk taking • relationships have selfcentred quality • need for peer group acceptance • emergence of sexual identity	• independence from parents • realistic body image • acceptance of sexual identity • clear educational and vocational goals, own value system • developing mutually caring and responsible relationships
Main concerns	• anxieties about body shape and changes • comparison with peers	• tensions between family and adolescent over independence • balancing demands of family and peers • prone to fad behaviour and risk taking • strong need for privacy • maintaining ethnic identity while striving to fit in with dominant culture	• self-responsibility • achieving economic independence • deciding on career/vocation options • developing intimate relationships
Cognitive development	• still fairly concrete thinkers • less able to understand subtlety • daydreaming common • difficulty identifying how their immediate behaviour impacts on the future	• able to think more rationally • concerned about individual freedom and rights • able to accept more responsibility for consequences of own behaviour • begins to take on greater responsibility within family as part of cultural identity	• longer attention span • ability to think more abstractly • more able to synthesise information and apply it to themselves • able to think into the future and anticipate consequences of their actions

3. Cultural Diversity and Adolescence

Many adolescents from **Culturally and Linguistically Diverse backgrounds (CALD)** 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 behavioral and social expectations[20]:

- There may be great variation in cultural values and norms regarding the central tasks of adolescence – such as developing a sense of identity and independence

Example: *Within the Australian context, the achievement of independence and an individual identity are highly valued outcomes of adolescent development. This may conflict with the values of some cultures where a competent adolescent is primarily defined as someone who meets his/her obligations to their family*[21].

- Young people tend to adapt to the values and ways of the new culture more readily than their parents do – so the adolescent may be torn between the family's expectations of them to maintain the values and customs of their 'old' culture, while striving to adopt the norms of the new culture in order to fit in with their peers
- In some cultures, adolescence is a time of strengthening one's family bonds and taking on increased responsibility and new roles within the family[22] – young people may be more restricted than before and their activities closely monitored
- Girls in particular may be subject to stricter controls – especially if parents feel threatened by their exposure to the values of the new culture
- Traditional family roles may change due to the influence of the new culture – e.g. young people may have to adopt an adult role in the family because of their greater capacity with English and familiarity with social norms than their parents

Identity Development

The development of a healthy individual identity is a major task of adolescence. Young people from CALD backgrounds face the additional challenge of deciding about their cultural identity[22].

This can lead to an identity crisis as the young person attempts to work out their affiliation to their culture of origin and their place within the dominant culture – *e.g. "Am I Australian?" "Am I Chinese?" "Can I be both?"*

It can also give rise to potential conflict with their family who may fear losing control of the adolescent.

Even second or third-generation children of migrants may still have an affiliation with their parents' culture of origin and may therefore face issues related to ethnicity, identity, language and parents' cultural mores.

Culture is a powerful influence on the development of one's identity:

- Non-Western cultures generally place less emphasis on the importance of the individual – the family and ethnic identity are valued above the attainment of an individual identity, and play a central role in shaping the development of the adolescent's identity[22]

The way in which adolescents resolve these ethnic identity conflicts has important implications for their mental health[22].

- Young people who manage to retain the most important elements of their ethnic culture, while developing the skills to adapt to the new culture, appear to cope best in their psychosocial adjustment[20]

Cultural Sensitivity

Cultural sensitivity entails being aware of the wide range of diversity that exists, both across and within cultures. In order to provide good health care to young people from diverse cultural backgrounds, GPs need to:

- understand that their assumptions, attitudes and beliefs about culture and different cultural groups are shaped by one's own cultural background and values
- be aware of how the young person's cultural background may impact upon their developing adolescent identity
- adopt a respectful and non-judgmental approach in dealing with differing cultural norms and practices
- be careful not to label and make assumptions about the young person based on cultural stereotypes – for example, categorizing a young person as having particular cultural characteristics based solely on their parent's country of birth, or adherence to cultural or religious practices
- consult with specialist CALD services or workers if unsure about cultural issues
- ask the young person themselves how they wish to identify themselves:

Example: *"Thuy, you said that your parents were born in Vietnam and that you grew up here in Australia. How do you mostly think about yourself – as Australian or Vietnamese, or both?"*

Culture plays a central role in shaping people's identity, values, beliefs, social roles and behaviors. However:

- Within any given culture, there can be enormous diversity – with a variety of ethnic, language, educational, socio-economic and religious backgrounds
- It is misleading to assume that a definitive set of cultural attributes, attitudes, values and practices apply to all people from a particular cultural background
- Ask the young person if they identify with their parent's culture – and in what ways do they identify with it?

Working with Aboriginal and Torres Strait Islander Young People

- GPs also need to be aware of the health issues and needs of indigenous young people and the impact of culture on the presentation, diagnosis and treatment of their health problems
- It is important to recognise that there is enormous diversity among Aboriginal people – there are many language groups; cultural meanings and practices are complex and vary widely regions and communities[14]
- The concept of family in Aboriginal culture differs from traditional western concepts – it may be necessary to identify and involve important members of the young person's extended family system in the consultation process
- Where available and appropriate, consult with Aboriginal-specific health services – especially if unsure about what cultural issues might be influencing a clinical presentation

resources

- For further information on the health of indigenous young people – see the **RACGP website**: www.racgp.org.au go to 'Aboriginal and Torres Strait Islander Health Unit'
- See also, **Royal Australasian College of Physicians (RACP) website**: www.racp.edu.au go to 'Publications and Communications'
- **National Aboriginal Community Controlled Health Organisation (NACCHO)**: www.naccho.org.au
- For details of **Aboriginal Medical Services** in each state – see the **Department of Health and Ageing website**: www.health.gov.au go to 'For Consumers'; then click on 'Indigenous Health'

Culture and Health

CALD young people may be exposed to a variety of stressors associated with:

- the conflict of identity between the dominant culture and their family's culture
- migration
- uncertainty of resettlement
- social isolation
- adaptation to a new culture

The health and psychosocial development of CALD adolescents may also be adversely affected by individual experiences such as:

- the experience of being a refugee
- exposure to war
- the impact of parents' refugee experience – e.g. pressure on the young person to succeed in new country or lack of emotional support from parents
- separation from family
- being subjected to torture or trauma
- English language difficulties
- racism and discrimination
- post-traumatic stress

Culture as a Protective Factor

A young person's experience of belonging to or identifying with a particular culture can also be a major protective factor in promoting their overall wellbeing[1,22]*:*

- this sense of belonging, identity and support enables young people and their families not only to survive the hardships, traumas, and losses associated with migration and resettlement, but in fact to be strengthened by these experiences
- a strong cultural identification enhances the adolescent's resilience

The GP's Role

While it is important to understand cultural influences operating in the young person's life, it is also important to:

- treat each patient as an individual
- ask how the young person identifies themselves within mainstream culture and their own culture
- enquire about the young person's own particular experiences, cultural beliefs and health practices
- enquire about traditional cultural views of the causes of illness
- ask about the beliefs and history of their family – where this is appropriate for gaining a better understanding of the young person's complaint and background factors that may be influential

Understanding the Role of Family in Different Cultures

Sensitivity is also needed in dealing with the parents of CALD young people:

- In CALD families, parents are usually the first point of contact for reaching adolescents – therefore their support and participation is essential
- People from a CALD background may have very different expectations and attitudes about health, help-seeking behavior and the role of the doctor, for example:
  - there may be a cultural perception that a GP's role is to stick to medical complaints and provide medical treatment rather than spend time engaging the young person in conversation
- Approaches that would normally be adopted with adolescent patients such as confidentiality, seeing the young person alone, and encouraging independent decision-making by the young person may contradict family and cultural values, and so need to be handled carefully
- The parents and young person may both need information to help them understand adolescence and adolescent development – explain the doctor's role in treating the young person and respect the parents' need to remain actively involved, should they wish to do so

See also Section Two, Chapter 7 – Culturally Competent Practice for further strategies for working with young people from other cultural backgrounds.

resources

- The **Diversity Health Institute** offers a wide range of multicultural health information: www.dhi.gov.au
- The **Transcultural Mental Health Centre (TMHC)** provides consultation, training and information services to health professionals on transcultural mental health, as well as service provision to people from CALD backgrounds – go to Diversity Health website: www.dhi.gov.au – click link to Transcultural Mental Health Centre
- ***See Section Four for contact details of other resources and service providers in multicultural health***

4. Adolescents and General Practice

GPs are ideally placed to respond to young people's complex health problems by providing comprehensive health care, and acting as a first point of call in the identification, treatment, follow up and referral of adolescent health problems:

- GPs see approximately two million young people under the age of 25 each year during 11 million consultations
- GPs are the most accessible primary health care provider for young people and usually their first point of contact with the health system
- Young people themselves perceive doctors as one of the most credible sources of health information[23]

However, young people are often reluctant to visit doctors:

- Young people are fearful and embarrassed about discussing sensitive issues such as sexuality, drug use or other psychosocial problems
- Young people are concerned about lack of privacy and confidentiality
- Many young people believe GPs treat only physical ailments, and are unaware that GPs might be able to help them with emotional and psychosocial concerns

Young people often present to GPs with relatively minor complaints:

- 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 and behavioural – this discrepancy highlights the fact that young people frequently don't present to GPs with the problems that are most critical to them.

Major barriers exist to young people obtaining appropriate and timely health care:

- Young people face administrative, psychological and financial barriers to accessing GP services
- This lack of access to health services has been identified as a significant contributor to adolescent morbidity and mortality.

GPs are ideally placed to provide the type of comprehensive health care that young people's complex health problems require:

- GPs are the most visible primary health care provider
- GPs act as a gateway to the health system and can facilitate young people's access to other required health and support services
- The quality of an adolescent's initial contact with a GP influences the way they perceive the health system and their future pattern of utilising health services[19]
- GPs can overcome barriers to young people's access by making their services and consultations youth friendly

Barriers for Young People

"….You go to someone you know and trust and they know you." [23]

Numerous studies[23,24] have identified major barriers to young people's access to appropriate health care are:

Confidentiality

- The most significant barrier identified by young people is fear about confidentiality and trust. This includes concerns about:
  - the GP disclosing information to their parents
  - lack of privacy in the waiting room
  - reception staff not protecting their confidentiality

GP attitudes and communication style

- Concerns that GPs will have unsympathetic, authoritarian and judgmental attitudes
- The GP's approach and communication style has a significant impact on the young person's comfort level and ease of communication

Access and clinic environment

- The clinic environment can have a negative impact on adolescents' comfort in using the service
- Many young people feel intimidated by:
  - a formal clinic and waiting room environment
  - appointment booking procedures
  - perceived lack of sensitivity and awareness on the part of reception staff.
- Clinic opening hours and long waiting times can lead to young people foregoing health care

Cost

Cost can be a major barrier because many young people:

- Do not understand the Medicare system, and few have their own Medicare card
- Have difficulty meeting the costs of medical care (especially when practices do not bulk bill) and other related expenses
- Believe that they cannot access a GP without payment or without their parents finding out

Developmental characteristics of young people

Many young people:

- Have a poor understanding of their own health needs
- Lack knowledge about available health services and how to use them
- Have difficulty expressing their concerns because of the sensitivity of many of their health issues
- Feel self-conscious and anxious about being asked personal questions
- Defer treatment till a crisis stage
- Are reluctant health consumers, often brought along by parents or other caregivers

Barriers for GPs

There are also a number of constraints in the structure of General Practice that act as barriers for GPs in providing effective health care to adolescents[23]:

- Inadequate training in consultation skills and managing psychosocial problems in adolescents
- Lack of confidence, knowledge and skills in communicating with adolescents
- Time constraints and inadequate remuneration for providing longer consultations to young people
- Concerns about medicolegal issues

Key Roles for the GP

Adolescent health problems are often complex in nature and require a multidisciplinary treatment approach to deal with co-morbid and psychosocial issues. GPs have a critical role to play in the effective management of these problems by:

- providing developmentally appropriate consultation and treatment
- promoting access to other services by identifying and managing pathways to care for the young person
- facilitating a collaborative treatment approach with other service providers – the new **Medicare Item Numbers** provide a framework for initiating this collaborative, multidisciplinary approach

See Section 2 – Chapter 13 – Enhancing Collaboration for use of Medicare Item Numbers

The **key roles** that a GP can play in providing comprehensive health care to adolescents are described in greater detail in **Sections Two, Three and Four** of this Kit as follows:

- **Provision of comprehensive health care appropriate to the adolescent's developmental needs and sociocultural background:**
  - Managing the interaction with the young person by devoting the necessary time and using developmentally appropriate communication skills to effectively engage them
  - Providing developmentally appropriate treatment and prevention strategies
  - Providing anticipatory guidance about health matters in simple, clear language
  - Adopting a culturally sensitive approach respectful of the individual and their family

See Chapters 1, 3, 4, 6 &7

- **Detection, early intervention and education for health risk behaviours:**
  - Screening, identification, and management of psychosocial risk factors and behaviours
  - Using consultations to provide education about health risks and to promote protective behaviours
  - Addressing the social and environmental risk factors in the young person's life by working with the family, school, and other key people in their lives
  - Providing appropriate treatment of common adolescent health problems

See Chapters 2, 5, 8, 9, 10, 11 12, & 13

- **Promoting young people's access to health services:**
  - 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
  - Ensuring that your practice is **culturally sensitive** in its service provision to young people

- Helping to reduce the barriers young people face in accessing services – especially for young people at high risk and with co-morbid health problems
- Advocating for young people's health needs within the health system, their families, schools, and wider community

See Chapters 7, 13 & Section Three

- **Adopting a collaborative approach to patient management**
  - Promoting effective multidisciplinary health care by ensuring appropriate referral, and coordination with other health professionals involved with the young person
  - Effectively using the relevant Medicare item numbers to facilitate the young person's pathways to care – in particular, the use of a GP-Managed **Mental Health Care Plan** to improve access to mental health services

See Chapter 13 & Section Four

The Role of Practice Nurses in Working with Adolescents

- A practice nurse is a registered nurse or an enrolled nurse who is employed by, or whose services are otherwise retained by, a GP
- Practice nurses are often utilised in general practice to provide initial assessment of patients and for their clinical nursing skills
- The perceived approachability of nurses can be particularly effective in interactions with adolescents as the nurse's clinical and counselling skills effectively compliment the GPs' role
- Many patients see the GP's time as more valuable than the practice nurses, and may feel that the nurse is more available to listen to their health concerns – this access can assist in building the rapport necessary to engage the young person and can help to uncover underlying reasons for the patient's visit

practice points

- **The majority of adolescent health problems are psychosocial** – a consequence of health risk behaviours, mental health problems and exposure to social and environmental risk factors
- **The leading causes of death and illness** in the age group 12 – 24 years are:
  - **Accidents and injuries** – both unintentional and self-inflicted
  - **Mental health problems** – depression and suicide
  - **Behavioural problems** – including substance abuse
- **Co-morbidity** is common with the occurrence of one health problem raising the risk for a subsequent problem
- Adolescence is a **dynamic period of development** characterised by rapid physical, psychological, cognitive and social changes
- It is important to **determine the developmental stage of the adolescent** as a guide to identifying their physical and psychosocial concerns, and to providing appropriate communication, education and intervention strategies
- Young people from **Culturally and Linguistically Diverse backgrounds (CALD)** face the challenge of dealing with the tasks of adolescence while growing up between two cultures
- CALD young people may be exposed to a **variety of stressors** that negatively affect their health, including – migration and resettlement difficulties; exposure to trauma as a refugee; social isolation; identity conflicts
- The GP needs to adopt a **culturally sensitive approach** in dealing with the young patient and their family
- GPs have a **key role** to play in providing **comprehensive health care** to adolescents by providing developmentally appropriate consultation and treatment and facilitating a **collaborative treatment approach** with other service providers

resources

Key Text Books:

- Strasburger, V., Brown, R., Braverman, P., Rogers, P., Holland-Hall and Coupey, S. (2006). *Adolescent Medicine: A Handbook for Primary Care*. Lippincott, Williams & Wilkins. Philadelphia.
- Greydanus, D., Patel, D & Pratt, H. (2006) *Essential Adolescent Medicine*. McGraw-Hill. New York.

Key Organisations:

- **NSW Centre for the Advancement of Adolescent Health (NSW CAAH)**
  Tel: 02 98453338 – www.caah.chw.edu.au
  a technical support agency providing a range of education, training, information and resources on youth health issues
- The **Diversity Health Institute** offers a wide range of multicultural health information and resource, including the **Transcultural Mental Health Centre (TMHC)** www.dhi.gov.au
- **The Centre for Adolescent Health, University of Melbourne**
  Tel: 03 93455890 – www.rch.org.au/cah
  provides clinical services; community programs; training, research; resources and distance education programs in Adolescent Health

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16 Royal New Zealand College of General Practitioners (1999). Detection and Management of Young People at Risk of Suicide. Wellington.

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