Meeting the health needs of young people

The health needs of young people have been receiving increased attention in recent years. In the UK this has arisen partly because of government initiatives, such as Health of the Nation, Health of the Young Nation, the Young People's Health Network, and so on. However, on the international scene more health professionals are speaking out about this age group and about its special characteristics.

Until recently it was generally assumed that the health needs of young people were less pressing than the needs of other groups in society. Teenagers were seen as being a relatively healthy lot, and that therefore, although there were clearly special groups within the age cohort, the adolescent population as a whole did not need to be considered a priority in terms of health service delivery. A number of factors have changed this perception. The increased rates of suicide among young men in some countries in the 1980s and early 1990s put the spotlight on the mental health needs of young people, while a continuing concern over the rates of teenage pregnancy has highlighted the need for better sexual health services for this group, as has the rising incidence of various types of sexually transmitted infections in the past few years.

A further factor that has fuelled debate over the health needs of this age group is the growing body of research that identifies the obstacles faced by young people in their quest of health advice and treatment. Research findings show that there are a number of factors that either inhibit young people from going to the doctor, or that create anxiety among those who do attend. There is uncertainty over policies concerning confidentiality, difficulty in making appointments, and a sense that few GPs have any interest in teenage problems. Findings such as these have led health professionals to think more deeply about how to provide a service for teenagers that is user friendly.

In addition to these activities public attention has also been drawn to the question of inequalities in health, and to the disadvantages suffered by particular groups of young people. Research has shown that teenagers growing up in poverty experience markedly poorer health than those living in affluent circumstances. Similarly young people looked after by the state, as well as those in custody and other residential facilities, are at especially high risk in health terms. As these groups are less able to access health services in any event, there is an even greater urgency in attending to the provision of appropriate services.

It is of course encouraging that more attention is being paid to health service provision for young people in our society. However, there is a long way to go before the fact that the needs of young people differ from those of children or adults is recognised, accepted and understood. We should be clear that adolescence as a particular stage of development has associated with it characteristics that affect health needs. Puberty and the rapid physical changes inherent in this phase lead to concerns about normality and pace of change. A lack of self confidence and hypersensitivity about one's body leads to timidity about seeking information and advice in the early adolescent years. Anxiety about independence, and the need for privacy, means awkwardness over relationships with parents. This in turn means that confidentiality is at a premium. These few examples will suffice to show how the characteristics of a developmental stage should influence the nature of the service offered. Unfortunately there is still much work to

do before this knowledge is universally translated into service delivery.

While it is essential not to generalise about attitudes between the generations, we should not ignore the fact that some adults do hold attitudes about young people that hinder the provision of sympathetic and appropriate services. Two attitudes may be mentioned here. In the first place it is not unusual for adults to think of young people as being difficult to communicate with. There are skills needed to communicate well with young people, but these can and should be learnt, so that any obstacles can be overcome with a little forethought and planning. The second attitude has to do with risk taking. It is commonly believed that young people are more likely than adults to take risks with their health, and this can lead to a less than sympathetic response to some health problems. All professionals working with this age group need to examine how they feel about young people, and look closely at their attitudes to adolescent behaviour.

It is now time to turn to some action that could be taken to improve health services for young people. Firstly, let us look at training, as this is a topic mentioned above. There is no doubt at all that more training is needed for those working in the primary health care sector on the needs of adolescents. Such training should cover the particular developmental characteristics of this stage, but should also focus on communication skills, on multi-disciplinary working, and on forging closer links with community agencies such as schools, youth clubs, and local employers.

Young people's needs could be met more effectively if greater effort was put into publicising local services. Clear information sheets should be available in all settings where young people gather, so that any local health initiative becomes widely known to all in the community. We know that teenagers learn of services more frequently through word of mouth than by any other means. However, without written details, disseminated through eye catching posters and other means, the word of mouth process can never get underway in the first place.

We need also to focus on parents, and to think through how mothers and fathers of teenagers can be engaged in improving the health of their children. Parents of teenagers need a better range of information about health matters, as well as more knowledge of topics such as drugs, smoking, and alcohol, all of which are key issues for young people. Parents also need to be encouraged to communicate with their teenagers on health topics. Few realise how important good communication in the home can be in the reduction of risk and in the development of harm minimisation strategies. Parents have a central part to play, and yet we put hardly any resources at all into assisting them to play that central part.

The use of new technology should also be seen as a valuable tool in health promotion and as a means of delivering good quality information to a wide range of young people. There is an exciting move to develop web sites designed to provide such information, such as the www.teenagehealth-freak.co.uk web site recently established by the British paediatricians Ann McPherson and Aidan Macfarlane. There seems little doubt that the internet will increasingly offer a medium through which a variety of health related services can be provided.

In considering how to improve health services for young people we have left to last perhaps the most important of all means—the creation of specialist teen services. There are a

number of ways in which this may be done, including establishing a teen clinic within a primary health care setting, creating a health clinic within a secondary school or college, using youth work facilities to set up a health clinic in a community facility, and developing various outreach services for disadvantaged young people or those with special needs.

Earlier this year the Health Development Agency in London commissioned the Trust for the Study of Adolescence to review such initiatives currently taking place in England and Wales. A report by Dr Rosemary Jones, documenting some 50 community projects of this sort, is now available (see www.tsa.uk.com). The review identified a range of indicators of good practice, as well as criteria that might be used to evaluate initiatives of this sort.

There is a general consensus that good practice in community health initiatives for young people must include a number of elements. These are, firstly, a genuine consultation process with young people themselves. This is essential, not only because it is difficult to plan a service without knowing what is wanted, but also because consultation and a sense of ownership are closely related. The second characteristic of good practice involves having a service that is accessible and convenient for those who are going to use it. This may mean some changed working practices for the adult health professionals, but opening times and the location of the clinic in particular must be adjusted to make access as easy as possible if we want to encourage wide use of the service.

A third element of good practice has to be to do with confidentiality. Any health service for young people should have a clearly displayed policy on confidentiality, visible in all public places. A young person should not be in any doubt about what the policy is, and should not feel the need to ask about it. Such practice creates confidence, and lowers anxiety. This in turn leads to the likelihood that the patient will be able to make best use of the service provided. A fourth factor has to do with a commitment to

evaluation. While most community projects believe in the importance of evaluation, and in evidence-based practice, few manage to include this in their work. Sadly the money and human resources to underpin such evaluation are still hard to come by. Finally a fifth element of good practice is to do with multi-disciplinary working. In the best projects staff from all backgrounds accept the need to collaborate with others who have different types of expertise. While youth workers, social workers and those from education have much to learn from health professionals, the opposite is true too. Best practice allows all professions to work together, pooling resources and skills, in a shared commitment to better health for young people.

We have considered here how the health needs of young people have come to greater prominence in recent years. We have acknowledged the fact that teenagers do have needs that differ from those of other age groups. The implications of this must be incorporated in our planning of services. We know from research that there are some tangible obstacles facing adolescents when they seek health care. These too need to be tackled, and a recent review has shown that there are a number of exciting community initiatives currently under way with this very objective. Things are changing in the provision of good quality health care for young people. Let us hope the pace of change continues in this important field.

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Further reading

Aggleton P, Hurry J, Warwick I. *Young people and mental health*. Chichester: John Wiley, 2000.
 Coleman J, Hendry L. *The nature of adolescence* 3rd ed. London: Routledge, 1999.
 Coleman J, Schofield J. *Key data on adolescence*. Brighton: Trust for the Study of Adolescence, 2001.
 Jones R, Coleman J, Dennison C. *Community health initiatives for young people: a working paper*. Brighton: Trust for the Study of Adolescence, 2000.
 Office for National Statistics. *Social focus on young people*. London: The Stationery Office, 2000.