

How to listen and talk to an adolescent patient

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How to break down any barriers in communication with your adolescent patients.

Adolescent patients have specific health problems, needs and concerns. These problems and needs differ substantially from those of adults or children. From a promoting health and preventing illness point of view, adolescence is a particularly important time because it is in these years that many health behaviours are formed and many health problems begin. Choices made by young people often have a considerable impact on their health as adults. By focusing on preventing disease and promoting health during youth, long lasting health benefits will follow.

Barriers to adolescent health promotion

Australian research suggests that many young people generally feel uncomfortable about going to a GP, and that significant barriers exist to their accessing services.¹ A study conducted by the Northern Rivers Division of General Practice found that for many young people, particularly those with a transient lifestyle, going to a GP was seen as a last resort. In the words of one young person: 'you don't go to a doctor unless you're going to die.' Yet these same young people acknowledged the presence of a range of physical and psychosocial complaints that, more often than not, went untreated.

Even when GPs are accessed by young people, most consultations are for acne and respiratory and musculoskeletal problems rather than the major causes of disease burden in this age group – behavioural and mental health problems.



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Of all the barriers facing teenage patients (cost, worries about confidentiality, no Medicare card), the most important is their perception of a lack of compassion and understanding by reception staff and doctors. Being sensitive to the enormous physical and psychological changes occurring during adolescence is critical. If adolescent patients believe their concerns are not being taken seriously, engaging them will be impossible.

To quote Professor George Patton and colleagues: 'The greatest barrier to effective early intervention is engagement with young patients...Practitioner lack of confidence, skills and training in dealing with adolescent mental health and behavioural problems explains some of the unmet need.'²

Keys to communicating with adolescents

So what are the keys to great communication with adolescents?

- Start by introducing yourself to the young person in the waiting room, and then ask to be introduced to whoever is with him or her – this sends a clear message that it is the young person who you are interested in.
- Once in the room, make a clear statement about confidentiality, noting the exceptions around suicide, homicide and abuse.
- Present as clinic protocol that it is normal for you to spend some of the consultation alone with the adolescent. Once the adolescent has indicated that he or she is comfortable seeing you alone (younger ones may not be ready yet), ask the accompanying adult to leave, with a statement like, 'Well, Ms Jones before you leave and I talk to Amy alone, do you have any last questions?'
- Once you are alone with the adolescent, start by complimenting him or her for being present; acknowledge

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Example of HEADSS screening questions^{3,4}

Home

- Where do you live and who lives with you?
- How do you get along with each member?
- Who could you go to if you needed help with a problem?

Education (or employment)

- What do you like about school (or work)?
- What are you good and not good at?
- How do you get along with teachers and other students (or work colleagues)?

Activities

- What sort of things do you do in your spare time out of school (or work)?
- Do you belong to any clubs, groups, etc?
- What sort of things do you like to do with friends?

Drugs

- Many young people at your age are starting to experiment with cigarettes or alcohol. Have you tried these or other drugs, like marijuana, injecting drugs and ecstasy?
- How much are you taking and how often?

Sexuality

- Some young people are getting involved in sexual relationships. Have you had a sexual experience with a guy or girl or both?

Suicide

- What sort of things do you do if you are feeling sad/angry/hurt?
- Some people who feel really down often feel like hurting themselves or even killing themselves. Have you ever felt this way?
- Have you ever tried to hurt yourself?

that turning up for a consultation is not always easy for a young person. Make a general statement that in seeing young people for the first time you like to have a general chat to get to know them and see how their lifestyle may be impacting on their general health. Ask if it is okay to start by having a general chat.

- Asking permission – especially before delving into sensitive topics – shows the teenager that you are understanding and sensitive to the needs of young people, especially if you also give them permission not to answer some of the questions.

- As they gradually begin to answer your questions (see the HEADSS questions^{3,4} in the box at left for a guide as to what to say), listen carefully to what they are telling you and note the accompanying body language.
- Feeding back to young people what they are saying, in brief paraphrases, allows them to know that you have heard and understood and enables them to clarify a point if it was not expressed right the first time.
- Asking young people to describe their feelings is always risky, because they may not have developed the verbal skills or confidence yet to do so. A useful alternative is to get them to rank their feeling state on a linear scale, saying, 'How do you feel today on a scale from 1 to 10, one being the worst you have ever felt and 10 the best?'
- Asking questions about suicidal thoughts and feelings is always tricky but, given that depression is one of the most common problems in young people, a useful phrase to use is, 'You've certainly had a lot to put up with recently, many young people who have been through this tell me that sometimes they feel like hurting themselves. Have you ever felt like this?'
- In asking questions about the adolescent's level of substance use or sexual behaviour, it is useful to ask about other young people first. A question that is phrased like this is often helpful, 'Many young people your age are starting to experiment with a range of drugs and alcohol, tell me what are your friends into at this time?'

Together with the policies and procedures typically found in a youth friendly general practice (such as having a clear policy on confidentiality, displaying adolescent-specific posters and pamphlets in the waiting room, facilitating application for a separate Medicare card, having a flexible approach to appointment times and payments⁵), use of the techniques detailed above will enable the GP to build a relationship over a number of consultations and leave the adolescent with a view that the GP is a useful resource and well worth attending in the future.

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References

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