

The Review

Why bother talking to teenagers?

There are two types of doctor; those who realise that they have very little in common with teenagers and those who think they are cool enough to connect with them. Only one of these groups is deluded.

One of the benefits of becoming a GP is that I could potentially look after a young person from when they are born to a point around 30 years in the future. It follows that I will need to learn how to stop treating them as children and start treating them as young people and then, at a later date, as adults.

Transitional care is the term given to the management of young people with chronic conditions, such as arthritis, cystic fibrosis, and diabetes, as they leave specialist paediatric care to attend adult clinics. The question I would ask is 'What is the role of the GP in transitional care?' This question encompasses learning to address the generic health issues such as sexual health for such young people as well as providing continuity at the point of transfer to adult care for the few teenagers who receive the majority of their health care at hospital. Another related question is how well GPs are equipped to deal with the transition of all young people in their practice from childhood to adulthood.

The wealth of existing literature on transitional care deals with the role of secondary care¹⁻³ and yet GPs see teenagers every week and are expected to play an essential role in transitional care.^{4,5} Will the way we deal with young people impact on their future health-seeking behaviours? What message does it send to 15-year olds that aren't encouraged to be seen independently of their parents, allowed to pick up their own repeat prescriptions, or make telephone enquiries?

There are four main challenges to overcome:

- Creating frameworks and modes of practice that encourage young people to consult as independent users of health services, responsible for their own health.
- Acknowledging that no single model can be applied to all young people, their competence and capacity to make decisions about their own health will have to be constantly reviewed as they grow up.
- Overcoming barriers to communication with young people and acknowledge that it may be actually us, as professionals who have the under-developed communication skills.

- Managing the parents of such young people during this process.⁶

There is no simple way to overcome these challenges. It is not easy to ask the parent of an amenorrhoeic 14-year-old to leave the room so you can take a sexual history. Colleagues may be resistant to allowing teenagers more autonomy and being able to assess the capacity and competence of young people demands both knowledge and skill. It pains me to realise that I am no longer young and trendy, so effectively speak a different language to those half my age.

I could bury my head in the sand and simply muddle through until a teenager eventually breaks free of their parents and develops the ability to talk in sentences. Once they turn 18, unless they have educational needs, young people can be presumed to have mental capacity and competence in the vast majority of situations. That way I wouldn't have to learn how to connect with them.

In terms of resources and standards available to help guide changes in practice, the 'You're Welcome' quality standards for young-person-friendly health services provide an excellent benchmark for primary care⁷ as does the 'Walk The Talk' framework in Scotland.⁸ One can also access the independent web resource of the Association for Young People's Health (www.youngpeopleshealth.org.uk; founded by, among others, the authors of the excellent *Diary of a Teenage Health Freak*)⁹ or the online learning package on adolescent health provided by the Department of Health.¹⁰ Furthermore, there have been numerous conferences and publications by the RCGP Adolescent Primary Care Society (formerly known as the Adolescent Task Force).

If any motivation is needed to improve our consultations with young people then it may be of interest to find out that the United Nations International Year of Youth, which has the aim of encouraging all sectors of society to better understand the needs and concerns of young people started on 12 August 2010.¹¹ However, perhaps it shouldn't take a global initiative to promote change. After all, I wouldn't wait for a Somali lady with abdominal pain to learn how to speak English before I found a way of communicating with her. So why shouldn't I make the effort to make it easier for all young people, with and without chronic conditions, to consult with me? Especially during a time of their life when what they really want is someone to take

ADDRESS FOR CORRESPONDENCE

Samir Dawlatly

Karis Medical Centre, Waterworks Road, Edgbaston Birmingham, B16 9AL, UK.

E-mail: s.dawlatly@nhs.net

them seriously, to listen to them, and treat them as young people first and foremost.

Samir Dawlatly,

GP registrar, Edgbaston.

DOI: 10.3399/bjgp12X625229

REFERENCES

1. Department of Health. *Transition: getting it right for young people. Improving the transition of young people with long-term conditions from children's to adult health services*. London: Department of Health, 2006.
2. Blum RW, Garell D, Hodgman CH *et al*. Transition from child-centred to adult health-care systems for adolescents with chronic conditions. A position paper of the Society for Adolescent Medicine. *J Adol Health* 1993; **14**: 570-576.
3. McDonagh JE, Southwood TR, Shaw KL. Growing up and moving on in rheumatology: development and preliminary evaluation of a transitional care programme for a multicentre cohort of adolescents with juvenile idiopathic arthritis. *J Child Health Care* 2006; **10**: 22-42.
4. Department of Health. *National Service Framework for Children, Young People and Maternity Services*. London: Department of Health, 2004.
5. Simm EA, Brown M, McKinsty B. GPs provide valuable continuity during age transition. *BMJ* 2006; **332**: 669.
6. Shaw KL, Southwood TR, McDonagh JE. Developing a programme of transitional care for adolescents with juvenile idiopathic arthritis: results of a postal survey. *Rheumatology* 2004; **43**: 211-219.
7. Department of Health. *You're welcome quality criteria. Making health services young people friendly*. London: Department of Health, 2005.
8. NHS Health Scotland. Walk the talk. Promoting youth-friendly health services. NHS Health Scotland, 1999. <http://www.walk-the-talk.org.uk/> (accessed 22 Dec 2011).
9. MacFarlane A, McPherson A. *The diary of a teenage health freak*. Oxford: Oxford University Press, 1991.
10. Department of Health. e-Learning for Healthcare. Adolescent Health. Department of health, 2007. <http://www.e-lfh.org.uk/projects/ah/index.html> (accessed 19 Dec 2011).
11. United Nations. International Year of Youth. 12 August 2010 to 2011. Our Year our Voice. <http://social.un.org/youthyear/> (accessed 22 Dec 2011).