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ACADEMIC PAPER

TITLE: The GPs in Schools Program: building bridges to General Practice.

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ABSTRACT: GPs are the ideal primary health care providers for adolescents and [can] meet the health care requirements of most adolescents if barriers [are] overcome” (Velt et al., 1995, p. 15). Barriers to young people seeking general practice for medical, emotional or psychological problems include cost, communication, compassion, confidentiality, and convenience in addition to fear, anxiety, shame, adolescent autonomy, limited knowledge about the help that GPs provide and concerns about not having a relationship with potential health care providers. Research has identified the need for GPs to be involved in more outreach that provides: (1) young people with explicit information about the health and mental health care that GPs can deliver; (2) guidance about when to seek help from a GP; (3) a sense of hope about the help that GPs offer; and (4) an opportunity for GPs to initiate relationships with young people that are distinct from prior relationships involving parents and other family members. The “GP in Schools” (GiS) Program has been developed to provide GPs with additional knowledge about youth help-seeking, engagement barriers, strategies for classroom engagement and management, and training in presentation strategies and teaching skills for classroom outreach that address identified help-seeking barriers. This paper outlines the development and content of the Illawarra Division of General Practice GiS Program.

The Need for *GPs in Schools*

General Practitioners have a critical role in health care provision for a wide range of young people. GPs provide primary health care that is both known and generally accessible (Veit et al., 1995, 1996). GPs also have the opportunity to take a significant role in the identification of at-risk young people, the provision of prevention and early intervention, in addition to the facilitation of access to other health care providers, particularly specialist mental health care services. By building bridges to young

people and improving young peoples' access to General Practice, GPs are in a position to protect against the development of high-risk disorders and improve the health and wellbeing of young people across the community. Unfortunately however, young people tend to prefer the informal help of friends and family, or the help of no-one, before the formal help of health care professionals such as General Practitioners (e.g. Deane et al., 2001; Wilson et al., 2002a). This is true for a range of problems, including personal, emotional and suicidal problems, and provides grounds for concern since young people are the only age-based group in Australia whose psychosocial health status has not significantly improved in the past forty years. Suicide, eating disorders, mental health problems and the use of licit and illicit substances have increased (*Australian Institute of Health and Welfare*, 1998). Within the Illawarra, a youth health survey of 1, 939 young people (*Illawarra Health*, 1996) found that 75% of participants had "felt unhappy, sad, or depressed" in the previous 6 months. For 21% of these participants (15% of the total number of participants), this feeling had been "almost more than I can take". Seventy one percent of the participants surveyed had "felt under strain, stress, or pressure" in the previous 6 months, and 16% of these participants (11% of the total number of participants) felt that the strain had been "almost more than I can take" (*Illawarra Health*, 1996).

In a recent Australian study, Wilson, Ciarrochi, and Deane (2002a) examined the professional health care intentions and behaviours of two contrasting Australian high school samples. The first sample was recruited from a private Christian high school in Queensland. The second sample was recruited from a public high school in New South Wales. Consistent with previous research, high school students from both samples reported higher help-seeking intentions for informal rather than formal help-sources and preferred different help-sources for different problem-types. Of particular importance for GPs, public high school students reported significantly higher intentions than private high students to seek help from GPs and telephone help-lines for problems indicated by psychological or emotional symptoms. At this point, the reason for the difference in help-seeking preferences between private and public high school samples can only be speculated. However, given the overall preference that young people have for informal over formal help, the results indicate that the help GPs can provide needs promotion. Seeking help from a GP needs to be promoted as the most appropriate problem-solving option that young people can use when they experience symptoms of illness or distress (Wilson & Deane, 2002; Wilson et al., 2002a).

Unfortunately, there are a number of barriers that reduce the likelihood that young people will seek the help of a GP (Kuhl et al., 1997; Pescosolido & Boyer, 1999; Wilson & Deane, 2000, 2002; Veit et al., 1996). Although there is evidence that many GPs have a fair understanding of existing youth help-seeking barriers, there is evidence that GPs are generally unaware of some of the more important barriers (Wilson & Deane, 2001). In response, research has identified the need for GPs to receive education about youth help-seeking barriers and ways to overcome such barriers (e.g., Phongsavan et al., 1995; SERU, 1999; Veit et al., 1995). Research has also indicated that at least some GPs need to be involved in outreach that has four key objectives. First, to provide young people with explicit information about the health and mental health care that GPs provide. Second, to provide young people with knowledge about when to seek help from a GP. Third, to instill a sense of hope about the help that GPs provide. And fourth, to provide an opportunity for GPs to initiate

relationships with young people that are distinct from prior relationships which have involved parents and other family members (Wilson & Deane, 2002; Wilson et al., 2002b).

About GPs in Schools Program

The “GPs in Schools” (GiS) Training and Outreach Program represents an example of how recommendations from prevention research are being applied to encourage and increase young peoples’ engagement in General Practice. As the title suggests, the main objective of the GiS Program is to “build bridges” to General Practice through school-based outreach that addresses identified barriers to young people seeking health care. Through outreach, the GiS Program aims to improve young peoples’ access to health care from GPs and other providers. The major aim of *GPs in Schools* is to take the “face” of General Practice, into young peoples’ school environments where GPs can be presented as friendly, non-threatening, non-judgemental, caring, and understanding. Since young people seek health care at least in part, on the basis of relationship (Boldero & Fallon, 1995; Wilson & Deane, 2002), *GPs in Schools* provides an opportunity for at least some GPs to initiate relationships with young people that are distinct from previous health care relationships involving parents and other family members. GiS also provides the opportunity for GPs to instill a sense of hope about the help that they provide and give explicit information about General Practice.

Although a number of school-based outreach programs are currently implemented across Australia, the GiS Program is different in that it includes a substantial GP training component. *GPs in Schools* is based on the premise that to be effective, it is important that participating GPs have a background knowledge in three basic areas. First, help-seeking barriers that young people consider important and ways to address different barriers in General Practice. Second, young peoples’ developmental tasks. And third, classroom management, strategies for presentation, and elementary teaching skills. On this basis, the GiS Program has two major components. The first component involves training GPs to be confident “youth friendly” classroom presenters. The second component applies this training in two classroom presentations to high school students.

Program Component 1: GP Training

A Training Workshop that is outlined in the GiS Facilitator’s Manual (Wilson & Fogarty, 2002a) comprises the first component of the GiS Program and is conducted with participating GPs prior to their first GiS classroom presentation. The Training Workshop has four major aims. First, to review information about youth help-seeking and engagement barriers. Second, to review strategies for classroom engagement and management. Third, to demonstrate classroom presentation strategies and teaching skills. And fourth, to provide opportunity for participating GPs to rehearse their presentation skills.

Structure for the GiS Training Workshop is provided by a *Windows Power Point* (PPT) presentation (Wilson & Fogarty, 2002b) that takes the workshop facilitator and

the participating GPs systematically through key points in the corresponding GiS Participants Manual (Wilson & Fogarty, 2002c), paying particular attention to two GiS Presentation Plans. The PPT slide show comprises approximately 60 title and information slides that present a two and a half hour GiS Training Workshop with breaks and skill rehearsal included. Each PPT slide is printed in hard copy along with additional presentation notes and the suggested timing in the Facilitators Manual. Additional information for explaining PPT slides is provided in the GiS Participants Manual and the appended *Essential Youth Friendly GP Kit* (Wilson, Fogarty, & Deane, 2002).

Program Component 2: Classroom Presentation

To assist GP training and GiS classroom presentation, the evidence-based “how to” Participants Manual guides the second GiS Program component. The Participants Manual provides information on barriers to young people seeking help from a GP, developmental considerations, communication considerations, tips for classroom presentation and management, and lesson plans for each of the two classroom presentations making up the outreach aspect of the GiS Program. Participating GPs are asked to read their Manual prior to the Training workshop. Training is conducted on the understanding that participating GPs are at least somewhat familiar with the theoretical foundations of the Program. The GiS Presentation Plans have been designed to systematically address many of the barriers known to reduce the likelihood that young people will seek and engage in General Practice.

Program Implementation

Following the GiS Training Workshop, participating GPs are linked with a school in their area by the IDGP Mental Health Project Officer. The Mental Health Project Officer acts as liaison between the GP and key personnel within the school, providing full support for the participating GP and establishing times and dates for each GiS classroom presentation.

Preliminary Evaluation

Preliminary evaluation of one GiS Training Workshop indicates that overall, participating GPs have had a positive response to the *GPs in Schools* Program. Preliminary evaluation has also indicated that GPs knowledge and skills for overcoming help-seeking barriers and classroom presentation may have improved (Wilson, 2002). However, at this point, while the GiS Program appears to offer promise for effective outreach and improved youth engagement in General Practice, the actual success of the Program remains to be evaluated by further research.

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the auspices of the help-seeking project (*The Youth Friendly GP Kit*; Wilson, Fogarty & Deane, 2002).

SUGGESTED CITATION

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