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ACADEMIC PAPER

TITLE: The *Essential Youth Friendly GP Kit: An evidence-based resource to increase GP competencies for dealing with young people.*

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ABSTRACT: Caring for young people is a challenge that requires a full approach to general practice along with additional skills and knowledge. Research indicates that “youth friendly” GPs need to (1) practice in youth friendly environments that include youth friendly support staff, (2) know about the developmental stages of adolescence and have skills for developing rapport with young people across these stages, (3) have skills for communicating with young people and working with them to motivate change, (4) know the major health issues for young people and the common ways young people signal health care issues, particularly the indicators for mental health needs, (5) know about the barriers that young people experience when coming to a GP consultation and know ways to overcome engagement barriers, and (6) know about the barriers that young people experience when faced with referral to mental health resources along with ways to overcome referral barriers. The *Essential Youth Friendly GP Kit* (YFGP Kit) was developed from a partnership between the Illawarra Institute for Mental Health and the Illawarra Division of General Practice to address each of these needs. The Kit provides information on youth mental health. It outlines skills for providing effective care and referral for young people, along with information about barriers to engagement and mental health referral, and strategies for overcoming these barriers. Included within the Kit is a checklist of items to determine whether GPs have a “youth friendly” practice in addition to strategies for reorganising practice systems and environments to become more attractive to young people. Also included are strategies for communicating and

motivating change with young people. This paper outlines the development of the YFGP Kit before providing a synopsis of content material.

The development of the *Essential Youth Friendly GP (YFGP) Kit*

Across the life span, young people represent the age group with the highest prevalence of mental health problems and disorders (Scanlon, 2002). From this perspective, it is reassuring that almost 75% of adolescents will visit a GP annually and approximately 50% will do so independently (Jacobson, Wilkinson, & Owen, 1991). Nevertheless, the fact remains that young people are still underrepresented in General Practice (RNZCGP, 2000; SERU, 1999). Offering some explanation, there is evidence that young people's reluctance to engage in health care may at least in part, reflect barriers that are associated with GPs and their clinics or surgeries not being viewed by young people as "youth friendly" (SERU, 1999; Wilson & Deane, 2002).

A number of essential variables for "youth friendly" practice have been identified (e.g., SERU, 1999). However, to examine the relative importance of difference variables, and to extend what we know to youth and practitioner perspectives, an additional series of six studies were conducted. As summarised below, studies one to three examined young peoples help-seeking intentions and barriers, with a focus on intentions to seek help from a GP. Studies four to six examined GP's understanding of young peoples help-seeking barriers, GP's attitudes towards professional psychological help-seeking, and GP's referral practices.

In the first study (Wilson & Deane, 2000), focus group discussions with high school students found a number of strong themes including those emphasising the influence of fear, anxiety, shame, and adolescent autonomy. Consistent with previous studies (e.g., Deane, Wilson, & Ciarrochi, 2001), survey results indicated that students intentions to seek help from a GP were higher than from any other health care professional but relatively low when compared with intentions to seek help from family and friends. During focus group discussions, students explained that they didn't want their family to know if they went to a GP for personal-emotional or suicidal problems. They also explained that they didn't want to talk to a GP who knew their family and wouldn't talk to a professional health provider they felt didn't know them.

In the second study (Wilson, Deane, Ciarrochi, & Rickwood, 2002), high school students reported their intentions to seek help from a variety of sources, including GPs. Survey results found patterns of help-seeking intentions that were consistent with those indicated in study one. Again, students reported intentions to seek help from a GP, for personal-emotional and suicidal problems, that were higher than for other health care providers. However, students again indicated a preference for the help of friends and family above all other help sources.

The third study (Wilson, Deane, & Ciarrochi, in prep), examined the consistency of help-seeking intention patterns found in studies one and two, the relative importance of attitude and belief-based barriers described in study one, and the potential of barriers to

predict high school student's intentions to seek help from a GP. Results confirmed the help-seeking patterns identified in studies one and two, along with a number of small but significant relationships between help-seeking barriers and intentions to seek help from a GP for personal-emotional and suicidal problems. Stepwise regression analyses found that the strongest barrier to seeking help from a GP for a personal-emotional problem was the concern that family would find out. This was followed by lack of consideration of professional help as a suitable way to manage a personal-emotional problem. The strongest barrier to seeking help from a GP for suicidal problems was lack of confidence in receiving relief from professional help and again, this was followed by lack of consideration of professional help as a suitable way to manage suicidal thoughts.

In study four (cited in Wilson & Deane, 2001), we turned our attention to GP's understanding of youth help-seeking barriers. There is evidence that if GPs know about specific youth barriers, there might be ways to reduce these barriers (Wilson & Deane, 2002). There is also evidence from studies with teachers and school counsellors that attitudes and beliefs about mental health providers, knowledge about help-seeking, and knowledge of youth help-seeking barriers, might contribute to these professionals ability to reduce youth help-seeking barriers (see Deane, Wilson, Ciarrochi, & Rickwood, 2002 for an overview of supporting gatekeeper studies). In study four we asked GPs about their attitudes towards professional psychological help, GPs personal help-seeking behaviours, and GPs opinions about youth help-seeking. During semi-structured discussions, GPs explained that like other gatekeepers, they held some negative attitudes about mental health providers and tend to "soldier on" rather than seek help, particularly for issues associated with mental health. GPs also described a knowledge of predominantly contextual and relationship based youth help-seeking barriers (e.g., barriers such as unsuitable clinic times and little rapport or trust).

The fifth study (Wilson, Deane & Biro, in prep) further examined GPs attitudes towards mental health care, along with GPs youth referral and management practices. Relatively little is known about GPs referral practices or the potential barriers that exist within these practices (Macdonald & Bower, 2000). On this basis, study five extended the qualitative results of study four using surveys to examine the possibility that GP's attitudes towards mental health care, and the procedures they use for referral, might influence the success of youth referrals. Results found a number of referral and management practices that can be considered in need of improvement. Results also found several significant relationships between negative attitudes towards mental health care and GPs subsequent referral practices.

Finally, study six (cited in Wilson & Deane, 2001) extended the results of studies four and five. Study six aimed to enhance our understanding of service related barriers that may restrict GPs ability to provide young people with effective help or referral. Results found that most participating GPs and health care providers had a reasonable knowledge of barriers that impede young peoples healthcare seeking. However, results also found that Practitioners were unaware of some important barriers, some directly related to service provision, indicating that at least some Practitioners may benefit from added information about ways to reduce service related barriers.

Together, the results of these six studies, when synthesised with findings from previous research, suggest that “youth friendly” GPs: (1) practice in an environment where young people feel comfortable and where support staff are friendly and inviting; (2) know about the developmental stages of adolescence and have skills for developing rapport with young people across these stages; (3) have skills for communicating with young people and working with them to motivate change; (4) know the major health issues for young people and the usual ways young people indicate health care issues, particularly mental health related issues; (5) know about the barriers that young people experience when coming to a consultation, and ways to overcome engagement barriers; and (6) know about the barriers that young people experience when faced with referral, and ways to overcome referral barriers.

Components of the YFGP Kit

On the basis of these recommendations, the YFGP Kit was developed to provide information for GPs on mental health issues and youth mental health. The YFGP Kit has three primary components. The first component provides evidence-based information outlining skills that GPs need to provide effective care and referral for young people. Information is provided about barriers to engagement within a consultation and effective referral, along with strategies to overcome these barriers. A checklist for a “youth friendly” practice is also provided, as are strategies to reorganise general practice systems and environments to become more attractive to young people, and strategies for communicating and motivating change with young people (e.g., micro-counselling and relationship building skills).

The second component of the YFGP Kit is a screen for identifying barriers to engagement in treatment (Barriers to Engagement in Treatment Screen; BETS). The BETS was developed primarily on the basis results from studies one to six. The measure is an 11-item screening tool that allows GPs and other health care professionals to quickly identify major barriers to young people engaging in treatment during the initial stages of a consultation or therapy session. Each BETS item is statement that describes an identified barrier to effective consultation engagement. Young people rate their response to each statement on a Likert-type scale of 0 (agree) to 3 (disagree). As a single sheet questionnaire, the BETS is completed by the young person before a consultation. With the exception of 1 item that must be reverse scored for interpretation, higher BETS ratings indicate higher barriers to engagement. Using an accompanying desk-top “strategies for barrier reduction” resource (provided as an attachment to the YFGP Kit), the GP is directed to address the young person’s highest engagement barriers before proceeding with the consultation. The desk-top BETS tool also includes strategies for effective referral and stem questions for enhanced assessment interviewing.

Finally, the third component of the YFGP Kit is a Youth Services Directory. The Directory lists a number of specialist health care services that are available for youth referral. Included within the Directory are service contact details in addition to brief descriptions of the specific assistance that is provided by each help source.

Preliminary Feedback.

The YFGP Kit has now been distributed to a small number of Illawarra GPs. Preliminary feedback has been encouraging. Some GPs have suggested that the YFGP Kit may be beneficial for enhancing their youth friendly Practice. However, actual benefits that may come from the implementation the resource remain to be evaluated by further research.

ACKNOWLEDGEMENTS

The six studies outlined in this paper and the development of the YFGP Kit were completed under the auspice of a help-seeking project funded by the National Health and Medical Research Council of Australia (Grant YS060). See Deane, Wilson, Ciarrochi, & Rickwood (2002) for summary of supporting research.

SUGGESTED CITATION

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Powerpoint presentation:

The *Essential Youth Friendly GP* Kit

Illawarra Institute for Mental Health, &
Illawarra Division of General Practice

*Coralie Wilson,
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Background

- Young people represent the age group with the highest # mental health issues.
- 75% adolescents visit a GP annually, 50% independently.
- BUT, young people remain under-represented in General Practice.....WHY??.....

Help-Seeking Barriers

- Research suggests at least some young people do not view GPs or their surgeries as “youth friendly” (*SERU, 1999; Wilson & Deane, 2002*).
- Six studies were conducted to extend what is known to youth and practitioner perspectives.

Study 1:

Opinions about seeking General Practice for distressing problems

- Focus group with high school students (*Wilson & Deane, 2000*).
- Themes of fear, shame, & adolescent autonomy.
- GP = preferred health care service.
- But, didn't want family to know.
- Didn't want to talk to a GP who knew family or had no relationship.

Study 2:

Intentions to seek GP help for distressing problems

- Survey of high school students (*Wilson, Deane, Ciarrochi, & Rickwood, 2002*).
- GP = preferred health care service.
- GP help-seeking intentions low when compared to those for family and friends.

Study 3:

Barriers predicting intentions to seek GP help for distressing problems

- Survey of high school students (*Wilson, Deane, & Ciarrochi, in prep*).
- Same help-seeking patterns.
- Concern family might find out.
- Fear of being crazy.
- Belief family help better than GP.
- Little confidence in obtaining relief from a consultation.

Study 4:

GPs help-seeking and understanding of youth barriers

- Semi-structured discussions with GPs (*in Wilson & Deane, 2001*).
- Some negative attitudes about mental health professionals.
- Tend to "soldier on".
- GPs identified mostly contextual and relationship-based youth help-seeking barriers.

Study 5:

GPs attitudes to mental health care and referral

practices

- Survey with GPs (*Wilson, Deane, & Biro, in prep*).
- A number of referral and case management practices in need of improvement.
- Several significant relationships between negative attitudes and subsequent referral practices.

Study 6:

Understanding service related barriers

- Semi-structured discussions with GPs (*in Wilson & Deane, 2001*).
- Many practitioners had a good knowledge.
- But, some important barriers directly related to service provision were not known.

From the research,

“youth friendly” GPs...

- Practice in an environment where young people feel comfortable.
- Know youth developmental stages and can develop rapport with young people.
- Can communicate with young people and motivate change.

“youth friendly” GPs also...

- Know young people’s major health issues and the indicators.
- Know young people’s barriers to consultation and ways to overcome them.

- Know young people's barriers to referral and ways to overcome them.

The YFGP Kit

- Developed to address recommendations coming from the research.
- The Kit has three components:
 - information,
 - an engagement screen,
 - a services directory.

Component 1: Information

- Checklist for "youth friendly" practice and suggestions for system reorganisation where necessary.
- Information on barriers to engagement and referral.
- Strategies to overcome barriers during a consultation.

Component 2:

the BETS

- Barriers to Engagement in Treatment Screen:
 - Identifies major engagement barriers in first stages of consultation.
 - Desk-top tool matches strategies to address barriers to engagement and referral.

Component 3:

Youth Services Directory

- Lists available specialist services.
- Provides contact details.
- Provides brief descriptions of the help that can be expected from each service.

Informal Feedback

- A small # Illawarra GPs have been given a YFGP Kit as part of the Illawarra Division's Youth Health Program.
- Feedback has been positive.
- Formal evaluation is still to be conducted.

Acknowledgements

- The YFGP Kit is underpinned by research conducted by the Illawarra Institute for Mental Health (UoW) under the auspices of an NHMRC funded help-seeking project (*see Deane, Wilson, Ciarrochi, & Rickwood, report to NHMRC July 2002*).