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**HEALTH RISK SCREENING AND COUNSELLING OF
ADOLESCENTS IN PRIMARY CARE: A CLUSTER RANDOMISED
CONTROLLED TRIAL**

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POLICY CONTEXT

Mental health issues and the preventable consequences of risk taking behaviours form the major burden of disease for youth, influence health in later life and largely begin during adolescence and young adulthood. With the current policy agendas of developing a National Youth Strategy, strengthening primary care and increasing the focus on preventive health initiatives across the lifespan, it is timely to consider the potential for general practice to deliver preventive health care for young people.

KEY FINDINGS

As a preliminary study to a trial of a preventive health intervention for young people in general practice, we surveyed 359 young people attending 35 general practices around Victoria about their health risks and health care. We also surveyed the GPs, nurses and practice support staff about confidence in dealing with young people and practice nurses about the feasibility of a role for them in screening and counseling young people for health risk and in being the linkage point between the general practice and other health care providers who may be involved in the care of young people with more complex issues. An economic evaluation of our intervention will be completed in 2012. From this current preliminary study, key messages about the role of general practice in preventive care of young people should be:

- *General Practice is an opportune place to locate and support preventive health care for youth.* 96% of young people attending the GP had at least one significant health risk which was, in the main, not the subject of their presenting issue. The most common risks were related to drinking and road safety followed by fear and abuse, mental health and sexual health concerns. 77% of these young people were currently ready to change at least one of their risky behaviours.
- *Young people trust their GPs and nurses, are generally satisfied with the care they receive and have usually followed their clinician's advice and management plan (prescriptions, investigations, referrals).* This is further evidence that supporting general practice to conduct preventive health checks with young people has a likelihood of success.

- *Young people in our sample have rarely sought help from health care providers other than general practice in the 12 months prior to our survey, providing a further argument for general practice to be supported to do preventive care with young people. The results of our trial will determine the appropriate use of referrals to other health care providers for health risks and whether young people comply with these referrals.*
- *Currently most health risks young people experience do not come to light in a usual consultation or series of consultations with the usual general practice; hence the opportunities for preventive health care or early intervention with young people are not being realised. Medicare support for preventive health checks in young people would enable practices to adopt a more systematic approach to preventive health care for young people and would enable the involvement of practice nurses in screening and counseling for health risk mitigation and involvement in linking with referral agencies. The results of our economic evaluation, at the conclusion of the trial, will determine the efficiency associated with our preventive health intervention.*
- *Practice nurses have a positive attitude towards working with young people but lack confidence in screening and counseling young people for risk as it has not been an integral part of their work to date. This is in contrast to other areas of health care where Medicare supports the role of practice nurses. Some practice nurses report prioritizing clinical activity linked to currently funded Medicare schemes.*
- *Training Practice nurses and GPs in screening for health risks and in providing brief advice and youth friendly processes of care increases their confidence and changes their practice in favour of delivering preventive health care for youth.*
- *Young people attending our practices to date accept the notion of an annual preventive health check (with a health risk screening tool). They generally feel it is valuable for their doctor or nurse to have this information and it helps them reflect on their own state of health.*
- *GPs and practice nurses we have interviewed to date also find the idea of an annual preventive health check for young people acceptable with some preferring the use of a screening tool to achieve this and others preferring a guide as to how to converse about this in the consultation. At the conclusion of our trial we will have more information about different models of achieving screening and counseling in various general practice settings and likely effectiveness of these.*
- *Parents of 14-17 year old young people attending the general practice with their child and who agreed to be interviewed to date were largely in favour of all adolescents being asked about their health risks at least annually. They recognized that sometimes young people will report health risks more readily in a questionnaire or with a clinician than face-to-face or to parents and friends. The few unsure about screening based their concerns on doubting whether the young person would be truthful or not in answering questions about health risk. There was a mixture of opinions on whether it was the doctor or nurse who conducted the health check and most agreed that it depends on the trust their child has with the person conducting the screening.*

POLICY OPTIONS

These baseline results give a snapshot of the current picture of health risk in young people attending Australian general practice and the opportunities for general practice to have a role in preventive health care for youth. They also describe the preliminary results on the acceptability of annual preventive health checks to young people, parents of youth aged 14-17, GPs and practice nurses. The results of our trial will eventually inform about the clinical effectiveness of screening and counseling for health risk in general practice and the economic efficiency of doing so. Models of how best to achieve an annual preventive health check require further understanding, some of which we will be able to report on by the conclusion of our trial.

Policy options at this stage are described below:

- The recent Healthier Future for All Australians (National Health and Hospitals Reform Commission) report recommends that a national community based service provide preventive health for young people (information, screening and advice). We recommend that youth friendly general practice is an obvious setting for this activity.
- The requirements for general practice based preventive youth health to work include:
 - training for clinical staff in communicating with young people about potentially sensitive areas of their life and in appropriate responses to identified risks
 - Practice systems and staff who are 'youth friendly'
 - Medicare support
 - regional availability of specialist youth services for referral of those with complex identified risks.
 - Education of parents and young people about preventive health checks
 - A range of options for achieving preventive checks to suit the styles of different practices and which include the use of a screening tool and/or verbal discussion in consultation and privacy for young people undergoing assessment.
 - A focus also on positive feedback for existing positive health behaviours and exploration of protective factors
 - An underpinning philosophy of sincerely wanting to support the *healthy development* of young people and *promote health and well being* with early detection of risks being a *component* of this, as opposed to having a prime focus on detecting problems alone.

METHODS

This baseline sample of young people attending 36 general practices in Victoria and GPs, practice nurses and parents is part of an overall trial of a preventive health intervention for young people attending general practice. There will be 40 practices in the trial, half will receive training in screening and counseling young people for health risk and half will not. We will compare the 3 and 12 month health outcomes for around 600 young people experiencing this intervention with 600 who have not. Prime areas of focus are: smoking, drinking, substance use, unsafe driving, unprotected sexual activity, fear and abuse and mental health issues although other health risks are also explored including eating problems and physical inactivity. An economic evaluation will determine efficiency of the intervention and the financial implications if it is effective. We will provide a full report of the results of this trial for policy makers to take into account when considering support for a healthy development agenda including preventive health checks for young Australians.

For more details, please go to the [full report](#)

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