

Adolescent Health

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Adolescence

When? - puberty 12/13 yrs – 22/25 years

An important distinct stage of brain development

“Adolescence is not an aberration it is a crucial stage of our becoming individual and social human beings”
Sarah Jayne Blakemore – neuroscientist

Population Figures

- There are **11.6 million young people aged 10-24 in the UK**; one in five of the population. More than 20% are from an ethnic minority.
- The mortality rate for young people aged 10- 24 has fallen since the 1990s, and is currently relatively low. More recently the general trend has stalled and there were slight increases in mortality for 20-24 year-olds between 2013 and 2016.
- The most common causes of death for young people aged 10-24 are accidents, suicide and cancer.
- The majority of these are **preventable deaths**.
- Young men aged 15-24 are three times more likely to die of accidents and almost four times more likely to die of intentional self-harm than young women.

Shaping healthcare

- An important time for laying the foundations for good health.
- Adolescents experience physical, cognitive and psychosocial growth. This affects how they feel, think, make decisions, and interact with the world around them.
- A time to establish patterns of behaviour – for example - diet, physical activity, substance use, and sexual activity – these can protect their health and the health of others around them, or put their health at risk now and in the future.

- Adolescents need information, including age-appropriate comprehensive sex education
- Opportunities to develop life skills
- Health services that are appropriate and effective; and safe and supportive environments.
- There is also evidence that allowing adolescents to participate in the design and delivery of interventions to improve and maintain their health is effective.

Exercise

- What was important in your life as a teenager /adolescent ?

The changing Brain

Sensation Seeking/risk taking

Introspection – examining and having insight into the emotions behind your behaviour

- Introspective ability increases through adolescence
- Brain activity changes and different parts of the cortex (to adults) used for example in self reflection

Changing Brain cont.



- **Peer Pressure** drunk mice, imaginary audience, ecstasy, driving
- **Impulsivity**

Social Media

- Exercise - complete pros and cons table
- pros and cons of social media
- There is research evidence for harms
- Is not going away – useful info at this link - <https://youngminds.org.uk/find-help/looking-after-yourself/social-media-and-mental-health/#how-can-i-have-a-more-positive-time-online?>
- Quote from 'chat' -Jennifer D - “Social media can and should be utilised as a tool for good. The challenge is to ensure companies are doing their utmost to make platforms a safe place to be, and for our young people to be equipped with the relevant skills to be able to navigate them and know where to seek them. “

Social Media

Pros	Cons
Connectivity	Bullying
Knowledge	Abuse concerns/Grooming
Group Support / knowing you're not the only one	Fuels unrealistic expectations and hence dissatisfaction
Enable conversation on difficult topics which may not be discussed face to face	sites and hashtags promoting self-harm and suicidal ideation and body harm. For example #ana and mia
Good communication tools	Body image and Lifestyle Image distorted
Sharing of positive and inspiring information	

GP role

- Mental Health Support and signposting
- Chronic Disease support with secondary care adolescent services
- Sexual Health and Contraception
- Health promotion – including managing obesity
- Acne

Holistic Care

- **HEEADSSS**

- **H**ome environment – where does the young person live and who with? Do they have good support systems at home?
- **E**ducation and **e**mployment – at what stage of education / employment are the young people at? Are there any changes they are expecting soon?
- **E**ating – does their weight concern them? Have they been on a diet in the last year?
- **A**ctivities – what do they like doing in their leisure time? Do they have a supportive peer group?
- **D**rugs – does the young person smoke, drink or use drugs?
- **S**exuality – relationships, sex and sexuality.
- **S**uicide / depression – what sort of things do they do if they are feeling sad/angry/hurt?
- **S**afety – personal safety, injury, online safety

Capacity

- Gillick competence
- is concerned with determining a child's capacity to consent. Fraser guidelines, on the other hand, are used specifically to decide if a child can consent to contraceptive or sexual health advice and treatment.
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- <https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-8-gillick-competency-fraser-guidelines>

Consent

- Children aged over 16 years are presumed to be competent
- Children who are aged 12 or over are generally expected to have the competence to give or withhold their consent to the release of information from their health records.

Sexual Health and Identity

- Developing a sense of sexual identity is a key part of the transition to adulthood.
- Staying safe, healthy and happy through the process is important.
- Huge topic in adolescent public health, with important ramifications for wellbeing, education and service provision.
- In 2017 2% of the UK population identified themselves as lesbian, gay or bisexual. A
- Among the 16-24 population this rose to 4.2%, the largest rate in any age group. This is likely to be an underestimate

Contraception

- average age of first heterosexual intercourse is 16 years
- nearly one third of both men and women reported that they first had heterosexual intercourse before they turned 16
- Don't make assumptions
- Remember confidentiality
- Local sexual health support including school input

STIs

- Young people account for significant proportions of new STI diagnoses
- Chlamydia 62.8%
- Genital Warts 46.3%
- Genital Herpes 39.7%
- Gonorrhea – 36.9%
- Don't forget to ask, know your local screening services
- A useful point made by Jennifer D – explore a proper sexual history, can help inform regarding risk including viral transmission without penetrative sex.

Mental Health

- Signs
- Causes
- Problems faced by professionals/families
- Eating Disorder – Early intervention

Self Harm

Make referral a priority when:

- The risk of self-harm is increasing or unresponsive to attempts to help
- the person requests further help from specialist services
- levels of distress in parents or carers of children and young people are rising, high or sustained despite attempts to help.
- monitor the physical health of people who self-harm. Pay attention to the physical consequences of self-harm as well as other physical healthcare needs.

CAMHS

- Tier 2
- Tier 3
- Tier 4

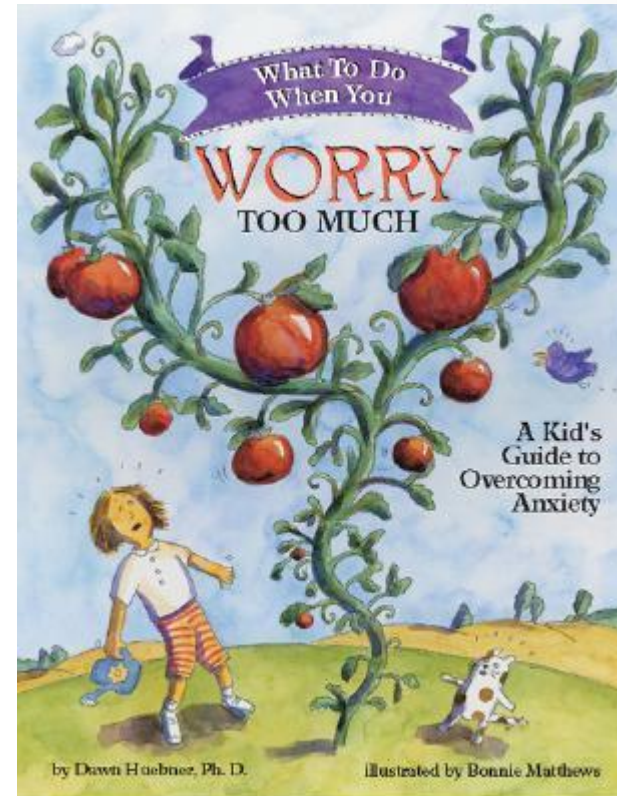
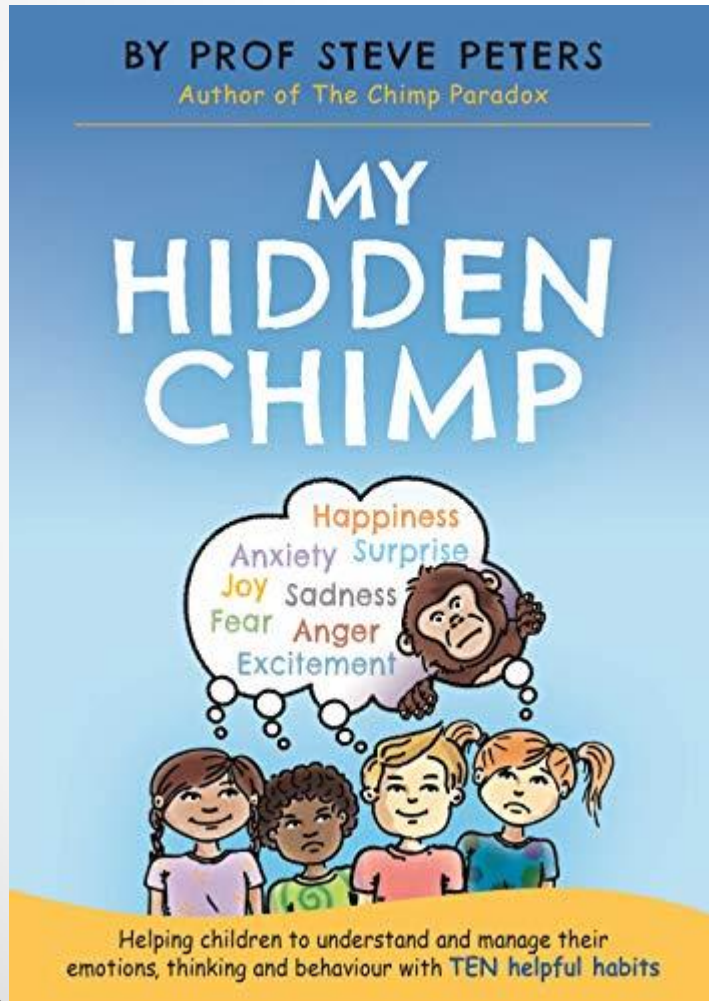
Build Resilience

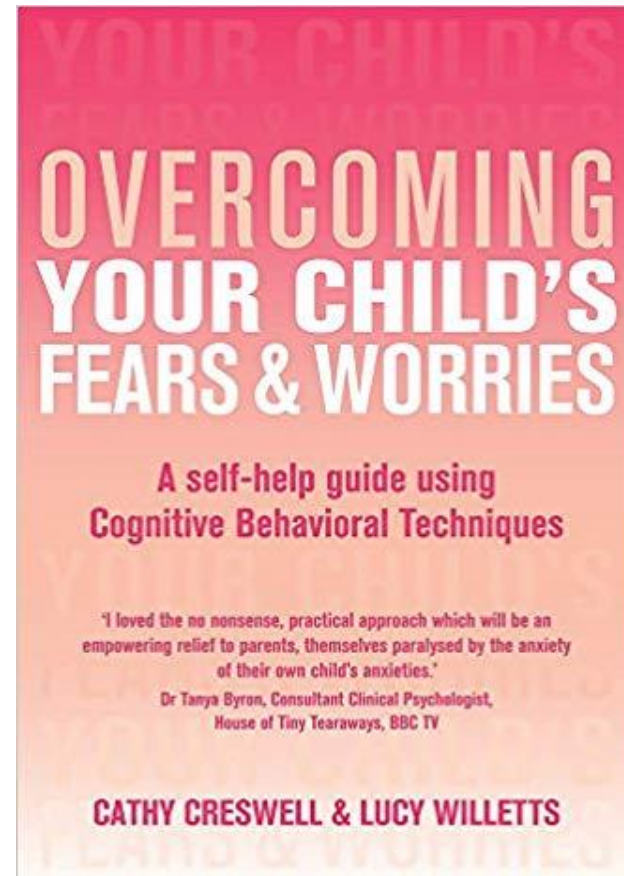
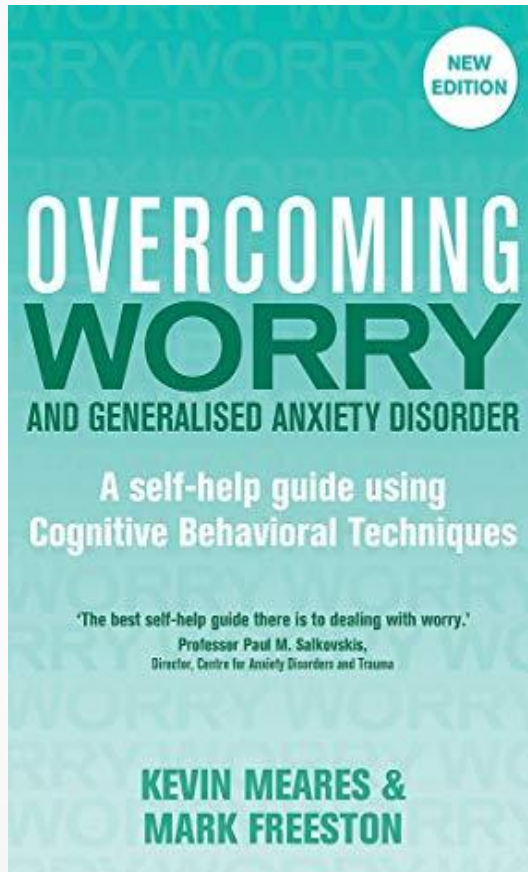
- Resilience does not come from rare and special qualities, but from the everyday magic of ordinary, normative human resources in the minds, brains, and bodies of children.
- Resilience isn't a fixed attribute. It's something we can teach. It's something that can be learned, it's something that must be nurtured.
- This is why supporting parents is so important – must be constantly supporting and nurturing children.

Family Support

- Support the parents
- Much of mental health support for children and young adults best done in a family setting
- Support families not just the teenager
- Use school support systems

Books





INVENTING OURSELVES

*The Secret Life of the
Teenage Brain*



SARAH-JAYNE
BLAKEMORE

websites

- <https://youngminds.org.uk/find-help/your-guide-to-support/>
- <https://www.headmeds.org.uk/>
- <https://www.talktofrank.com/>
- http://www.youngpeopleshealth.org.uk/wp-content/uploads/2019/09/AYPH_KDYP2019_FullVersion.pdf
- www.kooth.com

Vulnerable Groups

- Similar to other age groups but remember them and how it can affect their long term brain development/resilience in adulthood.

COVID

- An interesting discussion thank you all -
There is some useful information on this link :

<https://www.rcpsych.ac.uk/mental-health/treatments-and-wellbeing/covid-19-self-harm-in-young-people>