



Family & Community Medicine
UNIVERSITY OF TORONTO

Adolescent Outreach: An Innovative Approach to Reaching Youth

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Presenter Disclosure

Presenters: Purti Papneja and Anne Wideman

Relationships with commercial interests:

– NONE

Disclosure of Commercial Support

- This program has not received external financial support
- This program has not received in-kind support.
- Potential for conflict(s) of interest: none

Objectives

- To describe Sunnybrook's Adolescent Outreach Program
- To learn about benefits and challenges of our current Program
- Tips & Tricks on implementing this program in your local community

The Sunnybrook Academic Family Health Team (SAFHT)

- Academic FHT fully affiliated with the Department of Family and Community Medicine at the University of Toronto
- Over 9000 rostered patients
- One site with:
 - 13 Family Physicians
 - 25 Residents

Wave 5 (final)

- 5.0 nurses
- 0.5 Pharmacist
- 0.5 OT
- 0.5 Care Navigator
- 1.0 Social Worker
- 0.4 Dietician
- SUNDEC funding 2.0 Nurse Educators and 2.0 Registered Dieticians
- CCAC Coordinator for intensive case management

Our Patients

- Roster size (Oct 16/15): 9097
- Catchment area: North to Shepherd, East to Victoria Park Ave., South to Eglinton, West to Bathurst
- Encompasses an area considered to be affluent with mid to high SES and education level however there are known pockets of residents with lower SES and new immigrants

Current Health Concerns of Adolescents

- Media and reports from government agencies highlight health care issues of adolescents – most appear to be on the rise
- Smoking rates however have declined in this age group since 1971
- Teenage pregnancy rates have declined but rates of sexually transmitted infections have not
- Rates of bullying and self harm may be on the rise

Health Concerns: Mood Disorders

- Age with the highest rate of depression symptoms: Under 20 years of age
- The most common mental health problem among children and youth: Anxiety (6.5%)
- Percentage of adolescents (aged 15 – 24) who report a mental illness or substance abuse problem: 18%
- Age of onset for depression: Adolescence

Health Concerns: Suicide

- In Canada, suicide is second leading cause of death in age group 10-24 (represents 24% of all deaths among Canadians aged 15 – 24)
- In both males and females, the greatest increase in rates of suicide between 1960 and 1991 occurred in the 15-to-19-year age group, with a four-and-a-half-fold increase for males, and a three-fold increase for females.
- 34% of Grade 7-12 students knew of someone who had attempted or died by suicide; 16% had seriously considered suicide; 14% had made a suicide plan; 7% had made an attempt and 2% had required medical attention due to an attempt. (Youth Suicide Report: Canadian Task Force for Preventive Health)

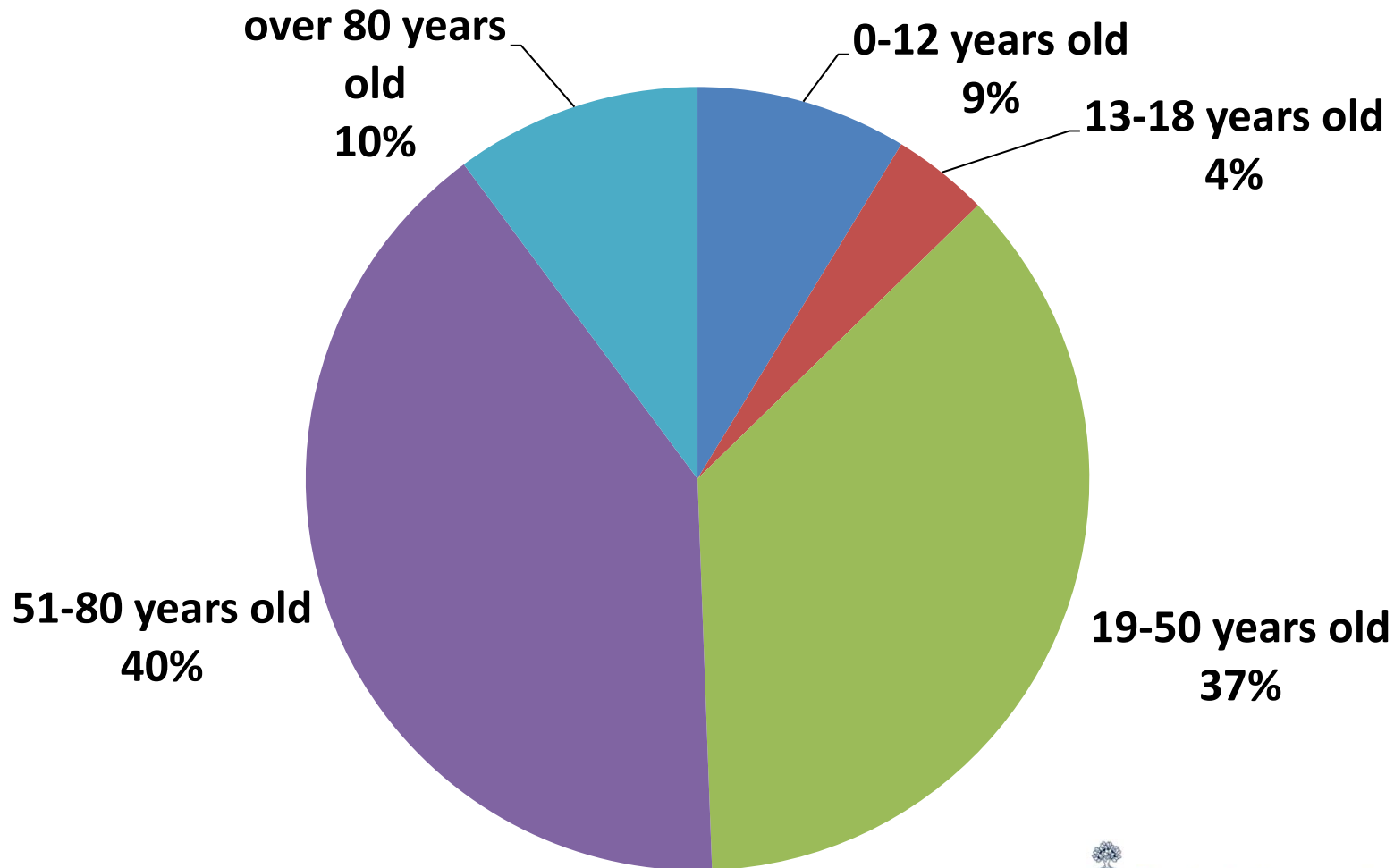
Health Concerns: Obesity

- Presently, almost one-third of Canadian children and youth are overweight or obese
- Obesity is associated with both immediate and long-term health risks, as well as an economic burden to the health care system.
- Furthermore, the prevalence of obesity among Canadian children and youth increased significantly from 6.3% in 1978–1979 to 12.7% in 2004 while the prevalence of overweight increased from 17% to 22%, representing an increase of 102% and 29% respectively.

Health Concerns: Eating Disorders

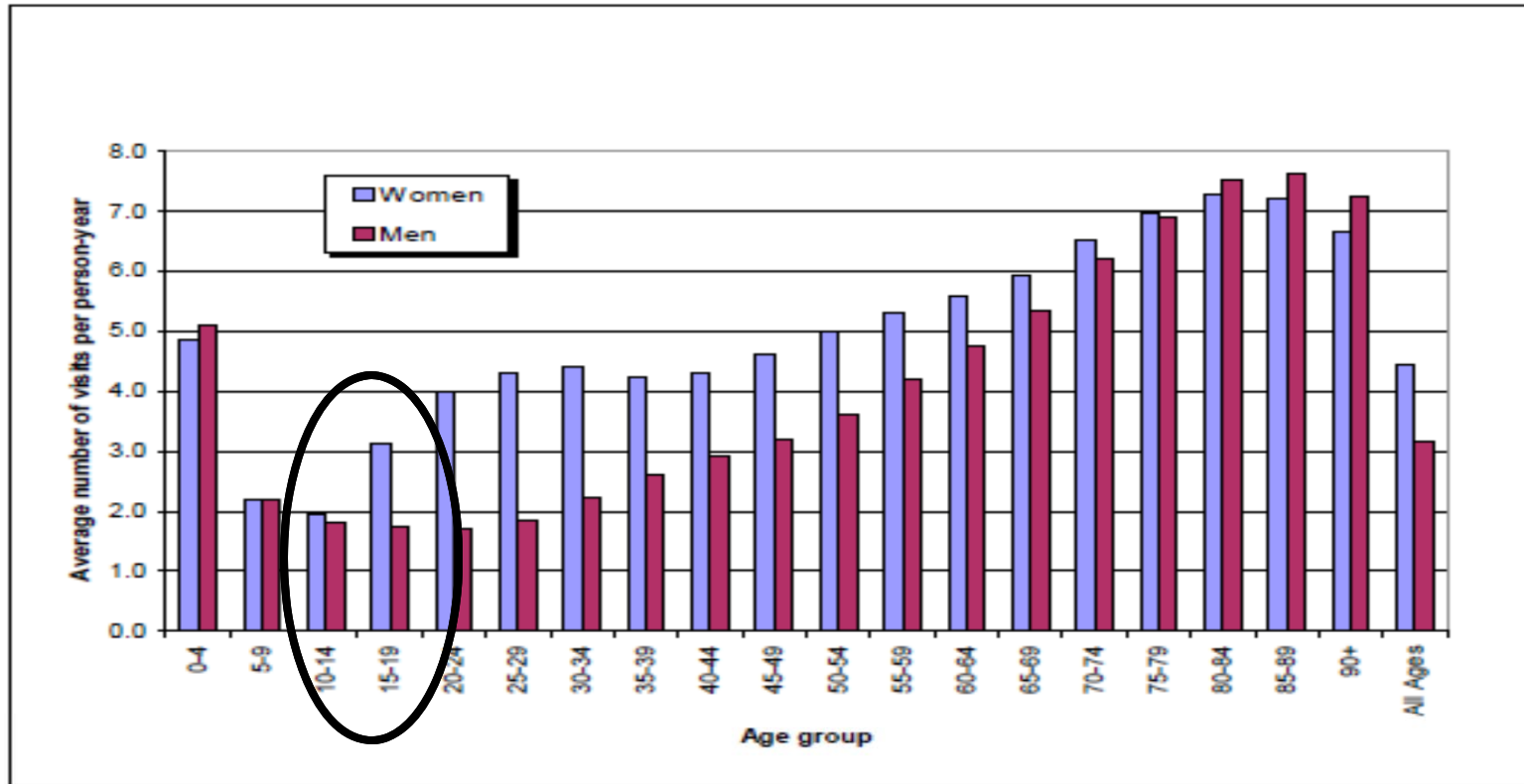
- Dramatic rise in rates of eating disorders in Canada
- According to the National Initiative for Eating Disorders (NIED), the rate of eating disorders sits at 18 per cent.
- Age at which there is the highest rate of hospitalizations for eating disorders: 15 – 19
- Rate of increase of hospitalizations since 1987 for Canadian girls under 15 with an eating disorder: 34%
- Rate of increase of hospitalizations since 1987 for women aged 15 – 24: 29%
- Eating disorders have the highest mortality rate of any mental disorder

Adolescent Outreach: Need Sunnybrook Patient Population



Adolescent Outreach: Need

Exhibit 2a. Age/sex-specific average number of GP/FP visits per person-year, in Ontario, 2001/02



Data sources: Ministry of Health and Long-Term Care—Ontario Health Insurance Plan and Registered Persons Database; Statistics Canada—*Annual Demographic Statistics*, Cat. No. 91-213-XMP

- Young adult to middle-aged Ontarians visited GP/FPs less frequently than seniors and very young children.
- Women of child-bearing age (20–39) had about twice the number of visits per year as men in the same age group.
- On average, patients over age 70 visited their GP/FP at least once every two months.

Purpose of visits to family doctors

Purpose of visits to GP/FPs

Exhibit 6. Age/sex-specific distribution of GP/FP office visits, by diagnostic category, in Ontario, 2001/02

| Diagnosis | Age 0–18 | | Age 19–64 | | Age 65+ | | All Ages | |
|--|------------|------------|-----------|------|---------|------|----------|------|
| | Women | Men | Women | Men | Women | Men | Women | Men |
| | % | % | % | % | % | % | % | % |
| Respiratory disorders | 31.8 | 34.7 | 13.9 | 14.4 | 10.1 | 11.1 | 15.8 | 17.9 |
| Cardiovascular disease | 0.8 | 0.8 | 7.9 | 12.2 | 28.3 | 30.3 | 11.2 | 13.7 |
| Psychosocial problems | 3.5 | 3.8 | 13.3 | 13.2 | 8.2 | 6.1 | 10.8 | 9.7 |
| Musculoskeletal disorders | 2.1 | 2.4 | 7.7 | 9.0 | 11.8 | 8.2 | 7.7 | 7.4 |
| Accidents, poisoning, violence | 4.8 | 6.6 | 6.6 | 10.6 | 5.1 | 4.8 | 6.0 | 8.5 |
| Endocrine disorders | 1.2 | 1.0 | 6.4 | 8.7 | 10.0 | 12.2 | 6.4 | 7.8 |
| Health maintenance | 15.4 | 13.6 | 7.5 | 3.9 | 2.1 | 2.4 | 7.5 | 5.6 |
| Nervous system/sensory organs | 11.1 | 11.9 | 5.8 | 5.9 | 4.9 | 5.0 | 6.4 | 7.0 |
| Skin disorders | 8.6 | 8.6 | 4.9 | 5.7 | 3.6 | 3.9 | 5.2 | 5.9 |
| Genitourinary disorders | 4.0 | 1.2 | 9.6 | 2.5 | 3.7 | 3.4 | 7.5 | 2.4 |
| Gastrointestinal disorders | 4.3 | 3.8 | 5.6 | 5.9 | 5.6 | 5.4 | 5.4 | 5.4 |
| Infectious disease | 8.1 | 7.8 | 2.9 | 3.9 | 1.4 | 1.3 | 3.3 | 4.1 |
| Other medical | 3.4 | 3.5 | 3.4 | 3.3 | 3.2 | 3.0 | 3.3 | 3.3 |
| Pregnancy-related | 0.6 | NA | 3.4 | NA | 0.0 | NA | 2.3 | 0.0 |
| Cancer, neoplasms, hematologic disorders | 0.3 | 0.3 | 1.1 | 0.9 | 2.0 | 3.1 | 1.2 | 1.3 |
| Not stated/other | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |

Data sources: Ministry of Health and Long-Term Care—Ontario Health Insurance Plan and Registered Persons Database

Adolescent's Access to Health Education and Promotion

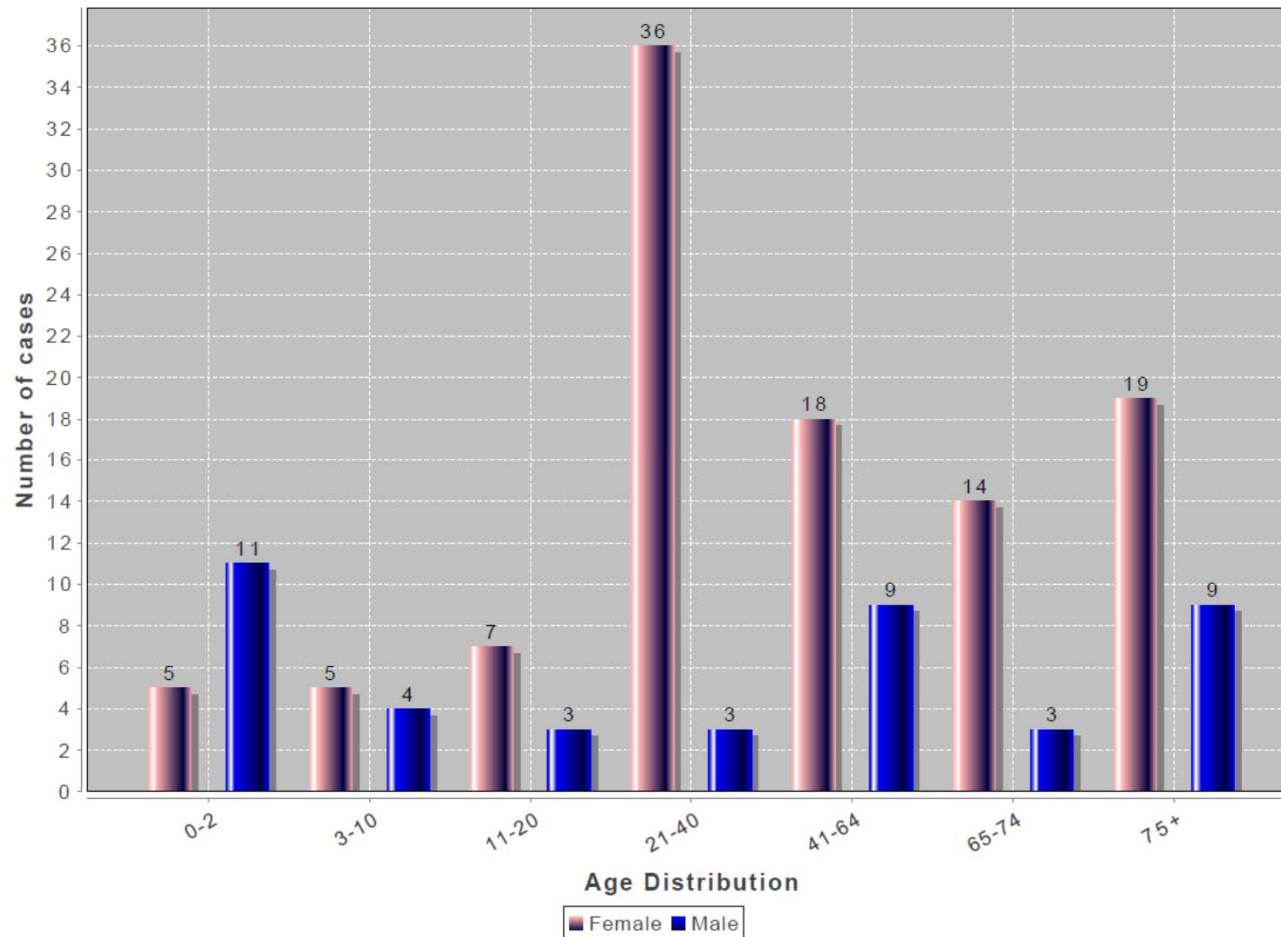
- SCHOOL
 - Teachers
 - Public Health Nurses
 - Mental health Counselor
 - Peers
- HOME
 - Parents
 - Internet
 - Media
- DOCTOR'S OFFICE
- Currently, physicians are not regularly involved in providing health promotion and education in Ontario schools.

How are Resident Physicians Learning about Adolescent's Health Concerns?

- Structured curriculum components in their Undergraduate medical school program (variable)
- Volunteer or personal interest activities during high school, University or Undergrad
- Clinical encounters that occur in their rotations as residents – family medicine, Emergency (HSC ER), psychiatry (youth), selectives (Bay Center for Birth Control)
- Structured learning as part of workshops/seminars (generally not hands on)

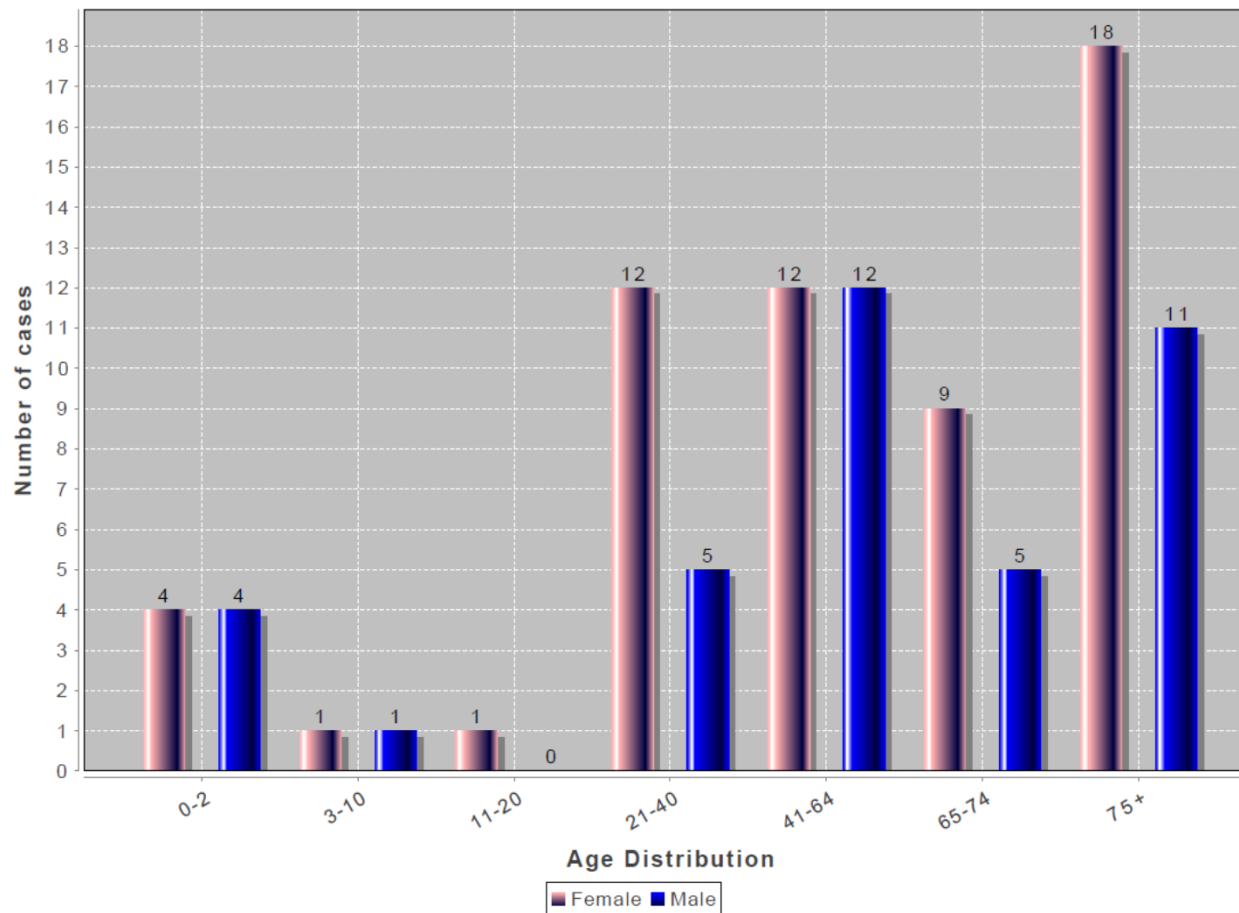
Adolescent Outreach Need: Resident Practice Profile

Age Distribution by Resident: Year 1 Corridor



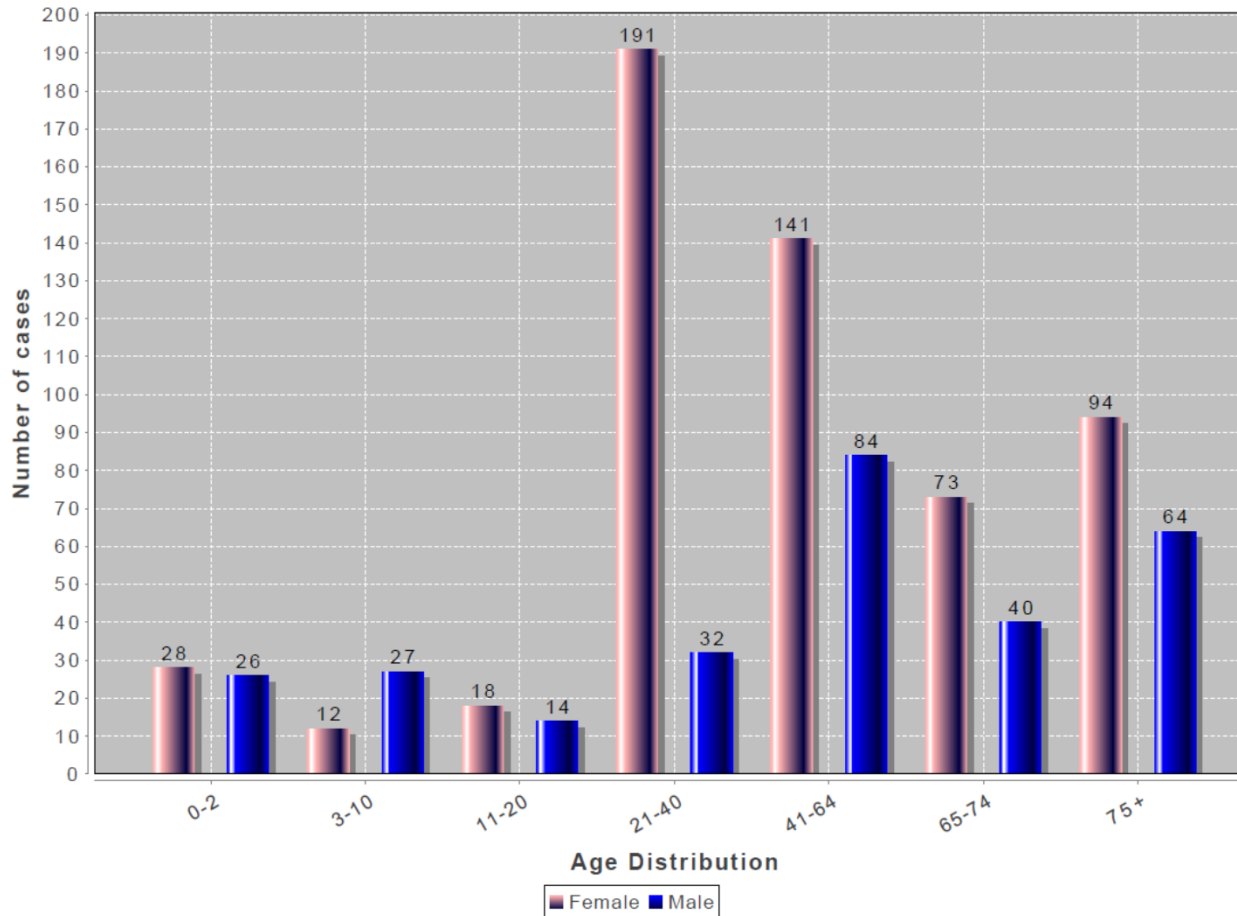
Adolescent Outreach Need: Resident Practice Profile

Age Distribution by Resident: Year 1 North



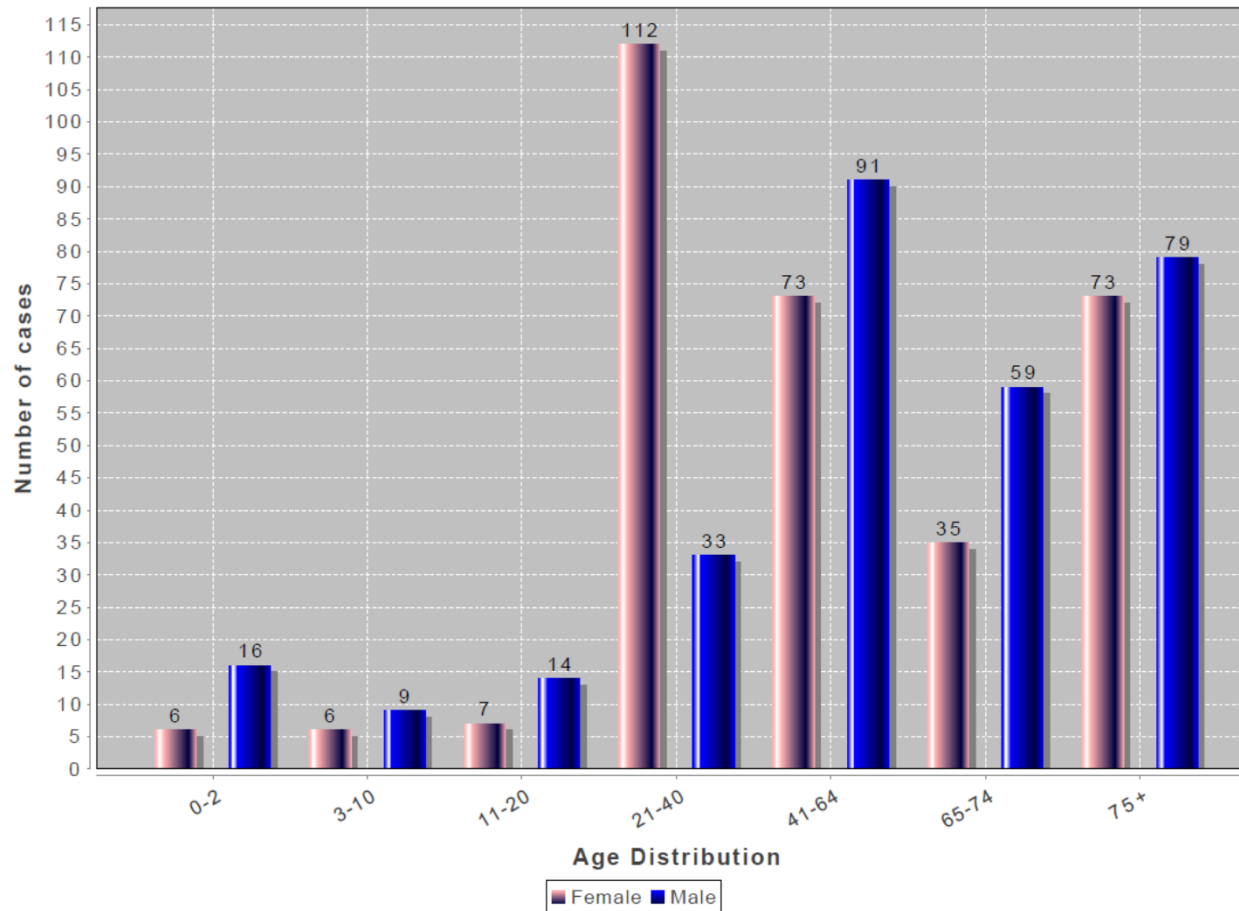
Adolescent Outreach Need: Resident Practice Profile

Age Distribution by Resident: Year 2 Corridor



Adolescent Outreach Need: Resident Practice Profile

Age Distribution by Resident: Year 2 North



CanMEDS Roles

- Royal College of Physicians and Surgeons of Ontario introduced an important framework to use when structuring learning experiences, learning goals and objectives and evaluating performance called CanMEDS
- Has been applied widely to all residency training programs in Ontario i.e. Family Medicine, Pediatricians, Surgery, etc.
- Considered mandatory

CanMEDS Roles

- Medical Expert
- Communicator
- Collaborator
- Health Advocate
- Leader
- Scholar
- Professional

CanMEDS Roles Applicable to Adolescent Outreach

Medical Expert

- Need to have specialized knowledge and skills related to this population and yet exposure in the clinic setting is very low
- Examples of issues of relevance:
 1. Be able to screen for and address adolescent risky behaviours:
 - Peer Pressure
 - Self harm
 - School failure
 - Physical risk taking
 - Strain in relationship with parents/family
 - Substance Use
 - Disordered eating patterns

Competencies Related to Family Medical Expert

2. Be able to identify and manage psychological complaints of adolescents:

- Anxiety
- Depression
- Sleep disorders
- Personality Disorders
- Eating Disorders

CanMEDS roles – cont'd

Communicator

- Mutual understanding
- Privacy and confidentiality
- Rapport
- Empathy

CanMEDS roles – cont'd

Advocate

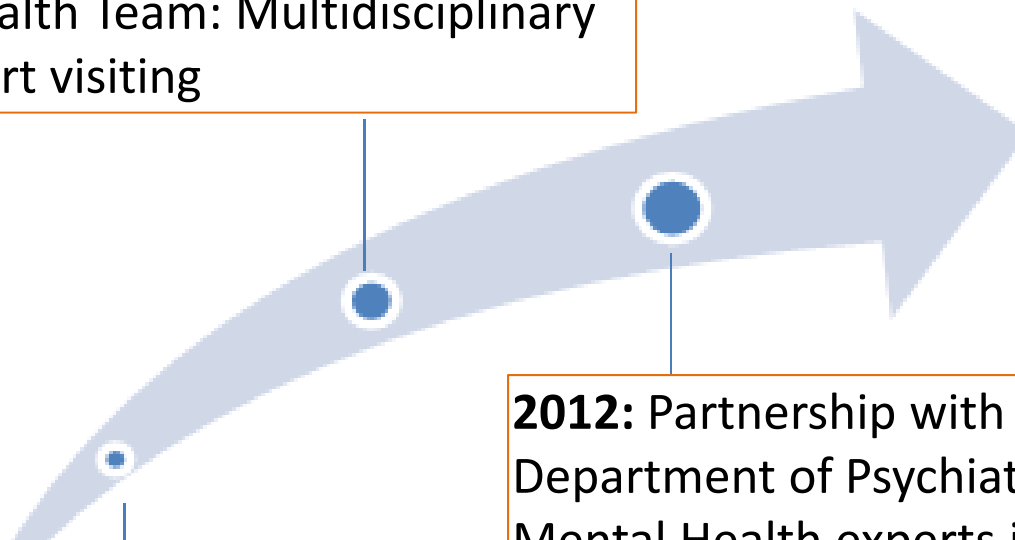
- Health promotion
- Health literacy
- Disease prevention
- Adapting practice to respond to the needs of patients, communities, or populations served

CanMEDS roles – cont'd

Professional

- Commitment to the promotion of the public good in health care
- Social accountability

Sunnybrook's Adolescent Outreach Program Milestones



2011: Establishment of Sunnybrook family Health Team: Multidisciplinary teams start visiting

2012: Partnership with Department of Psychiatry Mental Health experts join the team

1988: Establishment of Program
Goals : Increase exposure of Sunnybrook family medicine residents' to adolescent health and improve accessibility to health care for adolescents
Team : Residents and a family physician

Objectives of our program

Adolescents:

- To provide health education and prevention to adolescents
- To increase adolescents' comfort level in approaching family physicians

Residents:

- To increase awareness of Adolescent's health issues amongst Sunnybrook's family medicine residents
- To increase the confidence level of family medicine residents in dealing with adolescent health issues

Schools We Serve

- Current:
 - Leaside High School
 - North Toronto
 - Havergal College
- Grades 7-12
- Number of students exposed to our program per year: ~400

Preparing for the visit

- Before reaching the school
 - Annual meeting with the school lead to plan (often guided by student wellness groups)
 - Teachers and students identify topics
 - Teams selection
 - Few family medicine residents
 - Staff supervision (family physician or psychiatrist)
 - *Psychiatry residents*
 - *Dietician*
 - *Social worker*
 - Team meets to prepare the discussion points, how the presentation will be delivered

Sample of our Team



Left to Right: Annie Hoang, dietician; Jennifer Zelvotiski, PGY2; Helen Cheung PGY1; Sherylan Young, MD (taking photo)

At School

- Session: 1 hour with ~ 25 students +/- teacher
- Teams led by residents use various interactive methods such as games/quiz/small group activities to engage adolescents
- Students submit written questions anonymously and ask questions directly on pre-identified topics

Topics Covered

- Depression
- Anxiety
- Substance abuse
- Body image and nutrition
- Sexual health
- Stress management
- Anger management
- Bullying
- Healthy relationships

Sample Questions

Depression

- “Is it because a teen’s brain isn’t fully developed that they contemplate suicide?”
- “Where can I seek help when I feel suicidal?”
- “How can depression impact on my everyday routine?”
- “When you hear someone close to you say that their life is not worth living, and that they have nothing to live for, what can you say?”

Sample Questions

Nutrition and Body Image

- Should I take Creatine?
- How much water does an athlete need and when should they drink it to have the best performance?
- How come I lift a lot of weight but don't get bigger?
- When buying food, how do you know if it's "healthy"?
- What should athletes be eating before and after working out?
- What are food additives?

Sample Questions

Sexual Health

- How do I know if I'm 'ready'?
- I've heard that "the pill" can make you gain weight, how can that be prevented?
- How can sex affect someone mentally?
- If you're on birth control ,do you have to wear a condom?
- What are the risks of oral sex?
- How expensive is the plan B pill? And how effective is it?
- Can you get pregnant if you're on your period?
- Does having sex hurt?

Benefits: Feedback from Students

IMPROVED KNOWLEDGE

"I liked how you covered everything we were learning about and really gave me a good understanding & it expanded my knowledge!"

"I enjoyed everything! I really liked the questions at the end! You guys gave me new ideas about coping with stress"

"I liked how the speakers went into a lot of detail about the side effects (it makes you more aware of what could happen"

"Receiving advice on easy ways to stay healthy; good information on how alcohol affects you"

Benefits: Feedback from Students

ENGAGING PRESENTATION

"I liked that the conversations were very engaging and informative. You were very open and knowledgeable about substance use."

"The fact that we learned while talking/having a conversation"

"I liked the "secret" questions"

"I liked the anonymous questions"

Benefits: Feedback from Students

COMFORT LEVEL

"I liked that we could openly ask and share our opinions"

"That they were easy to talk to and were friendly"

"I liked the idea that we could share personal feelings and stories. Also that we got to do most of the discussion"

"I loved it! You were talking to us like you were just informing us. A lot of the time when we learn about drug use and abuse, teachers talk down to us and tell us it is illegal"

Improvement: Feedback from Students

OVERLAPPING CONTENT

"It got a bit repetitive"

We get almost the same talk every year"

"Only touched on a couple of substances"

"I think there should have been more open topics"

Benefits: Feedback from Teachers

POSITIVES: Knowledge and Presentation Style

"The team did an outstanding job ... the issues of supplements and nutrition. It was great to get different perspectives from a physician to residents to dietitians."

"It was a huge success. Both the boys' and girls' classes found the sessions interesting and very informative. All of your staff were terrific."

"The girls really enjoyed the Q& A period where the anonymous questions I collected were answered..."

"They really enjoyed the small group sessions where someone from your team was able to speak in a smaller setting with them"

Improvement: Feedback from Teacher

AREAS NEEDING CHANGE

“...the teacher of the class will always have to be in the class so we know what was discussed / asked. I know we had a parent call, addressing what was taught, so if we are in the class, then we can speak specifically to the situation and context the questions were being asked in”

“I think the girls would have benefited from a brief "lesson" as a group to address the topic being discussed and even some general information regarding the topic. “

Challenges

- Scheduling: Health classes are usually held in December-February
- Limited human resources
- Funding
- Mismatch between schools' need and interest

Challenges

- Variability of presentations depending on level of engagement of:
 - *Teacher*
 - *Students*
 - *Residents*
 - *Staff Physician*
- Lack of evidence or studies
- Legal issues of engaging with adolescents outside of office setting

Challenges – cont'd

- Knowledge of health curriculum content i.e. the depth and extent each topic
- Insufficient knowledge (or fear of) of the topics/questions/issues that adolescents raise
- Effectiveness of method of delivery

Future Directions

- Partnership with Toronto District School Board
- Robust Program Evaluation to measure the impact of program
- Dissemination
- Information Technology/ Social Media to provide information/access to health care to adolescents all year long

Tips for Implementation

- Connecting with local school to identify perceived needs
 - School Counsellor
 - Student Wellness Groups
 - Physical Education Department Head
 - Principle
 - Parent Counsellor
 - Post-traumatic event

Tips for Implementation

- Creating a team
 - Allied health professionals
 - Link with local adolescent psychiatry /mental health professionals
- Program administration
 - Clarify goals and expectations
 - Evaluation tool

Presentation Style: Small class vs large groups
- Engage your stakeholders
 - Local community center
 - Government agencies
 - University programs

Helpful resources: Websites

Teen Mental Health website

- <http://teenmentalhealth.org/for-families-and-teens/depression/>
- <http://teenmentalhealth.org/for-families-and-teens/suicide/>

Other Resources

- <http://www.mindyourmind.ca/>
- <http://www.kidshelpphone.ca/Teens/Home.aspx>
- <http://www.connectsafely.org>
- <http://www.you.ca>
- <http://www.youthconnect.ca>

Helpful Resources: Websites

Substance Abuse:

- <http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=d55be29090512410VgnVCM10000071d60f89RCRD&vgnextchannel=dc960c2c0f412410VgnVCM10000071d60f89RCRD&vgnextfmt=default>
- <http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=d06be29090512410VgnVCM10000071d60f89RCRD&vgnextfmt=default>
- <http://www.phac-aspc.gc.ca/chn-rcs/saa-toxicomanie-eng.php>
- <http://www.nationalantidrugstrategy.gc.ca/prevention/parents/get-obtenez.html>
- <http://www.nationalantidrugstrategy.gc.ca/prevention/youth-jeunes/facts-faits/index.html>
- http://www.camh.ca/en/hospital/health_information/a_z_mental_health_and_addiction_information/adolescent_mental_health/Pages/treat_young_people.aspx

Helpful Resources: Articles

SUBSTANCE ABUSE IN CHILDREN AND ADOLESCENTS



Centre of Knowledge
on Healthy Child Development

OFFORD CENTRE FOR CHILD STUDIES

There are many reasons why teenagers use drugs. Some do it as a form of rebellion against authority. Others may be trying to fit in with a group of friends who use drugs. They may do it out of curiosity, because it feels good, or because it provides relief from unpleasant emotions and makes them feel better.

Teens, and even older children, may use “legal” substances like tobacco, alcohol, glue, gasoline, diet pills, over-the-counter cold remedies, or prescription pain killers (like OxyContin®). Some may then go on to use illegal drugs like marijuana, LSD, cocaine, heroin, PCP, methamphetamine, or Ecstasy.

Substance use becomes substance abuse when a person continues to use drugs or other substances even when it leads to serious personal consequences like family problems, losing friends, getting expelled from school, losing a job, or getting into legal trouble. Some

However, alcohol and tobacco, both legal substances, can cause even greater harm to physical health and social development than many illegal substances. Cigarette smoking is a major cause of death from heart disease, stroke, cancer, and lung disease in adults. Early, continued use is associated with depression and anxiety during adolescence and with poor academic and social-emotional outcomes in adulthood. Nicotine is a highly addictive substance and quitting is very difficult.

Teens who binge drink (have more than 5 drinks one after another) are more likely than teens who don't binge to do badly at school, be a victim of dating violence, attempt suicide, or do other things that put their health at risk, like having unprotected sex.

Substance abuse affects not only involved individuals but society as a whole, causing lowered productivity, increased crime rates, and increasing numbers of homeless people on our streets.



Handouts

COPING STRATEGIES

Intense feelings like sadness, anger, anxiety, and panic can be incredibly difficult and uncomfortable. It's hard to think straight in these overwhelming moments nonetheless have any clue as to what you can do to help yourself feel better.

Some people tell me they have no idea what to do in these situations. Other people tell me that they have found strategies that sometimes work or work for only a little while. Other people have found strategies that are helpful in the moment (for example, cutting, lashing out at others or using substances) but lead to more chaos and negatives consequences in the long run.

Unfortunately, while there are some changes that you may be able to make in your life to overall feel better (for example, reduce stress or step away from toxic relationships), there will inevitably be times when you will feel overwhelmed. This is just the reality of life. Instead of avoiding the things entirely that seem to trigger you (as avoidance can make things worse and is often not realistic), the key is to build a toolkit of strategies that you can use in these moments. It's important to have lots of strategies that you are likely to use so that if one strategy doesn't work or only works

Thank You!

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