Setting Up Adolescent Clinic

Why Need for Adolescent Clinic?

The term adolescence is derived from the Latin word “adolescere” meaning to grow, to mature. It is considered as a period of transition from childhood to adulthood. They are no longer children yet not adults. It is characterized by rapid physical growth, significant physical, emotional, psychological and spiritual changes.

Adolescents constitute 22.8% of population of India as on 1st march 2000.
They are not only in large numbers but are the citizens and workers of tomorrow.
The problems of adolescents are multi-dimensional in nature and require holistic approach. A large number of adolescents in India are out of school, malnourished, get married early, working in vulnerable situations, and are sexually active.
They are exposed to tobacco or alcohol abuse

Challenges in adolescent development and health in INDIA:

45% of adolescent girls under nourished
20% of adolescent boys under nourished
Early marriage 26% < 15yrs – girls, 54% < 18yrs
20 – 30% adolescent boys sexually active
10% adolescent girls sexually active
59% adolescents know about condoms
49% adolescents know about contraceptives
4.5% drug abuse
50% of all HIV positive new infections are in the age group of 10 – 25yrs
Adolescent abortion 1 – 4.4millions

Staff

It should be staffed by a multidisciplinary team that includes Gynecologist and Pediatricians specializing in adolescent medicine, nurses, a health educator, a psychologist and a social worker.

Location

The center, if in Government Hospital, should maintain a collaborative relationship with the department of Pediatrics and Dept of obstetrics and gynecology and monitors pregnant and high-risk teens to assure compliance with established standards of health care delivery and confidentiality.

If it is an independent unit working as a non government set up/NGO it should be centrally located in the city, easily approachable to teenagers from every corner. In a big
city there should be numerous clinics because a teen clinic located exclusively in one area of the city would not serve a large portion of teen population. Unless these teens lived near the medical center that contained the teen clinic, street traffic congestion and lack of adequate public transportation would prevent most teens from accessing the services.

Because of differences in facility size, patient demographics, available resources and other budgetary considerations, each center must develop its own model for delivery of adolescent health care.

**Essential Components:**

These components include

- Confidentiality
- Privacy
- A welcoming," teen-friendly" environment
- An easy, uncomplicated appointments system
- The reception and examination rooms should be arranged with furniture and instruments suitable for adolescent patients.
- Availability of educational materials meeting the needs of adolescents.
- Dedicated staff nurses to monitor patients, contact them for follow-up care, and manage appointment requests.
- Pathology sample collection/Testing facilities
- The close relationship between nurse, doctor, and patient
- A teen-only phone line--greatly assists maintenance of confidentiality.
- There should be a separate waiting and treatment area if it is located within the Gynec/ paediatric department
- The clinic should have its own health care practitioners and staff.
- Clinicians should be trained in adolescent medicine.
- The adolescent clinic should have a schedule dedicated routinely to teen patients. For private practitioners adolescent clinics can be set up in their own consultation chamber with a walk in system or by having separate consultation hours for adolescents.

**Issues/Services:**  Adolescent clinic deals with following topics/ Services

Adolescent Growth and Development
Cognitive Development
Relationship Development
Eating Disorders (Anorexia nervosa, Bulimia nervosa, Binge eating Disorder)
Reproductive Health services
- Gynecological and Menstrual Problems
- Sexual & Reproductive health education
- Contraception
• Pregnancy testing and option
• MTP
• STD/HIV Screening counseling and treatment

Adolescent Mental Health (Depression, Anxiety, bipolar, personality disorder)

Adjustment Disorders

Substance Abuse / Chemical Dependence (Alcohol, drug Abuse)

Adolescent Health Problems and Injuries
• Acne
• Asthma
• Diabetes
• Hypertension
• Renal Disorders
• Eye Care / Avoiding Eye Injuries
• Infectious Diseases
• Chronic illnesses

Healthy Lifestyles

Healthy Eating During Adolescence

Weight Management

Exercise

Smoking

Safety and Injury Prevention

Adolescent vaccines

Pre-college health check-up

**Challenges we face in setting up Adolescent Clinics:**

Doctor’s unavailability and insufficient staff are important roadblocks in developing adolescent clinics because it is seen that percentage of booked appointments drops at such centers when the provider of adolescent services was unavailable or had insufficient staff hours scheduled.

Another problem is missed appointments. Typical adolescent behavioral characteristics cause many booked appointments to be cancelled, either because the problem has resolved or something the teen considered more pressing arose. Owing to the confidential nature of teen appointments, reminder notices or phone calls are rarely used, and this necessary situation increases the likelihood of missed appointments. Clinicians and other staff of teen clinics must therefore be vigilant with the appointment process, maintain availability of access, and devise creative ways to maintain confidentiality while ensuring that appointments are kept. For instance, cell phone numbers of teenaged patients can be used to remind them of their appointments or for other reasons (ie, instead of contacting them at the patient's residence number or address). In a few rare cases, clinicians have called the teenaged patient's friend to notify the patient of laboratory results or to remind the patient about his or her follow-up appointments. These numbers are recorded in the computer callback system instead of in the permanent record.
Currently, providers of adolescent services are also pediatric clinicians beside Gynecologists and hold teen clinics once, twice, or three times per week within the pediatrics department or in their own set up. Because most teen centers have only one clinician dedicated to providing services for teens, any Gynecologist / pediatric staffing shortage may cause a need for increased Gynec / pediatric coverage and thus result in cancellation of the adolescent clinics. Teen clinics may lack coverage also when their clinicians go on leave. In addition, because only one or two clinics can be offered each week, the teen clinic schedule may not fit the needs of individual patients for appointments.

Another difficulty in developing teen clinics is that many established Gynecologists/ pediatricians are not highly motivated to practice adolescent medicine. This resistance may result from lack of support or education in this specialty, lack of financial reward or due to discomfort interacting with this age group. Gynecologists/ Pediatricians need more expertise in adolescent health care if adolescent medicine services are to be provided. Timely training & attending workshops organized on adolescent issues are an essential way of developing this skill. Medical and nursing schools are striving to increase their students' exposure to issues of adolescent health. It is expected that in future physicians and nurse practitioners will be actively recruited for participation in teen clinics.

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