Access to High-Quality, Teen Friendly Health Care

"Adolescents benefit from access to high-quality medical and dental care, mental and behavioral health services, and to health care providers who understand adolescent health and development. Young patients prefer health services that are youth-friendly, culturally competent, affordable, convenient, and confidential. Health care that is adolescent-centered and involves parents, but allows for increased autonomy as adolescents reach their late teens, is ideal."[1]

Adolescent Health: Think, Act, Grow® (TAG) Research Reviews highlight research, evaluation reports, and other publications that inform the field about key issues in, and effective practices for, fostering improved health, reducing risky behavior, and improving engagement and healthy development in young people. This Research Review focuses on Access to High-quality, Teen-friendly Health Care, one of TAG's Five Essentials for Healthy Adolescents.

Addressing the health needs of adolescents transitioning out of foster care.[2]

There is currently no formalized system of transition to meet the health needs of adolescents before they are discharged from the foster care system. The authors provide several recommendations for primary care providers who are guiding an adolescent through the transition process: 1) assess health care needs; 2) provide care coordination; 3) increase the adolescent's knowledge of their health conditions and ability to resolve health care issues; 4) assist the adolescent in accessing health insurance; 5) set up community services such as employment, housing, and education through social work; and 6) identify an adult primary and specialty provider for continued health care. Read more

Barriers to seeking mental health services among adolescents in military families.[3]

Adolescents in military families report multiple emotional and behavioral concerns, including the loss of interest in activities, social withdrawal, changes in sleeping and eating, sadness, irritability, worry about their parent's safety, and disrespectful behavior. Although these concerns have been documented, military families with adolescents do not tend to seek or utilize mental health services. This study examined the barriers to mental health treatment experienced by adolescents in enlisted military families, military (non-enlisted) parents, and the mental health service providers who treat adolescents in military families. The authors identified several barriers to engaging in mental health services across the three groups, including confidentiality concerns, stigma, time and effort, logistical concerns, and financial concerns. Read more

Barriers to sexual and reproductive health care: Urban male adolescents speak out.[4]

The prevalence of sexually transmitted diseases (STDs) is higher in adolescents (ages 15–24) than in any other age group and young males with untreated STDs are at risk for serious and long-term consequences, such as sterility, disability, and increased vulnerability to HIV. This study explored minority adolescent males' perceptions of and attitudes toward reproductive healthcare services in their community. The adolescents

reported multiple internal and external barriers to receiving sexual health services. Internal barriers included stigma, perceived loss of social status, shame, and embarrassment, while external barriers included disrespectful providers, a lack of privacy/confidentiality, and challenges in accessing and negotiating the healthcare system. The authors recommend making physical surroundings more welcoming and comfortable to male adolescents, including a dedicated waiting room and/or clinic time for adolescent patients and a private reception area where clients can state their reason for seeking care out of earshot of other patients. Read more

CHIP: New opportunities in adolescent health care delivery.[5]

Children's Health Insurance Programs (CHIP), usually targeted to infants, toddlers, and school-aged children, are now mandated to provide access to adolescent health consumers. The authors found three barriers (psychological, institutional, and financial) to successful adolescent health care delivery that may reduce the potential impact of CHIP for advancing adolescent health care. The authors recommend straightforward forms to enroll teens in CHIP programs, allowing adolescents to self-enroll, and providing enrollment opportunities in community settings such as schools, recreation centers, and other adolescent-friendly locations. Read more

Comparing health and mental health needs, service use, and barriers to services among sexual minority youths and their peers.[6]

Sexual minority youth (SMYs), defined as youth who report same-sex romantic attractions or relationships or who identify as non-heterosexual, may be at higher risk for an array of poor health and mental health outcomes in comparison with their heterosexual peers. Using quantitative data from the National Longitudinal Study of Adolescent Health (Add Health) school-based survey, SMYs' self-reported data indicated higher prevalence rates on all indicators of health and mental health needs, including sexual activity; sexually transmitted disease diagnoses; perceived risk for HIV/AIDS; levels of anxiety, depression, suicidality; and physical and sexual victimization. When asked about health service use and barriers, significantly more SMYs reported that they had skipped needed medical care in the past year compared to their peers. Reasons cited for skipping care included: did not want parents to know, afraid of what the doctor would say or do, and could not pay. Based on these findings, the authors recommend that school and office-based health providers consider whether their services are welcoming and offer sufficient assurances of confidentiality to facilitate access by SMYs. Read more

Foregone mental health care and self-reported access barriers among adolescents.[7]

Approximately 1 in 10 children and adolescents in the United States suffers from mental illness severe enough to cause some level of impairment, yet fewer than one in five of these youth receives needed care in any given year. The term "foregone mental health" refers to untreated or unmet mental health needs. Access to appropriate, quality mental health services continues to be a public health concern for American youth. This study assessed barriers to mental health care for youth who reported ever needing psychological or emotional counseling. The most commons barriers reported by both boys and girls to mental health care included: thought or hoped the problem would go away and didn't want parents to know. Other reported barriers included: didn't know where to go, couldn't pay, afraid of what the counselor would say or do, and hard to find time. Read more

Management of child and adolescent obesity: Attitudes, barriers, skills, and training needs.[8]

The high prevalence of childhood and adolescent obesity, coupled with short-term and potential long-term health implications, highlights the need for obesity-related clinical services including assessment, treatment, and preventive care for children and adolescents. While childhood and adolescent obesity has been documented, little is known about health care professionals' attitudes, perceived barriers (e.g., lack of parental involvement), skill level, and training needs in relation to the treatment of childhood and adolescent obesity. The most frequent barriers cited by practitioners were lack of parent involvement, lack of patient motivation, lack of support services, lack of reimbursement, and lack of clinician time. When assessing skill level and interest in training, the most common areas of self-perceived low proficiency were in the use of behavioral management strategies, guidance in parenting techniques, and addressing family conflicts. This study highlights the need for increased education and training opportunities on prevention and treatment approaches for childhood and adolescent obesity. Read more

On-site mental health care: A route to improving access to mental health services in an inner-city, adolescent medicine clinic.[9]

Approximately six to nine million children and adolescents in the United States have mental health problems, with up to 19% of all pediatric visits involving psychosocial problems that require intervention. Given the lack of mental health care utilization among youth, the authors assessed whether providing an on-site (e.g., teen health center) adolescent medicine clinic would improve the rate of patients first meeting with a mental health provider, compared with patients referred off-site to mental health providers through their insurance companies. The authors found that on-site counseling is more conducive to adolescents making their appointments and continuing with counseling (67% of participants), compared with those referred to off-site counseling (n=0). This study showed that access to mental health care can be improved by placing a counselor on-site, within the setting of the adolescent medicine clinic, and allowing the clinic staff to schedule the appointments for that counselor. Read more

Perceptions of oral health, preventive care, and care-seeking behaviors among rural adolescents.[10]

According to the CDC, 50% of low-income children and 66% of low-income adolescents have experienced dental cavities in the United State due to dental-related problems. Given these findings, this study sought to identify perceptions of oral health and access to dental care among a sample of low-income, minority adolescents. Respondents indicated several barriers to oral health care access, including: lack of both money and Medicaid providers, parental unavailability for dental appointments, and fear of the dentist. Recommendations for improving oral health care access for adolescents include having dental services available at school-based health centers and increasing efforts to incorporate components of oral health education into the school curriculum. Read more

The role of school health centers in health care access and client outcomes.[11]

School-based health centers represent a model of care that responds to the unique physical and mental health issues of adolescents by offering care in an accessible, youth-friendly environment. This study examined the impact of 12 school health centers in Alameda County, California on clients' access to care, satisfaction, and reproductive and mental health outcomes. Compared with other usual sources of medical care (e.g., Kaiser

Permanente, doctor's office, community clinic), the authors found that school health centers were the most commonly reported source of medical, family planning, and mental health counseling services for adolescents. Read more

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