

SECTION ONE

UNDERSTANDING ADOLESCENTS

This section provides a framework for understanding adolescents and their health needs. It also identifies the major issues to be addressed in order to make general practice more accessible for young people. It provides an overview of:

- Adolescent developmental issues
- Adolescent health problems
- The social and cultural diversity of young people
- Barriers young people face in accessing health care
- The key roles GPs can play in providing accessible, comprehensive health care to adolescents.



I. YOUNG PEOPLE AND THEIR HEALTH NEEDS

Who are Adolescents?

This Kit uses the terms 'adolescents' and 'young people' interchangeably to refer to the age group 12-24 years:

- There are nearly 3.5 million young people aged 12-24 in Australia (1.8 million males and 1.7 million females) – about 18% of the total population (Australian Bureau of Statistics (ABS), Census 2001)
- There are some 1.2 million young people aged 12-24 in NSW – 17.4% of the NSW population and 33% of all young people in Australia (ABS, Census 2001)
- Australia has large and growing numbers of young people from non-English speaking backgrounds (NESB). Approximately 24% of the NSW population is from a NESB (ABS, census 2001). Young people of NESB comprise:
 - those who were born overseas in a non-English speaking country
 - those whose parents were born overseas in a non-English speaking country
 - third or fourth generation Australian-born who have affiliations with their family's culture of origin.
- There are around 34,000 young people of Aboriginal and Torres Strait Islander background in NSW (ABS, Census 2001)

Adolescent Health Status

Young people have specific health problems and developmental needs that differ from those of children or adults:

- The causes of ill-health in adolescents are mostly psychosocial rather biological
- Young people often engage in health risk behaviours that reflect the adolescent developmental processes of experimentation and exploration
- Young people often lack awareness of the harm associated with risk behaviours, and the skills to protect themselves
- Young people lack knowledge about how and where to seek help for their health concerns

Young peoples' health status is also strongly influenced by family, social and cultural factors as well as environmental hazards to which they may be exposed e.g.

- socio-economic status
- cultural background
- family breakdown
- physical / sexual abuse and neglect
- homelessness

Key Adolescent Health Problems

Australia's first comprehensive assessments of young peoples' health status, *'Australia's Young People: Their Health and Wellbeing 1999 & 2001'* ⁽¹⁾, found that overall, the health of young Australians has improved over the last 20 years. *However, significant numbers (around 20%) of young people will experience health problems, some of which may be life threatening.*

The leading causes of death and illness in the age group 12 – 24 years are:

- *Accidents and injuries* – both unintentional and self-inflicted
- *Mental health problems* – depression and suicide
- *Behavioural problems* – including substance abuse

The following 'snapshots' provide an overview of key adolescent health problems among Australian young people ⁽¹⁾:

Accidents and injuries

- Accidents and injuries account for more than two-thirds of all deaths among 12 – 24 year olds. This includes road traffic accidents, self-inflicted injuries and suicide

Mental health

- Mental health and behavioural disorders account for more than half the disease burden among adolescents
- Up to 20% of adolescents suffer from a mental disorder at any given time
- On average some 400 young people kill themselves each year

Substance use

- Drug-related deaths represent 24% of all youth deaths
- 25% of 14-19 year olds & 40% of 20-24 year olds are regular/occasional smokers
- 38% of 14-24 year olds report marijuana use in the previous 12 months
- Around 70% of 16-17 year olds report that they drink alcohol

Sexual health/ infectious diseases

- Blood borne and sexually transmitted infections such as HIV, HPV, Hepatitis C affect young people disproportionately
- Chlamydia is the main sexually transmitted disease among young people – notifications increased from 98 to 338 per 100,000 between 1991 – 2001

- Notifications of gonococcal infection among young people increased by 1.5 times between 1991 to 2001, from 47 to 72 per 100,000 – with the notification rate highest for males aged 18 – 24 years
- The rate of Hepatitis C infections has trebled in the 18 – 24 year old age group over the last 3 years
- Rates of teenage pregnancy have declined since 1971 – however teenage pregnancy remains a major adolescent health issue

Nutrition and physical activity

- Up to 31% of males and 23% females 12-24 years old are overweight or obese
- Physical activity is declining in young people
- Related disorders, such as type 2 diabetes, are increasing

Chronic Illness

- Around 10-20% of adolescents have one or more chronic illnesses such as asthma; diabetes; cystic fibrosis

Long-Term Medical Conditions

The most prevalent long-term medical conditions affecting young people are:

- Respiratory conditions (mainly asthma and hay fever)
- Eye conditions
- Diseases of the musculoskeletal system

For full detail of the Report findings – see the Australian Institute of Health and Welfare website: www.aihw.gov.au/childyouth/index.html

SOCIO-CULTURAL FACTORS AFFECTING YOUNG PEOPLES' HEALTH

Some groups of young people may have particular health problems and risks related to social, cultural, environmental and economic factors:

Aboriginal and Torres Strait Islander Young People

- Death rates are 2.8 times higher for indigenous females and 2.4 times higher for indigenous males than non-indigenous young people ⁽¹⁾
- Accidents and injury are the main causes of death and morbidity among indigenous young people - and are up to 2.3 times higher than the rates for non-indigenous youth ⁽¹⁾

These statistics may reflect the relative social and economic disadvantage of many indigenous people and their lack of access to adequate and culturally appropriate health care ⁽²⁾.

Young People of Non-English Speaking Background (NESB)

- Young people aged 15-24 years born overseas have lower mortality and morbidity rates than Australian born youth ⁽¹⁾ – *this may be due in part to the protective influence of family and cultural support*
- Some NESB young people may be at risk of *poor mental health outcomes* as a result of the stresses associated with the experience of migration, resettlement and acculturation, as well as exposure to traumatic experiences ^(3; 4). These stressors include:
 - settlement and adaptation difficulties
 - English language difficulties
 - conflict between traditional cultural values and those of the new society
 - refugee experience
 - experience of torture or trauma
 - exposure to racism or discrimination
 - isolation
 - lack of access to culturally appropriate mental health services

(See Cultural Sensitivity P. 12 – for a more in-depth discussion of these issues)

Rural Young People

- Young people living in rural and remote areas make up some 29% of the total Australian population of 15-24 year olds ⁽¹⁾
- Young people living in rural and remote areas have higher death and hospitalisation rates than those in metropolitan areas ⁽¹⁾
- The death rates of young males from accidents, injuries and suicide increases markedly with increasing geographical remoteness ⁽¹⁾

Gay & Lesbian Young People

- Evidence suggests that gay and lesbian young people are exposed to increased risk of depression, substance use, isolation and injury due to violence
- There is an increased risk of suicidal behaviour among young people who identify as gay, lesbian or bisexual ⁽⁵⁾

Low socio-economic groups

- Young people from low socio-economic groups have higher death and hospitalisation rates than those from higher socio-economic groups ⁽¹⁾

Differences between males and females ⁽¹⁾

- Young males have 3 times higher death rates than young females – mostly due to accidents and suicide
- Rates of depressive disorders are 3 times higher for young females than for males
- The rate of substance abuse disorders is twice as high for males
- Male suicide rate is 4 times higher than female rate
- Females have higher hospitalisation rates than males for self-inflicted injuries in the 12-24 year age group

Key Features of Adolescent Health Problems

- *The majority of adolescent health problems are psychosocial* – a consequence of health risk behaviours, developmental difficulties and exposure to social and environmental risk factors
- *Co-morbidity* – many health problems co-occur in adolescents with the occurrence of one health problem raising the risk for a subsequent problem
- *Many health risk behaviors and lifestyles are established in adolescence* and continue into adulthood leading to chronic health problems – e.g. tobacco use; dietary habits; alcohol use
- *Adolescent health status is shaped by social, cultural and environmental factors*

Adolescent Developmental and Sociocultural Issues

Definition of Adolescence

The developmental period between childhood and adulthood – beginning with the changes associated with puberty and culminating in the acquisition of adult roles and responsibilities. ⁽⁶⁾

Adolescence is a biologically universal phenomenon. However, the concept of ‘adolescence’ is defined differently in different cultures and does not exist in some cultures:

- Cultural norms and life experiences (such as being a refugee) can affect the timing of developmental milestones (e.g. puberty) and expectations of what is considered “normal” in terms of the adolescent’s response to these changes
- The expectations, roles and duration of adolescence can vary greatly between different cultures

Adolescence is characterised by rapid change in the following areas:

- *physical* – puberty (physical growth, development of secondary sexual characteristics and reproductive capability)
- *psychological* – development of autonomy, independent identity and value system
- *cognitive* – moving from concrete to abstract thought
- *emotional* – moodiness; shifting from self-centredness to empathy in relationships
- *social* – peer group influences, formation of intimate relationships, decisions about future vocation

DEVELOPMENTAL TASKS

Adolescence is a developmental period in which the young person must negotiate fundamental psychosocial tasks in their development towards maturity and independence.

However, the nature of these tasks, and the importance placed upon their achievement, can vary greatly between Western and non-Western cultures.

From a Western cultural perspective, the major developmental tasks of adolescence are seen as:

- Achieving independence from parents and other adults
- Development of a realistic, stable, positive self-identity
- Formation of a sexual identity
- Negotiating peer and intimate relationships
- Development of a realistic body image
- Formulation of their own moral/value system
- Acquisition of skills for future economic independence

CULTURE AND ADOLESCENCE

Many NESB adolescents face the challenge of dealing with the tasks of adolescence while growing up between two cultures – with not only two languages but often very different behavioral and social expectations ⁽⁷⁾:

- There may be great variation in cultural values and norms regarding the central tasks of adolescence – such as developing a sense of identity and independence

Example: Within the Australian context, the achievement of independence and an individual identity are highly valued outcomes of adolescent development. This may conflict with the values of some cultures where a competent adolescent is primarily defined as someone who meets his/her obligations to their family ⁽⁸⁾.

- Young people tend to adapt to the values and ways of the new culture more readily than their parents do – so the adolescent may be torn between the family’s expectations of them to maintain the values and customs of their ‘old’ culture, while striving to adopt the norms of the new culture in order to fit in with their peers
- In some cultures, adolescence is a time of strengthening one’s family bonds and taking on increased responsibility and new roles within the family ⁽⁸⁾ – young people may be more restricted than before during adolescence and their activities closely monitored
- Girls in particular may be subject to stricter controls – especially if parents feel threatened by their exposure to the values of the new culture
- Traditional family roles may change due to the influence of the new culture – e.g. young people may have to adopt an adult role in the family because of their greater capacity with English and familiarity with social norms than their parents.

IDENTITY DEVELOPMENT

The development of a healthy individual identity is a major task of adolescence. Young people from other cultural backgrounds face the additional challenge of deciding about their ethnic identity ⁽⁹⁾.

This can lead to an identity crisis as the young person attempts to work out their affiliation to their culture of origin and their place within the dominant culture – e.g. “Am I Australian?” “Am I Greek?” “Can I be both?”

It can also give rise to potential conflict with their family who may fear losing control of the adolescent.

Culture is a powerful influence on the development of one’s identity:

- Non-Western cultures generally place less emphasis on the importance of the individual – the family and ethnic identity are valued above the attainment of an individual identity, and play a central role in shaping the development of the adolescent’s identity ⁽⁹⁾.

The way in which adolescents resolve these ethnic identity conflicts has important implications for their mental health ⁽⁹⁾. Young people who manage to retain the most important elements of their ethnic culture, while developing the skills to adapt to the new culture, appear to cope best in their psychosocial adjustment ⁽⁷⁾.

THE EXPERIENCE OF PUBERTY

Puberty involves the most rapid and dramatic physical changes that occur during the entire life-span outside the womb ⁽¹⁰⁾:

- Average duration is about 3 years and there is great variability in time of onset, velocity of change and age of completion
- Height velocity and weight velocity increase and peak during the growth spurt (early in girls, later in boys)
- The experience of puberty is to have a changing body that feels out of control

STAGES OF ADOLESCENCE

The Developmental Perspective of Adolescence

It is important for GPs to understand young people, their behavior and needs from a developmental perspective. *Determining the developmental stage of the adolescent provides a guide to:*

- the adolescent’s physical and psychosocial concerns
- the young person’s cognitive abilities and capacity for understanding choices, making decisions and giving informed consent
- appropriate communication strategies and interventions

There are three main stages of adolescent development – *early, middle and late adolescence*. However, psychosocial development can be highly variable in terms of progression from one stage to the next:

- Age in itself does not define maturity in different areas of adolescent development – in any particular adolescent, physical, cognitive and psychological changes may be ‘out of sync’

Example: *An early developing, mature-looking girl may be psychologically immature and emotionally vulnerable.*

Adolescent developmental stages

| Early (10 – 14 years) | Middle (15 – 17 years) | Late (> 17 years) |
|--|--|--|
| CENTRAL QUESTION | | |
| “Am I normal?” | “Who am I?” “Where do I belong?” | “Where am I going?” |
| MAJOR DEVELOPMENTAL ISSUES | | |
| <ul style="list-style-type: none"> ■ coming to terms with puberty ■ struggle for autonomy commences ■ same sex peer relationships all-important ■ mood swings | <ul style="list-style-type: none"> ■ new intellectual powers ■ new sexual drives ■ experimentation and risk-taking ■ relationships have self-centred quality ■ need for peer group acceptance ■ emergence of sexual identity | <ul style="list-style-type: none"> ■ independence from parents ■ realistic body image ■ acceptance of sexual identity ■ clear educational and vocational goals, own value system ■ developing mutually caring and responsible relationships |
| MAIN CONCERNS | | |
| <ul style="list-style-type: none"> ■ anxieties about body shape and changes ■ comparison with peers | <ul style="list-style-type: none"> ■ influence of peers ■ tensions between family and individual over assertions of autonomy ■ balancing demands of family and peers ■ prone to fad behaviour and risk taking ■ strong need for privacy ■ maintaining ethnic identity while striving to fit in with dominant culture | <ul style="list-style-type: none"> ■ self-responsibility ■ achieving economic independence ■ developing intimate relationships |
| COGNITIVE DEVELOPMENT | | |
| <ul style="list-style-type: none"> ■ still fairly concrete thinkers ■ less able to understand subtlety ■ daydreaming common ■ difficulty identifying how their immediate behaviour impacts on the future | <ul style="list-style-type: none"> ■ able to think more rationally ■ concerned about individual freedom and rights ■ able to accept more responsibility for consequences of own behaviour ■ begins to take on greater responsibility within family as part of cultural identity | <ul style="list-style-type: none"> ■ longer attention span ■ ability to think more abstractly ■ more able to synthesise information and apply it to themselves ■ able to think into the future and anticipate consequences of their actions |
| PRACTICE POINTS | | |
| <ul style="list-style-type: none"> ■ Reassure about normality ■ Ask more direct than open-ended questions ■ Make explanations short and simple ■ Base interventions needed on immediate or short-term outcomes ■ Help identify possible adverse outcomes if they continue the undesirable behaviour | <ul style="list-style-type: none"> ■ Address confidentiality concerns ■ Always assess for health risk behavior ■ Focus interventions on short to medium term outcomes ■ Relate behaviours to immediate physical and social concerns – e.g. effects on appearance; relationships | <ul style="list-style-type: none"> ■ Ask more open-ended questions ■ Focus interventions on short & long term goals ■ Address prevention more broadly |

Cultural Sensitivity

Cultural sensitivity entails being aware of the wide range of diversity that exists, both across and within cultures. In order to provide good health care to young people from diverse cultural backgrounds, GPs need to:

- understand that their assumptions and beliefs are shaped by their *own* cultural background and values
- be aware of how the young person's cultural background may impact upon their developing adolescent identity
- adopt a respectful and non-judgmental approach in dealing with differing cultural norms and practices
- be careful not to label and make assumptions about the young person based on cultural stereotypes – for example, categorizing a young person as having particular cultural characteristics based solely on their parent's country of birth
- consult with specialist NESB services or workers if unsure about cultural issues
- ask the young person themselves how they wish to identify themselves:

Example: "Thuy, you said that your parents were born in Vietnam and that you grew up here in Australia. "Where do you feel that you belong more – as Australian or Vietnamese, or both?"

Culture plays a central role in shaping peoples' identity, values, beliefs, social roles and behaviors. However:

- Within any given culture, there can be enormous diversity – with a variety of ethnic, language and religious backgrounds
- It is misleading to assume that a definitive set of cultural attributes, attitudes, values and practices apply to all people from a particular cultural background
- Ask the young person if they identify with their parent's culture – and in what ways do they identify with it?

(See also Culture and Adolescence P. 9)

Culture and Health

NESB young people may be exposed to a variety of stressors associated with:

- the conflict of identity between the dominant culture and their family's culture
- migration
- uncertainty of resettlement
- social isolation
- adjustment to a new culture

The health and psychosocial development of NESB adolescents may also be adversely affected by individual experiences such as:

- exposure to war
- the experience of being a refugee
- the impact of parents' refugee experience – e.g. pressure on the young person to succeed in new country or lack of emotional support from parents
- separation from family
- being subjected to torture or trauma
- language difficulties
- racism and discrimination
- post-traumatic stress

Culture as a Protective Factor

A young person's experience of belonging to or identifying with a particular culture can also be a major protective factor in promoting their overall wellbeing^(1, 9):

- this sense of belonging, identity and support enables young people and their families not only to survive the hardships, traumas, and losses associated with migration and resettlement, but in fact to be strengthened by these experiences
- a strong cultural identification enhances the adolescent's resilience

The GP's Role

While it is important to understand cultural influences operating in the young person's life, it is also important to:

- treat each patient as an individual
- enquire about the young person's own particular experiences, cultural beliefs and health practices
- ask how the young person identifies themselves within mainstream culture and their own culture
- ask about the beliefs and history of their family – where this is appropriate for gaining a better understanding of the young person's complaint and background factors that may be influential

Sensitivity is also needed in dealing with the parents of NESB young people:

- In NESB families, parents are usually the first point of contact for reaching adolescents – therefore their support and participation is essential
- People from a NESB may have very different expectations and attitudes about health, help-seeking behavior and the role of the doctor, for example:
 - there may be a cultural perception that a GP's role is to stick to medical complaints and provide medical treatment rather than spend time engaging the young person in conversation

- Approaches that would normally be adopted with adolescent patients such as confidentiality, seeing the young person alone, and encouraging independent decision-making by the young person may contradict family and cultural values, and so need to be handled carefully

- The parents and young person may both need information to help them understand adolescence and adolescent development - explain the doctor's role in treating the young person and respect the parents' need to remain actively involved, should they wish to do so

(See also Section Two – Chapter 7 “Culturally Sensitive Practice” for further strategies for working with young people from other cultural backgrounds)

2. ADOLESCENTS AND GENERAL PRACTICE

GPs are ideally placed to respond to young peoples' complex health problems by providing comprehensive health care, and acting as a first point of call in the identification, treatment, follow up and referral of adolescent health problems:

- GPs see approximately two million young people under the age of 25 each year during 11 million consultations
- GPs are the most accessible primary health care provider for young people and usually their first point of contact with the health system
- Young people themselves perceive doctors as one of the most credible sources of health information ⁽¹¹⁾

However, young people are often reluctant to visit doctors:

- Young people are fearful and embarrassed about discussing sensitive issues such as sexuality, drug use or other psychosocial problems
- Young people are concerned about lack of privacy and confidentiality
- Many young people believe GPs treat only physical ailments, and are unaware that GPs might be able to help them with emotional and psychosocial concerns

Young people often present to GPs with relatively minor complaints:

- The three most common reasons young people consult a GP are for respiratory, skin, and musculoskeletal conditions
- Yet the main causes of adolescent morbidity are psychosocial and behavioural – this discrepancy highlights the fact that young people frequently don't present to GPs with the problems that are most critical to them.

Major barriers exist to young people obtaining appropriate and timely health care:

- Young people face administrative, psychological and financial barriers to accessing GP services
- This lack of access to health services has been identified as a significant contributor to adolescent morbidity and mortality.

GPs are ideally placed to provide the type of comprehensive health care that young peoples' complex health problems require:

- GPs are the most visible primary health care provider
- GPs act as a gateway to the health system and can facilitate young peoples' access to other required health and support services
- The quality of an adolescent's initial contact with a GP influences the way they perceive the health system and their future pattern of utilising health services ⁽¹⁰⁾
- GPs can overcome barriers to young peoples' access by making their services and consultations youth friendly

Barriers for Young People

"...You go to someone you know and trust and they know you." ⁽¹¹⁾

Numerous studies ^(11, 12) have identified major barriers to young peoples' access to appropriate health care are:

Confidentiality

- The most significant barrier identified by young people is fear about confidentiality and trust. This includes concerns about:
 - the GP disclosing information to their parents
 - lack of privacy in the waiting room
 - reception staff not protecting their confidentiality

GP attitudes and communication style

- Concerns that GPs will have unsympathetic, authoritarian and judgmental attitudes
- The GP's approach and communication style has a significant impact on the young person's comfort level and ease of communication

Access and clinic environment

- The clinic environment can have a negative impact on adolescents' comfort in using the service
- Many young people feel intimidated by:
 - a formal clinic and waiting room environment
 - appointment booking procedures
 - perceived lack of sensitivity and awareness on the part of reception staff.
- Clinic opening hours and long waiting times can lead to young people foregoing health care

Cost

Cost can be a major barrier because many young people:

- Do not understand the Medicare system, and few have their own Medicare card
- Have difficulty meeting the costs of medical care (especially when practices do not bulk bill) and other related expenses
- Believe that they cannot access a GP without payment or without their parents finding out

Developmental characteristics of young people

Many young people:

- Have a poor understanding of their own health needs
- Lack knowledge about available health services and how to use them
- Have difficulty expressing their concerns because of the sensitivity of many of their health issues
- Feel self-conscious and anxious about being asked personal questions
- Defer treatment till a crisis stage
- Are reluctant health consumers, often brought along by parents or other caregivers

Barriers for GPs

There are also a number of constraints in the structure of General Practice that act as barriers for GPs in providing effective health care to adolescents ⁽¹²⁾:

- Inadequate training in consultation skills and managing psychosocial problems in adolescents
- Lack of confidence, knowledge and skills in communicating with adolescents
- Time constraints and inadequate remuneration for providing longer consultations to young people
- Concerns about medicolegal issues

Key Roles for the GP

■ Provision of comprehensive health care appropriate to the adolescent's developmental needs and sociocultural background:

- Providing anticipatory guidance about health matters in simple, clear language
- Adopting a culturally sensitive approach respectful of the individual and their family
- Addressing the social and environmental risk factors in the young person's life by work with the family, school, and other key people in their lives

■ Detection, early intervention and education for health risk behaviours:

- Screening, identification, and management of psychosocial risk factors and behaviours
- Using consultations to provide education about health risks and to promote protective behaviours

■ Promoting young peoples' access to health services

- Making GP practices "youth friendly"
- Acting as a gateway to the health system by helping young people to access other services they require – e.g. specialists; youth workers; psychologists
- Advocating for young peoples' health needs within the health system, their families, schools, and wider community

■ Adopting a collaborative approach to patient management

- Promoting effective multidisciplinary health care by ensuring appropriate referral, and coordination with other health professionals involved with the young person

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