



A Vital Part of Creating a Safe and Healthy Society: Adolescent Friendly Health Services

© Hüseyin Dağ^{1,2}, © Hasan Dursun¹

¹University of Health Sciences Turkey, Prof. Dr. Cemil Taşcıoğlu City Hospital, Clinic of Pediatrics, İstanbul, Turkey

²İstanbul University, Institute of Child Health, Adolescence Health, Department of Pediatric Basic Sciences, İstanbul, Turkey

Abstract

Adolescence, which the World Health Organization defines as the period between the ages of 10 and 19, is characterized by several physiological, psychological, and emotional changes. Adolescents might experience some specific issues during this time. Supporting adolescents during this time helps them deal with these issues more successfully. Adolescents may continue to lack strong problem-solving skills since they cannot locate appropriate health facilities despite some of the health issues they encounter on a global scale. Thus, the idea of “adolescent friendly health services” becomes more significant. With the aid of adolescent health services, we hope to accomplish our three key objectives. With the help of these services, investments are made in today’s teenagers, tomorrow’s adults, and consequently the future generations. Adolescent-friendly healthcare services should be regarded as acceptable, equitable, accessible, appropriate, and effective. However, to anticipate mortality and morbidity risks, psychosocial evaluation, a crucial part of adolescent-friendly health services, must be carried out using the acronym home, education/employment, eating, activities, drugs, sexuality, suicidal ideation and safety.

Keywords: Adolescent friendly health services, adolescent, HEADSSS, psychosocial assessment

INTRODUCTION

Adolescence is a transitional stage that encompasses the transition from childhood to adulthood. The World Health Organization (WHO) specifies this age range as 10 to 19. The preparation for maturity happens throughout this time on a physical, emotional, and psychological level. As a result, these periods have their own issues. This period is also defined as the storm and stress period (1,2).

Over 3 billion of the 7.2 billion people around the world, or 42% of the total population, are under the age of 25. Between the ages of 10 and 19, 1.2 billion of these young individuals are adolescents (3). The Turkish Statistical Institute reports that children make up 27.5% of Turkey’s population, and young people make up 15.1% of the country’s population (4). Adolescents make up approximately 1 in 6 of the world’s population. Among the

major causes of death for teenagers are car accidents, suicide, STDs, and maternity issues. Disability-adjusted life years (DALYs), sometimes referred to as the reduction in healthy life years lost to illness, disability, and early death, dropped by 17% globally but only by approximately 8% among teenagers. Although iron deficiency and traffic accidents are the main causes of DALYs in our country, depression and anxiety are also among the most frequent causes (5). In China and around the world, more research on adolescents is needed in this area.

Although they require health services, adolescents with several issues may be slightly cautious when receiving them. They believe that the healthcare options presently available are insufficient for them. It has been discovered that adolescents receive care considerably more readily when health services are set up with adolescent perspectives and needs in mind (6).



Address for Correspondence: Hüseyin Dağ, University of Health Sciences Turkey, Prof. Dr. Cemil Taşcıoğlu City Hospital, Clinic of Pediatrics; İstanbul University, Institute of Child Health, Adolescence Health, Department of Pediatric Basic Sciences, İstanbul, Turkey

Phone: +90 553 393 34 98 **E-mail:** huseyindag2003@gmail.com **ORCID ID:** orcid.org/0000-0001-7596-7687

Cite this article as: Dağ H, Dursun H. A Vital Part of Creating a Safe and Healthy Society: Adolescent Friendly Health Services. Eur Arch Med Res 2023;39(1):1-5

©Copyright 2023 by the University of Health Sciences Turkey, Prof. Dr. Cemil Taşcıoğlu City Hospital
European Archives of Medical Research published by Galenos Publishing House.

Received: 16.01.2023

Accepted: 23.01.2023

Adolescent friendly health services (AFHS) were created as a result of this circumstance.

Features and Importance of AFHS

AFHS are a concept and an endeavor to improve health practices to better meet the needs of young people, according to the World Health Organization. The World Health for Adolescents report, released in 2014, demonstrated that without parallel expenditures in adolescent health, significant gains from investments in mother and child health programs are at risk of being lost. According to the most recent data, approximately 5,000 teenagers pass away every day from conditions that can usually be avoided. Teenagers should therefore unwaveringly and consistently be given attention. The sustainable development targets for the period of 2016 to 2030 are centered on investments in adolescents. It is well established that several important risk factors for future adult diseases start during youth. As a result, investing in adolescent health helps current and future generations of adults as well as adolescents (7,8).

A consensus was reached in Geneva in 2002, and it defined adolescent-friendly health services. Countries are free to modify this as they see fit. These services should be accessible, equitable, acceptable, appropriate, and effective (9-16).

Accessible: Adolescent-friendly clinics should be built where young people can go without feeling uncomfortable. It should not be near any locations where teenagers would be frightened, including delivery rooms. Centers for integrated counseling and therapy should coexist. The duration of the workday has to be appropriate. Waiting periods need to be reduced.

Equitable: All adolescents in need should receive assistance. These services should be provided without discrimination against immigrants, the homeless, homeless children, individuals of different sexual orientations, people with chronic illnesses, and people with disabilities. It is vital to reevaluate health inequality indicators.

Acceptable: Healthcare practitioners should meet the needs of young patients. Confidentiality and respect are the two key criteria. It is the fundamental tenet of both professional ethics and human rights legislation. Expectations should be taken into account when creating guidelines.

Appropriate: Harmful practices must be avoided, and necessary attention should be given. Teenagers should have waiting rooms prepared with age-appropriate banners and posters. Additionally, adolescents should be included in choosing the times for check-ups and examinations.

Effective: Care services should include stimulating, preventive, and healing components. Adolescent-related concerns should be approached on all fronts. A multidisciplinary team should offer appropriate consultation and assistance. Accurately rendered services must be offered. Adolescents' opinions should be sought. The locations where these services can be offered are crucial factors. For these services, hospitals on their own are insufficient. Every location where teenagers can go should be viewed as a potential chance to offer services. The locations where AFHS can be offered are summarized in Table 1.

AFHS must offer the proper protocols and have medical personnel who are educated in this area. Adolescent-friendly health policies are required to provide these services. Without the necessary legal support, sustainability cannot be achieved by healthcare practitioners alone. However, in addition to sound health policy, non-governmental group help is crucial. For the fundamental aims of adolescent health, many elements must cooperate. The departments of adolescent health at Hacettepe University and Istanbul University have PhD programs in place to train medical professionals who will provide AFHS in our nation. They are significant although there are not enough skilled specialists in the field of adolescent health. The facilities that will offer this service need to play a therapeutic role as well as one in preserving and enhancing the adolescent's health. Unfortunately, we were unable to locate any research on whether the facilities in our nation are adolescent-friendly in the literature. AFHS are not being provided at the level that is expected, according to research conducted in several countries where they are being implemented. Therefore, it is crucial to prioritize adolescent-friendly health services for young people to accomplish sustainable development goals (17,18).

To meet international targets for adolescent health, investment in adolescent health is crucial. To meet its 2030 goals for adolescent health, the WHO has developed the Global Accelerated Action for the Health of Adolescents (2016-2030). This guide offers a wealth of knowledge, including the most recent statistics on the primary costs of teenage diseases and injuries, to policymakers,

Table 1. Locations where adolescent friendly health services can be offered

• Adolescent services in hospitals
• Community and family health centers
• School-based health centers
• Youth centers (information, education, health)
• Pharmacies
• Counseling services established in locations where teenagers congregate

practitioners, researchers, educators, donors, and non-governmental organizations. It signifies a paradigm shift in how we consider and prepare for adolescent health (19,20).

The WHO-coordinated guide was created with the active involvement of governments, academic institutions, non-governmental organizations, United Nations agencies, and -most importantly- adolescents. In the past, attention was drawn to STDs so that the necessary investments in adolescents could be made. While emphasizing the adolescent health approach in all policies, this guide contends that there are good enough logical grounds to focus just on adolescent health. This manual has a few fundamental sections, which are listed in Table 2.

Adolescent psychosocial assessment following fundamental methods is a crucial part of adolescent-friendly health services. Adolescents are assessed psychosocially using the HEADSSS acronym, which is outlined in Table 3. In this interview, there are certain fundamental questions that should be raised. The family can participate in the interview for the first five minutes to get to know them and observe their dynamics. The interviews

lasted approximately 45 to 60 minutes. The adolescent should then be interviewed after the family has received the relevant explanations. Adolescents place a high value on privacy in regard to personal topics; as a result, secrecy should be given to the adolescent and upheld, “saved in life-threatening situations and judicial scenarios”, so that the adolescent can speak freely during the interview. It is crucial that the doctors conducting this interview possess the fundamental skills for effective communication. There should be calm and two-way communication. The patients needed to be given the chance to explain themselves. Approaching the patient with respect is important. Open-ended questions should be used when taking a history. They can be asked questions such as, “Can you tell me a little about your home life?” “Who do you live with?” and “Can you tell me about your friends?” Using the abbreviation HEADSSS, the questions should be put in sequence from broad to specific. However, it would be best to save some inquiries for last because we believe they will make the adolescent feel quite uncomfortable. More precise inquiries are simple to make once the crucial connection of trust has been built. If we first build a trusting relationship, the patient will be more likely to disclose any hidden agendas they may have (21-30). The infant and child follow-up protocols of the Turkish public health institution were modified as “infant, child, and adolescent follow-up protocols” in our nation with the awareness that adolescent health is the most crucial step of sustainable development on a worldwide scale (30). A psychosocial assessment using the HEADSSS at least three times during adolescence is one of these follow-up strategies. Although this is a significant breakthrough, it is still problematic in practice to give teenagers a 45-60 minute psychosocial evaluation. The inclusion of this issue in the health

Table 2. Global accelerated action for the health of adolescents
• Understanding what matters to adolescents and why it pays off, in the long run, to invest in them
• Understanding adolescent health characteristics globally and locally
• Knowing what works from important interventions
• Examining the health characteristics of adolescents in various nations and creating priorities accordingly
• The significance of developing and carrying out national initiatives
• The significance of programs for monitoring and assessing adolescent health

Table 3. “HEEADSSS” psychosocial assessment
• Home environment: The home and family settings are often sources of issues for adolescents. Because of this, a thorough investigation into their environment should be conducted.
• Education/employment: After their homes, schools are typically where adolescents spend the second most time. Performance at work or in school is a parameter that must be assessed because it provides crucial hints.
• Eating disorders: Eating disorders are a problem that is increasingly prevalent among young people today. In particular, adolescent-specific illnesses including obesity, anorexia nervosa, and bulimia nervosa should be examined, and dietary practices should be thoroughly questioned.
• Activities: Adolescent people’s social activities change rapidly over time. Learning about young people’s activities during this time of change and offering them advice can help them improve their social interactions as well as their physical and mental health.
• Drugs: Substance abuse is a serious problem among adolescents, and it needs to be properly investigated. Cigarettes are the first thing to be questioned since they are a transitory substance.
• Sexuality: For adolescents, discussing issues connected to sexuality, sexual behavior, and sexual life with a doctor can be particularly challenging. Counseling about this issue is a crucial component of preventative medicine. When posing sexuality-related issues to adolescents, it is important to take into account their pubertal stage.
• Suicide/depression: It is well-known that roughly half of adult mental problems start during adolescence. It is crucial to do a psychological evaluation of the youth and to offer the required counseling, psychological, social work, and psychiatric treatments.
• Safety: Risky activities are on the rise, particularly in middle adolescence. It is well known that accidents account for a significant share of adolescent mortality. Reducing adolescent mortality may be achieved by identifying hazards and offering to counsel.

Table 4. Some fundamental suggestions for promoting adolescent health in our country

• Establishment of suitable healthcare facilities with adolescent-friendly practices under the purview of these policies, training of adolescent-friendly healthcare professionals who will serve in these facilities, and the adoption of policies for adolescent friendly health services (AFHS) throughout the nation in coordination with current national and international guidelines
• Ensuring that adolescents are included in decisions on how to deliver health care to them
• The introduction of AFHS in all medical facilities
• Establishing adolescent-friendly teams in various institutions, such as youth centers, hospitals, and colleges
• Providing educational opportunities in every setting where teenagers congregate (schools, workplaces, prisons)
• Increasing funding for adolescent health services in the national budget, while also placing a high priority on both curative and preventive health care.
• Developing adolescent health literacy and promoting family participation during these pieces of training
• Organizing appropriate training modules and courses across the country and updating these pieces of training with relevant feedback
• Establishing doctoral and minor programs in adolescent health to educate the specialists in adolescent health that our nation needs

practice communicate and the resulting establishment of a legal basis will be a significant step in preserving and enhancing teenage health.

Some risk factors associated with adolescents can be discovered using the psychosocial assessment outlined in Table 3, and an opportunity to offer required counseling and preventative health services is also captured. Adolescents can easily access standard pediatric outpatient clinics and basic healthcare services through our health system. Even if these services are crucial, they might not be enough in actuality. Because of this, it is critical to offer these treatments while promoting “AFHS”. The advice provided in Table 4 below is crucial to achieve this.

CONCLUSION

Therefore, without adolescent health services, it will be impossible to achieve the 2030 sustainable development goals set forth by the WHO and to create a healthy society concurrently. For the triple advantage (adolescents, adults, future generations) to be realized, these services must be properly provided, supported by child-friendly health policies and current guidelines, and made available across the nation.

Ethics

Peer-review: Internally peer-reviewed.

Authorship Contributions

Surgical and Medical Practices: H.D., Ha.D., Concept: H.D., Ha.D., Design: H.D., Ha.D., Data Collection or Processing: H.D., Analysis or Interpretation: H.D., Ha.D., Literature Search: H.D., Writing: H.D., Ha.D.

Conflict of Interest: No conflict of interest was declared by the authors.

Financial Disclosure: The authors declared that this study received no financial support.

REFERENCES

1. WHO. Global health risks: mortality and burden of disease attributable to selected major risks. Geneva: World Health Organization, 2009. https://apps.who.int/iris/bitstream/handle/10665/44203/9789241563871_eng.pdf?sequence=1&isAllowed=y
2. Sawyer SM, Afifi RA, Bearinger LH, Blakemore SJ, Dick B, Ezech AC, Patton GC. Adolescence: a foundation for future health. *Lancet* 2012;379:1630-40.
3. Coming of Age : Adolescent Health. Available from: URL: <https://www.who.int/news-room/spotlight/coming-of-age-adolescent-health> (Accessed date: 2023 Jan. 05)
4. Türkiye İstatistik Kurumu. İstatistiklerle Gençlik, 2021. Available from: URL: <https://data.tuik.gov.tr/Bulten/Index?p=İstatistiklerle-Gençlik-2021-45634> (Accessed date: 2023 Jan. 01)
5. Global Health Estimates for 2019. World Health Organization. Available from: URL: <https://www.who.int/data/global-health-estimates> (Accessed date: 2022 Dec. 12)
6. Ginsburg KR, Menapace AS, Slap GB. Factors affecting the decision to seek health care: the voice of adolescents. *Pediatrics* 1997;100:922-30.
7. Adolescent Health. Available from: URL: https://www.who.int/health-topics/adolescent-health#tab=tab_1
8. Neinstein LS, Gordon CM, Katzman DK, Rosen DS, Woods ER. Adolescent Health Care 'A Practical Guide'. 5th ed. Lippincott Williams Wilkins. https://books.google.com.tr/books?hl=tr&lr=&id=er8dQPxcz0C&oi=fnd&pg=PR13&dq=8.%09Neinstein+et+al.+Adolescent+Health+Care+%E2%80%98A+Practical+Guide%E2%80%99.+Fifth+ed.&ots=U-5YP56Bwi&sig=3n5CKkm0Ma6EIFnF40M-WrA1w94&redir_esc=y#v=onepage&q&f=false
9. World Health Organization. Evolution of the National Adolescent-Friendly Clinic Initiative in South Africa. Geneva: World Health Organization; 2009. http://apps.who.int/iris/bitstream/handle/10665/44154/9789241598361_eng.pdf?sequence=1
10. World Health Organization. Making Health Services Adolescent Friendly - Developing National Quality Standards for Adolescent Friendly Health Services. Switzerland: World Health Organization; 2012. https://apps.who.int/iris/bitstream/handle/10665/75217/9789241503594_eng.pdf

11. World Health Organization. Global standards for quality health-care services for adolescents: a guide to implement a standards-driven approach to improve the quality of health care services for adolescents. World Health Organization. 2015. https://apps.who.int/iris/bitstream/handle/10665/183935/9789241549332_vol1_eng.pdf?sequence=1&isAllowed=y
12. World Health Organization. Adolescent Friendly Health Services: An Agenda for Change. 2002. https://apps.who.int/iris/bitstream/handle/10665/183935/9789241549312.World%20Health%20Organization.%20Adolescent%20Friendly%20Health%20Services:%20An%20Agenda%20for%20Change.%202002.32_vol1_eng.pdf?sequence=1&isAllowed=y
13. National Department of Health. National Implementation Guidelines for Adolescents and Youth Friendly services: 2013–2017. Department of Health South Africa. <https://www.uj.ac.za/wp-content/uploads/2021/10/key-doc-adolescent-and-youth-policy-4-sept-2017.pdf>
14. Alikaşifoğlu M. Approach to adolescent. *Türk Pediatri Arşivi* 2005;40:191-8.
15. Haspolat YK, Aktar F. Adolesan Sağlığı ve Hastalıkları. Cinius Yayınları 2016:13-31.
16. Dixit GT, Jain S, Mansuri F, Jakasania A. Adolescent friendly health services: where are we actually standing? *Int J Community Med Public Health* 2017;4:820-4.
17. Galagali PM, Rao C, Dinakar C, Gupta P, Shah D, Chandrashekaraiah S, et al. Indian academy of pediatrics consensus guidelines for adolescent friendly health services. *Indian Pediatr* 2022;59:477-84.
18. World Health Organization. Global Accelerated Action for the Health of Adolescents (AA-HA): Guidance to Support Country Implementation. Geneva: WHO; 2017. <http://apps.who.int/iris/bitstream/handle/10665/255415/9789241512343-eng.pdf>
19. World Youth Report. Available: <https://www.un.org/development/desa/youth/wp-content/uploads/sites/21/2018/12/WorldYouthReport-2030Agenda.pdf>
20. Klein AD, Goldenring JM, Adelman WP. HEEADSS3.0: The psychosocial interview for adolescents updated for a new century fueled by media. *Contemporary Pediatrics*. 2014. http://www.trapeze.org.au/sites/default/files/2014_01_Klein_Goldenring_HEEADSS3.0_Contemporary%20Pediatrics.pdf
21. Harris SK, Aalsma MC, Weitzman ER, Garcia-Huidobro D, Wong C, Hadland SE, Santelli J, et al. Research on clinical preventive services for adolescents and young adults: where are we and where do we need to go? *J Adolesc Health* 2017;60:249-60.
22. Merikangas KR, He JP, Burstein M, Swanson SA, Avenevoli S, Cui L, et al. Lifetime prevalence of mental disorders in U.S. adolescents: results from the National Comorbidity Survey Replication--Adolescent Supplement (NCS-A). *J Am Acad Child Adolesc Psychiatry* 2010;49:980-9.
23. Callahan ST. Focus on preventive health care for young adults. *Arch Pediatr Adolesc Med* 2012;166:289-90.
24. Eade DM, Henning D. Chlamydia screening in young people as an outcome of a HEADSS; home, education, activities, drug and alcohol use, sexuality and suicide youth psychosocial assessment tool. *J Clin Nurs* 2013;22:3280-8.
25. Coble C, Srivastav S, Glick A, Bradshaw C, Osman C. Teaching SSHADESS Versus HEADSS to medical students: an association with improved communication skills and increased psychosocial factor assessments. *Acad Pediatr* 2023;23:209-15.
26. Smith GL, McGuinness TM. Adolescent Psychosocial Assessment: The HEEADSS. *J Psychosoc Nurs Ment Health Serv* 2017;55:24-7.
27. Doukrou M, Segal TY. Fifteen-minute consultation: communicating with young people-how to use HEEADSS, a psychosocial interview for adolescents. *Arch Dis Child Educ Pract Ed* 2018;103:15-9.
28. Addison J, Herrera N, Tuchman L, Bokor B. HEADSS Up! Missed Opportunity for Psychosocial Screening in Hospitalized Adolescents. *Hosp Pediatr* 2021;11:417-21.
29. Gessner M, Seeland G, Gonzalez DA, Dietrich JE. Telehealth care in a pediatric and adolescent gynecology clinic during the COVID-19 pandemic. *J Pediatr Adolesc Gynecol* 2022;S1083-3188(22)00355-2.
30. T.C. Sağlık Bakanlığı, Halk Sağlığı Genel Müdürlüğü, bebek, çocuk, ergen izlem protokolleri, Ankara 2018. Available from: URL: https://hsgm.saglik.gov.tr/depo/birimler/cocuk_ergen_db/dokumanlar/yayinlar/Kitaplar/Bebek_Cocuk_Ergen_Izlem_Protokolleri_2018.pdf (Accessed on January 5, 2023)