

Perspectives and Approaches to the Dynamic and Developmental Issues in Adolescent Health Care

PATRICIA FLANAGAN, MD
GUEST EDITOR

In this and next month's issue of the *Rhode Island Medical Journal* (RIMJ) we have the privilege of sharing topics in Adolescent Health with readers. Adolescence is generally a very healthy stage of life. Youth aged 10-24 years have the lowest rates of morbidity and mortality in the US and Rhode Island has the lowest teen death rate in the country.¹ Many of the health issues faced by teens are keenly linked to the developmental dynamics of adolescence and behavioral decision making. The leading causes of death in this age group include accidents, primarily motor vehicle crashes, but also unintentional overdoses, homicide, and suicide.

It is important to note that health behaviors beginning in adolescence continue into adulthood, making this a unique time in a life-course for interventions that will have a lasting impact.

Three-quarters of adults with severe and persistent mental illness experienced their first symptoms prior to age 18. Most adult tobacco smokers began smoking as teens. The majority of young people engage in sexual activity by age 21. Rates of chlamydia and gonorrhea are highest among teens and young adults. While rates of teen pregnancy continue to fall, in 2015 we still had 509 young women under the age of 20 give birth in RI.

Providing health care for teens requires an understanding of adolescent psycho-social, psycho-sexual, and cognitive development. Brain maturation from age 10 to age 24 is dramatic, is variable in timing and tempo, and is not always in synchrony with the dynamic physical maturation that happens throughout adolescence. The capacity of a 12-year-old to communicate his or her concerns and symptoms, to understand the ramifications of actions or behaviors, and to fully engage in healthcare decision making certainly can vary widely but is also drastically different from a 16-year-old or a 21-year-old. Helping young people navigate adolescence with the tools, knowledge and motivation to stay healthy requires building a developmental scaffolding. Partnering with parents, schools, and communities allows teens to experiment, to grow, to take risks and make good choices.

This issue of RIMJ opens with **DR. SUSAN DUFFY**'s paper on the very important and difficult topic of adolescent confidentiality. This is a topic that is central to caring for youth yet is complex. Understanding confidentiality and its limits and communicating this to youth and their families is essential to providing high quality effective health care. **DR. JOANNA BROWN** and colleagues discuss the very important topic of youth engagement. They present three different

initiatives in Rhode Island that have successfully engaged youth to participate in their own care and to help build a health care system that works for teens and young adults. **DR. SUZANNE MCLAUGHLIN** and colleagues present the proceedings of a panel discussion on transitioning youth to adult care systems that was part of a learning collaborative held by The RI Care Transformation Collaborative (CTC). The transitioning of youth from pediatric care systems to adult care systems is a transition that is often fraught with discontinuity, miscommunication and gaps in care. This is most significant for youth with special health care needs. We then present a case study of a young man whose transition was not smooth and point out multiple opportunities for systems improvement.

Next month, we will look at specific conditions and the health needs of specific populations of youth. **DR. ABIGAIL DONALDSON** and her team will present an update on the care of individuals with eating disorders. **DR. DIANE DERMARDEROSIAN** and colleagues write about an integrated approach to psychiatric care for children and youth with medical conditions. She describes a unique, team-based integrated care model provided both in an in-patient setting and in a partial hospital setting. **DRS. KRISTYN GERGELIS, JONATHAN KOLE** and **ELIZABETH LOWENHAUPT** write about the healthcare needs of incarcerated youth and **DRS. AGNIESZKA JANICKA** and **MICHELLE FORCIER** discuss transgender and gender non-conforming youth. **DR. CHRISTINE BARRON** and colleagues present their research on RI pediatricians and their training, screening, and knowledge about domestic sex trafficking of minors.

Quality health care that recognizes the dynamic developmental nature of adolescence can help youth stay safe and make good behavioral choices. It can be attuned to some of the potential pitfalls and roadblocks to healthy adolescence as well as motivations for positive health-affirming decisions. It can be a great opportunity to cultivate a strong foundation for adult health.

Reference

1. Heron M. Death: leading causes for 2013. National Vital Statistics Reports. Feb. 16, 2016; 65(2).

Author

Patricia Flanagan, MD, Professor and Vice Chair of Pediatrics, The Warren Alpert Medical School of Brown University, Hasbro Children's Hospital.