

Editorial

Meeting Young People Where They Are: Approaching Communication With Young People and Practical Tips to Engage Them in Their Care

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1. Introduction

Adolescence (10–19 years) and young adulthood (20–25 years) are unique developmental periods bridging childhood and adulthood [1,2]. Adolescence and young adulthood are characterised by rapid physical, cognitive and psychosocial growth in which brain development is key [1]. Executive functions, which characterise adulthood and are key in managing healthcare, such as abstract thought and long-term planning, require frontal and pre-frontal cortex development, which is not complete until the early twenties [3]. These executive functions are key in autonomous management of health and in navigating health services. Since puberty is usually achieved by mid to late adolescence there is a paradox for adolescents and young adults (AYAs), in that they often look physically adult but are not yet able to think in an adult way, posing real challenges in autonomous management of health and in navigating health services [4]. The prevalence of chronic illness in adolescents is difficult to assess (due to the variability of its definition in research and a lack of quality data in this group), though it is estimated to be around 15% [5]. The combination of a developing brain, a chronic health condition, and life stressors that are normal for AYAs creates a significant challenge for the young person, and the clinicians managing their care, the therapeutic relationship and resulting health outcomes [6].

It is incumbent on healthcare professionals to engage young people appropriately in their care and ensure that AYA-specific issues, such as risk-taking behaviour and identity formation, are not barriers to healthcare [6,7]. Key in achieving this is ensuring communication is pitched correctly to meet young people where they are.

2. Why Do I Need to Adapt the Way I Communicate With Young People?

Children with chronic illness usually have a parent/carer support co-ordinating their care. Transitioning from young people and parents/carers alike dependence, to autonomy, health care navigation, and independent decision making can be challenging for young person and parent/carer alike. Just like adults, AYAs appreciate transparency, experience and a nurturing, caring personality in their clinicians [8]. Risk-taking behaviour is a normal part

of adolescent development, but exposes AYAs to increased morbidity and mortality, and yet adolescents with a chronic illness are more likely to engage in risk-taking behaviour [7,9]. There is a significant training gap in UK healthcare, which has left clinicians feeling unprepared to manage adolescent and young adult patients, and dealing with key, normal features of AYAs development, such as risk-taking, is a significant part of this barrier [10].

3. How Can I Adapt the Consultation and My Approach to Meet Young People Where They Are?

Trust is a key component of adolescent healthcare, and understanding what is special about AYAs as briefly outlined above, and adapting consultations with this in mind, can be achieved by being mindful of key principles. Setting up the consultation to succeed can include negotiating extra time to enable scene setting and to explain you want to see the young person on their own for some or all of the consultation, but still involve the family, friends or carers who are also in attendance. It is imperative that the young person is treated as a person first, and not just as their condition [11].

AYAs need privacy in healthcare, and shared decision-making can be inhibited when parents/carers are present, as they may ‘take over’ the conversation, as young people defer to them, despite feeling ready to make decisions themselves [12,13]. AYAs may not disclose information important to healthcare (such as medicines non-adherence) in the presence of their parents [12]. However, being seen completely alone may feel intimidating or difficult to manage, and thus consultations need to be longer than is often standard in adult services. This enables time to see the young person both alone and with attending parents/carers (a split consultation) to provide a developmentally appropriate approach.

Like adults, AYAs want to have conversations that make them feel that they are a person, and not just their condition, and to be respected and included in conversations, not excluded by the use of terminology that they don’t understand [8]. Confidentiality is also vitally important to AYAs, and expressing the assurance of confidentiality increases the likelihood of adolescents seeking healthcare [14].



Table 1. Questions to ask as part of a HEEADSSS assessment.

Home	Where do you live and who do you live with? Is there someone at home you feel you can talk to? How do you sleep at home? Has there ever been any violence at home?
Education and employment	Tell me about school, where do you go and what year are you in? Have you ever been bullied at school? Do you have friends at school? What do you have planned for the future?
Eating	Have there been any recent changes to your weight? Have you dieted in the last year? Tell me about your exercise routine
Activities	What do you do for fun? What type of things do you use the internet for? Do you take part in religious or spiritual activities? Have you ever sent a photo or a message that you would later regret?
Drugs	Do you or any members of your family smoke, take drugs or drink alcohol?
Sexuality	Have you ever been in an intimate relationship? Have you ever felt unsafe in your relationship? Do you feel like you've ever been forced to do something you didn't want to? What does 'safe sex' mean to you?
Suicide/Low mood	Do you feel stressed, anxious, or sad? Do you feel like you have lost interest in things you used to enjoy? Have you ever thought about hurting yourself or someone else? Have you ever tried to hurt or kill yourself?
Safety	Do you always wear a seatbelt in the car? Is there ever violence at school or amongst your friends? Have you ever been in physical fights or been bullied at school?

The table 1 was summarised and adapted from reference [15]. HEEADSSS, Home, Education/Employment, Eating, Activities, Drugs, Sexuality, Suicidal ideation and Safety.

Striking a balance between overwhelming the young person with information, while ensuring that speaking and listening remain open and honest, helps the AYA to engage fully [11]. Abstract thinking and future planning are not fully developed within the adolescent brain, and so clear, relatively concrete, communication about the consequences of poor adherence to treatment is essential [4]. Young people may demonstrate cues in their communication, such as eye contact when they feel ready to speak, and these need to be recognised to allow for collaborative care [11]. While beyond the scope here, assessing capacity, neurodivergence, or other reasonable adjustments that may help AYAs to engage fully should be considered.

Screening for risk-taking behaviour and learning more about the young adult as a person can be done in a structured manner using biopsychosocial tools such as the Home, Education/Employment, Eating, Activities, Drugs, Sexuality, Suicidal ideation and Safety (HEEADSSS) tool, thereby confirming they are more than their illness, and that you value who they are as a person [15].

This discussion should be done with the young person alone to encourage independence and openness, and as a

routine part of each appointment. When alone, the young person should be reassured of confidentiality, and the circumstances in which this would be breached in clear and concrete terms. Table 1 (Ref. [15]) highlights the key components of the HEEADSSS tool and some suggested question phrasing.

Once the consultation is complete, clinicians can sense check and ensure understanding by summing up what they have learned and the plan they have shared with the young person, with time to discuss any misunderstandings. It is helpful to signpost to AYA-friendly ways of contacting your service, for example, via a dedicated email and phone in case of further questions or problems between appointments. Clinicians can facilitate better engagement by using direct, clear language both in the consultation and any resulting correspondence—one way to crystallise this is to write to the young person directly with explanations of medical terminology and copy in other professionals. Asking for feedback about your letter at the next appointment is a quick way to learn what works and what doesn't!

4. Conclusion

Young people have specific developmental features that necessitate modification of clinical interactions and appointments. There is no one-size-fits-all, but if clinicians understand the developmental features of AYAs, are curious about their lives and selves, and adapt the way they communicate to be developmentally friendly, we can all improve the care we deliver and improve outcomes for young people.

Key Points

- Adolescence is a unique period in which the development of physical adulthood outpaces the development of adult thinking, which, combined with natural risk-taking behaviour, creates challenges in healthcare.

- Adapting consultations to see young people alone, while involving their carers, engenders trust and encourages autonomous decision-making by young people.

- Young people's thinking is characteristically concrete, as the brain development enabling abstract thinking is not completed during adolescence, so communication with young people needs to be clear and concrete.

- Biopsychosocial assessments, such as the HEEADSSS tool, are useful ways to structure consultations to learn more about what is important to young people and to enable developmentally appropriate adjustments in healthcare; put simply, to treat them as a person and more than just their medical condition.

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Not Applicable.

Author Contributions

RJN and RST designed and drafted the manuscript. Both authors contributed to important editorial changes in the manuscript. Both authors read and approved the final manuscript. Both authors have participated sufficiently in the work and agreed to be accountable for all aspects of the work.

Ethics Approval and Consent to Participate

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Conflicts of Interest

The authors declare no conflicts of interest.

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