



Rachel Lee

Healthcare... it's out there!

Ensuring that all Australians have access to high quality healthcare has been a longstanding passion for me. Indeed, it is a driving concern for the majority of general practitioners I know. Taking maternity leave from my clinical work has given me the mental space to wonder if my clinical practice adequately reflects these beliefs. When we're all swamped helping 'our' patients (the ones that turn up at least sometimes) it's hard to fathom making policy or practice changes to try to attract in those 'others'; the people that choose not to be patients; the ones that can't, won't or simply don't access general practice.

We're all aware of the statistics – between 2009 and 2010, 83% of the Australian population saw a GP at least once.¹ Fantastic, but what are we doing about the other 17%? Who is helping them maintain their health and wellbeing? Did they seek some other form of primary healthcare? Did they struggle to access appropriate care? What type of policies, outreach activities and changes to our practice would encourage them into our waiting rooms so we can at least offer them healthcare?

The problems of access are clearly compounded for particular populations that are disadvantaged or encounter other practical or philosophical barriers. Aboriginal and Torres Strait Islander people, those in rural and remote areas, refugees, homeless people, people with mental illness, people with disabilities – there is a considerable list of people we know underutilise mainstream general practice. This is part of what motivated me to stay on at the community health centre where I finished my general practice training and is a big factor in where many of us choose to practise – registrars, newly graduated fellows and established GPs alike.

It's easy to believe that young people are healthy and forget that they are one of these 'difficult to reach' groups. Certainly young people in any of the categories listed earlier have compounded access issues. However, young people in general face the standard deterrents and ambivalences about seeking healthcare as well as additional barriers. Concerns about confidentiality are an obvious example. Young people may also be unaware how to make appointments or where to go, may worry about costs involved in seeing a GP, or may not know how to use Medicare independently.

As individual practitioners we can certainly combat these difficulties by taking care to establish good rapport with young people, promoting 'solo' appointments to our young patients and their parents as part of our 'standard practice', screening for common health concerns, and remembering to follow up. As practices we can ensure a 'youth friendly' environment² with relevant health promotion messages, information about confidentiality, offering to find out Medicare numbers, bulk billing young people, and having flexible appointment and reminder systems. Then there are the many GPs I know who are involved in school talks and other outreach activities that help break down some of the barriers and providing an approachable face to general practice. There is some evidence to support this approach.³ More of us need to get out into our communities and beyond our practices to make a greater impact in enabling underserved populations access to general practice; to reach the other 17%. As a profession we must continue to advocate for policies that improve services and enhance universal access to quality primary care.

This issue of *Australian Family Physician* explores important problems in adolescent health. The focus articles primarily delineate what individual practitioners and practices can do to address these particular health issues, although they all touch on broader policy perspectives.

Carr-Gregg and Manocha provide a timely and thorough outline of how GPs can assist young people who are the target of bullying. I've certainly found it difficult to navigate the increasingly complex area of bullying and this article provides practical advice for GPs, young people and families. Pennay, Lubman and Miller outline the evidence about the dangers of combining alcohol and energy drinks, a growing issue with limited public awareness. McGorry and Goldstone discuss youth mental health, a framework for appropriate services and how to distinguish normal developmental anguish from the prodrome of mental illness. Finally, Yeo and Hughes provide an update on eating disorders and how GPs can help detect, monitor and manage young people with disordered eating, even when their disorders don't fulfill all the diagnostic criteria.

We hope these articles provide relevant information that assists you in managing the adolescents and young people you see in your practice. Perhaps you may even be inspired to get into your community and explain how your practice can assist some of that 17% of Australians who don't visit a GP.

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