A Community Based Health Centre for Adolescents

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Adolescents mistrust the adult world including adult dominated health agencies. Over the years the teen health centre has developed approaches to break this pattern. This paper describes the methods utilized to develop comprehensive health promotion and primary care services for adolescents 12-24 years.

Starting in 1968 as a drop-in centre for the hippie subculture the centre has evolved through five generations to its present county-wide project. The annual budget is $1.75 million derived from the Government of Ontario, donations, grants, and monthly fund raising events involving adolescents. The staff complement of 27 health care professionals and 80 volunteers uses the wholistic model of health care recognizing the unique physical, mental, emotional and spiritual entity of each adolescent. The integrated primary care/health promotion model assumes a degree of personal responsibility by the adolescent.

The centre has 13,000 active case files with records on services delivered on everything from routine physical examinations to the serious health issues facing adolescents today.

Many of the programmes are delivered wherever youth congregate - schools, agencies and social clubs. Two unique approaches used are the safe house concept and a student assistance project. The former encourages small communities and neighborhoods to develop volunteer operated safe places for youth to congregate recognizing the old axiom - It takes a village to raise a child. The latter project is experimental using the brief therapy model by volunteers with professionnal back-up. Workshops on self-esteem, anger management, health teaching ensures compliance by the participants. Partnerships with the health care system are essential to both projects.

Very important to the Centre is regular consultation with the adolescent population utilizing a number of strategies. Agendas reflect the issues perceived by the adolescents as being of prime importance.

Vision statement. We envision a society in which all adolescents are enabled to make healthy personal choices with respect to the development of their total being - spirit, mind and body.

The teen health centre (THC) is a multi-disciplinary community health centre unique to Canada. We believe in Wholistic health care, that is - to take into account an adolescent's lifestyle, physical, spiritual and mental health. Our aim is to give today's youth the information necessary to enable them to lead healthier lives.

The centre provides a haven for adolescents who mistrust the adult world including adult dominated health agencies. Teens come to the centre because it belongs to them. Adolescence is a time we'd all like to return to but wouldn't even if we had the chance. Adolescence is a time of deep turmoil,

uncertainty, aloneness, experimentation and rebelliousness. Yet beneath these facades is a young person trying to break free of the perceived shackles of the adult world into a state of independence.

This age old struggle is as ancient as time itself. Some are able to find what they seek relatively unscathed; others live a life of such high risk behaviour that serious physical, mental or spiritual consequences evolve, sometimes drastically with no point of return or the development of some chronic results that will be a hindrance for life.

Adolescents as a sub-population emerged about one hundred years ago (Berger 1965 in Dragastin & Elder, 1975). The period of adolescence seems to be becoming more prolonged and now reaches into the mid-twenties or when a person enters the work force (Flacks 1971, Keniston 1971, Moynihan 1973 in Dragastin & Elder).

Medical and sociological journals all agree that adolescents are a difficult group to reach in the provision of primary health care and health promotion services. Despite the captive audiences of the schools and their health education programmes, the health problems of youth continue to escalate.

The emotional situations adolescents sometimes experience are as serious as those of adults. Unless these situations are taken seriously, significant health problems can result. The primary care staff take seriously the admonition of Dr. Alvin Barack quoted in Moyers, Healing and the Mind (1933) « to remember to cure the patient as well as the disease ».

Wholistic health care is now an accepted component of the healing arts. The role of the practitioner is to consult with and teach the adolescents how to achieve agreed upon realistic health goals. Contact with more than 13,000 adolescents demonstrates that adolescents share this vision.

The THC was started as a drop-in centre for the counter-culture or so-called hippy generation in the late 1960's. As a consultant with the Addiction Research Foundation, I recruited several volunteers to assist in making contact with adolescents living the counter-culture lifestyle. From this experience, it became evident that adolescents wanted a safe place to receive medical and other health care services. They also wanted professional care givers who understood their unique needs and who were willing to respect confidentiality. Daily contact with this population provided a field work laboratory. Surveys on adolescent behaviour have traditionally taken place in established institutions, however, such surveys are limited in providing hard data on high risk behaviour.

A note in a recent study in Montreal says « It is important to remember that the data represents those adolescents frequently absent the day of the survey. Drop outs or adolescents frequently absent usually have more problems, thus slightly underestimating the problem behaviours in this survey » (Dussault, 1994). One such adolescent who became addicted to heroine remarked to this counselor in all sincerity «One day I want to have a wife and kids and a little white house with a picket fence - the only problem, I don't know how to get there ». Another brilliant psychedelic drug using youth stated « Schools do a reasonable job on how to make a living but not how to live ». From the comments of these two youths in obvious personal pain we learn that those who purport to work with these types of adolescents must do so in a constant state of understanding, patience, and skillfulness. They must also be prepared to teach life skills that the rest of us take for granted. The adolescent state is often filled with fragility and vulnerability. People in the depths of low self-concept or esteem will do whatever they must to obtain a sense of self-worth regardless of the cost in

risk-taking behaviour. Practitioners must never take for granted that what is seen is what is really there.

From the mind-expansion drug users another lesson was learned. Innate in adolescence is a search for meaning in spiritual terms. In the self help movement, groups such as Alcoholics Anonymous, Gamblers Anonymous and Neurotics Anonymous it is known as a spiritual awakening. It was during the peak period of the mind-expansion drugs that many young people broke away from the established world religions and became embroiled with destructive cults and the occult. Out of this milieu was born the so-called New Age Movement. In order to allow youth an opportunity to explore their spiritual values, the THC employs two spiritual counselors trained to work with people from diverse religious backgrounds or lack of religious background.

Another lesson learned is that youths have an intense need to belong. Diversity - cultural, ethnic, or otherwise - is a constant in the course of human history. With diversity comes the struggle for acceptance, respect, inclusiveness and empowerment. Young people become caught up in the larger struggle of remaining loyal to their familial roots while finding acceptance with their peers. The need to find acceptance can lead to disastrous results. Finding a comfort zone may lead to acceptance in a group involved in high risk behaviour - experimentation with alcohol, drugs, sexuality, food deprivation, smoking, gambling, etc. Eating disorder youth seek information from other eating disorder youth, drug experimenters the same, sexual experimenters the same, and so on. All require early intervention before chronicity evolves.

Caregivers must accumulate as much knowledge as possible about high risk groups. However, they must be careful not to let their own specialty narrow their perception of the whole person and adolescent behaviour in general.

The THC evolved with a recognition that adolescents did not fit into any of the established agencies. "They have infrequent contact with the health care system and may access providers who are ill-prepared to manage some of the significant age-related presenting problems" (Aten, Siegel, Roghman, 1996).

Sudden growth for the THC came in May, 1989 when my proposal was accepted by the Ontario Ministry of Health. Now, in addition to the volunteers, we were able to hire a staff complement of nurses, physicians, counselors, dietitians, spiritual advisors, health promotion consultants, etc. We already knew volunteers and paid staff could work in complementary ways. With additional staff, we were able to operationalize an extensive volunteer recruitment, training and supervision program. Like-minded, all were committed to moving away from the disease model to an wholistic approach.

Dossey (1994) writes "The words `health' and `wholeness' are derived from the same source and the search for health is a search for wholeness. The struggle for health is a struggle against fragmentation and disunity. Health in its smallest form involves the capacity to accept the whole - in the certain knowledge that all the experiences of life were in a locked interdependence connected to each other for their very meaning." Or, as A.H.Whitehead (1984) states, "The - parts of an experience - contribute to the massive feeling of the whole, and the whole contributes to the intensity of feeling of the parts". Simply stated, some people handle things better than others.

When the caregiver recognizes the theory behind these two statements, much more progress can ensue in assisting the client to control or maintain, with a relative degree of comfort, the infirmity that besets him or her. As Adolf Guggenbuhl-Craig (quoted in Dossey) writes "the healer-patient relationship is as fundamental as is that of man-woman, father-son, mother-child. It is archetypeal in the sense expounded by C.G.Jung; i.e. it is an inherent potential form of human behavior. In archetypal situations, the individual perceives and acts in accordance with a basic schema inherent in himself, but which in principle applies for all men."

Consider this situation of a young man hospitalized. Following a series of neurological pain episodes, his body erupted in an acute stage of psoriasis. The attending dermatologist, accompanied by a small group of residents, asked the group for a diagnosis. One obviously very bright young man immediately diagnosed it as liken planus. The chief asked him how he knew. The resident then began to recite all the things he had memorized from the textbook on skin diseases. His diagnosis was wrong. The wise physician then began to instruct the residents on how to make a proper diagnosis. First of all, the practitioner has to talk to the patient, examine the lesions at close hand, and then talk with the patient again. He is a person, not a specimen. Which of those physicians would the young man remember in positive terms?

Earlier, it was stated the THC initially had a difficult task in implementing practical applications of an wholistic approach to service delivery preventive health care. Few of the original staff had had any specific training in the integration of physical, mental, and spiritual concerns when diagnosing, prescribing, treating and making a prognosis. Each had been trained in traditional professional schools where the biomedical model prevailed. Few understood how to integrate the "new" approaches of the wholistic model. Always wanting to improve, we are still working on the integration, and significant progress has been made. Dossey (1984) writes "A philosophy of (w)holism is not a luxury idea - it is an essential requirement for the sustenance of medicine itself. Both sides, traditional medicine and holistic medicine, are incomplete. They have their compelling strengths, as well as their individual Achilles' hells." Dossey believes that a complementary approach might be wise. The two systems have different goals.

I am mindfull of an experience I once had as a newly ordained parish priest stationed in a small village of 900 people, miles from the nearest city. By necessity, the parish priest and physician would collaborate to assist the villagers with their diverse human situations. One late night I was returning from the nearest hospital, about twenty miles away, after having taken a young boy with an acute appendicitis attack to receive emergency medical attention. I noticed brilliant flames arising from the horizon ahead. When I arrived at the scene of a house fire, the firemen immediately pointed to a nearby house and urged me to attend to the mother whose three children had perished in the fire. Most of the mother's body was burned, and the father's somewhat less. A fireman asked me to take the father while someone else drove the mother in a panel truck to the nearest large city. After the medical burn team did what they could for the mother, the attending physician said that what she needed now were some comforting words of prayer and consolation - something to give her hope. Medical science and faith worked together as a complementary team.

R.S.Jones (1984) in his work of Physics as Metaphor writes "Despite the towering intellectual and technological achievements of twentieth century science, its spell over us has been irreversibly weakened. There are at least two important reasons for this. First, scientist and layman alike have become acutely aware of the limits and shortcomings of scientific knowledge. Second, we realize

that our perpetual hunger for spiritual understanding is real and undeniable. It can neither be defined away by subtle logic nor be satisfied by viewing the universe as sterile, mechanistic, and accidental."

It is essential that full recognition and complete partnerships become an operative tenet of any agency providing health care services. The THC takes this approach very seriously. Staff are willing to learn of alternative approaches to health care. "It's time to make a map, a model, a path; it's time to chart the territory... there is a enormous reservoir of value in traditional medicine on the one hand, and there is the wisdom of the great religions and spiritual traditions to draw from on the other" (Dossey, 1984). No longer should the bifurcation between science and faith prevail. All disciplines of the healing arts must converge into a synthesis of their respective disciplines, thus substantially eliminating the fragmentation that all too often exacerbates the condition for those who seek our help.

With this philosophy in mind, the staff of the THC systematically review how to more fully implement the wholistic model. No area of the Centre is exempt from critical review - nothing is sacrosanct. Staff at whatever level of responsibility have equal partnership in the planning process and in the way the adolescents are approached. A Youth Advisory Committee participates in periodic programme reviews and youth are represented on the Board of Directors. The community are consulted as well. We are currently involved in establishing a network of alumni of the Centre to assist in peer counseling, fundraising, awareness campaigns and other community efforts.

The foundation of all clinical programmes at the THC involve self-esteen and anger management. Preventive health promotion projects are held in the areas of suicide prevention, eating disorders of all types, intergenerational communication, sexuality and health education. Alternative therapies such as recreational retreats, music and drama therapy are also implemented periodically. We also have an extensive library staffed by volunteers available to the community. Adolescents come to the library to do their research projects - sometimes in search of information for their own life situations.

Another important outreach project that translates across all components of the THC is a Job Link Project. How to get a job and keep a job are skills not all youth possess in entering today's employment market. Elementary skills are part of the learning process - how to get up in the morning, how to practice healthy hygienic habits, how to cook, how to eat nutritiously on a low budget, how to dress, and so on. Ordinary life skills are all too often taken for granted. Youth enrolled in this programme responded very favourably to the overall programme, especially the elementary parts and the self esteem and anger management components. Follow-up at three, six, and nine month intervals found the participants still practicing what they learned.

In summary, the THC adheres to the following principles of the community based model.

a) We are committed to providing accessible services.
b) We are committed to the empowerment of individuals and communities.
c) We are committed to wellness, and illness prevention.
d) We are committed to comprehensive care.
e) In these days of fiscal responsibility, we are committed to seeking partnerships with other community agencies.

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