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Promoting Healthy Behaviors in Adolescents

- **Engage adolescents by speaking with them directly whenever possible, even when parents or other caregivers are needed to provide some of the health history.**
- **Emphasize the right to privacy and confidentiality by asking for and spending time alone with each adolescent during the visit.**
- **Screen adolescents for risky behaviors, including alcohol, tobacco, and drug use and unprotected sex; educate them about the reasons to avoid these behaviors.**
- **Assess the mental health needs of all adolescent patients and refer for specialized care when necessary.**

Addressing the health care needs of adolescents in New York City (NYC) is a public health priority, and adolescents view primary care providers (PCPs) as credible sources of information who can help them make positive health choices. By providing developmentally appropriate physical and mental health services, PCPs can help adolescents avoid harmful behaviors and live healthier lives.[1]

As in the rest of the United States (US), adolescents in NYC are at risk for smoking, engaging in unsafe sexual practices, drug use, excessive consumption of alcohol, and exposure to violence (**Table 1**). In 2007, more than half of deaths among young adults aged 15 to 24 in NYC were caused by homicide, unintentional injuries, and suicide,[2] and most diagnosed chlamydia cases were in this age group.[3] Compared to girls in the US as a whole, teenage girls in NYC have a higher pregnancy rate.[2,4]

Most of these risks are avoidable. Adolescents have physical, mental, and reproductive health care needs that often go unmet for many reasons, including fear that confidential information will be shared with parents, limited awareness of available health services, and financial barriers.[5,6] This is particularly true among adolescents from low-income backgrounds and minority groups who are more likely to be uninsured than other adolescents.[7]

TABLE 1. RISKY BEHAVIORS AMONG NYC ADOLESCENTS IN PUBLIC HIGH SCHOOLS—2007[8]

- **Alcohol:** 15% had 5 or more alcoholic drinks within a couple of hours at least once in the prior month.
- **Weapons:** 12% carried a weapon on more than one occasion during the prior month.
- **Suicide:** More than 1 in 10 had seriously considered attempting suicide and 8% had attempted suicide in the prior year.
- **Tobacco/ Marijuana:** 9% of high school students had smoked a cigarette at least once in the prior 30 days and 12% had used marijuana within the same time frame.
- **Sex:** Nearly half (46%) of high school students report having had sex; 72% of these used a condom at last intercourse.

COMPONENTS OF ADOLESCENT-FRIENDLY HEALTH CARE

Confidentiality: The cornerstone of adolescent medicine is confidentiality. Adolescents report that parental notification is the most common reason they miss needed health care.[9,10]

Adolescents are more willing to disclose sensitive information when they trust the clinician.[11] Introduce the concept of confidential care to young people and their parents early in adolescence. During medical visits, spend time both with the parent and adolescent together and with the adolescent alone. Be culturally sensitive and nonjudgmental.[12]

In New York State (NYS), minors younger than 18 can legally obtain reproductive services such as contraceptive care, emergency contraception, pregnancy counseling, sexually transmitted infection (STI) testing and treatment, and abortion services without parental disclosure or consent. Many of these services, but not abortions, are available at adolescent, family planning, and STD clinics in NYC (**Resources**). Minors can also consent to some mental health and substance abuse counseling. For more information on NYS laws regarding confidentiality and mental health and substance abuse treatment for adolescents, see www.nyclu.org/files/thl.pdf.

There are limits to confidentiality. Adolescents cannot receive routine medical care, including immunizations, without the consent of a parent or legal guardian. While adolescents can consent to HIV testing, they cannot receive HIV treatment without parental consent unless such consent is impossible or may cause harm, or unless the minor is sufficiently mature to give informed consent and follow a treatment regimen, as determined by a health care provider.[13,14]

Also, if you suspect child abuse, you are legally required to report your suspicion to child protective services (Resources).

Under state and federal laws, commercial health plans are mandated to send an explanation of benefits (EOB) to the person who holds the primary insurance. The EOB could disclose potentially confidential information to a parent, which could deter adolescents from seeking further care. There are public insurance plans, the Prenatal Care Assistance Program and the Family Planning Benefit Program, that allow adolescents to

NYC TEEN HEALTH

The New York City Health Department has launched a new health Web site, NYC Teen Health, at http://nyc.gov/teenhealth. NYC Teen Health contains information for teenagers on sexual health and STIs, and features a directory of free and low-cost sexual health clinics. Teens who were tested for STIs at their school through the STEP-UP program can access their test results through a secure third-party server.

Most uninsured young people in New York State are eligible for public insurance but need assistance to apply for appropriate health coverage. Access NYC (www.nyc.gov/accessnyc) provides information on public insurance programs that uninsured adolescents may be eligible for and explains how they can apply.

TABLE 2. SUGGESTED QUESTIONS FOR ANNUAL SCREENING OF RISK BEHAVIORS AND MENTAL HEALTH STATUS*

Home

- Who lives at home?
- Do you ever feel unsafe at home?
- Have you ever felt hurt, threatened, or scared around members of your family?

Education

- How are you doing in school (passing all classes)?
- Is there any violence at school that prevents you from attending or learning?
- Do you have trouble paying attention in school?

Activities

- How are your relationships with your friends?

Drugs

- Do you smoke cigarettes or use other forms of tobacco?
- Do you drink alcohol or use drugs (including prescription drugs, anabolic steroids, and over-the-counter drugs)?
- If so, how often? (Discuss cessation plan)

Diet

- Do you consider yourself to be overweight, underweight, or normal weight?
- Have you tried to lose weight? (Assess for diet, laxative/diuretic use, binge/purge history, or excessive exercise)

Sex

- Have you ever had sex? (Assess age of initial intercourse, number and gender of partners, high-risk sexual activities)
- What type of sex did you have (vaginal, oral, or anal)? For men who have sex with men: If anal, were you insertive or receptive, or both?
- How often have you had unprotected sex? (Remind that condoms and other forms of birth control should be used)
- Have you had a sexually transmitted infection?
- Has anyone ever touched you in a way that made you feel uncomfortable or forced you to have sex? (Assess for history of abuse)

Suicide

- Do you ever feel sad or down, or cry frequently?
- Have you ever tried to hurt or kill yourself?
- Do you currently have any thoughts of wanting to hurt or kill yourself? (Assess suicide plan)

*Based on the American Medical Association's Guidelines for Adolescent Preventive Services (GAPS). www.ama-assn.org/ama/upload/mm/39/gapsmono.pdf and the HEADDSS Assessment. Goldenring JM, Rosen DS. Getting into adolescent heads: an essential update. *Contemp Pediatr.* 2004;21(1):64-90.

enroll on their own and use a confidential mailing address. For more information, call 212-274-7277. Encourage adolescents concerned about confidentiality to visit a Family Planning Title X Clinic, where confidential family planning and reproductive care is available for free or low cost. Patients can visit NYC Teen Health (www.nyc.gov/teenhealth; see box on page 10) or call 311 for clinic locations and telephone numbers.

Medical history: At or before age 12, conduct annual preventive service visits that focus on the psychosocial aspects of health (**Table 2**).[15] Medical interviews with adolescents should promote well-being and screen for risky behaviors. Adolescents want to discuss their behaviors with providers but are unlikely to initiate these discussions.[7] Reinforce healthy behaviors such as not smoking, delaying onset of sexual activity, using protection during sex, exercising, and eating a well-balanced diet. Poor diet, too much TV, and too little exercise all increase obesity among teenagers, and consequently increase the risk of type 2 diabetes and cardiovascular disease.[16]

Physical examination: The physical examination provides an additional opportunity to gather information about the patient. Many adolescents are embarrassed to discuss concerns during an interview but feel more comfortable discussing them during the exam.

TABLE 3. ROUTINE SCREENING LABS[12,15,17,18]

Test	Target Population	Frequency	Reason
CBC	Females with heavy menses; those with poor nutrition	1-2 times in adolescence	Risk of iron deficiency
Sickle screen	Adolescents born outside US	Initial encounter	
Pap smear	Females who are sexually active for at least 3 years or are ≥21 years old	Every 1-3 years[a]	Detect cervical changes
Gonorrhea[b]	Sexually active adolescent females and MSM[c]	Every 6-12 months	
Chlamydia[b]	Sexually active adolescent females and MSM	Every 6-12 months	
RPR	High-risk sexually active adolescents, especially MSM	Annually	Increasing frequency in NYC, especially in MSM
HIV	Sexually active adolescents	Annually	
PPD	High-risk adolescents[d]	Initial encounter; then as needed	

[a]Recommendations vary; see www.cdc.gov/Std/hpv/ScreeningTables.pdf.

[b]Nucleic acid amplification (NAAT) is the most sensitive screening test for gonorrhea and chlamydia; may be run on endocervical, urethral, or urine samples. For asymptomatic females who do not require a Pap smear, a urine screen is acceptable.

[c]MSM = Men who have sex with men.

[d]Routine PPD screening is recommended for HIV-infected, incarcerated, and homeless youths; and for patients who have suspected TB infection, have recently traveled to endemic countries, or who have had contact with known TB-infected individuals or with recent travelers to endemic countries.

Perform a complete physical examination at least once during each of the 3 phases of adolescence: early (11 to 14 years), middle (15 to 17 years), and late (18 to 21 years).[15] Assess pubertal growth and development and explore other physical conditions.[12] For other components of an adolescent physical examination, go to http://brightfutures.aap.org and click on "Clinical Practice."

Health maintenance: Perform tests on adolescents to check for STIs and other illnesses, depending on risk (**Table 3**). Explain why you are doing these tests and how healthy behaviors can decrease chances of contracting these diseases.

Immunizations: The Advisory Committee on Immunization Practices (ACIP) recommends that 3 vaccines be given at the 11- to 12-year-old visit: HPV (females only at present), meningococcal, and Tdap, which replaces Td as the tetanus/diphtheria/pertussis booster (**Table 4**). These vaccines should be administered simultaneously to avoid missed opportunities to protect adolescents from vaccine-preventable diseases. Give all adolescents an annual flu vaccine; other vaccines that may be indicated, such as pneumococcal polysaccharide vaccine; and any catch-up vaccines that may be due, such as varicella or MMR (see www.cdc.gov/vaccines/recs/schedules/child-schedule.htm#printable).

Providers can check the vaccine status of adolescents living in New York City via the New York Citywide Immunization Registry (CIR), available at www.nyc.gov/html/doh/html/cir/. Parents and legal guardians can obtain their child's immunization record by calling the NYC Health Department (212-676-2323). All vaccines given to patients younger than 19 in New York City must be reported to this registry; immunizations administered to patients 19 and older may be reported to the CIR with written consent.

TABLE 4. 2009 VACCINATION SCHEDULE FOR ADOLESCENTS

Vaccine ▼ Age ▶	11–12 years	13–18 years
Tetanus, Diphtheria, Pertussis	Tdap[a]	Tdap
Human Papillomavirus	HPV (3 doses, at 0, 2, and 6 months)	HPV Series
Meningococcal	MCV	MCV
Influenza	Influenza (Yearly)	
Pneumococcal	PPSV	
Hepatitis A	HepA Series	
Hepatitis B	HepB Series	
Inactivated Poliovirus	IPV Series	
Measles, Mumps, Rubella	MMR Series	
Varicella	Varicella Series	

Catch-up immunization Certain high-risk groups

Adapted from Centers for Disease Control and Prevention. Recommended immunization schedules for persons aged 0 through 18 years – United States, 2009. *MMWR*. 2009;57(51);Q1-Q4. For detailed information about vaccine indications and spacing, see www.cdc.gov/mmwr/preview/mmwrhtml/mm5751a5.htm?s_cid=mm5751a5_e.

[a]In NYS, Tdap is required for all children entering 6th, 7th, or 8th grade. (For specific NYC recommendations, see www.nyc.gov/html/doh/html/imm/imm.shtml.)

ISSUES IN ADOLESCENT CARE

Reproductive health: Comprehensive health care for adolescents includes discussions of sexuality, including healthy relationships and sexual orientation, contraception discussions, and screening for STIs:[12]

- Take a detailed sexual history; ask if the patient is sexually active. Do not make any assumptions about the patient's sexual orientation.
- If the patient is sexually active, ask about age at initial intercourse, number of lifetime partners, gender of partners, type of sex acts practiced, current contraceptive method, history of STIs, and history of sexual abuse or assault. For a complete sexual history form, see www.nyc.gov/html/doh/downloads/pdf/ms/ms-hti-guide.pdf.
- Encourage and support a patient's choice to be sexually abstinent, and discuss qualities of a healthy relationship and how to handle peer pressure.
- For all female patients, obtain a menstrual history, including age at menarche, last menstrual period, frequency and length of cycles, dysmenorrhea, and premenstrual symptoms.

All adolescents should protect themselves and their partners against STIs and pregnancy. Males must always use a condom and females must always use a second effective method of contraception such as hormonal contraception or an IUD. Discuss safe sex and contraception with patients before they become sexually active, because adolescents wait 6 to 12 months on average between becoming sexually active and seeking contraceptive health care.[19]

Discussing the noncontraceptive benefits of hormonal birth control (decreased dysmenorrhea, predictable menses, and improved acne) may shorten the time period between initiating intercourse and seeking protection. **Dispensing birth control without requiring a pelvic exam may shorten this time period as well.**[20,21] Use the Quick Start method to initiate contraception through directly observed therapy in the office (see http://home2.nyc.gov/html/doh/downloads/pdf/ms/Quick_Guide_Contra_Online.pdf). Discuss IUDs, Depo-Provera®, and Implanon™ as contraceptive options, and refer to a gynecologist if patients are interested in using one of these methods.

Encourage adolescents who have chosen to become sexually active to discuss birth control with their partner and stress the importance of combining a barrier method, such as a latex condom, with a hormonal method to prevent STIs and unwanted pregnancies.[19]

An annual external genital exam is important for both males and females to determine the Tanner stage and assess for any skin lesions or discharge that may indicate an STI. An internal pelvic exam should only be conducted when indicated by the medical history or if needed for a Pap smear. Address any vaginal or testicular symptoms such as painful urination, urethral or vaginal discharge, skin lesions, or painful intercourse.

CONTRACEPTIVE OPTIONS

Sexually active adolescents should be counseled to use contraceptives. Males should use condoms AND females should use IUDs, Implanon™, Depo-Provera®, the Pill, the Patch, or the NuvaRing®.

EMERGENCY CONTRACEPTION: PLAN B®

Plan B can decrease the risk of pregnancy by up to 89% if taken within 72 hours after unprotected intercourse, and is moderately effective if taken within 120 hours.[22,23]

Patients 18 years of age and older can purchase Plan B, which is covered by Medicaid with or without a prescription, over the counter. Give teens younger than 18 an advance prescription for emergency contraception (EC) and instructions on its use.

Advise patients that all STD clinics in NYC provide free and confidential services, including emergency contraception (see Teen Health box, p. 10).

Emergency contraception is also available for high school students at many school-based health centers. Parental consent is required to receive EC at these centers (**Resources**).

MENTAL HEALTH

Half of all lifetime cases of mental health and substance abuse disorders start by age 14,[24] and irrespective of diagnosis, 20% of children 9 to 17 years old experience mental health problems with some impairment.[25]

Interview adolescents about mental health separately from their parents in order to elicit more open responses. Be alert to excessive sadness or worrying or other signs of mental health problems. Obtain a description of the adolescent's behavior and mood, including any marked changes over time, from the adolescent and a parent or school contact. Consider other comorbid conditions such as substance abuse and medical conditions such as hypothyroidism.[26]

Screen for and treat depression in all adolescents,[27] paying particular attention to suicide risk. In addition to the Kutcher Adolescent Depression Scale (**Table 5**), there are other publicly available depression screens, including the PHQ-9 modified for adolescents, in the GLAD-PC Toolkit (**Resources**). The US Preventive Services Task Force recommends the PHQ-A (which contains the PHQ-9) to screen for depression in adolescents when diagnostic, psychotherapy, and follow-up services are available.[27] Also screen for attention deficit hyperactivity disorder (ADHD) and anxiety and treat mild forms of these illnesses (**Resources**). If these conditions persist after treatment, or if you suspect other mental illnesses, such as bipolar disorder or those caused by trauma, refer to a mental health professional. Call 1-800-LIFENET or search www.800lifenet.org/cms for mental health provider referral information.

Depression: Diagnosing adolescent depression can be difficult; symptoms often differ from those of adult depression. In addition to the typical elements of sadness and hopelessness, symptoms such as irritability and anger, increased conflicts with family or peers, academic difficulties, or social withdrawal may indicate depression in an adolescent.[26]

In mild cases, offer education and support related to family, school, and social stressors. Moderate and severe depression generally require specific psychotherapies in combination with pharmacologic treatment. Start with a low dose of medication when treating depression in adolescents, and increase slowly. Monitor *weekly* by direct follow-up or telephone contact for the *first 4 weeks* and at least *biweekly* thereafter to assess for suicidality

TABLE 5. SCREENING FOR DEPRESSION AND SUICIDE[28]

The 6-Item Kutcher Adolescent Depression Scale (KADS-6)

Scoring: Items are scored on a 4-point scale:
0 = Hardly ever; 2 = Most of the time;
1 = Much of the time; 3 = All of the time.

Over the last week, how have you been"on average" or "usually" regarding the following items?

1. Low mood, sadness, feeling "blah" or down, depressed, just can't be bothered.
2. Feelings of worthlessness, hopelessness, letting people down, not being a good person.
3. Feeling tired, feeling fatigued, low in energy, hard to get motivated, have to push to get things done, want to rest or lie down a lot.
4. Feeling that life is not very much fun, not feeling good when usually (before getting sick) would feel good, not getting as much pleasure from fun things as usual (before getting sick).
5. Feeling worried, nervous, panicky, tense, keyed up, anxious.
6. Thoughts, plans, or actions about suicide or self-harm.

Total: 0-5: probably not depressed; 6 and above: possible depression, more thorough assessment needed.

Also ask the following two questions about suicide taken from the PHQ-9 modified for adolescents, which is available in the GLAD-PC Toolkit (**Resources**). If the patient answers yes to either of them, assess for current suicidal thoughts, a suicide plan, and the means of acting on the plan. Consult 1-800-LIFENET for additional information.

1. Has there been a time in the past month when you have had serious thoughts about ending your life? ❑ Yes ❑ No
2. Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt? ❑ Yes ❑ No

and to evaluate adherence, adverse effects, and patient and parental responses regarding medication benefits.[26]

In 2004, the US Food and Drug Administration (FDA) added a black box warning to all antidepressant labeling, stating these products increase the risk of suicidal ideation and behaviors in children and adolescents. In 2007, the FDA extended this warning to patients 18 to 24 years old. **An independent meta-analysis concluded that the benefits of antidepressants outweigh their risks for adolescents and supported the cautious and well-monitored use of antidepressant medications for adolescents**.[29,30]

Suicide: A depressed adolescent may be suicidal or have suicidal ideation. However, asking about suicide (**Question No. 6** in **Table 5**) does not lead to suicidal behavior. If your patient is actively thinking of suicide, arrange an immediate consultation with a psychiatrist or other qualified mental health professional. Also, if an adolescent is suicidal, inform him/her that you will need to breach confidentiality by discussing this with a parent or other caregiver due to your concerns for his/her safety.[26,30]

For more information on identifying and treating suicide and depression among adolescents, see the AMA Guidelines for Adolescent Preventive Services (GAPS) or the Guidelines for Adolescent Depression in Primary Care (GLAD-PC Toolkit) (**Resources**).

Other Common Mental Health Disorders: Frequent primary care visits for a variety of somatic complaints may indicate an underlying anxiety disorder. Inattention and fidgeting at school may indicate an anxiety disorder or ADHD.[31,32]

Evaluate for a history of trauma. Ask "Has anything ever happened to you that was really scary, dangerous, or violent?" or "Have you ever seen something really scary, dangerous, or violent happen to someone else?"[33] If the adolescent reports an exposure to trauma, ask whether the youth worries about the event, replays the event, avoids activities related to the event, and/or has sleep disturbances. If you suspect trauma, refer to a mental health practitioner.

Inquire about the use of medications (e.g., asthma medication, steroids, sympathomimetics, and herbal products) or substance use (e.g., alcohol, benzodiazepines, opiates, and marijuana), since these can also precipitate anxiety.[31] Treat anxiety with psychotherapy (predominantly cognitive behavioral therapy), family interventions, classroom adaptations, and psychopharmacologic agents such as selective serotonin reuptake inhibitors (SSRIs); new research indicates that a combination of psychotherapy and medication is the most effective way to treat anxiety disorders in children.[34] Refer to a mental health professional if the condition does not improve. For more information on treating ADHD or anxiety, consult the American Academy of Child and Adolescent Psychiatry Practice Parameters on these topics (**Resources**). If you suspect another mental illness, such as bipolar disorder, refer to a mental health specialist.

TABLE 6. KEY INDICATORS OF SUBSTANCE ABUSE[35,36]

Nonspecific Physical

Unexplained weight loss, hypertension, red eyes, nasal irritation, frequent colds or allergies, hoarseness, chronic cough, hemoptysis, chest pain, wheezing, frequent unexplained injuries, needle tracks, blank stares into space, scratch marks, tattoos, excessive acne, and testicular atrophy.

Academic

Deterioration of short-term memory, poor judgment, impaired attention and concentration, falling grades, frequent absence, truancy, conflicts with teachers, suspension, and expulsion.

Behavioral/Psychological

Risk-taking behavior, mood swings, depression, euphoria, withdrawal, panic, acute psychosis, paranoia, disinhibition, lethargy, hyperactivity, lying, stealing, promiscuity, conflict with authorities and family members, runaway behavior, altered sleep pattern, altered appetite, poor hygiene, loss of interest in extracurricular activities, drug-using peers, drug paraphernalia, and preferences for dress, music, and movies that identify with drug-using culture.

SUBSTANCE USE

Take a substance use history with all adolescents.[15,37] ADHD, trauma, anxiety, and depressive disorders all may serve as serious risk factors leading to adolescent substance misuse. Access to drugs, as well as family substance and psychiatric history, are important factors in assessing substance use. Physical, academic, behavioral, and psychological factors may also suggest substance abuse (**Table 6**). Screening for substance use using an evidence-based tool such as the CRAFFT (**Table 7**) can indicate the impact of substance use on an adolescent's life.[34] If the patient has a positive screening suggestive of substance use, obtain more history and then discuss treatment and referral options with him or her. Consult LIFENET for more information on these options (**Resources**).

Ask all adolescent patients about smoking and counsel those who are smoking to quit. Brief interventions can have a significant impact on smoking cessation and prevention.[14] Ask questions geared to teens such as "Smoking causes yellow teeth, bad skin and wrinkles, smelly clothes, and bad breath. Do you think that's attractive?"[38]

TABLE 7. CRAFFT ALCOHOL AND DRUG USE SCREENING[39]

- **C** Have you ever ridden in a **C**ar driven by someone (including yourself) who was high or had been using alcohol or drugs?
- **R** Do you ever use alcohol or drugs to **R**elax, feel better about yourself, or fit in?
- **A** Do you ever use alcohol or drugs while you are by yourself (**A**lone)?
- **F** Do you ever **F**orget things you did while using alcohol or drugs?
- **F** Do your family or **F**riends ever tell you that you should cut down on your drinking or drug use?
- **T** Have you ever gotten into **T**rouble while you were using drugs or alcohol?

Yes answers to 2 or more of these questions indicate the need for further assessment.

SUMMARY

Adolescents have major physical, mental, and reproductive health care needs that often go unmet. Pay special attention to alcohol and drug use, unprotected sex, and mental health concerns in screening and counseling patients about risky and healthy behaviors. Provide positive reinforcement for healthy behaviors that can prevent chronic health conditions in later years. Offer private, confidential services to encourage adolescents to be open about their health issues. ◆

RESOURCES

For Health Care Providers:

- **American Academy of Child and Adolescent Psychiatry. Practice Parameter for the Assessment and Treatment of Children and Adolescents with Anxiety Disorders.** www.aacap.org/galleries/PracticeParameters/JAACAP_Anxiety_2007.pdf
- **American Academy of Child and Adolescent Psychiatry. Practice Parameter for the Assessment and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder.** www.aacap.org/galleries/PracticeParameters/JAACAP_ADHD_2007.pdf
- **American Academy of Pediatrics. Recommendations for Preventive Pediatric Health Care.** http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf
- **Child Abuse Prevention.** www.nyc.gov/html/acs/html/child_safety/prevent_abuse.shtml **or call 311**
- **Guidelines for Adolescents in Primary Care (GLAD-PC) Toolkit.** www.glad-pc.org/documents/GLAD-PCToolkit.pdf
- **Guidelines for Adolescent Depression in Primary Care (GLAD-PC): I. Identification, Assessment, and Initial Management.** http://pediatrics.aappublications.org/cgi/content/full/120/5/e1299
- **Guidelines for Adolescent Depression in Primary Care (GLAD-PC): II. Treatment and Ongoing Management.** http://pediatrics.aappublications.org/cgi/content/full/120/5/e1313
- **LIFENET (24 hours a day, 7 days a week)**
  In English: 1-800-LIFENET/1-800-543-3638
  In Spanish: 1-877-AYUDESE/1-877-298-3373
  In Chinese: ASIAN LIFENET/1-877-990-8585
  For other languages, call 1-800-LIFENET and ask for an interpreter.
  TTY (hard of hearing), call (212) 982-5284
  http://mhaofnyc.org/lifenet.html
- **National Institutes of Mental Health. Treatment for Adolescents with Depression Study (TADS).** www.nimh.nih.gov/health/trials/practical/tads/index.shtml
- **New York City Department of Health and Mental Hygiene. NYC VacScene.** http://www.nyc.gov/html/doh/downloads/pdf/imm/NYC-VacScene-2009-Schedules.pdf
- **New York City Department of Health and Mental Hygiene. Healthy Teens Initiative.** www.nyc.gov/html/doh/downloads/pdf/ms/ms-hti-guide.pdf
- **Substance Abuse and Mental Health Services Administration. Teen mental health problems: what are the warning signs?** http://mentalhealth.samhsa.gov/publications/allpubs/Ca-0023/default.asp
- **Title X Family Planning Clinics database** www.opaclearinghouse.org/db_search.asp

For Adolescents and Their Parents/Guardians:

- **NYC Teen MindSpace:** NYC Health Department's Web-based social networking campaign to promote mental health among adolescents. www.myspace.com/nycteen_mindspace
- **KidsHealth** http://kidshealth.org
- **A Family Guide to Keeping Youth Mentally Healthy and Drug Free (SAMHSA)** www.family.samhsa.gov/default.aspx
- **American Academy of Child and Adolescent Psychiatry** www.aacap.org/cs/root/facts_for_families/facts_for_families
- **Child Health Plus** www.health.state.ny.us/nysdoh/chplus/what_is_chp.htm 518-641-3300 or 1-800-454-3840
- **Family Health Plus** www.health.state.ny.us/nysdoh/fhplus/index.htm
- **Prenatal Care Assistance Program (PCAP)** www.health.state.ny.us/nysdoh/pcap/index.htm 1-800-522-5006
- **Citywide Clinics**
  Call 311
- **Citywide School-based Health Centers** http://schools.nyc.gov/Offices/Health/SBHC/SBHC.htm
  Or call 311
- **Planned Parenthood Web site for adolescents** Teenwire.com

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- For the latest information on breastfeeding: www.nyc.gov/html/doh/downloads/pdf/chi/chi28-suppl1.pdf
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Continuing Education Activity

Promoting Healthy Behaviors in Adolescents

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THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE (DOHMH)

CITY HEALTH INFORMATION

MARCH/APRIL 2009 VOL. 28(2):9-20

Objectives

At the conclusion of the course, the participants should be able to:

1. Learn the specific health challenges facing adolescents.
2. Understand how to provide comprehensive health services for adolescents, including physical, reproductive, and mental health services.
3. Learn how to promote healthy behaviors in adolescents.

CME Accreditation Statement

The New York City Department of Health and Mental Hygiene is accredited by the Medical Society of the State of New York to sponsor continuing medical education for physicians. The New York City Department of Health and Mental Hygiene designates this continuing medical education activity for a maximum of 1.5 AMA PRA Category 1 credit(s).™ Each physician should only claim credit commensurate with the extent of their participation in the activity.

CNE Accreditation Statement

The New York City Department of Health and Mental Hygiene is an approved provider of continuing nursing education by the New York State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

This CNE activity has been assigned code 6WXLFX-PRV-082.

It has been awarded 1.5 contact hours.

Participants are required to submit name, address, and professional degree. This information will be maintained in the Department's CME/CNE program database. If you request, the CME/CNE Program will verify your participation and whether you passed the exam.

We will *not* share information with other organizations without your permission, except in certain emergencies when communication with health care providers is deemed by the public health agencies to be essential or when required by law. Participants who provide e-mail addresses may receive electronic announcements from the Department about future CME/CNE activities as well as other public health information.

Participants must submit the accompanying exam by **April 30, 2012**.

CME/CNE Activity Faculty:

Allison Eliscu, MD; David Cooperman, MD; Justin Michener, PhD; Anne Nucci-Sack, MD; Angela Diaz, MD, MPH

Drs. Eliscu, Nucci-Sack, and Diaz are affiliated with the Mt. Sinai Adolescent Health Center. Dr. Cooperman is affiliated with the New York University School of Medicine. Dr. Michener is affiliated with the New York State Office of Children & Family Services, Brentwood Residential Center.

The faculty does not have any financial arrangements or affiliations with any commercial entities whose products, research, or services may be discussed in these materials.

1. In New York State, all of the following services *can* legally be provided to minors without parental or legal guardian consent or disclosure EXCEPT:

- ☐ A. Emergency contraception.
- ☐ B. Substance abuse counseling.
- ☐ C. Abortion services.
- ☐ D. Immunizations.
- ☐ E. All of the above can legally be provided without parental or legal guardian consent or disclosure.

2. Which of the following statements is false?

- ☐ A. Commercial health plans are mandated to send an Explanation of Benefits to the primary holder of the insurance, which may break a patient's confidentiality.
- ☐ B. The majority of uninsured adolescents in New York State are eligible for public insurance but require assistance to apply for appropriate coverage.
- ☐ C. The most common reason for an adolescent to miss needed health care is lack of transportation.
- ☐ D. Adolescents can receive confidential services at Family Planning Title X Clinics on a sliding-fee basis.

3. Which of the following statements is false about the vaccination schedule for adolescents?

- ☐ A. Adolescents 11-12 years of age should only receive 1 vaccine at a time to decrease the risk of developing an adverse reaction.
- ☐ B. All adolescents 18 years of age and younger should receive the influenza vaccine annually.
- ☐ C. All vaccines given to patients younger than 19 in New York City must be reported to the New York Citywide Immunization Registry (CIR).
- ☐ D. All adolescents should receive a one-time Tdap booster.

4. Which of the following statements about depression and suicide in adolescents is true?

- ☐ A. Antidepressants should NOT be used in adolescents because of the increased risk of suicidal ideation and behavior.
- ☐ B. Approximately 50% of mental health and substance abuse disorders start by age 14.
- ☐ C. Asking an adolescent directly about suicide may lead to suicidal behavior.
- ☐ D. Symptoms of adolescent depression often differ from the sadness and melancholy that are typical of adult depression.
- ☐ E. All of the above are true.
- ☐ F. Only B and D are true.

5. All of the following are true EXCEPT:

- ☐ A. Providers should ask patients about the number and gender of their lifetime sexual partners.
- ☐ B. Providers should only ask a female patient about her last menstrual period if she reports being sexually active.
- ☐ C. Hormonal birth control may be dispensed prior to performing a pelvic exam.
- ☐ D. Patients 18 years of age and older can purchase Plan B® at most pharmacies with or without a prescription.

6. How well did this continuing education activity achieve its educational objectives?

☐ A. Very well. ☐ B. Adequately. ☐ C. Poorly.

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Instructions

Read this issue of *City Health Information* for the correct answers to questions. To receive continuing education credit, you must answer 4 of the first 5 questions correctly.

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2. Select your answers to the questions and check the corresponding boxes on the response card.

3. Return the response card (or a photocopy) postmarked **no later than April 30, 2012**. Mail to:

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