**WONCA Special Interest Group on** **Adolescent and Young Adult (AYA) Care**

**Background:**

For decades, the health care of both Adolescents (10 to 18 years old) and Young Adults (18 to 24 years old) has been ignored both at a global and local level under the presumption that they were healthy and in no need of care. Current trends prove that wrong. Today’s World is inhabited by the largest generation of 10 to 24 years old in human history (1). Our current understanding of brain development highlights this point of growth as the second most important leverage point for behavioral intervention. The way the human brain develops creates at this age catalytic opportunities but, also biological vulnerabilities. The unique external forces that surround this generation during their development are also new and not well understood: Population mobility, global communications, and the most massive displaced movement of people in history due to natural disasters or war. Their development is anchored in identity, this is a vital, dynamic, but not so linear trajectory. For example, in many countries increased Nationalism threatens to undermine the ethnic and racial development of the most marginalized non-dominant racial groups of youth (2).

They are also the generation of resilience, change, idealism, and transformation. Globally AYA were the impetus for important public health changes; they were the heart of movement around climate change in US and Canada, regulation of guns in US, the creation of awareness of the importance of educating girls and young women around the world by the Nobel laureate Malala Yousafzai, and most recently the Nobel peace was awarded to Nadia Murad a 25 year old. Yazidi activist, , who used her own story of enslavement and rape by the Islamic State to draw attention to human rights abuses of women and children around the world

The surge of mental health issues in this population related to past childhood acute adverse events , combined with the realization that becoming an “emergent adult” is a challenging transition has led some Global organizations to state that the time to act is now. A case in point is the Lancet Commission on Adolescent Health and Wellbeing which highlighted the fact that the UN Secretary-General’s Global Strategy for Women’s, Children’s and Adolescents’ Health, initiated in September 2015, presents an outstanding opportunity for investment in adolescent health and wellbeing (3).

For Family Medicine physicians there is another group that is essential in the equation of youth care: their parents. Parents of youth are one of the most stressed and overlooked target of public health and preventative medicine. Historically, there have been different strategies supporting parents in raising healthy children, from pre-conception on through the early school years. However little guidance was offered to parents of AYA, thus leaving them with the belief that the same tactics needed to raise were to be applied during the teen years. Evidence shows us that parents are the most influential and undervalued part of the equation in adolescent health (3), it therefore important that we arm them with the required skills to guide their youth to make healthy life choices.

As part of their training Family Medicine physicians are equipped with the basic tools to coach both teens and parents during what is this most dynamic portion of a family’s lifetime, a period of transition that affects families from all over the world. Given the aforementioned current events i.e. mass migration, it is vital the parents of these AYA be provided with appropriate guidance. The healthy development of these families is threatened , as parents apply their own learned traditional beliefs of what is developmentally appropriate while living in a new host countries where their AYA are exposed to a new system thus widening the normal existing intergenerational gap by adding a a new intercultural layer.

Family Medicine physicians are uniquely positioned to support the development of AYA and their families. However the training around the globe for Primary Care Physician on best evidence practice in adolescent health has been rudimentary. Given the current landscape, this must change, so that we may provide youth with the tools to understand and care for their own health. It is important that Family Physicians master the care of acute and chronic illness in this age group. That they learn to apply the principles of trauma informed care to manage the issues related to old and new ACE (Adverse Childhood events) that can lead to mental health challenges that if left untreated will lead to unproductive adulthood. We must act now to assist these AYA who are our best assets in the evolution of a better, healthier world.

**A Special Interest Group in Adolescent and Young Adult Health**

Delegates at several recent WONCA meetings, Prague, Brazil and Seoul, have been extremely receptive to presentations on adolescents and their families. WONCA Prague had two presentations about Family and Youth, one on the care of the Immigrant Adolescent (Svetaz) and another on new models of family adolescent research (Garcia-Huidobro). WONCA Brazil also had workshops around supporting teens and parents in their development. Most recently, at WONCA Seoul there was also a lecture on the Impact of Racism and Health among teens, a workshop on creating inclusive developmental models of care by Dr Svetaz and one by Dr Tellier from Canada, on the care of LGB youth.

**References:**

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